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An empirically oriented analysis of deliberative and participatory systems: health and policy for women's councils and conferences in Minas Gerais¹

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This article analyzes whether and how conferences and councils on policies for health and women in Minas Gerais interact with each other to shape a participatory and deliberative system in these policy areas. Thus, the article analytically and empirically evaluates: (1) how actors, topics, and norms act as connectors of these forums in each policy area; (2) whether those connections promote an integrated system in each policy area. To investigate the connections among the forums, we proposed four different techniques: observations of council meetings and conferences, document analysis, surveys, and interviews. We mixed these techniques to compare these two contrasting cases. As a result of this comparative analysis, we argue that the legal and political infrastructure in which policies are immersed induces the connectors to work systemically. Health policy, which is legally and institutionally more predictable than policy for women, ensures more favorable conditions for the actors to coordinate their actions, for the topics to be debated and transmitted, and for the norms to be disputed and legitimized. Therefore, we claim that the political-institutional resources are significant for the connectors to shape a participatory and deliberative system in each policy area.

Keywords: participatory and deliberative systems; health policy; policy for women; public policy councils and conferences

Introduction

This article examines participatory and deliberative institutionally-structured forums, which gained centrality in the cycle of Brazilian public policies during the last three decades. Their practical and theoretical relevance is linked to the fact that they bring together different groups related to different policy areas to discuss and make decisions on their policy guidelines.

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These forums are analyzed in a systemic way, seeking to identify whether and how public policy councils and conferences interact with each other to form a participatory and deliberative system in each policy area (Habermas, 1996; Mansbridge, 1999; Parkinson and Mansbridge, 2012; Boswell, Hendrix, and Ercan, 2016).

The idea of a participatory and deliberative system emerges from a productive debate among scholars of deliberation, concerned with the expansion of the deliberative practice of isolated spaces, frequently without an effective impact on society as a whole (Parkinson, 2006; Chambers, 2009). Facing the inclusive challenges posed to deliberative practices, deliberative theory undergoes changes and reaches, after many controversies, the idea of a deliberative system (Dryzek, 2010; Parkinson and Mansbridge, 2012; Elstub and McLaverty, 2014).

One of the main concerns of the deliberative system is to break the insulation of deliberative practice in political “enclaves”. In Pateman’s terms, for deliberation to be inclusive, to promote change in preferences and still to influence people’s lives, the favorable conditions, inside and outside the mini-publics, should be replicated for all of society (Pateman, 2012).

The idea of a deliberative system offers a response to these problems by proposing an “architecture” that predicts horizontal and vertical integration of different sites, at different territorial levels. To do so, increasingly flexible definitions of deliberation are adopted, accepting different forms of communication in and among those different deliberative sites (Young, 2002; Mansbridge, 2007; Jacobs, Cook, and Carpinini, 2009). From this perspective, different models of deliberative systems emerge, seeking to deal with problems in scale and communication patterns (Mansbridge, 2007; Dryzek, 2009, 2010; Parkinson and Mansbridge, 2012).

Despite the efforts and merits of these models to break with the unitary view of public reason and with the insulation of their practices in spaces that cannot impact on democracy, the proposals carry theoretical and empirical limits. Parkinson and Mansbridge (2012) called attention to the inability of the parties to influence each other, perpetuating their isolation. The danger of groups with more resources dominating the content of policies during the “scale-up” process is also stressed by Boswell, Hendrix, and Ercan (2016), who are concerned with the “transmission of claims and ideas across different sites” (p. 264).

This article focuses on the possibilities of connection between the parties within the system in two different Brazilian policy areas. We propose three connectors and discuss them theoretically and empirically. We show how actors, topics, and norms are able to connect public policy councils and conferences in different policy areas, such as health and policy for women, in Minas Gerais, Brazil.

Since the public policy conferences and councils on health and policy for women are located at different territorial levels of the Brazilian federation, across local and national levels, they need to be horizontally and vertically connected in order to form an integrated policy system in each area.

