



ARTIGOS

ACCOUNTABILITY SOCIAL E ENGAJAMENTO CIDADÃO EM SAÚDE: A EXPERIÊNCIA DE UM MUNICÍPIO BRASILEIRO

Elaine Cristina de Oliveira Menezes¹, Luciana Francisco de Abreu Ronconi²

1- Universidade Federal do Paraná – UFPR, Brasil

2- Universidade do Estado de Santa Catarina – UFSC, Brasil

RESUMO

O artigo objetiva analisar como os Conselhos Locais de Saúde de Florianópolis obtêm e produzem informações, usam de tecnologias da comunicação e da informação e se relacionam com outros conselhos, organizações da sociedade civil e outras organizações públicas. Toma-se como referencial teórico os conceitos de accountability social e engajamento cidadão. Nesta pesquisa qualitativa conduzida entre 2013 e 2015, aplicou-se entrevistas semiestruturadas com representantes dos Conselhos Locais de Saúde, analisou-se documentos e utilizou-se observação direta de reuniões dos CLSs e eventos que reuniram membros dos conselhos. Conclui-se que o trabalho dos CLS vai além das questões de saúde e é um mecanismo importante para aproximar a administração pública da cidade às comunidades. Os CLSs têm, ainda, contribuído para o envolvimento dos cidadãos nos processos de coprodução de bens e serviços públicos de saúde.

Palavras Chave: Accountability Social; Engajamento Cidadão; Coprodução da Informação; Conselhos Locais de Saúde; Florianópolis.

SOCIAL ACCOUNTABILITY AND CITIZEN ENGAGEMENT IN HEALTHCARE: THE EXPERIENCE OF A BRAZILIAN CITY

ABSTRACT

The article analyses how the Local Health Councils(LHC) in the city of Florianópolis gather and produce information; how they use information and communication technology and relate to other councils, civil society organizations and other public agencies. The theoretical approach is based on the concepts of social accountability and citizen engagement. In this qualitative research conducted between 2013 and 2015, the authors applied semi-structured interviews with representatives of Local Health Councils, analyzed documents and used direct observation of meetings of the LHCs and events gathering members of the councils. The conclusion is that the work of the Local Health Councils goes beyond the healthcare issues and it is an important mechanism to approximate the city public administration to the communities. The LHCs have contributed in the engagement of the citizens in coproduction of public goods and health services.

Keywords: Social Accountability; Citizen Engagement; Coproduction of Information Local Health Councils; Florianopolis.

INTRODUÇÃO

This paper portrays the relationship between social accountability and citizen engagement in the production of public services in healthcare, by analyzing Local Health Councils operating in the city of Florianopolis, Brazil. According to Hernandes e Cuadros (2014), social accountability refers to initiatives, practices and control mechanisms promoted by citizens, nonprofits, media or other civil society organizations, to request accountability and performance evaluation from politicians, public servants and private companies operating with public funding. In social accountability, the perspective of control does not clearly identify the main role (which delegates and controls the exercise of power) and the role of the agent (which exercises power and is accountable). Social accountability emphasizes the interaction between citizens and public servants in order to exercise control and to look for joint solutions for public problems (FOX, 2014; HERNANDEZ; CUADROS, 2014; THOENIG; DURAN, 1996).

The Brazilian Federal Constitution, enacted in 1988, established several mechanisms for social control that approach the concept of social accountability such as deliberative

and consultative councils for public policies. The health councils exist in the three spheres of government (federal, state and municipal) and have been considered protagonists in the processes of discussion and decision on public health issues in Brazil. In the city of Florianopolis there is the municipal health council and the Local Health Councils (LHCs). The municipal health council is a collegiate, permanent and deliberative body, formed by representative members from the government, service providers, healthcare professionals and service users. On the other hand, the Local Health Councils (LHCs) are consultative. This paper focuses on the LHCs, that work on the planning, control and evaluation of the implementation of healthcare services in each community.

The councils connect society and the State. They make it possible to include civil society in the public policies decision-making bodies, and are an important instrument for the democratization of the State (BISPO JUNIOR; GERSCHMAN, 2013). When it comes to healthcare, the councils have developed a participatory practice that promotes civic engagement in the coproduction of goods and services in health. The Local Health Councils in particular can be considered as opportunities for social accountability,

promoting the emergence of initiatives, practices and tools for citizens and civil society organizations control on the quality of public goods and services. In addition, LHCs increase opportunity for participation in the process of creating public policies. However, several studies point out challenges regarding participation, especially the issue of representation in these spaces of direct democracy (ZAMBON; OGATA, 2011; VIEIRA; CALVO, 2011; CRUZ et al., 2012).

