



## **New Accountability Systems**

# **Experimental Initiatives and Inequalities in Public Policy and Health Policy Domains**

## **Policy Report**

**João Arriscado Nunes  
Marisa Matias  
Ana Raquel Matos  
Daniel Neves**

## **Contributing to ResIST Deliverable # 20**

**October 2008**

This paper was prepared as part of ResIST - *Researching Inequality through Science and Technology* - contract CIT5 - CT2006 - 029052 - under Priority 7 of the 6<sup>th</sup> Framework Programme: Citizens and Governance in a Knowledge-Based Society. For more information see <http://www.resist-research.net>. ResIST acknowledges European Commission support with thanks.

# Summary

<b>0. Introduction .....</b>	<b>2</b>
<b>1. Brief overview of case studies.....</b>	<b>3</b>
1.1. Case studies on participatory budgeting processes .....	3
1.1.1. Participatory budgeting in Seville .....	4
1.1.2. Participatory budgeting in Belo Horizonte .....	5
1.1.3. Participatory budgeting in São Brás de Alportel.....	6
1.2. Cases on health.....	7
1.2.1. The creation of the Unified Health System (Brazil) .....	8
1.2.2. The control of endemic diseases .....	8
<b>2. New models for territorial management .....</b>	<b>10</b>
2.1 Participatory accountability: the example of social control .....	14
2.2 New configurations of knowledge .....	15
2.3. Participation for Inclusion: responses to double vulnerability .....	17
<b>3. Challenges to the production of public policies .....</b>	<b>18</b>
<b>4. Recommendations .....</b>	<b>20</b>
<b>Bibliographical References.....</b>	<b>20</b>

## **0. Introduction**

One of the tasks developed under the ResIST project was the assessment of the relationship between science and technology and the ways in which these influence the broadening or mitigation of inequalities. Within the work developed as part of Work Package 3A other configurations of relationships between knowledge and inequality were taken into account. The approach taken was based on the assumption that there is more to knowledge than what is revealed by a focus on scientific and technical knowledge. Local knowledges and knowledges associated with specific situated practices are themselves related in a variety of ways to various forms of inequality. As such, one of the main assumptions of this approach is that these various forms of knowledge are central to any effective mode of addressing inequalities.

There is a multiplication of experiments with participatory democracy and collaborative knowledge production, involving citizens and their organizations and movements in the debate, design, implementation and control of different types of public policies. These experiments have, in some cases, been incorporated into the regular political process, generating new forms of making political action publicly accountable. Not all experiments have succeeded in going beyond, at best, elaborate forms of public consultation. But taken together they provide a picture of innovative attempts at dealing with inequalities through the empowerment of citizens, including their cognitive and technical empowerment. The case studies we have developed addressed the emerging configurations of citizen empowerment through both the recognition of knowledges “other” than scientific and technological knowledge and the capacity to put to practical use the latter forms of knowledge. The ability to effectively address inequalities through new forms of citizen engagement thus depends, on the one hand, on the design and implementation of specific forms of framing what a “citizen” is and what “participation” means, and, on the other, on the appropriation by citizens thus defined and their movements and organizations of the knowledge resources allowing them to promote sustainable and socially and environmentally just policies. The success of these forms of

citizen engagement further depends on the creation of “strong” or “high intensity” forms of both democracy and public accountability.

The cases analysed – on Participatory Budgeting processes in three different settings and on health and environment controversies and public policies – provided inroads into how the making of public knowledge and public policies addressing issues of inequality is articulated and enacted in specific settings.

## **1. Brief overview of case studies**

Under WP3 of the ResIST Project, the Portuguese team dealt with case studies aimed at expanding the analysis of accountability systems towards experimental initiatives in public policy and health policy domains. In this first section, we present a general overview of each case.

### ***1.1. Case studies on participatory budgeting processes***

A first set of case studies dealt with participatory budgeting (PB) processes in three different contexts: Seville (Spain), S. Brás de Alportel (Portugal) and Belo Horizonte (Brazil). As social technologies, PB processes address both the redistribution of resources in order to mitigate or reduce inequalities and the empowerment of citizens to participate in deliberation and decision-making. These processes are particularly relevant since, traditionally, the design, implementation, monitoring and assessment of budgets have been conceived as specialized activities, requiring a type and degree of expertise which is beyond the capabilities of non-experts or “ordinary” citizens. Participatory budgeting processes start from the premise that citizens have not only the capacities and the experience-based knowledge required to define needs and priorities through forms of collective and collaborative engagement, but that it is in vulnerable groups or communities that the skills to manage and balance scarce resources based on a hierarchization of needs are more likely to be developed. These processes go beyond the devolution of the debate, design, implementation, monitoring and overseeing of budgets to citizens, by drawing on their skills,

capacities and knowledges as ways of generating innovative forms of collective production of new configurations of public knowledge.

