

PARTICIPATORY DEMOCRATIC PRACTICES IN THE CONSTRUCTION OF SOCIAL DEVELOPMENT AGENDAS IN MUNICIPALITIES IN THE SOUTHEAST OF BRAZIL

MARCIA FARIA WESTPHAL¹, JUAN CARLOS ANEIROS FERNANDEZ²,
PAULO ROBERTO NASCIMENTO³, FABIOLA ZIONI⁴, LUCIA MARCIA ANDRÉ⁵,
ROSILDA MENDES⁶, GRACE PEIXOTO NORONHA⁷,
RAFAEL DA SILVEIRA MOREIRA⁸

Introduction

Since the start of the last century to today, there has been extraordinary progress in the study of the relationship between the health of a particular population and the way society is developed and organized, counterpointing the hegemonic model of health, based principally on biological determinants.

Several movements were organised in Brazil, based on the theoretical model (conceptual and ideological) of collective health which emerged in the 1970s, notably the Brazilian Health Reform, which led to the institutionalisation of the National Health System [SUS] in the Brazilian Constitution of 1988.

By politicizing the debate on health, this model of health conception breaks from the vertical and paternalistic approach inherited from the past. From the concept of health as social production, the frame of reference suggests that the health of the

¹ Full Professor at Faculty of Public Health, University of São Paulo, USP E-mail: marciafw@usp.br

² Professor at the Department of Collective Health at the Medical Sciences Faculty, State University of Campinas, UNICAMP E-mail: juancaf@fcm.unicamp.br

³ Post-doctorate, Faculty of Public Health, USP São Paulo Health Department. E-mail: pnasc@usp.br

⁴ Professor at Faculty of Public Health, USP E-mail: fabiolaz@usp.br

⁵ Researcher, Department of Public Health Practice, Faculty of Public Health, USP and the Center for Study, Research and Documentation in Healthy Cities (CEPEDOC). E-mail: netuno@usp.br

⁶ Assistant Professor, USP, Campus da Baixada Santista and Reseacher at CEPEDOC Healthy Cities. E-mail: rosilda@usp.br

⁷ Researcher at CEPEDOC Healthy Cities. E-mail: grapnoronha@gmail.com

⁸ Researcher at Aggeu Magalhães Research Centrer - Oswaldo Cruz Foundation – Ministry of Health E-mail: saudepopular@yahoo.com.br

population may indeed be changed by finding solutions to existing problems in a singular territory. In order for this to occur in different spaces, as well as establishing a universal, equitable and efficient system, this theory suggests the development of actions that promote profound changes in economic and social standards, through integrating public policies, strengthening collective participation, democratizing institutions and fostering project management that produces individual and collective subjects (CARVALHO, 2005; CAMPOS, 2000; CECILIO, MERHY & CAMPOS, 1994).

Guided by similar frames of reference since the 1970s, Canadian and European academics working in the area of health have, among other strategies, considered the development of national, state and municipal social development agendas as important actions to promote of health (ASHTON, 1993; ASHTON, 2009; DUHL, 1986; HANCOCK, 1993). More recently, other researchers, some of them Brazilian, have been studying this topic and how it applies to Brazil (ARTEAGA et al., 2007; AKERMAN et al., 2002; BARTON et al., 2009; DE LEEUW, 2009; ISON, 2009; MERESMAN et al., 2010; HERITAGE; DOORIS, 2009; O'NEILL; SIMARD, 2006; SÁ and NISHIDA, 2008; TSOUROS, 2009; WESTPHAL and PAIS, 2006).

According to Akerman (2005), local development agendas are:

[...] deliberate, coordinated and decentralised actions involving the extensive participation of all relevant actors to foster citizenship and thereby bring about a substantial improvement in the living conditions of the inhabitants of a particular place (p. 39).

The author explains that these projects aim to redirect local public policies towards the resolution of problems and the provision of greater opportunities and potential for these regions. He identifies integrality and inter-sectoriality as the main guiding principles and strategic actions as the improvement of governability and local governance. This should be achieved through an increase in trust between governments and civil society, the participation of the population in decision-making processes and transparency.

With the objective of promoting local development and improving living and health conditions, at least two types of social agendas – Agenda 21 and Healthy Cities [*Cidades Saudáveis*] – have been developed in the country since the 1990s.

Despite originating in the global environmental movement, the experiences of Agenda 21 went beyond the confines of this sector. For GADOTTI (s/d: 2), Agenda 21 “is not an environmental agenda. It is an agenda for sustainable development, whose ultimate objective is the promotion of a new model of development”. Agenda 21 was, after 2003, taken up as a public policy by the Brazilian Environmental Ministry, who established a line of decentralised resource for its implementation at local level and emphasized the importance of participatory strategies.

The Healthy Cities agenda, stimulated by the World Health Organisation and also by its corresponding body in the Americas – the Pan-American Health Organisation, has been a fundamental strategy for improving the quality of life of

populations. In addition to recognising the focus of the study – health – as a positive measure of quality of life,.... a city that aims to be *healthy* generates participative, social and institutional processes to develop a collective vision of the city and, above all, to foster a collective and targeted intervention in all social policies, towards a single goal: to continually improve the life of all its citizens (MENDES, 1996; ROUX, 1999).

Both agendas are based on the concept that social development produces social health and equity, and thus this is how it relates to social determination of health - an issue which has captured the attention of international theorists and epidemiologists (BREILH, 2006; DACHS, 2002; DRACHLER and others, 2003; FLECK, 2000) and their national counterparts who are associated to this aspect of collective health in Brazil (AYRES, 2002; BUSS and PELLEGRINI FILHO, 2007; PELLEGRINI FILHO, 2011; TRAVASSOS and others, 2000).