For this paper, coproduction of information is considered a crucial element in accountability processes. It involves mutual and continuous engagement between regular producers of information and control in public administration (governmental agencies) and users or citizens, interested in information and control (citizens individually or organized in councils, groups and associations) (SCHOMMER et al., 2013)

The main objective of this article is to analyse how LHCs gather and produce information, how they use information and communication technology and relate to other councils, civil society organizations and other public agencies, based on the theoretical approach of social accountability and citizen engagement.

With this paper, focused on the Local Health Councils (LHCs) of Florianopolis, the authors expect to contribute with the debate about citizen engagement and social accountability in healthcare. In addition, this experience of participation in order to prioritize or to design public policies in healthcare may inspire debates about innovation on social accountability.

SOCIAL ACCOUNTABILITY AND CITIZEN ENGAGEMENT: INFORMATION, COMMUNICATION AND INFORMATION TECHNOLOGY TO COPRODUCTION

The concept of accountability has been widely discussed, especially in light of the public management reforms that took place in Brazil and worldwide, from the 1980s and 1990s (PINHO; SACRAMENTO, 2009; O'DONNEL, 2016). Many authors consider accountability as the manager's responsibility to be accountable regarding their acts and practices. However, 'accountability' is a term that recalls elements of politics, management, accounting, public finance and other areas. Domingues Filho (2004, p: 11) points out that the term government accountability is related to "[...] a 'measurement' of the advances of democratic values (equality, human dignity, participation and representation)". Thus, a better

understanding of the accountability mechanisms is condition sine quo non for understanding modern democracy. Therefore, the term is directly related to democratic values and citizen participation.

According to Hernandes & Cuadros (2014) social accountability refers to initiatives, practices and control mechanisms promoted by citizens, nonprofit organizations, media and/or other civil society organizations, to request accountability and performance evaluations from politicians, public servants and private companies operating with public funding (HERNANDES; CUADROS, 2014). Social accountability emphasizes the interaction between citizens and public servants in order to exercise control and to look for joint solutions for public problems (FOX, 2014; HERNANDEZ; CUADROS, 2014; THOENIG; DURAN, 1996).

Citizen engagement is an essential element of the coproduction of public goods, which can be understood as "strategy to produce public goods and services through networks and partnerships, counting on mutual engagement of government and citizens, individually or participating in associations or economic organizations". (SCHOMMER et al., 2011, p: 40). When actively involved in designing and delivering public goods or services, citizens are co-responsible for

public policies and quality of public management. Conforme Schommer et al (2015, p. 1378)

The use of such information contributes to shape a more conscious public opinion, allows monitoring political promises and government plans, as well as public policies and services, and assigns responsibilities to public agents. Such information also contributes to decision-making and it has the potential to improve public administration and public welfare.

Citizens engage in coproduction usually occupying spaces for citizen participation within public administration. In these spaces, citizens establish dialogue and pressure governments looking for responsiveness towards the demands of the population. One of the mechanisms through which this connection between government and society occurs is represented by the Councils of Public Policies. These councils were established in the 1988 Federal Constitution of Brazil as part of the democratization process, and they are present in the three levels of power (FEDERAL, STATE AND CITY).

Ronconi, Debetir and DeMatia (2011) consider the councils as potential spaces for

coproduction of public goods. The councils' role is capturing demands from different social groups and participating in the creation and implementation of public policies in specific sectors. Although they are institutionalized in several sectors such as education, healthcare and public safety, councils present – as it is shown in other studies – limitations regarding representation and participation in deliberative processes.

An essential requisite to obtain citizen engagement and solid base for decision-making is the availability of quality information, which is part of the process and its result. Data and information regarding the different areas of the policies and public services can be indicators and goals that contribute to planning and monitoring collective actions (BRANDSEN; HONINGH, 2016).

This is the case in the councils and other spaces of citizen participation, considering that coproduction demands quality and available public information. Information is crucial for institutional and social control over public administration, in order to reward or punish public authorities according to their performance and enable better decision making on public policies.