### 1.1.1. Participatory budgeting in Seville (Spain)

Participatory budgeting in Seville is the largest experience of its kind in Europe. Assuming that every citizen is acquainted with the most pervasive daily needs of his/her residence area, the aim of the process is to promote a broader participation in decision-making related to the investment of public resources. This investment is aimed not only at infrastructures, but at other initiatives as well, such as those associated with cultural, leisure or educational/training activities. Decisions on the allocation of these resources are made through the participation of citizens. As a consequence of this process of decision-making, the population becomes part of the actions involved in city planning through the identification and proposal of means to address their needs, as well as through the monitoring and assessment of the initiatives taken within the PB process. The process is organised around territorial, technical (through the application of a set of indexes) and thematic criteria.

#### *Example #1*

##### *Distribution of population criteria in Seville*

**Table 1. Population Criteria by Area/District**

Area/District	Inhabitants	%	Score
Las Sirenas	56 206	100,00	<b>15,00</b>
Virgen de Los Reyes	54 994	66,46	<b>9,97</b>
Los Carteros-Macarena	27 750	33,54	<b>5,03</b>
Los Carteros-Norte	21 108	29,33	<b>4,40</b>
San Jerónimo	12 511	17,39	<b>2,61</b>
Entreparkes	38 344	53,28	<b>7,99</b>
Buhaira	54 047	100,00	<b>15,00</b>
San Pablo	66 600	100,00	<b>15,00</b>
Alcosa	23 185	24,47	<b>3,67</b>
Blas Infante	52 421	55,32	<b>8,30</b>
Torreblanca	19 155	20,21	<b>3,03</b>
El Cerro	41 098	46,35	<b>6,95</b>
Su Eminencia	47 569	53,65	<b>8,05</b>
Torre Del Agua	38 145	50,44	<b>7,57</b>
Esqueleto	37 475	49,56	<b>7,43</b>
Bellavista	35 785	100,00	<b>15,00</b>
Tejar Del Mellizo	27 009	100,00	<b>15,00</b>
Las Columnas	53 211	100,00	<b>15,00</b>

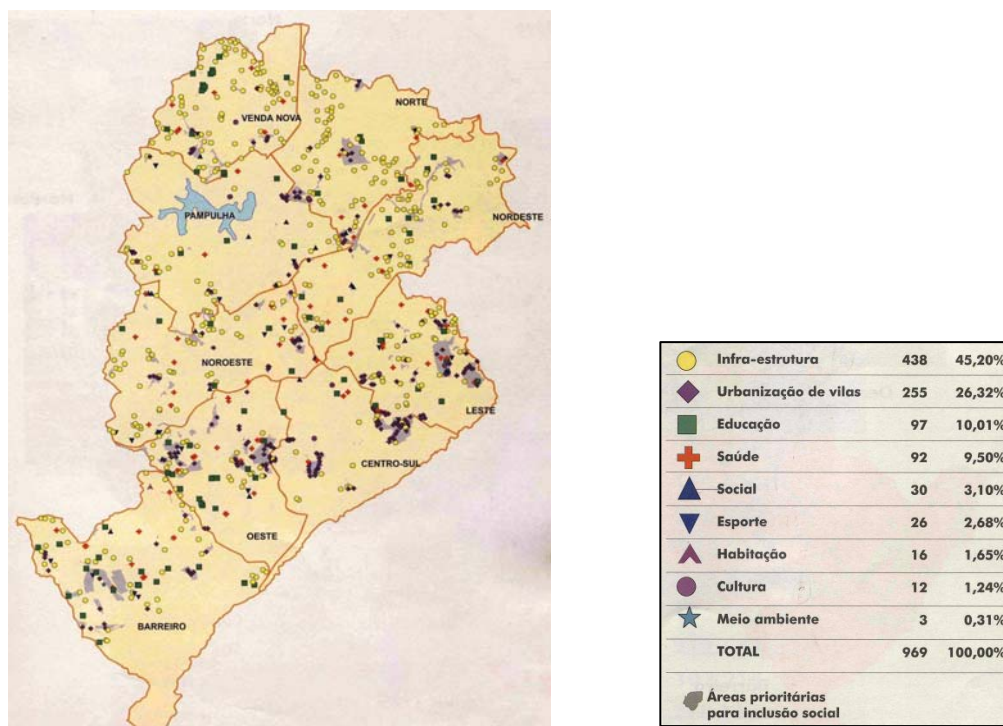
**Source:** Technical Group of Seville PB

