

## Brazilian Health Councils: Including the Excluded?

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Contemporary debates on experiences of democratic innovation have encompassed heated disagreement about how effective ‘new spaces’ for citizen participation are in including ordinary citizens, particularly those traditionally marginalized and excluded. This chapter focuses on the Brazilian experience with Health Councils. It reports on research carried out in thirty-one Local Health Councils in the city of São Paulo, which aimed to clarify the relative significance of factors identified as central in establishing the democratic legitimacy of these ‘new democratic spaces’.

The idea of making democracy more inclusive is not a new one: it is present, for instance, in the advocacy of proportional representation as a system that creates more opportunities than majority rule for the representation of minorities, as well as in the effort to multiply and strengthen spaces for deliberation within parliaments. It was above all after the mid-1970s, however, that participation and deliberation in ‘new spaces’ created in the state sphere or in the public sphere at local, national or international level began to be advocated as key ways to make democratic systems more inclusive (Coelho and Nobre 2004). These ‘new spaces’ are based on the idea that the inability of public policies to promote substantial changes in the status quo results in large part from the non-inclusion of ordinary citizens in the decision-making processes through which such policies are defined. As political institutions become capable of including ordinary citizens in policymaking, policies should become more responsive to their needs. After all, who would know better the problems that

affect the population or the quality of services than the population itself? That is a very attractive idea, and it is the basis of the ongoing effort to democratize democracy around the world.

This chapter focuses on Management Councils, which, at least in terms of scale, are the most important participatory mechanism nowadays in Brazil. Over 28,000 of these councils have been established for health policy, education, the environment and other issues. They are organized at all levels of government, from local to federal, and they provide fora in which citizens join service providers and the government in defining public policies and overseeing their implementation. In order to understand better the nature of the participation being fostered in these fora, we conducted a broad survey with the thirty-one Local Health Councils (LHCs) in the city of São Paulo, to answer two main questions: first, is there evidence that a plural representation of civil society is under way, or is representation monopolized by the groups that already have political ties with public managers? Second, assuming that it is possible to recognize distinct patterns – that is, a larger or narrower range of associations included – can we relate these, as suggested by the literature, to certain characteristics of management, institutional design or associational life?

Data collected show that the spectrum of participants in LHCs in São Paulo is quite diverse, including social movements, disabled persons' associations, religious groups, civil rights associations, trade unions and individuals with no associational ties. That spectrum proved to be more comprehensive in areas that simultaneously had public managers committed to participation as a political project and more transparent and inclusive procedures used to select the councillors, and where associativism was strong. We also found that the presence of these conditions was not associated with the socio-economic profile of the areas studied. Our findings suggest that at least the first of the conditions needed to guarantee the basis for social participation – the inclusion of a diverse spectrum of actors – was met in this case.<sup>1</sup>

In the next section we review the literature that discusses the democratic potential of these 'new spaces'. In the following section we review the legal and political context of Municipal Health Councils (MHCs) and LHCs. We then present the associative profile of the participants of the thirty-one LHCs in the city of São Paulo and discuss the importance of political, institutional and social variables in explaining the variation found in the number of associations present in these councils. Next, we discuss how the strategies adopted by

civil society and committed public managers play an important part in accounting for the degree of inclusiveness, as they may orient their procedural choices in ways that can significantly expand or constrain the inclusion of non-allies in these 'new spaces'. Finally, we discuss the lessons that can be learnt about how to build more inclusive participatory institutions.

### **Citizen Participation in Brazil**

Given the constitutional reform and political innovations it has witnessed in the last decade, Brazil has been seen as one of the world's most important laboratories of democratic innovation (Gaventa 2004). The 1988 Brazilian Constitution, which established the formal transition to democracy, sanctioned the decentralization of policy-making and established mechanisms for citizens to participate in the formulation, management and monitoring of social policies. Hundreds of thousands of interest groups worked throughout the country as the Constitution was being drafted and collected half a million signatures to demand the creation of participatory democratic mechanisms.

This legal foundation promoted the development of an extensive institutional framework for participation by citizens, which included Management Councils, public hearings, conferences, participatory budgeting, and deliberative mechanisms within regulatory agencies. Of the plethora of participatory mechanisms in Brazil, participatory budgeting and Management Councils gained the greatest momentum in the 1990s. These two participatory mechanisms are linked to the executive branch and emphasize transparency, local control and the redistribution of resources to underserved areas (Coelho, Pozzoni and Cifuentes 2005).

Previous research, however, has raised questions about how effective these councils are at promoting citizen participation. In this view, their democratic promise has been compromised by a lingering authoritarian political culture in the Brazilian state, a fragile associational life, and resistance from both society and state actors (ABRASCO 1993; Andrade 1998; Carneiro 2002; Carvalho 1995). In this context, even when councils are implemented, the poorest remain excluded and continue to lack sufficient resources to articulate their demands, while the costs of participation continue to be lower for those with more resources.