In recent years, Brazil has improved in terms of production and dissemination of public information, with measures such as the Transparency Law, which stipulates that governments, at all levels, use online platforms disclosing to the public updated budgetary and financial information. Another measure is the Access to Information Law, which in addition to the information disclosed systematically by public agencies, states the possibility that citizens require information, at any time, and it must be provided by deadlines specified in the law. These and other improvements in Brazil follow an international trend of qualification and disclosure of public information (ANGELICO, 2012), in open data systems that allow free use of information for comparative analysis, to produce indicators, control processes and performance and decision making on policies and services. In addition, this environment promotes innovation and citizen engagement in the production of public goods and services, including the use of e-participation tools (NOVECK, 2009; PIZZICANNELLA, 2010).

Social and democratic accountability rely on available and quality information in order to provide citizens, government, politicians and control agencies the conditions to fulfill their role of political control, continually

monitoring those in charge of decision-making (ABRUCIO; LOUREIRO, 2005). Schedler (1999) considers information as one of the needed elements for effective accountability, together with justification and punishment. Information and justification refer to answerability - the obligation of public office holders to inform, explain and account for their actions and omissions (PINHO; SACRAMENTO, 2009). Punishment refers to enforcement, or the capacity of public agencies to impose sanctions and remove the power from those who do not meet the expectations and rules democratically established.

Therefore, it is possible to consider that qualified information is an essential public good for public administration, for accountability and to strengthen democracy. Information, as any public good, can be coproduced in a network, through the collaboration among different social actors and institutional mechanisms, in relationships of mutual influence, and in systemic logic (ROCHA et al. 2012). This form of analysis called coproduction of information and social and political control of public administration, has been explored by re-searchers at the Politeia, a research group at UDESC/ESAG (ROCHA et al., 2012; SCHOM-MER et al., 2013; DOIN et al., 2012; SPANIOL, SCHOMMER; DOIN, 2012;

SCHOMMER; TURNES; DAHMER, 2013). Research have shown that, although there is great potential for coproduction of information among public administration agencies and civil society organizations, this potential is still unexplored and presents cultural, institutional and methodological limitations. Therefore, it is important to improve the understanding of access and production of information by public policy councils, which can contribute to comprehend coproduction of control as a strengthening mechanism of social accountability.

METHODOLOGY

In this qualitative research conducted between 2014 and 2015, the authors applied semi-structured interviews with representatives of Local Health Councils, identified in this article as LHC 1, 2, 3, 4 and 5. Besides that, documents were analyzed and the authors used direct observation of meetings of the LHCs and events gathering members of the councils.

The area of public health in Florianopolis is composed by 05 Healthcare Districts (Continental area, North, East, South of the island and the City Center). There are 34 LHCs, connected to the Health Centers spread around the districts. The research

selected 05 LHC out of the 34 based on the recommendation from the Executive Secretary of the City Health Council, based on how long the LHCs have been operating and the participation of the LHC representatives in training meetings provided by the local government and in monthly meetings of the City Health Council.

As well as the interviews, the research adopted a questionnaire in one of the training meetings offered by the Executive

Secretary of the City Health Council, in association with the researchers of this paper. The questionnaire helped to collect a profile of the representatives regarding their use of social media in order to produce information on healthcare issues. The questionnaire was responded by 20 representatives of LHCs.

The categories of analysis are based on literature review, as described in the table below:

Table 1: Theoretical-methodological framework

Concepts	Elements of data collection and analysis	Theoretical references
Social Accountability	Information: producing and gathering information Use of information and communication technology Communication with the community	Pinho and Sacramento (2009) Hernandes and Cuadros (2014) Noveck (2009) Pizzicannella (2010) Abrucio and Lureiro (2005) Schedler (1999)
Citizen Engagement	Relationship between local councils Relationship between councils and civil society organizations Relationship between councils and public agencies	Schommer et al. (2011) Rocha et al. (2012) Schommer et al. (2013) Doin et al. (2012) Spaniol, Schommer and Doin (2012) Schommer, Turnes and Dahmer (2013)

Source: Elaborated by the authors

Data analysis took into consideration the content of the interviews with the LHCs, based on the theoretical framework presented in table 1, as well as on data gathered from questionnaires responded in one of the training meetings. The technique used to analyze the data was the content analysis, and the interviews were structured and analyzed from two conceptual categories: social accountability and citizen engagement. In the literature on social accountability, the sub-categories of analysis focus on obtaining and producing information and how the new communication mechanisms contribute to it. As far as citizen engagement is concerned, literature has indicated as subcategory the relations between local councils, public agencies, other civil society organizations and the community.