### **1.1.2. Participatory budgeting in Belo Horizonte (Brazil)**

The experience of Belo Horizonte is that of a complex process which includes both face-to-face interaction and digital tools. Along with public participation, several technical dimensions were introduced into the process in order to maximise the effective redistributive capacity of the procedure, having local investments as its starting point. A key example is the use of the “Quality of Urban Life Index”. This index is constructed on the basis of territorial, thematic and technical criteria. The definition of “*Priority Areas for Social Inclusion*” (represented in grey in the following map) results from the calculation, through the “Quality of Urban Life Index”, of the most vulnerable areas. This technical criterion, articulated with public participation, has an impact on the prioritization of the PB interventions with the aim of reducing inequalities. One of the indicators used for assessing the redistributive effectiveness of PB consists of identifying the distribution of public works which were launched after decisions within the PB process. By 2007, every resident of Belo Horizonte had at least one finished public work within a distance of 500m of his/her residence.

## Example #2

### Distribution of PB interventions in Belo Horizonte



From top: infrastructures; urbanization; education; health; social sector; sports; housing; culture; environment.

### 1.1.3. Participatory budgeting in São Brás de Alportel (Portugal)

São Brás de Alportel, in Southern Portugal, was analysed as an example of a consultative process. Decisions made under this process have the status of recommendations to the municipal government, with no binding power. It also offers the example of a procedure which was launched as a result of a EU-funded project, under the EQUAL programme. There are no territorial criteria for the allocation of investments, nor election of delegates. This experience is mainly defined as a mechanism for the empowerment of local populations. An interesting feature of this experience, which is found as well in Seville, is the inclusion within the PB process of specific initiatives involving young people, who may present proposals for consideration under the regular process.

## ***1.2. Cases on health***

The second set of case studies focused on the definition and implementation of health and environmental public policies in the Brazilian context. In recent years, health promotion became the cornerstone of the whole design and implementation of policies in the field of health. In a society displaying huge inequalities, as is the case of Brazil, however, the implementation of a comprehensive health policy aimed at ensuring health care for all citizens proved to be a huge task, its successes being unevenly distributed across the national territory. The decentralized and place-based design of the health system — which rests largely upon the provision of care and the promotion of health at the municipal level — made it easier to identify regional and group-based inequalities in health conditions and in access to health care. These inequalities are class-based, disproportionately affecting low-income or poor populations; they are associated with exclusion — of the homeless, especially of children —, and with ethnicity and race, especially in the case of indigenous populations. There is a strong association between inequalities in health and access to health care and situations of environmental racism — which was the trigger for the rise of movements for environmental justice. These situations generate specific forms of vulnerability which are not adequately addressed through “downstream” provision of health care or through more traditional approaches to preventive medicine. As a response to these situations, a range of initiatives was launched, some of them originated in health professionals and health institutions, others in popular mobilizations and movements or in a convergence of both. The analysis of these initiatives provides exemplary instances of the complex co-production of the cognitive-scientific, the social and the political, explicitly addressing issues of inequality as these are revealed by the violation of the right to live in a healthy environment.

Two of the cases we have selected — the creation of the Unified Health System (SUS) in Brazil and the control of endemic diseases — display specific configurations of public knowledge-making and forms of publicly accountable interventions addressing problems that affect in an unequal way different sectors of the Brazilian population and generate different profiles of social and institutional vulnerability.