According to Mansbridge et al. (2013), “a system means a set of differentiated, but to some degree interdependent parts. (...) It requires both differentiation and integration among parts (...) [and] some relational interdependence to form a complex whole” (p. 4). This article understands “integration or relational interdependence” as the capacity of the proposed connectors (actors, topics, and norms) to liaise different but interdependent forums to extend the deliberative dynamics in time and space.

In addition to analyzing how the connectors work, we suggest that the legal and political infrastructure in which the policies are immersed, induces them to integrate the forums systemically. The comparative analysis of the two policy areas shows us that those connectors that are more predictable, legally and institutionally, ensure more favorable conditions for the actors to coordinate their actions, for the topics to be debated and transmitted, and for norms to be disputed and legitimized. Thus, rather than preventing collective actors from debating and disputing their claims and ideas along the system’s sites (Dodge, 2010), the institutional infrastructure may offer them resources to organize and to act, transforming ideas into policies, even when contextual changes compromise their achievements.

This article is structured in four sections that follow this introduction. In Section 1, we discuss the role of actors, topics, and norms as connectors from a theoretical point of view. Section 2 discusses the methodological approach used in this article and presents the case studies. Section 3 shows how those connectors work empirically. We evaluate the norms of the councils and of the conferences on both health policy and policy for women regarding the respective attributions and forms of representation of the actors and topics within each forum. We aim to answer whether, and to what extent, these norms promote connections in each policy area. The relationships between norms, the representation of the actors and of the topics discussed are examined for both health and women’s policies, during the period from 2011 to 2016. The conclusion, in the last section, as to whether and to what extent there is a systemic integration among the forums, is discussed comparatively based on the previous findings, suggesting limits and contributions from the analysis.

The connectors of the system: integrating the participatory and deliberative forums

The systemic concept has been improved and different models have been proposed to accommodate problems that come from a unitary view of public reason, as well as from the insulation of its practices in spaces that fail to affect democracy. Although this effort shows the vitality of this analytical field, the proposals present limits especially regarding the connections between the parts of the system.

Since participatory and deliberative systems neither exist nor reproduce on their own (Abers and Keck, 2017; Offe, 2019), they need to be created and maintained. This

requires some mechanisms that transmit policy discussions and decisions across different sites and territorial levels. Thus, this article discusses the possibilities and limits of three connectors: actors, topics, and norms⁴.

The Connectors: Possibilities and Limits

Policy coalitions

The concept of policy coalitions is useful as one of the connectors in participatory and deliberative systems. Since it refers to a plurality of actors that share ideas, beliefs, and interests, coalitions go beyond focusing on a specific actor. The concept values the interactions among socially different actors who are mobilized to rise up and defend issues that will be of public relevance.

Although this concept comprises different theoretical approaches (Sabatier and Jenkins-Smith, 1999; Fischer, 2003; Hajer and Wagenaar, 2003; Kingdon, 2003; Diani and Bison, 2004), they all describe the political dynamics played by different actors such as political activists, bureaucrats, legislators, government officials, and policy experts, who act together to impact the process of agenda-setting and policy changes within a policy system.

For some authors, the coalition may be composed by specific actors (financial, bureaucratic and government representatives) who share interests and ideas related to a given policy. This allows them to act collectively and compete with other coalitions to influence the policy agenda (Sabatier and Jenkins-Smith, 1999; Kingdon, 2003). For other authors, the coalitions involve representatives of different social segments – from social activists to government officials and private actors – that coordinate their actions through discursive practices (Fischer, 2003; Hajer and Wagenaar, 2003; Diani and Bison, 2004). Thus, in addition to amplifying the representation of actors who participate in the coalition, those same authors emphasize the argumentative dynamic of their interaction. A dynamic that could provide actors with an opportunity to debate, reflect upon, and defend their interests and ideas before making their decisions.