HEALTH COUNCILS: A SPACE BUILT WITH COMMUNITY PARTICIPATION

In Florianopolis, capital of the State of Santa Catarina, the City Health Council was created in 1989 with the Municipal Law no 3.291. In 1993, the Municipal Law no 3.970/93 established that the council's goal is to contribute in elaborating strategies and control the implementation of the City Health Policy, including economic and financial aspects of the policies. According

to the 1993 law, among the roles of the City Health Council there are: establish guidelines for the city's policies on health; discuss, evaluate and approve the financial investment plans of the City Health Fund, as well as establish guidelines to control the execution of the fund's investments as it is stated in the City Health Plan; and supervise, evaluate and control the operating program and budget of the City Health System.

The City Health Council (CHC) is formed by 50% representatives of the users of the public healthcare system; 25% representatives of professionals who work in the area of healthcare and 25% of representatives of managers and service suppliers.

The city of Florianopolis regulated its Local Health Councils by Municipal Resolution no 010/CMS/2008. The resolution establishes that LHCs are consultative bodies and are part of the National Health System (SUS). In addition, each council works in the area covered by the local health unit, and the councils are hierarchically related to the City Health Council. The LHCs are formed by representatives of users, of institutions located in the area covered by the local health unit, by representatives of the local health unit directly administrated by the

municipality and other representatives of public agencies and private organizations interested in the subject.

The Local Health Councils work specially at the level of local planning, evaluation of the implementation and social control of the activities and services in health or related to healthcare. The LHC contribute in the definition of priorities and establishing of goals to be met in the territory covered by the Health Unit.

Regarding the work of the members of the LHC and the performance of these councils in Florianopolis, the field study showed that members begin participating by invitation from people who already have links with local councils. It is important to note that professionals working in health centers play an important role in this process of bringing in council members. The role of the Local Health Council, according to one of the members of the LHC 5 is to submit demands, and LHCs have limited capacity to mobilize the community because of lack of support on logistics and management. In their point of view, the fact that LHCs are consultative bodies creates a sense of diffidence towards whether the city administration will adopt the decisions made collectively in the council (LHC 5).

As for the involvement of users in the LHCs, it is possible to observe that the gradual participation in meetings leads to greater commitment and engagement. By participating in the meetings in the local councils or in the CHCs, users realize the importance of spaces where information can be found and produced and where they can debate, as well as feel compelled to participate in a more formalized way (LHC 1) (BRANDSEN; HONINGH, 2016; BISPO JUNIOR; GERSCHMAN, 2013).

About the objectives of the LHCs, the respondents consider it is the link between the user and the Local Health Center. For them, LHCs play an important role in presenting demands and complaints to the CHCs and to other public agencies responsible for solving problems in the health system (LHC 1, LHC 4).

One of the respondents considers that many actions of the LHCs positively changed the community as they referred to issues beyond those directly related to health (LHC 3). Examples of these actions are those developed in partnership with Social Services Centers and Community Centers (CLS 2). Thus, LHCs can be considered mechanisms for citizens' engagement that contribute to qualify, produce information and partnership on local public health.

Regarding the challenges for the LHCs to develop their activities, it was observed that there are difficulties to establish contact with the users of the LHCs, and there are problems in the centers and in the community in general that usually take over the agenda of the council. Other problems the LHCs face are lack of infrastructure (including rooms and equipment); lack of commitment of counselors and few people willing to participate in the council.

Regarding the relationship between the LHCs with the Public Health System as a whole, it is possible to observe that LHCs have different relationships with local actors operating in healthcare, it is also clear the integration among the LHCs. One example brought up in the interviews is the case of the Emergence Unit of the Mainland, in which the LHCs join with the City Health Council in order to find solutions for problems in that area of the city. There are also relationships between the LHCs and other public agencies and civil society organizations such as the community centers, due to the fact that some of the members of the community centers are also members of the LHCs (LHC1).

In Florianopolis, the relationship between LHCs and the Local Health Center is friendly. As for the relationship with the City

Secretary of Health, one participant of the LHC 3 says that it is a good relationship, stressing three ways to mobilize healthcare management: at the city's district level, directly with the Secretary, and then at the community level, with the community's representative at the city's legislative power and using the media (LHC 3).

The work of the LHCs motivates the government to act more quickly. Sometimes, as described by one of the interviewees, it facilitates the development of institutional dynamics, as LHCs have direct access to the City Secretary of Health (LHC1).