### **1.2.1. The creation of the Unified Health System (Brazil)**

The creation of the SUS in 1988 and its inscription in the Brazilian Constitution was part of a political, cognitive and institutional project aimed at promoting equal access to health and the conditions for a healthy living for all citizens. SUS is organized on a territorialized basis, with decentralized services and participatory management, devolving to the municipalities and their local systems a crucial role in granting universal access to health services. After 1985, laws on participatory practices in the health domain were issued and were incorporated into the organization of SUS, creating the conditions for the implementation of health councils at all three levels of government – federal, state and municipal. A national committee for the reform of the health system was created, with a balanced representation of government and civil society. Municipal health councils have the following characteristics: plurality of actors; commitment to the reduction of inequality in access to health public services; intervention for reducing inequality through participatory and deliberative arrangements.

### **1.2.2. The control of endemic diseases**

The case of the control of endemic diseases – illustrated by the response to the 2008 epidemics of dengue in Rio de Janeiro – revealed how the existence and actual working of the SUS may make a difference in responding to the unequal vulnerabilities of different sectors of urban populations. In Brazil, efforts to eradicate dengue stumbled on the resilience of the vectors and lead, in the 1990s, to the widespread adoption of new strategies for the control of vector-borne pathologies. These new strategies were based, first, on a move from trying to eradicate pathogens or vectors (namely through chemical means, which had significant negative side-effects on the environment and on human health and were generally of limited effectiveness) to the design of place-based, collaborative and participatory approaches to the control of the vector, namely through interventions in the environment, so as to remove conditions favourable to the creation of niches for mosquitoes to live and reproduce. Programs of this type involve the articulation of a range of different disciplines

and forms of knowledge, including, for instance, the collaboration between public health specialists and entomologists, but also local communities and their knowledge of local ecologies, construction materials and social organization. At the same time, the effectiveness of these approaches requires the monitoring and evaluation of its successes and failures, which, in turn, lead to the design of participatory forms of accountability by those involved in the programs, and based on criteria to assess collective health, including ecosystem criteria and criteria based on social determinants of health. The specific cases considered were the campaigns addressing the dengue fever in Rio de Janeiro (Southeast Brazil) and Recife (Northeast Brazil), two areas exemplary of the strong regional inequalities characterizing Brazil, but also displaying great inequalities in vulnerability to endemic health problems (Augusto *et al.*, 2005). Significant differences can be found in the responses to dengue in Rio de Janeiro and Recife, which are linked to differences in local health policies and to the variable capacity associated with them to respond to epidemic events. In Rio de Janeiro the coverage of the population by the Unified Health System is very limited in contrast with Recife. This means that both population and institutional vulnerabilities are likely to be more severe in Rio than in Recife. The 2008 epidemics in Rio displayed these vulnerabilities in a dramatic way.

One of the major contributions to the persistence of dengue is the existence of landfills where used/retreated tyres are disposed of, since tyres are one of the possible breeding grounds for the vector of dengue, the mosquito *Aedes aegypti*. A recent conflict opposing the Brazilian government to the European Union on the import of retreated tyres by the former provided a privileged window into the complex configurations of actions developed to deal with a threat to environmental health associated with international trade. The campaign launched by the Brazilian Environmental Justice Network (BEJN) in order to recognize the 'problem' as an environmental health one and the networks which were constructed around this specific action were the main ground of analysis. The BEJN was created in 2001 through the convergence of social movements, NGOs, trade unions, researchers. Its main field of action is centred in the articulation of environmental struggles and/or social justice. Health issues, as privileged entry points into the identification of specific forms of vulnerability, figure prominently in the movement's initiatives and campaigns.

The specific campaign we have examined was launched by the movement, in July 2006, against the plans to allow the import of used tyres from the European Union to Brazil. Brazil is a large market for “reformed” tyres, and business interests have put pressure on both Government and Congress to pass a law allowing those imports. Faced with opposition to the passing of the law by Congress, the EU threatened to sue Brazil at the WTO for violation of free-trade agreements. This process, still underway, is an exemplary instance of a struggle for addressing issues of inequality between countries and regions (North-South) and their implications for within-country inequalities. It provided a privileged observatory of how a repertoire of citizen initiatives and collective action is mobilized to create alliances and coalitions with public institutions (such as the public attorney’s offices at both the State and Federal levels, acting as promoters of “diffuse interests”, including those related to the environment and health, but also Congress, the Government and political parties), as well as networks of international solidarity.

A central concern of the campaign was the struggle to make the Government and Congress accountable to citizens as far as decisions likely to have negative effects on environment and health are concerned.