However, these opportunities are dependent on the context in which the coalitions are formed and take place. One of the significant differences in the “coalitions’ approach” (Fischer, 2003) is the centrality of the context in which they are immersed and enacted. Being marked by power relations, resource asymmetries, and inequalities, the process of agenda-setting will always be contested. Therefore, the context explains their capacity to coordinate their actions and affect the policy agenda. A context marked by legal and political infrastructure might facilitate the coalitions’ actions since they need to sustain and coordinate their interactions, internally and externally, in the system.

⁴ A similar version of the theoretical discussion on the system connectors was carried out in Faria (2017), which served as a foundation for the development of this current study adopting an empirical point of view.

Internally, norms and rules determine both the inclusive capacity of the forums in regulating the selection processes, as well as the ways the problems and solutions are discursively framed and resolved by them. Externally, institutional guarantees, such as administrative and financial resources, allow the coalition to sustain and to reproduce the system across time and space, making the boundary between more and less empowered sites more dynamic.

The two policy areas analyzed in this article show us that, even though both present forums whose internal rules allow social and political actors to interact, discuss, and decide on different policies, they do so in different contexts. The absence of those external guarantees compromises the systemic reproduction of policy for women. As highlighted by Romão, Lavalle, and Zaremborg (2017), regarding policy for women, “actors, although sharing identities, do not have resources to dispute power”. They maintain that “the [women’s] policy community disputes the design of the policy but without influence”. Gonzalez (2018) claims that the institutional mechanisms set up to coordinate and plan gender equality policies in Brazil, as well as in other Latin American countries, operate “with reduced power of influence and negotiation in the State, limited capacity to execute public policies, and scarce financial and human resources” (p. 59).

We argue that the absence of some mandatory guarantees in policy for women, such as administrative and financial input, compromises the regular performance of councils and conferences, making them intermittent and isolated. In health policy, on the contrary, the federal law (Law 8.142) that organized this policy stipulated some legal attributions that induce them to work systemically. The financial transfers to subnational units (cities and states) are the most important of them. In order to receive financial resources, councils and conferences must be implemented. In this case, participants of the health coalitions have more institutional guarantees to reclaim their interactions when one of them refuses to collaborate⁵.

Although the presence of the above-mentioned resources alone is not sufficient to guarantee the implementation of the policies, their absence directly impacts the work of coalition members to break the enclaves and to transmit the deliberations. Thus, we must assume that the political-institutional variables also impact the systemic work of participatory and deliberative forums.

As mentioned by one of the participants of the State Women’s Rights Council,

(...) I don't know how to say specifically, but I think the following is missing in the Council here in Belo Horizonte. Councils [need] more autonomy from the Secretariat of Citizenship to propose actions. [T]his link can be important. The Council is financially supported by the Executive branch, but it needs other

⁵ The 1988 Brazilian Constitution decentralized, through the State and City Participation Funds, revenue and obligations in health policy that allow the Federal Government to coordinate this policy.

alternatives to propose actions that are not linked exclusively to the Executive [branch] (Interview with representative of State Women's Rights Council).

In addition to policy coalitions, we will discuss how representation of actors and topics works as a connector for the parts of systems.

Representation of actors and topics

Breaking with enclaves and extending deliberation requires thought about how coalitions' members and ideas may circulate throughout the system, activating the sites, and connecting them.

To do so, we suggest the representation of groups and topics discussed. The actors (activists, reformers, bureaucrats, workers, and others) and topics are able to mobilize groups, navigate different sites, and expand in terms of time and space the actions of coalitions. If personal relationships confine actors and debates within sites, their representation may have the effect of expanding this relationship, linking the micro and the macro (Dryzek, 2010).

Representation is therefore based on the participation of the members of the coalitions in the different sites of the systems and in the debates on the topics with which they identify.