Hence, local development agendas, Agenda 21 and Healthy Cities in operation in Brazil, have been the subject of a multi-centric study, which sought to establish relationships between local social efforts, the actual results of social agendas and their effects on social determinants of health. Research was carried out in all the five regions of the countryⁱ.

In a recently published article (WESTPHAL and others, 2011) on this research, the impacts of the agendas on the indicators of the Millennium Development Goals (MDG)ⁱⁱ were discussed. Nevertheless, there are issues still to be clarified, such as understanding how indirect actions impacting on the health of the community were able to produce changes in some health indicators of the populations living in the municipalities studied (O'NEILL; SIMARD, 2006).

Subjective processes and aspects of the experiences in implementing Agenda 21 and Healthy Cities projects in the southeast region of the country are described and discussed in this article, bringing to the fore questions linked to management, values which steer actions, governance and inter-sectoriality, and to the emergence of participatory citizen practices.

By looking at health as a consequence of social determinants and as a result of social structures, the authors aim to broaden our understanding of these concepts by incorporating social practices, and proffering a necessary reflection on how structure and subject, and system and social actors, influence each other. They consider, therefore, the effect that the individual actions of actors have on their own life, their quality of life and on the general health of society, as well as how they affect health-disease causality (ZIONI E WESTPHAL 2007, p. 33).

Dubet (1994), cited in the aforementioned article, states:

[...] the study of behaviour directly calls into question the [supposed] inadequacy of the subjectivity of individuals to [consolidate] 'objective' expectations. This has led to a greater interest in studies that show "... the face of social control linked to exclusion and public tutelage, resulting in a type of 'pathology' in which there is no conflict (p. 263).

Following the author's indications, the effects of the actions of social actors were analyzed, as these allow us to go beyond the expectations of 'objective' actions which, at times, express 'dysfunctions' captured as 'pathologies', thus expunging the 'conflict' inherent to action.

This perspective allows us to go beyond both the conception of individuals as being determined by social structure and also the conception of society as the result of individual actions. This theory is situated within a dialectical relationship between social action and structure, as a space for both the construction of individual and collective subjects and for institutional democratization, studied under the scope of Social Sciences (BERGER; LUCKMAN, 1991) and widely used in the field of Collective Health (CAMPOS, 2000; CARVALHO, 2005).

Method

A multi-centric studyⁱⁱⁱ of cities that developed Healthy Cities and Agenda 21 projects in Brazil, in the period between 2003 and 2006, following, in line with Creswell & Clark (2007), a sequential explanatory design of data collection and analysis, with the study being divided into three phases:

Phase I: Exploratory study – Mapping of social agendas

This is an exploratory health analysis study combining quantitative and qualitative approaches and analyses. All the social agenda initiatives in operation in 2006 in different municipalities in the five regions of the country were mapped and recorded – Agenda 21, Healthy Cities. Standardised phone interviews with the project leaders in each municipality were conducted. This concluded the phase 1 and allowed us to focus only on agendas that were still in activity at the time.

Phase II: Cross-sectional study

In the second phase of the research, a case-control study was carried out with the aim of demonstrating the relationship between the existence of social agendas in municipalities and improvements noted in the living and health conditions of the municipal population, measured by MDG indicators^{iv}. The results, as already mentioned, can be found in WESTPHAL, ZIONI, ALMEIDA & NASCIMENTO, 2011.

Phase III: Case studies

This phase is based on the assumption that all the elements of the model represented below (Figure 3) reflect aspects of social practice - public management and the relationships established by actors and institutions in the development of agendas. As such, they can only be understood within the social context of the

management relationship, in this case, between the State and civil society, within the systems of meanings which underpin actions, institutions and purposes (SANTOS, 2000).

The case studies focus on a more in-depth analysis of social or individual actions developed in municipalities in the region, by public authorities or civil society. They assess whether social agendas have been developed in spaces of collective construction, and encompass inter-sectorial and participatory actions which promote the autonomy of individuals and communities and foster social equity in the places where these have been developed. This research is associated to the field of Collective Health and the area of Health Promotion.

Other issues were also subject of analysis: local social networks, their interfaces and possibilities in relation to integrated and participatory management, the sustainability of public policies aimed at social development, protection and preservation of health and of the environment. The recursive flow of information between public authorities and civil society in relation to the model of the agendas to which they are associated was also studied.