A further issue is how to create accountability systems which address inequalities between North and South justified by the respect for free trade, where Northern countries impose on the South the acceptance of measures they would not allow in their own territories. The mobilization of citizen movements, both nationally and transnationally, appears, in this case, as a condition for successful coalitions in order to promote accountability as social control of public policies by citizens. In this particular case, conflict arises as the breeding ground of demands for public accountability.

## **2. New models for territorial management**

The innovative experiences in public accountability dealt with in this Project point towards a new framework for the management of government of territorial units, based on citizen participation.

We should start with a brief reminder of some features of the organization of the political and technical deliberation processes within the administrative structures of Western representative democracies. They are framed within what has been described as “double delegation” (Callon et al., 2001). It entails a process of political and administrative delegation through which citizens transfer the power associated with decision-making to political formal actors and experts. This means that citizens are effectively excluded from the debates, deliberation and decision-making on issues affecting in decisive ways their well-being and have to rely on the action of the elected officials, administration and experts. The level of exclusion is strongly associated with the degree of social vulnerability – in its double dimension: populational and institutional – to which communities are exposed.

In a context of economic globalization and increasing complexity of governance, with the emergence of a diversity of new actors acting across different scales, the emergence of a dynamics of deterritorialisation of power becomes evident. However, the consequences remain territorialized and, as such, real and unavoidable for those who inhabit those territories and have no possibility of escaping them.

The way public policy-making processes take place at different scales is central to the understanding of both the generation and persistence of inequalities and the establishment of public accountability systems. Usually, decisions are made in places which are too distant from particular contexts. Politicians, planners and technicians may have difficulties in understanding not only the complexity of the problems that affect those territories and the contexts of the implementation of the policies and projects delineated far from there, but also the local consequences and implications of their own decisions. On the other hand, decision-making places is also too distant for those who find themselves prisoners of a territory and more vulnerable to problems affecting it. The challenge is thus the creation and implementation of accountability systems which are able to include local communities in the decision-making and evaluation processes.

This type of accountability mechanisms is crucial, first, to create the necessary conditions for the elaboration of shared and more contextualized knowledge,

which may enable the development of more effective and fair policies taking into account the needs of vulnerable populations, more exposed to the problems created by the development of the global market and natural and technological disasters or emergencies; and, secondly, for the creation of bottom-up mechanisms of control and assessment of the impacts of those policies.

The crisis of the model of double delegation, which is one of the pillars of liberal democracies, has been intensified by the growing difficulty of politicians, administrators and experts in providing effective responses to successive crises affecting different domains of public policy, including health, environment and urban planning and management. In fact, the cases dealt within this Workpackage provide some insights into the difficulties of double delegation in responding to situations of uncertainty and complexity.

Public participation is often used as a supplement to double delegation, with two main aims: legitimating decisions and broadening the knowledge base for political and expert intervention, without challenging the authority of formal political actors, the administration and expertise. The analysis of the cases on urban planning and health domains presented here show how participatory procedures and, more broadly, public participation may work as tools towards a 'double empowerment' of citizens: on the one hand, by being part of decision-making procedures and co-responsible in the definition of public policies and, on the other hand, by contributing to new configurations of knowledge beyond the conventional expert advisory processes.

The innovative experiences in public accountability are leading to the emergence of new configurations of State/civil society, based on an innovative relational dynamics involving population, territory and institutional bodies associated with the government of territorial units such as municipalities. Rather than relying on conventional divides between State and civil society, the characterization of these emerging initiatives rests upon the identification of heterogeneous sets of actors and entities which articulate themselves at different scales and within different, at times conflicting, domains.

The existence of public spaces for co-decision has thus blurred and made more complex the distinction between those who make decisions and are accountable for these decisions and those they used to be accountable to. Co-decision has

thus brought into the same spaces of decision-making traditional political actors, experts and citizens.

Citizen participation in decision-making is inseparable, in turn, from the emergence of new configurations of collective knowledge. The implementation of these experiences opens up innovative channels of communication which promote forms of knowledge-making through the mutual engagement of citizens and formal political actors: the former through the development of an improved understanding of how state bureaucracies work, and the latter through the acquisition of a more rigorous and multidimensional knowledge of territories, populations and local communities, of their problems, needs and demands. This provides a fertile ground for the constitution of new knowledge configurations of political, technical and local forms of knowledge and skills, thus improving the capacity for struggling against inequalities.