It is possible to observe, therefore, that there is some sort of coordination between different levels of participation and the local government, but it is still fragmented and poorly networked. As Dagnino (2002) points out, this fragmentation is the result of two types of blockages. One by the State, which in some cases is resistant to the process of democratization and sharing of power. Added to this there is bureaucratic rigidity, lack of transparency on the part of the State, and lack of sensitivity to participation. The other blockage refers to civil society that lacks technical and political qualification. In spite of these blockages, there is the relationship of the LHCs with other public agencies and civil

society organizations, such as community centers (some members of the community centers also participate in the LHCs), as observed in the field survey.

Regarding the relationship between the LHCs and the CHC, the representative of LHC2 reports that they were at the meeting of CHC to present demands. The member considers that there was an advance in the role of LHCs in CHC because "in this administration the relationship improved. We managed to get 15 minutes where a member can speak, and this is a big step" (LHC2).

Finally, in the relationship between LHCs and the CHC, it is possible to conclude that there were improvements when it comes to the role of LHCs in the City Health Council. The work of the LHCs encourages the government to act more quickly and makes it easy to develop institutional dynamics (BRANDSEN; HONINGH, 2016).

COMMUNICATION WITH THE COMMUNITY AND INFORMATION SYSTEMS

The visibility of the Local Health Councils in the community is small and LHCs need to be organized in order to improve communication. One respondent believes that the council will become visible if it is

present in the Local Health Center. However, as evidence of the lack of council's visibility, the respondent points out that when the council's member is present in the health center they are recognized by the center's team, but not by the users (LHC 3). Thus, the difficulty LHCs face regarding communication explains the little attention LHCs pay to the visibility of their actions.

In order to analyze the context in which LHCs operate in Florianopolis, the study tried to understand what types of information matter to the councils. According to one respondent, information about public safety is relevant to the citizens' well-being, and a lot of information is obtained when participating in meetings of other organizations and in public hearings (LHC 5). However, the respondent believes that this information cannot be easily passed on to the community due to the lack of structure and organization of the council.

Members of LHC 2 state that the council is informed when there is a problem in the community, but often the information obtained is not disclosed and ends up limited "between the council and the health center" (LHC 2). This shows that the LHCs are still not prepared to transform the

information obtained in the community in collective demands to be forwarded to the responsible public agencies and to the society as a whole. The member of LHC 5 reported difficulties in the use of technology and pointed out that the mobile phones are the instrument used by the council members for communication.

Regarding the type of information that LHCs consider important, a member of LHC 1 believes that all kinds of information concerning the community is relevant. From health issues to social issues, such as the homeless population. Much information is obtained "through the neighborhood association, which is a very good channel to get information" (LHC 4).

The members of the council report that they forward the information obtained on community issues to agencies and organizations related to the problem. When it is the case of the Local Health Center, the information is taken to the coordinator of the District and then to the representative of the City Health Council.

The councils wish to produce information regarding faults in the local health units, sanitary issues, deficiencies of infrastructure and social issues.

About getting results from the information obtained and/or produced by LHCs, a member of LHC 1 reports that it is often necessary to work with the media. The media has a role in the dissemination of information it can also be a mechanism for coercion and control. This shows that the media has presented the potential to expand the transparency and access to information for the population.

Regarding information technology tools used by the Local Health Council, it is observed that the majority of the councils use cell phones and personal contacts and not yet using social networks in their daily activities (LHC 1; LHC 3; LHC 4)

As for how the information used by the Local Health Council is generated, it appears that there are referrals of complaints to the responsible agencies; support for campaigns to raise awareness; participation in events; support in promoting events; participation in meetings of the City Health Council (LHC 1; LHC 2; LHC 4; LHC 5).

The production, dissemination and use of good quality information to control public administration can occur through the interaction between state agencies and the citizen, creating new forms of control over governments (SCHOMMER et al, 2015). This

aspect was evidenced in the above statements, demonstrating the fertility of the LHCs to the constitution of a new relation between State and society (BRANDSEN; HONINGH, 2016; BISPO JUNIOR; GERSCHM, 2013).

Users of Local Health Units approach the local council when there is a specific demand, as reported by a council member: "the users approach us usually with a complaint" (LHC 2). The fact that they are members of the council is determinant for the population to approach them to complain about health problems in the neighborhood (LHC 1).

When observing the training meetings of members of local and city health councils and understanding how they use social media. The questionnaire, identified that 15 members said they use social media (75% of the respondents). Facebook is used by 12 (60%), Whatsapp by 05 (25%) and e-mail by 04 (20%) (NOVECK, 2009). It was observed that 13 respondents use social media to disseminate information related to health (65%). Therefore, 75% use social media and 65% use it to disseminate topics related to health.