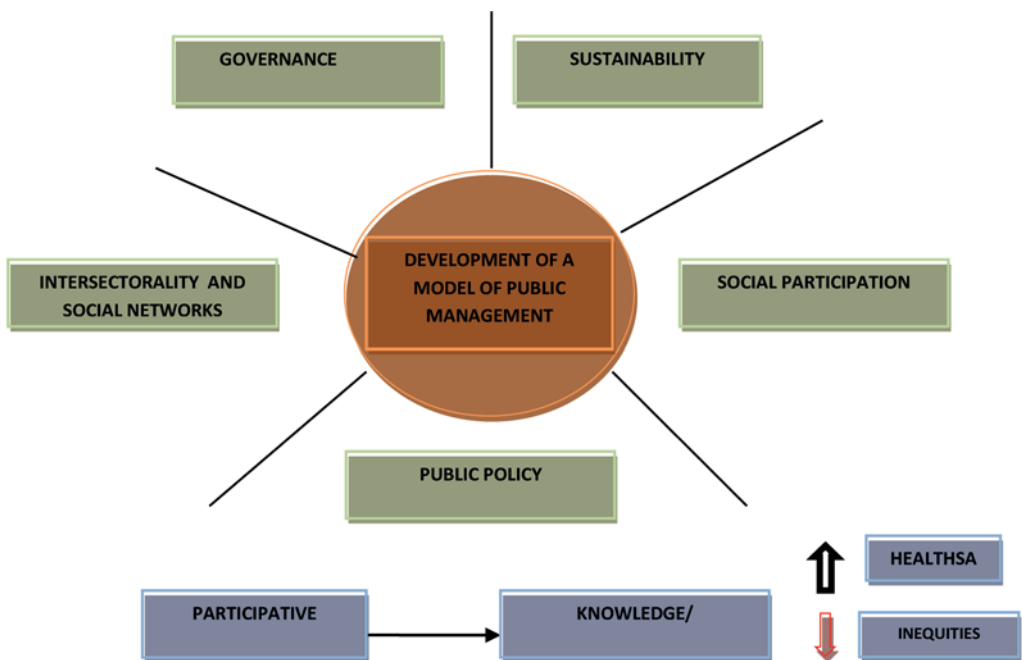


Figure 1 – Conceptual framework of the study

Source: Westphal et al., 2009

The case studies allowed for the gathering and recording of data from a particular case or a handful of similar cases, with the aim of organizing an ordered and critical account of the experiences of those living in the selected municipalities (ANDRADE, 2006).

Six case-study municipalities were selected in the southeast region (the same number for other regions of the country), from among those specified by the *cluster* analysis where the agenda had been in progress for three years and which displayed the best configuration of changes in terms of the figures of selected indicators. The decision on the number of cases was based on the potential scope of the project, the amount of funding received, and the fact that the researchers involved should aim to conduct interviews of the highest quality within the time allotted.

Cluster analysis is a multivariate technique whose basic aim is to gather objects in relation to certain characteristics of interest (groups). It classifies objects by respondent, institution and, in the case of this study, municipalities. In each group set up by the Cluster analysis, those items most similar to others in their grouping were selected. In this way, the analysis achieved a greater homogeneity in characteristics within the same group, and greater heterogeneity between the different groups created (ALMEIDA FILHO and ROUQUAYROL, 2003).

Semi-structured interviews, documentary material collection and field observations were carried out in order to obtain the data from the selected municipalities.

Individual interviews were carried out with key informants, who performed an important role in the implementation of the agendas (municipal managers, members of inter-sectorial committees and representatives of local organizations, both formal and informal, and leaders of social movements). The aim was to provide a picture of the social composition of the agendas, with the input of at least one member of each segment. Furthermore, it allowed for the recovery of information about the social processes experienced and the understanding of meanings attributed by the actors to the actual experiences that they established with individuals and the contexts of cities.

Documents were collected for contextual analysis of the development of social agendas. Meetings of groups, committees and other types of meetings linked to the agendas were observed and systematically registered.

Between five and twenty interviews were conducted, depending on the recommendations of key informants and others interviewed. The maximum number of interviewees in each municipality was established by the recurrence of information. All were recorded, transcribed and analyzed, prior to comparing interviews to secondary information gathered in a process of data triangulation (PATTON, 1980; CRESWELL and CLARK, 2007).

In a triangulation process, topics and categories were collated with secondary information.

A regional summary corresponding to the data obtained in the southeast region is the primary basis of the results presented here.

Results

71 interviews were conducted in the six municipalities selected in the southeast region, distributed as follows: Americana/SP, eight interviews with people involved in

Agenda 21 and seven with people involved in the Healthy Cities agenda; Pedreira/SP, ten interviews on the Healthy Cities experience; Piracicaba/SP, Agenda 21, fifteen interviews; Nova Era/MG, Agenda 21, sixteen interviews; Macaé/RJ, fourteen interviews on the Agenda 21 experience; and Vila Velha/ES, Agenda 21, seven interviews.

All the municipalities studied continued to develop the agenda(s), with the exception of one. The symbolic effects of the experiences of the populations studied continued to be valid for the agendas at the time of the research.

The Healthy Cities project: principles, values, the integration of actions and networks

Of the two experiences of Healthy Cities investigated, it seems that in one there is little activity at present. The actions that have been carried out on a day to day basis, through the Family Health Program, under the Municipal Health Department, continue to be stimulated by valuing inter-sectorial actions, which have always been the main drivers of the project. Thus, one of the interviewees stated that:

[...] our proposal was to take a look at health, health as a leading action within the movement, but with the idea that everyone would take part on equal basis, and not just the public sector, with other sectors of the local council departments and also to involve the community so that this would give the project sustainability (Pedreira, SP).

Even so, it was observed in the responses given by interviewees that the principles and values of the Healthy Cities agenda continue to be a reference point for the activities carried out in the municipality:

There was interest in taking part in an enterprising project and one that valued lives (Pedreira, SP).

The other municipality developing the healthy cities agenda chose an outlying neighbourhood with many problems and high levels of degradation to test out a participative methodology, one of the main principals of this agenda. This project, which focused on valuing citizenship through the participation of the population, was based on participative and inter-sectorial strategies. The objectives of the project were: valuing life and preserving the environment, historical memory and local cultural assets, given that the recovery of historical memory represented a way of promoting greater social participation.