The debate on the concept of representation is broad and highly descriptive, but it recognizes that in societies that harbor multiple "claims to representation" (Saward, 2006), it is not possible to consider electoral representation based only on territorial issues and authorization by vote (Lavalle et al., 2006; Urbinati and Warren, 2008; Dryzek and Niemeyer, 2010; Almeida, 2013).

In view of the complexity implicit in this representative dynamic, it is equally important to analyze how the relationship between representatives and constituents occurs. The idea of a "differentiated relationship" (Young, 2002) between them, based on the practical recognition and public judgment of their actions, can help the public involved to map their possibilities and to act as a link between the sites. In this case, participation in and among the different sites is fundamental to publicize new ideas, information, and policy solutions produced, qualifying the practices of both representatives and constituents.

Judgment and oversight of representatives can occur in a variety of ways, ranging from voting to public demonstrations, involving the actions of "visible and invisible entrepreneurs of politics" (Kingdon, 2003). However, this dynamic can be subjected to interruptions, ambiguities, and even ruptures in a context characterized by participatory governance that involves a plurality of actors and sites (Hajer and Wagenaar, 2003; Boswell, 2014; Abers and Keck, 2017)⁶. Maintaining the relationship requires attention for

⁶ According to Dryzek (2010), a governance network can be interpreted and evaluated as a potentially deliberative system, since it presents public and empowered spaces, transmission, accountability between

it to not close in on itself (Bohman, 2012). The use of varied strategies involving types of discourses, as well as public actions, may help to sustain the process.

The debates around the topics circulating among the sites could publicize these threats and create alternatives for the maintenance of this dynamic. Leaders could pervade the sites, carrying interpretations of the policies debated and disputed within coalitions. Thus, topics and actors could feed the democratic representative process.

By promoting the representation of ideas, opinions, and interests, topics constitute links between the sites. They may represent the demands as well as the solutions of the problems faced by citizens within sites of multi-layered systems. By discussing and disputing their interpretation, the policy coalitions offer policy narratives that may be able to build connections among different types of actors. According to Schmidt (2008), ideas work as bridges between isolated actors, mobilizing them in favor of an issue and modifying interests. The debate on the topics may promote not only disputes, but also reflection on opinions and interest of the members of coalitions. These dynamics will impact decision-making when they are successfully transmitted across the system.

However, as pointed out by Bächtiger and Parkinson (2019), “topics generation and dispersal are a long and hard work because of the real-world demands of engaging with institutions, hierarchies, and other social structures” (p. 84). To be channeled and embedded into both State and everyday actions, they need to be led by different actors and processes along multi-level systems.

The legitimacy of the system depends on the quality of those relationships within and across the different sites. Some authors state that norms are essential to assure this quality, since they prescribe how the relationships will occur within and among the sites. As mentioned above, procedures impact the formation and representation of the policy coalitions, the choice and debate on the topics, as well as the decision-making processes within the sites of the systems. Therefore, norms should be analyzed as connectors of the system.

Norms

The institutional variable has always been central to the evaluation of the internal dynamic of the democratic innovations. Several scholars insist on the importance of the procedures to assess the forum’s deliberative capacities, the extent of participation, the quality of representation, and the effectiveness and fairness of their final decisions.

The institutional designs of the isolated forums have been analyzed to measure (1) the quantity of participants and (2) selection biases, as well as recruitment strategies. In both cases, the discussion regarding the changes in the norms may positively impact the inclusive processes promoted by the innovations. In the same way, (3) monitoring and

sites, meta-deliberation, and decisiveness in affecting collective outcomes. All these features allow us to analyze the policy councils and conferences as participatory and deliberative systems in both policy areas.

reflecting on topics may promote more dialogical forms of discussion, disseminating information that will qualify the decision-making process within the innovations. Norms and procedures may also interfere with (4) the relationship between the representatives and the constituency, affecting public oversight. By impacting their internal dynamics, the designs are considered important predictors for innovation legitimacy (Holzinger, 2005; Fung, 2006; Avritzer, 2009; Smith, 2009).