These accountability mechanisms mediate the construction of territories as spaces of citizenship (Santos, 2007), by bringing citizens into the decision-making process within specific fora.

The territory should be understood, here, as the outcome of a process of construction where the existence or non-existence and accessibility of services (education, health, public transportation and others) play an important role for the populations and communities living in those spaces. The construction of citizenship and the reflection of what it means to be a citizen has to be understood as well through the lens of territorial management and distribution of a range of services:

“The possibility of being, more or less, a citizen, depends, largely, on localization in the territory. While a given *place* appears as a condition of poverty, another *place* could, in the same historic moment, facilitate the access to those goods and services that everyone is theoretically entitled to, but which are, in fact, unavailable to many” (Santos, 2007: 107).

Citizenship emerges, under these conditions, as constituted by a diversity of mediating entities. The perception of the extent to which every individual is a citizen, thus, has to be understood through the ways he or she is actually able to pursue his or her life project with dignity. Situations of exposure to conditions of environmental vulnerability, absence of health units, of schools or

transportation generate spaces where the resident communities are effectively deprived of some of the rights constitutive of citizenship.

### *Example #3*

In the case of the Unified Health System, citizen engagement in the definition, implementation and evaluation of public policies in the field of health, and particularly through their participation in Health Councils, made possible the creation of new health care units in slums and other territories previously deprived of health infrastructures. The collective mobilization of organizations and movements in the field of health, their action within the Municipal Health Council of Belo Horizonte and the articulation with local communities made possible initiatives within the participatory budgeting process aimed at the building of several health units:

“The Day Hospital, currently caring for Primary Immunodeficiency [patients], was obtained through participatory budgeting. [...]. Because I struggled face to face with the management of the Centro-Sul [district health council], we got those Health Centres in the worse locations, in the slums, where no doctor or health administrator wants to go, but we did it”. (MRCMSBH, 1194-1205)

As this testimony shows, citizen participation in those arenas made possible the expansion of the public network of health services to problematic areas of Belo Horizonte, which, in the past, had been deprived of health services and infrastructures responsive to the needs of communities.

## ***2.1 Participatory accountability: the example of social control***

The accountability mechanisms presented here have as its main feature the participation of what is currently described as civil society in decision-making processes. This feature suggests that they may be described as examples of participatory accountability. In Brazilian society, the term “social control” is widely used by both the State and citizens to refer to the forms of participatory accountability illustrated by the case studies included in this part of the Workpackage.

Social control is, in this context, a concept describing a process which has “society” as its main protagonist, the State and its action as its focus and the promotion of democracy as its aim. But it is more than that. In fact, social control entails the redefinition of the boundaries of State and society, through the emergence of innovative forms of public space. Social control requires, first, that the existence of different and conflicting interests in society be acknowledged. Secondly, that “channels” and spaces allowing the expression

and confrontation of these interests be created; and, thirdly, that these different interests engage in an exercise of negotiation or composition of adequate solutions to the problems brought to public debate. The pervasiveness of the vocabularies of “interest”, conflict and difference signal the prevalence of what may be described as a combination of agonistic and deliberative approaches to democracy and, as we shall argue next, to accountability.

Whereas the State (and its actions) is regarded as the main target of control, the creation of public spaces which allow a diverse and conflicting civil society and agents of the State to find room for expression, confrontation, deliberation or negotiation place civil society and its protagonists squarely at the centre of a process whereby public actions are no longer the exclusive province of the State, but rather of configurations of actors who have as their main aim the promotion of democracy. The exercise of control over the actions of the State becomes, under these conditions, a collective exercise of control over the public action of a heterogeneous civil society articulated with the State through specific “channels”, including the institutional innovations described in the following sections.

Whereas more conventional conceptions of accountability assume a well-established distinction between, for instance, the public institutions or bodies subject to accountability and the subjects they are accountable to, social control requires citizens to be both part of the actions to be accounted for and part of the “public” they are accountable to. In short, social control redistributes responsibility for action from the State to new configurations of State and civil society, at all stages from deliberation to evaluation.