[...] the aim was to recover a sense of citizenship in that region, it was a very discriminated region... the Praia Azul region, all activities were being developed in that region (Americana, Healthy Cities, SP).

The focus was to recover the Salto Grande dam, its water, the reservoir that bathes our region, and to improve the living standards of our population, quality of life (Americana, Healthy Cities, SP).

Partnership proposals meant that the local government provided logistical support. They became responsible for the project, together with other municipal departments, collaborating in the joint development of the process of implementation of the agenda.

The question of linking the network to the university, responsible for the development of the *Ação para o desenvolvimento local* [Action For Local Development] research project, and with people from the region, became viable, in part, due to the support of large projects with international funding.

The exchange of experiences with people from other localities, provided by participation in forums on the network, was very important in prepare local people to work in a different perspective.

The participation of the municipality in the network expanded and changed the ways different departments proposed and developed projects, incorporating integrated, intra- and inter-sectorial and participatory actions, in their strategies.

[...] a law was passed in the municipal chamber, so today A has a law. It has to take responsibility, it has a commitment to develop health policies in an integrated way, the aim of this legislation is to mobilize people, so the councillors, the councils, I don't know how many officials there are at the town hall, but most of them already knew of this intention, this new form of working with human beings (Americana, SP).

Universities are the main promoters of the Network of Potentially Healthy Municipalities in the region. Municipal staff felt the positive influence of the network.

Relations with the municipal authority continue to be rudimentary in terms of the maintenance of the strategy, and changes every four years create instability, but the existence of the network in this region has reduced this problem, as the representative of the municipality on the network argued:

[...] in 2004, 2005 the administration changed, there are always problems, having to start again and this was our first big result, maybe not in academic terms, but a result here for us, which was to secure a guarantee that the strategy would continue (Americana, SP).

Experiences regarding the planning and implementation of Agenda 21 projects in the municipalities studied: values, principles, difficulties and facilitators.

The Agenda 21 experiences studied were shown to be different from each other and also different from the healthy cities agendas.

The original motivation

According to the interviewees, the basic ideas that gave rise to some of the projects derive from the recommendations of ECO-92, a UN Conference held in Rio de Janeiro in 1992.

[...] Agenda 21 has a history in the municipality, the public authorities started some sort of movement ... we took part in the Rio 92 conference, then there was another meeting which was connected to what happened and we took part... (Americana, SP).

At that time, a team came to do a seminar on Agenda 21, in January 1997... when the Deputy Minister for the Environment started to speak – I was at ECO92... what she was saying was exciting, because it seemed that there was a chance that the utopia that we had thought so much about could become reality (Macaé, RJ).

The process of constructing, developing and maintaining the Agenda 21 projects studied

This process is complex, there is no methodology, nor a standard development pattern. It essentially depends on the approach chosen and on the local social dynamics. The point of departure for local experiences setting up Agenda 21 projects may have been initiatives carried out by any number of actors, civil society, NGOs, universities, businesses, politicians linked to political parties, as well as managers or public administrators.

The first municipality studied started this process in 1999, bringing together the twenty-two bodies belonging to the “Piracicaba Association of Civil Organizations”, which did not include public authorities. They explained the beginning of the process as follows:

[...] to call on organized sectors of civil society, universities, other businesses, organizations involved with a variety of sectors, professionals from all areas, and also the population in general. So there was no discrimination in terms of participating in the promotion of Agenda 21 (Piracicaba, SP).

It was borne out of a positive experience of strategic planning employed by a large multinational enterprise located in the municipality. This steered the desire to focus on local development, using the same type of process, based on technical diagnostics and strategic planning:

[...] a movement which started from an idea an employee of company C had, and we were discussing the strategic planning of the company with a view to the future, a vision of success, and we had a meeting, it's

normal to have meetings with all the staff... and it was there that a member of staff said, but if C has a successful strategy, why doesn't it help city P in developing it?... but that seed stayed in the mind of the company's managing director ... who said: I'm going to do something (Piracicaba, São Paulo).

In the initial group, there were representatives of different institutions from civil society – businesses, universities, trade and industrial associations, as well as municipal officials. To manage and steer the agenda, the services of a consultant were contracted, as they lacked experience of the process.

This movement started within civil society and grew from there, ... so then the group thought that it alone was not going to manage, so we called in people, even the business community started to get involved, and we took on a consultant (Piracicaba, SP).

Processes were both participative and technical, with strategic planning based on diagnostics led by contracted consultants. The Agenda 21, representing this type of process of the six studied, developed and approved a long-term strategic plan with a ten-year vision which has been recently updated for the next five years. The process was described as follows:

[...] we divided up the municipality and we held meetings, we invited the population, it was public, it was open, whoever wanted to take part went ... and people took part freely... and from there we formed the City Committee... it would have the serving mayor as honorary president (Piracicaba, SP).

From these meetings, a diagnostic plan and proposals for three future scenarios were developed.

[...] from there, we had an open meeting in the local university auditorium ...and we transmitted it live... on the internet, there is the university cable TV, Community TV... it also transmitted it live. ... people took part on the Internet, ... by fax... telephone and an amateur theatre group did an enactment of the three scenarios. And the audience voted. And the winner was "Vitória de Planejamento" [...] (Piracicaba, SP).

[...] the group of businesspeople who were taking part in the process agreed to divide the costs, so we split it, there were shares, there were platinum... gold, silver, bronze shares, and each one contributed with what they could... all contributions were welcome (Piracicaba, SP).

[...] it was the first agenda developed outside the public authority and it has continued up to today, now the public authority takes part, but it belongs to civil society (Piracicaba, SP).