Within the deliberative system, the institutional designs stand – however, in a controversial position. Some scholars state that they are important to guarantee the link between formal and informal sites, between public and empowered spaces (Hendrix, 2016). They maintain that, when the parts are either independent or detached, institutional mechanisms may promote relations. In these cases, participatory and deliberative dynamics will be created where they do not exist and may be stabilized where they are discontinuous. On the other hand, other scholars will argue that the parts of the system should be connected by more informal linkages, such as different kinds of discourse that range from less to more structured, like everyday talk, public opinion, political campaigns, peer pressure, media, and/or votes (Habermas, 1996; Dodge, 2010) rather than designed procedures.

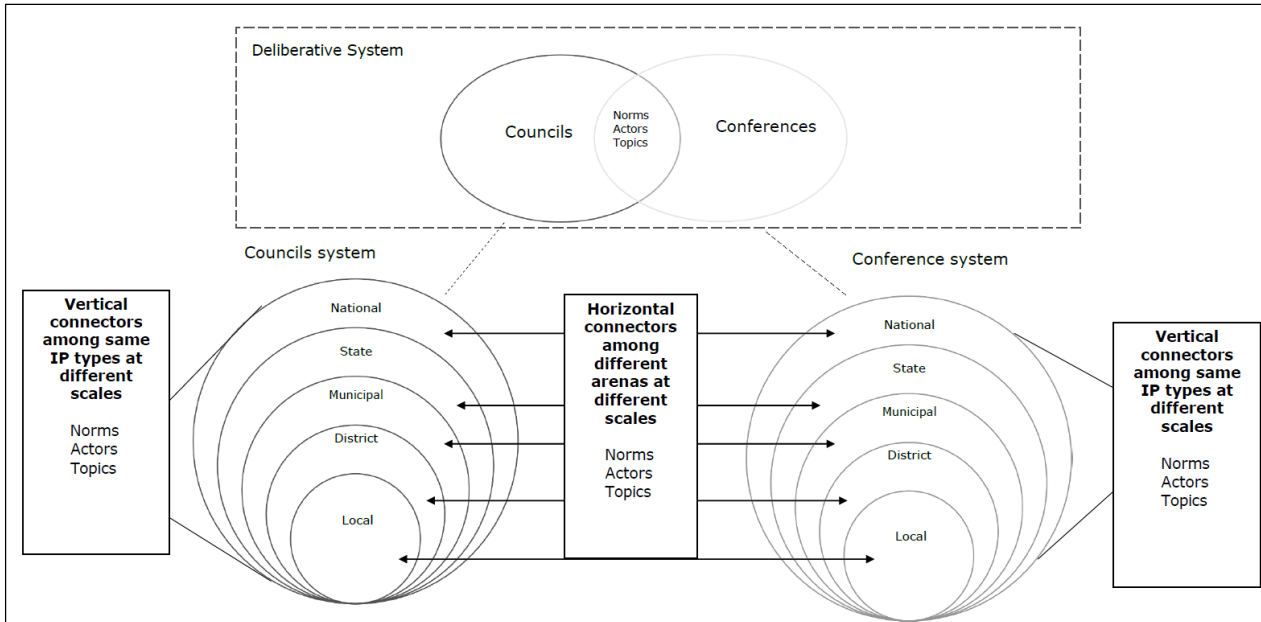
In Brazil, studies of participatory institutions also emphasize the institutional variable to evaluate their performance in terms of political inclusion, forms of communication, public oversight, and debate effectiveness (Lüchmann, 2007; Faria and Ribeiro, 2010; Coelho, 2011; Cunha, 2013). Nevertheless, the concern with the formal and informal mechanisms that explain the relations among them, and their connections, has only recently received attention (Faria et al., 2012; Pogrebinschi, 2013; Almeida and Cunha, 2016; Mendonça, 2016; Silva and Paradis, 2020).