A respondent member of LHC 4 reports that community demands are taken to

responsible public agencies through the Local Health Council, as well as through the neighborhood association, using pamphlets and newsletters. A member of LHC 3 says the council discusses and takes measures on community demands, supports and participates in events, participates in meetings with authorities, visits government agencies, participates in public hearings concerning healthcare and social assistance, participates in the meetings of the City Health Council, takes part in nonprofit organizations (LHC 3). However the council does not participate in meetings with other Local Health Councils and with the community. In addition, LHC 4 summarizes that they do not have available time in order to promote lectures and they do not participate in meetings of other LHCs nor in debates in the media. Notwithstanding, they participate in events related to health issues, meet with the Secretary and City Councilors, visit public agencies when needed, participate in the meetings of the City Health Council and take part in the preparation for the City Health Conference, as well as participate in the Council for the Elderly.

The findings above corroborate Schedler (1999), who considers that information is one of the elements needed for effective accountability, together with justification

and punishment. Information and justification refer to answerability - the obligation of public office holders to inform, explain and account for their actions and omissions (PINHO; SACRA-MENTO, 2009). Thus, when evaluating the information that is produced by LHCs or the information that is interesting for the council, it is also observed how effective they can be in achieving accountability and co-production of information and control. However, the collection and production of information by LHCs is still at an early stage and there is a small number of instruments of access to information.

CONCLUSION

Results show evidence that LHCs have worked as a link between the service users and the Local Health Center, presenting demands and complaints, pushing the public administration to act more efficiently and promoting relationships between citizens and public servants (BRANDSEN; HONINGH, 2016; SCHOMMER et al, 2015). Among the aspects analyzed it was observed the two types of information: i) the information the LHCs would like to have about the community problems; and ii) the information produced by the council itself (including health issues present in the community, shortcomings of the Local

Health Center, sanitary and infrastructure issues, and social issues such as the lack of shelters for the homeless). The research highlighted difficulties faced by the LHCs, such as the struggle to mobilize the community and to have volunteers on the council, as well as the lack of equipment and infrastructure to conduct its activities (DAGNINO, 2002).

Among the main challenges for the LHCs are the difficulty to mobilize the community; inadequate equipment and infrastructure; and lack of people interested in participating as members of the council. When it comes to the relationship between LHCs and the local government, it was observed that LHCs work pushes the local government to act faster and more efficiently (BRANDSEN; HONINGH, 2016; DAGNINO, 2002; BISPO JUNIOR; GERSCHMAN, 2003; GAEDTKE; GRISOTTI, 2011).

The conclusion is that the work of the Local Health Councils goes beyond health care issues and it is an important mechanism to approximate the city public administration to the communities. The LHCs have contributed to engage citizens in coproduction of public goods and health services, because the councils produce information, stimulate processes of problem

solving and promote accountability. The experience of the Local Health Councils in Florianopolis, Brazil has the potential to inspire innovation on social accountability and democracy in other countries.

It is important to point out that innovation in terms of participation promoted by public administration is an indicator of the desire to increase democracy, paving the way for the emergence of a new political culture at the local level (MENEZES et al, 2015; BRANDSEN; HONINGH, 2016; SCHOMMER et al, 2015). However, it is necessary to increase the participation of the society, which is low and fragmented, without planning and coordination from public agents who fail in defining the social groups to be engaged and how these groups could contribute in the decision-making process (DAGNINO, 2002). In addition, the processes of establishing priorities and monitoring public policies are more informative than participatory, in a process of advances and setbacks (GAEDTKE; GRISOTTI, 2011).

REFERENCES

ABRUCIO, F. L.; LOUREIRO, M. R. Finanças públicas, democracia e accountability. In: ARVATE, P. R.; BIDERMAN, C. (Org.). **Economia do setor público no Brasil**. Rio de Janeiro: Elsevier/Campus, 2004.

ANGÉLICO, F. **Lei de acesso à informação pública e seus possíveis desdobramentos para a accountability democrática no Brasil**. São Paulo: FGV/EAESP, Programa de Pós-graduação em Administração Pública e Governo. (Dissertação de mestrado), 2012.

BISPO JUNIOR, J. P. e GERSCHMAN, S. Potencial participativo e função deliberativa: um debate sobre a ampliação da democracia por meio dos conselhos de saúde. **Ciência Saúde Coletiva**, Rio de Janeiro, v. 18, n. 1, jan. 2013.