Our advantage in being in civil society is that the process is pure and non-partisan (Piracicaba, SP).

[...] we identified the strengths and opportunities that Piracicaba had and its threats and weaknesses (Piracicaba, SP).

[...] there were 14 objectives, 52 macro-projects and 413 strategies and actions for the development of Piracicaba (Piracicaba, SP).

Today, the development of the majority of the actions is undertaken by the municipal government; the entity created to represent the interests of municipal citizens – OSCIP (Public Interest Civil Society Organization) – receives funding from important local and national businesses to pay for large projects being carried out. The role of the OSCIP is to manage the project and processes of accountability, as well as provide transparency in its published results.

[...] we have an executive department and an extraordinary department, and an advisory board that brings the two departments together ... The advisory board is made up of 50 people, who vote on the budget, for example ... all this is voluntary ... (Piracicaba, SP).

Information continued to be shared with civil society through news broadcast on radio stations and television, in local newspapers and in books on local Agenda 21 projects. In contrast to the majority of the agendas developed in the country, the Piracicaba/SP Agenda 21 remains active and the relationship with the town hall is still very strong, despite changes in administration and political parties.

[...] all mayoral candidates signed a pledge to continue Agenda 21 (Piracicaba, SP).

The aforementioned facilitators relied on the community spirit of residents and the involvement of universities, important centres of excellence, to form social support networks.

[...] all these highly qualified sectors helping us, and more important was the expression of popular will (Piracicaba, SP).

[...] the existence of a social network, formed by the institutions that took part in the project, allows institutions on the network to be activated as a resource (Piracicaba, SP).

There is still interest from businesspeople who agreed to provide funds, stimulating the setting up of specific networks.

In another case, a project started with a decree from the mayor in 2003. It determined that both civil society members and public authorities would participate

in the project. The local government remained a partner of the project, providing logistical support for developing the agenda.

Leaders from civil society, wanting to maintain their autonomy despite the partnership with local government and the decree, formed an NGO which carried out exhaustive technical diagnostic work and took the initiative to disseminate these diagnostics among several sectors of society without tying themselves to local government.

[...] several associations [...] were invited, representatives came along [...] we didn't want to leave out any segment: we invited churches, spiritist groups, because they all form a part, all segments are interesting [aren't they]? Whether they are commercial, economic, environmental, social [...] (Americana, SP).

There were moments of great activity in the city, the idea was to debate the concept with society, encouraging participation in the process, at least in terms of receiving information about the decisions taken and contributing through radio programmes:

[...] we created movements, I don't know what the methods were ... we went to a school for the whole weekend, to debate with society... it was a climactic moment (Americana, SP).

[...] when we finished putting the process together that I call getting to know the city, assessing all the problems, we created a movement with 600 students, and it was marvellous, we called it "Young Peoples Forum XXI" (Americana, SP).

The information was transmitted to the population ... on the News throughout the year, we had a radio programme, once a week, from 11am to midday, where we aired all the issues with the population (Americana, SP).

Conflicts of a partisan nature also negatively interfered in the majority of cases, especially in the dynamics of this agenda. Due to lack of alliances and party political divergences, after three years of work, the coordinating group did not manage to finalize the strategic plan and implement the agenda in the municipality.

[...] there was a first initiative, but it was partisan, I don't care about parties, but the problem is that others started to boycott, the first gross error in a so-called democratic society, and so it stemmed from that (Americana, SP).

The new coordinator of Agenda 21 in the same municipality, in 2007, in taking up the role with the NGO, mentioned the difficulties of the previous process:

Unfortunately like many organizations that we have been with, the material used was extremely complex, there were many arguments, lots of stuff that had no effect at all, without any progress at all. You come from three years of research, of surveying, of work carried out, everything was put together and they didn't know what to do with it... so it started to go awry ... and today I think, Agenda 21 is starting again (Americana, SP).

Another participant, however, appreciated the previous process:

[...] there was a movement of technical people from the town, as much from civil society as from the public authority, some residents' associations, due to some of the representatives being interested in the issue and taking part. I think that this was a meaningful participation as such, but it wasn't like that, we don't have a track record in our municipality of large popular involvement,... but I think ..., that the fact of having professionals from both civil society and from the government wanting to get involved in a common issue is already very positive, that doesn't happen, I believe, in most towns (Americana, SP).

He also positively valued its results:

[...] everyone learnt a great deal, even if this movement has not come to anything (Americana SP).

Three municipalities had a more participatory approach to their processes of diagnostic development and the proposal itself.

In Vila Velha, a group developed the whole of Agenda 21 in a participatory way, submitting a local development plan to the municipal government, which was also put to good use in producing the Municipal Development Plan, in a different form. The movement started in 2001, when a spontaneous process was initiated to discuss the development of the city, through *Movive* – the Vila Velha New Life Movement, steered by the chairman of a local company. The process, however, was not viewed favourably by the mayor in office at the time. From 2001 to 2008, they worked together with the elected mayor, who committed himself to discussing the development of the municipality based on *Movive's* initiative. Agenda 21 was chosen to take this forward because of the possibility of obtaining funds from the Ministry of the Environment.

We started with a broad process of consultation with community organizations,... that would help with holding meetings in the different regions of the municipality of Vila Velha, and we invited community leaders, representatives of community associations from each of the neighbourhoods from the five regions (Vila Velha, ES).