The empirically-informed analyses show that the presence of internal and external formal procedures have been important to keep the parts connected to each other and working systemically (Arretche, 2004; Côrtes, 2009), mainly when the political environment is not as favorable as it was during 2011-2016⁷. However, since the institutional procedures always imply “some level of social and political control” (Hendrix, 2016), the quality of this process should be evaluated empirically. Thus, we move on to case studies.

In the following section, we will present the forums that make up the analyzed policy areas, as well as the methodological procedures used to investigate whether they are connected horizontally (different types of arenas) and vertically (arenas at different territorial levels), through the three proposed connectors as shown in Figure 1:

⁷ Brazil has been experiencing blockages in participatory politics since 2016, when President Dilma Rousseff was impeached, and President Temer launched a spending limit on social policies (Decree 147). He also dismantled the Special Policy for the Women’s Secretariat and, consequently, reduced financial and administrative resources for this and other policies.

Figure 1
Participatory and deliberative system



Source: Prepared by the authors based on conference and council documents.

Deliberative System in Practice: Methodological Approach and Case Studies

Public policy councils and conferences are participatory and deliberative forums that involve social and political actors connected to specific policy areas. These forums have been constitutionally obligatory since 1988 in areas such as health and social assistance, but not in policies specifically for women. Nevertheless, they grew in number and in types after 2003, when the Workers' Party held the presidency of Brazil and, systematically, began to engage those councils and conferences in the participatory governance of public policies.

In general, the constitutional norms and/or the councils themselves define themselves as: (1) advisory or deliberative; (2) formed by representatives, appointed or elected by segments; (3) open to the participation of all, who are granted audience, but no vote. Internally, they are structured in (4) plenary sessions, technical committees, boards of directors and an executive secretariat. When deliberative, (5) councils debate and propose, at regular intervals, issues related to the implementation, management, and oversight of related policies, as well as their internal organization.

The Public Policy Conferences are officially defined as institutional forums for participation and discussion about the general guidelines of a specific public policy at the three territorial levels of the Brazilian federation. As with the policy councils, these conferences also embody an advisory or deliberative character. They are convened by law,

decree, ministerial order, or even by council resolutions.

In regulating the conferences, the councils responsible for convening and holding them define the topics and the objectives. They also establish the organizing commissions, timelines, and procedures for implementing the municipal, state and/or regional, and national meetings as well as the election of delegates.

The first Public Policy Conferences were created in 1937 with the aim both of facilitating governmental knowledge about activities related to health and of guiding it in the provision of local health services. Since then, more than 170 national conferences and thousands of multilevel conferences have been held at the municipal, regional, and/or state levels, in addition to virtual conferences on different topics linked mainly to social policies⁸.

Public Policy Councils and Conferences are generally organized from the local to the national levels, thereby crossing regional and state levels. As they ascend into territorial levels, the participatory and organizational dynamics of councils and conferences change. Depending on the level, participation, which begins in a direct manner, gives way to representation. If, at the local level, the non-organized citizens participate with the right to speak and to vote, at the other levels, the participation occurs through appointed and elected delegates. Delegates from both civil society and government are elected or appointed in each plenary of the councils and conferences. While councils are intended as permanent organizations that meet periodically, conferences are episodic, occurring at intervals of approximately four years.

This article analyzes comparatively two areas of public policy: health and policy for women. In both, the links between councils and conferences are analyzed at different territorial levels: municipal (Belo Horizonte) and state (Minas Gerais) (Figure 1). Minas Gerais presents great socioeconomic diversity, resembling that of Brazil's as a whole. Throughout the state, the geographical coordinates and human development indicators are similar to Brazil's other regions. Moreover, the state conference must receive representatives from all regions of Minas Gerais. The state conference is held in Belo Horizonte, the capital.

Belo Horizonte is the largest and most populous city in the state⁹. Due to the size of its territory and population, it is divided into many administrative areas where local, district, and municipal councils and conferences are held. This complexity allows us to analyze how and to what extent policy systems are connected in each area. Our current analysis comprises the period from 2011 to 2016.

