



## Rights to health and struggles for accountability in a Brazilian municipal health council

ANDREA CORNWALL, SILVIA CORDEIRO AND  
NELSON GIORDANO DELGADO

The right to health is enshrined in Brazil's 1988 constitution, dubbed 'the Citizens' Constitution' for giving legal form to the demands mobilised in the struggle for democratisation. The realisation of this right is intimately linked with the pursuit of accountability. The architecture of the Brazilian health system has at its foundation an acknowledgement of the contribution that citizens can make to equitable and efficient service delivery through their role in mechanisms of accountability. The right to health is instantiated in the monthly meetings of *conselhos de saúde*, health councils, at municipal, state and national level, in which representatives of civil society come together with health workers and representatives from the municipal government to audit health spending and approve health plans. Endowed with the power to make binding decisions, the *conselhos* are mandated by law to approve budgets, plans and accounts before monies can be released from the federal coffers.

The health of the population is a fundamental resource for the nation; and maintaining national health systems that can deliver services to the mass of the population, especially those who can least afford health care, is of symbolic as well as political and economic importance. Yet the provision of public health services also requires resources. It involves significant investment and management of public monies, and difficult decisions over allocations of ever-diminishing budgets. Throw in the complications of a mixed health system, where there is statutory acknowledgement of the limits of state provision and the need to contract out particular services to the private sector, and add historic distrust on the part of citizens in the probity of its bureaucrats, and the interplay between the realisation of rights and demands for accountability become all the more complicated.

This chapter is about how citizens in the small north-eastern Brazilian municipality of Cabo de Santo Agostinho, in the state of Pernambuco, have sought to realise the right to health through efforts to exact accountability from their municipal government. It tells the story of the evolution of the town's municipal health council, and reflects on some of the challenges for the realisation of the right to health that persist. It begins by introducing the health councils, their structure and functions, and the political context out of which they arose. It then goes on to explore the origins and evolution of the municipal health council in Cabo. Focusing on some of its successes and shortcomings in the pursuit of accountability, the chapter reflects on some of the challenges faced by citizen actors in pursuing the right to health through these institutions.<sup>1</sup>

### Brazil's health councils: new democratic spaces?

Popular participation in the governance of health services has been on the international health agenda since the 1970s (Loewenson 1999). In many of the co-management and consultative institutions established as part of health sector reforms, citizens are provided with opportunities for involvement in discussion, and sometimes in decision making, over making the delivery of health services more effective (Cornwall, Lucas and Pasteur 2000). Less commonly found are institutions that offer citizens a role in deliberation over health policy and the nature of health service provision, matters that are often retained as functions of the state. Rarer still are institutions that endow social actors – not merely individual citizens but the representatives of organised civic associations – with the legal right to approve budgets and health plans, and play a part in ensuring accountable governance. This is the function of Brazil's innovative participatory health councils (Coelho 2004; Coelho and Nobre 2004; Coelho, Pozzoni and Cifuentes 2005). Operating at each of the three levels of government – municipal, state and national – the health councils lend shape to a set of norms and institutional arrangements for the provision and governance of health care that provide new opportunities for citizens to engage directly in holding the state to account for their right to health. Each municipal and state government in the country is obliged to have a health council, with a structure that is predetermined by national decree.

The Brazilian health system – the Sistema Único de Saúde (SUS) seeks to embody the basic principles of universality, equity, decentralisation and *controle social*, a term which constitutes only part of what the word 'accountability' has come to mean in English. Health councils are

organs of accountability in a number of senses.<sup>2</sup> They are sites for the pursuit of fiscal accountability, in which citizen representatives can literally audit the accounts of the local government, and pick up and pursue any anomalies. They are also sites for answerability, as public sphere institutions to which public officials are obliged to present accounts and explanations for health spending. And they are sites that provide citizen groups with a direct interface with health policy decision makers at every level, and which serve – in theory at least – to maintain the accountability of these public officials to diverse publics. They are open to members of the public and, whilst only elected councillors have the right to vote, all present have the right of voice.

Brazil's health councils represent a form of governance institution that has gained considerable popularity in recent years as a space for 'cogovernance' (Ackerman 2004). Writing on the challenges for accountability of these new governance institutions, Cornwall, Lucas and Pasteur (2000) suggest that one of their most pressing challenges is overcoming embedded hierarchies that are so much a feature of the health sector, especially in the constitution of expertise and 'ignorance'. In Brazil, an unusual confluence of influences has made these dynamics more complex. For the generation of medical professionals now in senior positions within the public health system and in non-statutory health organisations, the national health system and its participatory institutions was the fruit of a long and intense struggle by the radical public health movement (the *movimento sanitarista*) of the 1970s and 1980s, in which many of them took part as medical students. A deep commitment to public health and to the right to health arose out of this movement, and inspired a generation of visionary doctors, whose agency has been so crucial at every level to the success of democratising health reforms.

The system of participatory health councils was envisaged by the health reformers who mobilised for its institutionalisation both as a means of creating an interface for civil society with the government and as a further political means of democratising Brazilian society, by stimulating the engagement of associations, movements and other forms of popular organisation with the process of governance. The councils were seen as providing a complement to the representative democratic system, involving representation of a different kind – of civil society organisations rather than elected politicians. The councils are composed according to strict rules of parity. Civil society organisations constitute 50 per cent of the council's representatives. They are elected by civil society delegates at municipal conferences or in municipal assemblies.