BRANDSEN, T., & HONINGH, M. Distinguishing different types of coproduction: a conceptual analysis based on the classical definitions. **Public Administration Review**, v. 76, nr. 3, 427–435, 2016.

BRASIL. **Constituição da República Federativa do Brasil**. Brasília, DF: Senado, 1988.

BRASIL. **Lei nº. 8.080, de 19 de setembro de 1990**. Dispõe sobre as condições para a promoção, proteção e recuperação da saúde, a organização e o funcionamento dos serviços correspondentes e dá outras providências. Diário Oficial da União 1990; 20 set, 1990.

BRASIL. **Lei nº. 8.142, de 28 de dezembro de 1990**. Dispõe sobre a participação da comunidade na gestão do Sistema Único de Saúde (SUS) e sobre as transferências intergovernamentais de recursos financeiros na área da saúde e dá outras providências. Diário Oficial da União 1990; 31 dez, 1990.

CONSELHO MUNICIPAL DE SAÚDE DE FLORIANÓPOLIS. **Regimento interno**. Disponível em: www.cms.pmf.sc.gov.br/documentos/ri.doc. Acesso em: 10 de abr. 2014.

CORTÊS, S. V. **Viabilizando a participação em conselhos de política pública municipais: arcabouço institucional, organização do movimento popular e policycommunities**. In: HOCHMAN, G; ARRETCHÉ, M.; MARQUES, E. (Org.). **Políticas públicas no Brasil**. Rio de Janeiro: Fiocruz, 2007.

CRUZ, P. J. S. C. et al. Desafios para a participação popular em saúde: reflexões a partir da educação popular na construção de conselho local de saúde em comunidades de João Pessoa, PB. **Saúde Sociedade**, São Paulo, v. 21, n. 4, dez, 2012.

FOX, J. **Accountability: what the evidence really says?** Workin papers, GPSA, 2014.

GAEDTKE, K. M.; GRISOTTI, M. Os Conselhos Municipais de Saúde: uma revisão da literatura sobre seus limites e potencialidades. **Política e Sociedade: Revista de sociologia política**. Florianópolis, v 10, n. 19, Outubro, 2011.

HERNANDEZ, A.; CUADROS, D. **Iniciativas de transparencia y accountability em America latina: naturaliza, tipología e incidencia en la democracia y el desarrollo**. Florianópolis: Imaginar o Brasil, 2014.

LANDERDHAL, M. C. et al. Resoluções do Conselho de Saúde: Instrumento de Controle Documento OU sociais burocrático? **Ciência Saúde Coletiva**, Rio de Janeiro, 15 v., n. 5, agosto, 2010.

NOVECK, B. S. **Wiki government**: how technology can make government better, democracy stronger and citizens more powerful. Washington, D.C.: Brookings Institution Press. 224 p, 2009.

O'DONNEL, G. **Accountability horizontal e novas poliarquias.** Disponível em:
<http://www.scielo.br/pdf/ln/n44/a03n44.pdf>. Acesso em: 08 set 2016.

PINHO, J. A. G.; SACRAMENTO, A. R. S. Accountability: Já podemos traduzi-la para o Português? **Revista da Administração Pública**, v. 43, n. 6, nov./dez, 2009.

PIZZICANNELLA, R. **Co-production and open data: the right mix for public service effectiveness?** In: European Conference On Egovernment, 10th, 2010. Limerick Ireland. Draft papers...Limerick, 2010.

PAESE, J.; PAESE, C. R. Governança e empoderamento na política social de saúde: análise da relação entre leigos e peritos em conselhos de saúde. **Argumentum**, v. 13 (1), 2011.

ROCHA, A. C.; SPANIOL, E. L.; SCHOMMER, P. C.; SOUSA, A.D. **A coprodução do controle como bem público essencial à accountability.** Anais do XXXVI Encontro da AN-PAD – Associação Nacional de Pós-Graduação e Pesquisa em Administração. Rio de Janeiro, Set., 2012.

RONCONI, L. F. A.; DEBETIR, E.; DE MATTIA, C. Conselhos Gestores de Políticas Públicas: Potenciais Espaços para a Coprodução dos Serviços Públicos. **Contabilidade, Gestão e Governança**, Brasília, 14(3), 46 – 59, set./dez., 2011.

SCHEDLER, A. Conceptualizing Accountability. In: SCHEDLER, A.; DIAMOND, L.; PLATTNER, M. F. (Edit.) **Self-Restraining State – Power and Accountability in New Democracies**. Boulder: Lynne Rienner Publishers, 1999.

