Participative Typologies: A Comparative Study Among Health Councils in Montevideo, Uruguay and Porto Alegre, Brazil

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ABSTRACT

This paper analyses the relationship between the so-called participative communities and their participants’ influence on local public health policies discussions through health councils in the cities of Porto Alegre, Brazil and Montevideo, Uruguay. Work was carried out through a qualitative comparison research (Sartori e Morlino, 1994), opting for a multiple-case study (Yin, 2003) and by using Likert (1967), Rijkin et al. (1989), and Demo (1996) as main theoretical references. Results achieved by the content analysis showed that the Health Council of Porto Alegre tends to present a larger level of community participation, i.e., the organization having an influence on local health policy discussions. As to the Health Council of Montevideo, the level of participation tends to be limited, i.e., the organization has little influence on local health policy discussions.

Keywords: Organizational Efficiency, Participation, Participative Typologies, Public Policy, Public Sector

INTRODUCTION

The evolving trend regarding decentralization shows that the population in countries like Brazil and Uruguay steer towards the mobilization and the claim of better rendered public services. In such countries, society has assumed fields in the economical and social extent, looking for co-administration, self-management and cooperativism. However, as the State regulates the mechanisms for civil society participation in the decentralization process, there are limits inherent to the democratization of the decision process. In this context, this article aims at analyzing, through the results of a comparative research, the relationship between the so-called participative communities-represented by their health councils- and their influence on health public policies deliberation in the cities of Porto Alegre (Brazil) and Montevideo (Uruguay). The article is organized in four different sections. The first one presents the research and its aims. The literature review, on the second section, discusses the functions of the Modern State and the participation of the society in
the decision making process regarding the public policies. The third section explains the research development and the methodological resources of the comparative case studies used to reach the present results. A results analysis is conducted on the fourth section. Finally the last section is dedicated to the conclusions and suggestions for future research, describing the final conclusions.

RESEARCH PROBLEM AND OBJECTIVE

The participative movement path, searching for an identity that could assure larger legitimacy in the social politic context of Public Health in Latin America, has been permeated by evolutions and retreats. The demanding process for the quality improvement of health public services became a historical mark for its delineation, starting from what it was extolled by the international agencies for the developing countries, settling down the promotion of the economical self-support and community participation. In countries like Brazil and Uruguay, where the population has had an active role through local councils, there is recognition of public claiming necessity, making the social dimension of the participative process a part of the national agenda.

In Brazil, since the Constitution of 1988, health services and actions have become a universal right of all citizens and a State obligation. The Constitution determines that those services should be decentralized, having a municipal administration in partnership with the civil society by a participative municipal health council, a deliberative and paritary instance, where there is a cooperative relationship among users, representatives, governmental staff, employees and health professionals. By doing so, the councils become a political and public space where the population’s interests are formally and openly acted out (Cortes, 1996), exercising the social control on the production and consumption of the health services (Final Report of the 8th Health National Council/ CNS).

In Uruguay, the councils act as the population’s spokesman, presenting their needs, demands and proposals to the national and municipal authorities. These councils are recognized by the municipal legislation and are also integrated by social, cultural and sports organizations that contribute to their neighborhood development. The ascension of the left and center-left political parties in the 90’s, constituted an inflectional point of the political articulation modalities experienced in the country until then (Schelotto, 2002). Considering that:

- The participation is a constant dynamically evolving process, where groups share needs, adopt decisions and establish mechanisms for assistance, seeking for collective interest heading for the social emancipation (Silva, 1999, p. 32);
- The population, in general, ignores the importance of the municipalization of health actions and services. People need to be well-informed in order not to be manipulated concerning their decisions (Cardoso, 1985);
- The welfare State is in crisis, consequently, there aren’t enough resources available in order to assist the population health needs;
- In most cases, the health councils are controlled by the administrators and become vehicles for legitimating health policies other than the needed ones (Neder, 1996);

And still:

- Developing countries are characterized by weakness or absence of an organized civil society which should be capable to counterbalance the political power of the economical and military elites in alliance with the state bureaucracy (Cortes, 1996);
- In Latin America, particularly, the political decision process has been traditionally driven through informal channels, where business and military interests would be directly represented within the bureau-
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