The intense participatory process, facilitated by a specialized consultant, helped with the training of partners and representatives of local movements who, in turn,

drafted the participatory diagnostics and the development of directives for Agenda 21. The consultant performed a technical-political role and brought together four or five departments, Moveive and the Community Council of the city– a federation of all the neighbourhood associations in the municipality. Public sector partnership proposals were drawn up and accepted by businesses active in the region. They offered logistical support and resources to complement the funds received from the National Environment Fund, sharing the process of implementing the agenda.

In June 2002 we launched Agenda 21... we also became involved in public-private partnerships interested in the development of Vila Velha, and (one of) the main companies was Vale de Rio Doce. Companhia Siderúrgica de Tubarão [Tubarão Steel Company], CST, was also an important partner, we were also able to count on Bank Y, we had a partnership with a private university, University Z, here in Vila Velha, and several partners collaborated with us to put together the funds to implement the agenda (Vila Velha, ES).

The process was described as follows:

[...] after some debates with leaders and technicians ... we managed to split the municipality into 13 regions. It was based on two basic criteria, the history of occupation and the issue of mobility. We would go out to these communities, so in the region there were 10 to 12 neighbourhoods, depending on the region, ... there was a mobilization process... there were regional forums that saw small-scale participation, in a rural area [there would be] 13 people, but there were forums with 40,... 90... they enabled a whole process of charting and pinpointing the problems of the region, drawing up maps (Vila Velha, ES).

From this starting point, in order not to dissociate social development from urban and economic development, the consultant set up large blocks and was helped by technical coordinators and multidisciplinary organizers, to ensure that the work carried out could be integrated, ensuring everyone's vision was included. In this way, it allowed

[...] the joined up coordination of technical empirical data (Vila Velha, ES).

With the change in government, the Agenda 21 document was not implemented, but the agenda in the municipality of Vila Velha had become a reference document for the *Plano Diretor* [Directive Plan] and for the Municipal Development Plan, according to the Planning Department in 2007. The party political issue, once again, was a factor that hampered the adoption of the directives by the municipality and its citizens. The situation became more difficult because of the change in mayor, precisely when the agenda had been finalized.

The municipality of Nova Era in the State of Minas Gerais also produced an Agenda 21. A traditional group from the city decided to celebrate its tri-centenary, staging a seminar-celebration on Agenda 21, presenting it as an agenda for the future. At the end of the seminar, the coordinator proposed the continuation of the development of Agenda 21 to the participants, and subsequently, it was decided that a formal application should be submitted to the Ministry of the Environment. The central topic of the proposal was “What will Nova Era be like one hundred years from now?” (Nova Era, MG).

An NGO focusing on consumer rights, and the public and historical heritage of Nova Era, was set up to develop Agenda 21.

The long delay in receiving resources from the National Environment Fund meant that the project started in the middle of a political transition. The new mayor gave her full support, but was not as involved as the management group associated to the NGO hoped she would be.

We felt that she wasn't as involved. We expected more from the town hall (Nova Era, MG).

The people in charge of development carried out a very fruitful participatory diagnostic, with support from different groups.

[...] because we always see things being decided from the top down, but people want things from bottom up – one of our first projects was a diagnostic of the municipality... so that we could provide training, because this is a very multidisciplinary group ... so we try to involve as many multidisciplinary groups as possible, with businesspeople... we had difficulties (Nova Era, MG).

Discussion of the socio-environmental diagnostics conducted was supported by publicity work – posters, banners, a film, a photography exhibition with the city's historical archive (linked to the history of the railway), a food festival featuring local cuisine, concerts with work presented by local composers and a question and answer booklet.

The debate was taken to schools and community meetings – an investment in capacity building. Innovative proposals were discussed looking at the future of the city, such as sustainable tourism.

However, the coordinating group responsible for the process did not manage to finalize the Agenda 21 document, and, therefore, the project ended up not getting funding. At the time of research, the participative agenda had not yet been implemented.

We are finalizing the final “Agenda 21” document, we have now summarized everything, all ideas, all partnerships, how they will be developed within the project... we would have to do a final seminar... as we were already at the end of the management [phase] and we didn't

want to leave this incomplete, we didn't hold the seminar and we accounted for all the money spent,...we sent the document to them, but they complained, saying that we should hold the seminar, official minutes... and that is what we are doing now (Nova Era, MG).

Macaé, in Rio de Janeiro, a Brazilian municipality with huge potential for the oil industry, also prepared an Agenda 21 on a participatory basis. From 1997, local professionals took it upon themselves to mobilize and raise awareness among members of residents' associations and other bodies, on issues such as the preservation of the environment and an improvement in quality of life for the population. In 2002, an Agenda 21 Global Forum was created alongside an organizing committee, established by a municipal decree, made up of twenty-six participants from civil society and government.

Over a three year period, they met weekly, 'discussing, negotiating, looking at what provided the best potential, making choices, looking into the best possibilities (Macaé, RJ).

In November 2006, a permanent Agenda 21 Forum was established, involving 80 participants, 40 from civil society and 40 representing the federal, state and municipal governments.

At the same time, an executive board was set up, delegates were brought together and a participatory diagnostics was developed, in order to unveil the City's Directive Plan. It had to be carried out with popular participation by law.

Various issue-specific working groups were set up with specific coordinators, to ensure participatory development across all knowledge areas. Decision-making was carried out by the Forum.

According to the project coordinators, the articulators, professionals able to join people and have them, together, discussing a new agenda for the city, were driven by the following values:

[...] belief in human beings and their potential, a belief in Agenda 21, which is the path towards the development of sustainability and improvements in health and quality of life (Macaé, RJ).