SCHOMMER, P. C.; ANDION. C.; PINHEIRO, D. M.; SPANIOL, E.L.; SERAFIM, M.C. Coprodução e inovação social na esfera pública em debate no campo da gestão social. In: SCHOMMER, P.C.; BOULLOSA, R.F. **Gestão social como caminho para a redefinição da esfera pública**. Florianópolis: Udesc Editora, p. 31-70 (Coleção Enapegs. V. 5), 2011.

SCHOMMER, P.C; TURNES, V. A.; DAHMER, J. **Co-production of public goods and services: the potential and challenges of the Floripa Te Quero Bem movement in the construction of a more sustainable city.** XVII International Research Society on Public Management, IRSPM Conference. Prague, 10-12 April 2013. Draft papers. Prague, 2013.

SCHOMMER, P.C.; ROCHA, A.C.; SPANIOL, E. L.; DAHMER, J. **Accountability and the co-production of information as a public good: conceptual interaction and evidence in Brazilian public administration.** XVII International Research Society on Public Management, IRSPM Conference. Prague, 10-12 April 2013. Draft papers. Prague, 2013.

SCHOMMER, P. C.; NUNES, J. T.; MORAES, R.L. **Accountability, controle social e coprodução do bem público:** a atuação de vinte observatórios sociais brasileiros voltados à cidadania e à educação fiscal. Brasília: EAGU, IV (18): 229-58, maio, 2012.

SCHOMMER, Paula Chies; ROCHA, Arlindo Carvalho; SPANIOL, Enio Luiz; DAHMER, Jeferson, SOUSA, Alessandra Debone de.: "Accountability and co-production of information and control: social observatories and their relationship with government agencies." **Revista de Administração Pública**, 49, no. 6 (2015): 1375-1400.

SPANIOL, E. L.; SCHOMMER, P. C.; DOIN, G. A. **Coprodução da informação, accountability sistêmica e qualidade de vida na cidade:** uma análise da atuação do Observatório do Recife. Anais do XII Colóquio Internacional sobre Poder Local. Salvador, dez, 2012.

THOENIG, J. C.; DURAN, P. L'État et la gestion publique territoriale. In: **Revue Française de Science Politique**, année 46, n. 4, 1996.

VIEIRA, M.; CALVO, M. C. M. Avaliação das condições de atuação de Conselhos Municipais de Saúde no Estado de Santa Catarina, Brasil. **Caderno Saúde Pública**, Rio de Janeiro, v. 27, n. 12, Dez, 2011.

ZAMBON, V. D.; OGATA, M. N. Configurações dos Conselhos Municipais de Saúde de uma Região no Estado de São Paulo. **Rev. Esc. Enferm. USP**, São Paulo, v 45, n. 4, agosto, 2011.

Contato

Elaine Cristina de Oliveira Menezes,

Mestrado em Administração pela Universidade Federal de Santa Catarina (2002) e doutorado em Sociologia Política pela Universidade Federal de Santa Catarina (2009). Pós-doutora pelo Programa de Pós-Graduação em Administração, Universidade Federal de Santa Catarina (2011) e pelo Programa de Pós-Graduação em Administração da ESAG/UDESC (2015). Professora do Curso de Administração Pública e do Programa de Pós-graduação em Desenvolvimento Territorial Sustentável da Universidade Federal do Paraná. Membro do Grupo de Pesquisa Coprodução do Bem Público sob a ótica de Accountability, Responsabilidade Social e Terceiro Setor – POLITEIA.

Universidade Federal do Paraná

E-mail: eoliveira.menezes@gmail.com

Luciana Francisco de Abreu Ronconi

Possui Mestrado em Serviço Social pela Universidade Federal de Santa Catarina, Doutorado em Sociologia Política pela Universidade Federal de Santa Catarina e Pós-doutorado na Universidade Técnica de Lisboa, no âmbito do Centro de Investigação em Sociologia Económica e das Organizações do Instituto Superior de Economia e Gestão. Atualmente é Professora da Universidade do Estado de Santa Catarina ministrando aulas no Curso de Administração Pública da ESAG - Centro de Ciência da Administração e Socioeconómicas. É membro do Núcleo de Pesquisa e Extensão em Inovações Sociais na Esfera Pública - NISP e do Grupo de Pesquisa Coprodução do Bem Público sob a ótica de Accountability, Responsabilidade Social e Terceiro Setor – POLITEIA.

Universidade do Estado de Santa Catarina

Email: lucianaronconi20@yahoo.com.br