## ***2.2 New configurations of knowledge***

The institutional innovations associated with the processes mentioned above generate spaces and channels fostering a dialogue – even if it is a non-symmetrical one – which promotes mutual learning by civil society and public institutions and formal political actors. Their mutual relationship is thus transformed, as well as their mutual perceptions. A collective and participatory process of identifying problems, defining needs and constructing solutions will thus allow more effective intervention in the allocation of public resources and



the promotion of the well-being and health of the citizens. The latter will thus be progressively empowered to debate and make decisions on issues which were previously defined as being the prerogative of elected officials, managers and experts.

It should be further noticed that citizen participation in the definition, implementation and monitoring of development policies, since it facilitates proximity to and more familiarity with the projects under discussion, contributes to reduce resistance, distrust and alienation. The latter is often associated with failure or, at least, limited impacts of public policies and development programs. For the experts and officials involved in these processes, the latter become privileged settings to access the concerns of citizens and the local knowledge they have of their territories. Thus, citizens are in a position to bring forward and endow with public visibility issues which tend to be invisible to technicians/experts or formal political actors. This, in turn, allows for more creative, productive and effective ways of defining problems and designing appropriate responses to them. It is often the case that the participation of citizens in deliberation on the use of public resources make it possible to “fine tune” of specific interventions while avoiding or reducing undesired impacts on local communities.

The promotion of “Mutirões da Cidadania” (collective work undertaken in communities), as occurred at the peak of the dengue epidemics in Rio de Janeiro in early 2008, appears as a relevant example of this active involvement of citizens and of their local knowledge. Through collective mobilizations, the co-construction of new configurations of knowledge including local knowledge associated with the experience of epidemics and a close relationship with the territory, opened up the possibility to come up more effective responses to the effects of the epidemic:

#### *Example #4*

One of the most striking features of these news is the recurrent description of collective actions aimed mostly at the detection and elimination of foci of mosquitoes. These actions are undertaken in neighbourhoods, and they mobilize a number of volunteers which may be as high as several thousand people, together with public health agents. These mobilizations are modelled on a form of collective work undertaken mostly in poor communities, known as “mutirão”. A typical instance of this type of action is the “Mutirão da Cidadania”, organized on April 12 in one neighbourhood in the State of Rio (Chatuba, in the municipality of Mesquita), involving agents from the State Secretariat for health and Civil Defence and from the municipality, 200 volunteers and the “junior brigade” of the local neighbourhood association. During this action, households were visited to identify possible foci of the mosquito and 200 protective screens for water containers were installed. This action was described as part of the broader mobilization against dengue in 96 communities throughout the State.

These actions rest upon, on the one hand, the notion by health authorities and public health agents that residents in communities and neighbourhoods are the best possible conveyors of the scientific and health policy messages produced by the health authorities. But they also draw on the specific forms of local knowledge and experience-based knowledge arising from living with the threat of the disease. (D#18: 134)

### ***2.3. Participation for Inclusion: responses to double vulnerability***

The implementation of these institutional mechanisms of decision-making that include citizens participation, beyond promoting the empowerment of vulnerable populations, has contributed to the implementation of criteria of redistributive justice concerning the management of public resources, thus helping to mitigate inequalities and address social vulnerability.

As mentioned by some authors (Machado, 2003; Porto and Machado, 2003; Porto, 2007), populations exposed to severe health or environmental threats display a double condition of being vulnerable as a population and being affected by institutional vulnerability. On the one hand, population vulnerability is characterized by an adverse combination of multiple factors (economic, political, social status, ethnicity, among others) which provide the breeding ground for social and economic exclusion; on the other hand, institutional vulnerability is associated with deficient or inexistent social, economic or political mechanisms for the prevention, regulation and evaluation of hazardous exposures and risks. The latter is of particular relevance when, in decision-making processes at the international, national or local levels asymmetric power relations appear as central.

### **3. Challenges to the production of public policies**

Introducing the dimension of public participation into reflections on the production of public policies aimed at the reduction of inequalities highlights some major challenges to current modes of policy-making.

One general input from the cases we have studied is the importance of considering North/South relations and, more specifically, to learn from other experiences, namely those from the Southern hemisphere. In fact, processes of democratization in Southern countries, with one of the most significant cases being Brazil, provide significant examples of how public policies may be designed, implemented, monitored and evaluated through participatory procedures built into the architecture of the State. Public participation was a central element in the very process of democratization of Brazil, and some of the key articles of the 1988 Constitution related to citizenship rights were actually the outcome of popular amendments. This experience underlines the autonomy of citizen mobilization and intervention as a key condition for the emergence of new public spheres. Finally, these experiences help emphasize the relevance of the participation of actors beyond those conventionally associated with the State and with public administration as a way of broadening conventional procedures of public accountability.