Discussion

A closer analysis of the agendas, both Healthy Cities and Agenda 21, demonstrated that local experiences of developing social agendas started with initiatives from civil society, NGOs, universities, business organizations and politicians affiliated to political parties, as well as public administrators or managers.

With regard to the experiences studied, Piracicaba and Americana (both in São Paulo) and Nova Era (Minas Gerais), the former originated from a Public Interest Civil Society Organization, and the latter two from NGOs. Their objective was to make the process autonomous.

Some actions were important, such as promoting income generation and monitoring the local economic drivers, defining the economic vocation of the municipality, increasing revenue and establishing types of financial investments.

Research suppositions on participation were borne out by the experiences studied. For example, the significant level of participation of the population both in numerical terms and social representativeness – this was a central principle of the development of the agendas, guiding the methodology employed, in both its promotion and in activities such as participatory diagnostics, strategic planning and the creation of scenarios – and in the involvement of technical professionals and the population in the process.

Social participation, apparently, became a basic directive in all of the cases studied. In general, broad sectors of society took part in the development processes for the agendas, indicating problems and proposals, but the decision-making process ended up being centralized by the public authority or by a specific group. Disputes of a partisan nature caused interference, sometimes in a negative way, in some of the dynamics of the agendas.

It was observed that information flowed freely between the different social actors in the majority of experiences. This is a valuable observation as the flow of information was both a requirement for the agendas to work and a product of the experience itself. Electronic communication has helped considerably and has been employed in communication strategies used by the managers of the agendas, in addition to traditional newspapers, radio and TV.

Regarding networks, involvement in the *Rede de Municípios Potencialmente Saudáveis* [Potentially Healthy Cities Network] and working practices which include networking - such as in the case of the Piracicaba Agenda 21 - strengthen the strategy for sustaining the Agenda, especially in times of changes in government.

The assessment of all social actors, each in their own way, was that the experience was extremely positive, both practically and symbolically, and in terms of the results attained, even when the planned process could not be implemented.

Since the democratic transition that took place in the 1980s, the topic of participation has been ever-present in the national political discourse and it was clearly evident in interviews conducted with local managers and the population about the implementation of social agendas. The agendas, in as much as they advocate for participation as one of their suppositions, reiterate the presence of participation in the political discourse. Participation was incorporated as a value in itself, to the point of having marked both the process and the dynamics of implementing the agendas. It not only became embedded in the methodology of the agendas, but was also one of its objectives.

Another topic imbued in the experiences of the agendas was that of sustainability. It seems redundant as the majority of the municipalities (five of the six) and interviews (60 of the 77) make references to Agenda 21 and also because sustainability is originally associated to environmental development.

The meaning of the term sustainability, as well as alluding to environmental dimension, clearly refers to the continuity of the experience. To this end, Sapag and

Kawashi (2007, p. 145), based on Thompson and Winner (1999), considered this to be a key aspect for health promotion programs, claiming that the continuity of such experiences depends on the “socio-political dynamic and structure in which the community is placed”.

In the experiences touched upon here, in addition to a concern with the conservation of existing resources for future generations, the preoccupation with so-called management discontinuities, or with partisanship in public policy, was highlighted.

Connected to this question was the strong presence of the theme of transparency in the management of public affairs. The alignment of many experiences with the principles and values of participation, sustainability and transparency suggests that the agendas mobilize resources within political culture and its transformation. It reflects the intensification of the democratization process of the country that has gone through in the last three decades.

With regard to the design and application of participatory methodologies advocated by the agendas, statements alluded to the democratization of management processes, consensus-building, empowerment and social solidarity as being the results of the experience of these methodologies. Participatory spaces are so distant from the everyday reality of communities that the employment of participative methodologies represents a lesson in transformation: the implementation and *modus operandi* of agendas appear to mobilize resources in favour of a greater democratization of the public sphere. Thus, the statements show that the development of the agendas laid the groundwork for creating public spaces for the recognition of actors, the affirmation of interests, the legitimization of demands and collective production.

Thus, we find ourselves at a moment of the creation of new types of institutions which are not accompanied by new structures; indeed, they do not challenge the structures already established. These are new transformative practices of collective and individual experiences. However, concrete institutional structures have not been established in order for them to adequately participate in the games of power, domination and resistance.

The process of developing agendas reveals actors who play little part in established processes or decision-making forums, which continue to take place in other spaces and with the involvement of other groups. The question is whether these experiences, when they do not achieve the goal of broadening participation and empowering actors by means of social movements, still fall within processes of social transformation. It would appear that in order to be better understood, the meanings of these experiences need to be further investigated within the contemporary context.

Santos (2000, p. 125) addresses our apparent need to explain the fact that the aforementioned statements reiterated that the agendas set up specific spaces for involvement. He argues that “the democratic struggles of the coming years may be fundamentally struggles for alternative institutional setups”. When he claims that the “State, (is) a brand-new social movement”, he is suggesting the “de-politicization of the State”. Thus, opening up the possibility for its re-politicization in another

organizational framework, coordinated by the State itself and within the moulds of “an Articulator-State”. This means a State that is closer to the type of political struggles which are less codified and regulated than conventional political struggles.

As this State develops, it gradually stops monopolizing regulatory power and becomes a coordinator of diverse interests. It is at this crossroads that “redistributive democracy” experiences are found, emphasizing participatory processes, consisting of both State and private actions, and open to experiments in alternative institutional forms. Essentially, according to Santos, the processes of *decentralization of* the State and the decline of its regulatory powers render “the predominant theories of the State, both of liberal and Marxist origin, obsolete” (SANTOS, 2000, p. 120).

Thus, notions of influence and cooperation, more evident in the statements than those of decision-making and resistance, find greater effectiveness than seemed to us at the start.

The experience of the agendas puts on the table for discussion the debate on how to steer the relations which are always present in life in society, and how to envisage new actions on the part of local public authorities. According to Zioni and Westphal (2007, p. 28-29), the actual problematics of social determinants of health in the local sphere alludes to the possibility of a “society that questions itself about its objectives, that develops a new representation of itself and that seeks new discourses on the relations man/society, man/nature, health/society”. As concrete experiences, the agendas present themselves as spaces for building and rooting citizenship, because they make it possible for various subjects and actors to express themselves and participate in its development through the formation of an agenda of actions for local public authorities, within the perspective of an associative democracy (LENZI, 2009).

Would local projects – the healthy cities agenda, Agenda 21 – have the potential to change millennium development goal indicators? The analysis of the experiences studied demonstrates that these agendas have a capacity to mobilize governments and civil society towards a local development project, particularly because their proposals and methodologies are participatory and require inter-sectorial participation in order to address social health determinants. It mobilizes groups and collectivities towards participation and towards the integration of actions.

Notes

ⁱ Results of a multi-centric research project with seven Brazilian universities, under the coordination of the Public Health Faculty of USP, approved by the respective health research ethics committees, with financial support of CNPq, process N^o409821/2006-3, published in MCT-CNPq/ms-ctie- Decit, 2007.

ⁱⁱ See <http://www.un.org/millennium/>, accessed on 08 June 2009.

ⁱⁱⁱ In this multi-centric study, eight university institutions located in the five regions of the country took part, responsible for all phases of the project. The study was developed with the participation of research groups linked to the university involved, connected to the teaching and research of epidemiology and the health promotion.

^{iv} See <http://www.un.org/millennium/>, accessed on 08 June 2009.

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PARTICIPATORY DEMOCRATIC PRACTICES IN THE CONSTRUCTION OF SOCIAL DEVELOPMENT AGENDAS IN MUNICIPALITIES IN THE SOUTHEAST OF BRAZIL

MARCIA FARIA WESTPHAL, JUAN CARLOS ANEIROS FERNANDEZ,
PAULO ROBERTO NASCIMENTO, FABIOLA ZIONI, LUCIA MARCIA ANDRÉ,
ROSILDA MENDES, GRACE PEIXOTO NORONHA,
RAFAEL DA SILVEIRA MOREIRA

Resumo: Este artigo apresenta os resultados e a análise de um estudo que focalizou os processos locais de implantação das agendas sociais – Cidades Saudáveis e Agenda 21 – em municípios da região Sudeste do Brasil, relacionando o esforço realizado e seus efeitos sobre os determinantes sociais de saúde, especialmente os que podem ser apreendidos considerando-se a relação entre atores sociais e sistema. Realizaram-se estudos de caso em seis municípios para análise da experiência social de implementação da respectiva agenda. Entrevistas individuais e coletivas, levantamento de documentação e observação direta produziram os dados que foram analisados em função de temas de pesquisa previamente definidos. Resultados demonstram que valores como participação, construção coletiva de políticas, sustentabilidade e empoderamento, passam a integrar o ideário e a experiência dos atores diretamente envolvidos, além de interferirem ao ponto de ações positivas serem adotadas e implementadas, para promover a saúde e a qualidade de vida dos cidadãos que vivem nestes locais.

Palavras-chave: Determinantes sociais da saúde. Agenda 21. Cidades saudáveis. Promoção da saúde. Participação social.

Abstract: This article present the results of a study which focused on local processes for implementing social agendas - Agenda 21 and Healthy Cities - in the southeast region of Brazil. It looks at the relations between efforts and their effects on - social health determinants, especially those which may be understood by considering the relationship between social actors and the system. Six case studies were carried out to analyze the social experience of implementing their respective agendas. Data was collected through Individual and collective interviews, survey documentation and direct observation of experiences. They were analyzed according to previously defined research topics. Results show that values such as participation, collective construction of policies, sustainability and empowerment become part of the ideology and experience of those directly involved. Furthermore, values also positively impact on actions

which have been adopted, promoting health and quality of life of citizens living in these localities.

Keywords: Social Determinants of Health. Agenda 21. Healthy Cities. Health Promotion. Social participation.

Resumén: Se presentan los resultados de un estudio sobre los procesos locales de desarrollo de agendas sociales – Ciudades Saludables y Agenda 21 – en ciudades de la región sureste de Brasil, relacionando el esfuerzo empleado y sus efectos sobre los determinantes sociales de la salud, especialmente aquellos que se pueden comprender teniendo en cuenta la relación entre actores sociales y sistema. Se realizaron 6 estudios de caso para analizar la experiencia social de implementar las agendas. Entrevistas individuales y colectivas, reunión de documentación y observación directa produjeron los datos que se analizaron en términos de temas de investigación previamente definidos. Los resultados muestran que valores como participación, construcción colectiva de políticas, sostenibilidad y empoderamiento se convierten en parte de la ideología y experiencia de los directamente involucrados y que interfieren para la adopción de acciones positivas, promoviendo la salud y la calidad de vida de los ciudadanos que viven en estos lugares.

Palabras clave: Determinantes sociales de la salud. Agenda 21. Ciudades Saludables. Promoción de la Salud. Participación social.