Two further challenges can be highlighted in the form of questions:

#### *a) Public participation: a framework for greater equality?*

Public participation may be a significant contribution to the design and implementation of policies aimed at the promotion of equality or at the reduction of inequalities provided they are part of a broader political project which takes equality as one of its core commitments. Equality as a horizon of political action includes policies aimed at the reduction of structural, distributional and representational inequalities, but also at the active promotion of equality, through, for instance, universal access to public services.

*b) Is public participation an ingredient of good governance?*

The mode in which public participation is regarded as a means for good governance depends on how a given political project incorporates participatory procedures as a key tool for public policy-making. Different political projects endow participation with different and not always convergent meanings. These are associated with the consultative or deliberative character of participatory procedures, with the composition and mode of constitution of participatory spaces or fora, of the way their specific aims relate to broader political programs. The case of participatory budgeting offers a broad and significant range of examples of how participatory procedures may be used to pursue different aims. In Germany its main use is in promoting shared responsibility for the control of tight budgets, in Italy as a means to fight corruption, in Brazil as one of a range of procedures aimed at promoting democratization and redistribution.

Participatory budgeting originated in Brazil and spread to other countries and continents, with different versions. It was designed to deal with real world choices and, under certain conditions, may affect development strategies. The spread of participatory budgeting from its initial experiences in Brazil to other countries in Latin America and other parts of the world has shown that in itself PB is not necessarily an effective tool for the promotion of development. It has to be part of a broader program which regards the definition and control of local (municipal) budgets as a means for promoting the empowerment of citizens as participants in the definition of strategic directions for, e.g. the development of urban areas and redistributive policies.

Finally, we should highlight that participatory procedures depend on specific forms of performing institutional and material arrangements and constituting new configurations of citizenship and of the 'participatory citizen'. They require skills and competences which have to be developed largely through the very practices of participation.

## 4. Recommendations

In summary, we present here our main recommendations:

- a) The key relevance of the political program or strategy
- b) The need to frame issues in such a way that they are compatible with the broader aims associated with a)
- c) The need for articulating different scales and levels of action and intervention, including different levels of the State and, where relevant, international or supranational agencies or other types of actors
- d) The need for the articulation of different and relevant forms of expert knowledge with local knowledge and with local forms of organization and intervention
- e) Participatory procedures require forms of accountability which are different from those conventionally associated with the traditions of liberal democracy and the recent practices, within the latter, of 'open government'. These emerging forms of accountability involve citizens as co-producers of public policies.
- f) There is a need to question approaches to development which neglect or consider participation, at best, as a token procedure. Development should be rethought in such a way as to incorporate bottom-up contributions and action towards the promotion of more equality and democracy. This should be regarded as well as a requirement for a more equitable and balanced approach to North/South relations.

## Bibliographical References

- Augusto, Lia Giraldo da Silva; Carneiro, Rosa Maria; Martins, Paulo Henrique (eds.) (2005), *Abordagem ecossistêmica em saúde: Ensaios para o controle de dengue*. Recife: Editora Universitária UFPE.
- Callon, Michel; Lascoumes, Pierre; Barthe, Yannick (2001), *Agir dans un monde incertain: essai sur la démocratie technique*. Paris: Seuil.
- Freitas, Carlos Machado (2003), "Ciência para a sustentabilidade e a justiça ambiental", in *Justiça Ambiental e Cidadania*. Rio de Janeiro: Relume e Durabé.

- Santos, Milton (2007), *O Espaço do Cidadão*. São Paulo: Editora da Universidade de São Paulo.
- Porto, Marcelo (2007), *Uma ecologia política dos riscos: Princípios para integrarmos o local e o global na promoção da saúde e da justiça ambiental*. Rio de Janeiro: Editora Fiocruz.
- Porto, Marcelo; Freitas, Carlos Machado (2003), *Problemas ambientais e vulnerabilidade: Abordagens integradas no campo da saúde pública*. Rio de Janeiro: Fiocruz/CESTEH.