To investigate the connections among the forums in each policy area, we used four different techniques: observation of council and conference meetings, document analysis,

⁸ Conferences at different levels have been held virtually through online chat platforms and forums where participants, differently from those selected to attend face-to-face conferences, discuss and make their decisions.

⁹ Belo Horizonte has 1.433 million inhabitants, divided in nine administrative regions, where the local and district health councils are located.

surveys, and interviews. These were blended to perform the investigation of the two contrasting cases.

Through document analysis, we examined the internal norms that organize the councils and conferences. The coalitions were observed by means of their composition in order to evaluate if, and to what extent, the representation of the different segments within these forums show the same representative pattern. The topics discussed were classified by analyzing the content of the speeches recorded during the 158 minutes¹⁰ of the council meetings and of the 1.802¹¹ proposals approved in the conferences. All speeches in the council and any proposals approved in the conferences were analyzed based on the same classification. The topic classes were policy management and financing, monitoring and participation, and coordination across the territorial levels¹².

The relevance of the policy processes and the forums' attributions justifies analyzing them. Councils and conferences should promote the participation of civil society and government representatives. They have to monitor the different policy phases. Policies need to be managed and financed to implement services and programs. The deliberations about these topics determine their involvement with the phases of the policy processes, such as agenda-setting, implementation, and supervision. Our concern with the connections through multi-level forums justifies the analyses of the topic "coordination between territorial levels". Finally, due to the differences in forums' attributions and functions, some topics only appear in councils but not in conferences. To compare them, we chose those topics that were similar.

We conducted a survey and in-depth interviews with respondents to complement the document analysis. Seventy-eight health policy councilors answered our questionnaires. Regarding policy for women, we interviewed four representatives: two representing civil society and two representing the government and civil society (Appendix)¹³. The aim was to deepen the comparative analysis performed in and among forums.

The actors, topics, and norms of the councils and conferences work as independent variables that explain the connection between them at the same territorial level (horizontal dimension) and at different territorial levels (vertical dimension).

The findings show that the horizontal and vertical integration varies with the institutional infrastructure presented by each policy area. It involves the already mentioned mandatory requirements that enable the policies with technical, administrative, and

¹⁰ The numbers of minutes analyzed vary with the type of council, which in turn would present different numbers of meetings and minutes produced.

¹¹ The proposals deliberated at the conferences vary according to the policy, level and year of the conference. The rules of conferences define the number of proposals to be discussed at each stage.

¹² Management and funding' are related to the financial, organizational, and human resources that guarantee policy programs, plans, and services' implementation and development. "Participation and monitoring" concern the inclusion of participants in the debate and decision of the policy and the supervision of their decisions on policy management, financing, and implementation. "Coordination across territorial levels" concerns the interaction among forums, actors, and agencies at different territorial levels.

¹³ We could not apply a similar survey to the Women's Rights council, since it did not meet regularly'. Since the health council meetings are held every month, it was easier to gather people to answer the surveys.

financial resources and allow them to work systemically. This institutional infrastructure is, notwithstanding, a result of the previous mobilization of the political coalitions' members in each policy area (Avritzer, 2009; Côrtes, 2009; Dowbor, 2012; Alvarez, 2014; Matos and Alvarez, 2018)¹⁴.

Regarding the cases analyzed, since the health area is more consolidated legally and politically, councils and conferences work systemically. The same does not occur at the national level with policy for women, which was encouraged to function systemically only after 2003.

For Matos and Alvarez (2018), this policy has experienced an uneven process of institutionalization that was changed after 2000. Since then, new institutional strategies for its support emerged, including the creation of a national secretariat, responsible for the organization, execution, and institutionalization of the policy agenda for women. However, since it was created, the Secretariat of Policy for Women has always faced financial and administrative problems that have compromised its autonomy. The same can be stated for the councils and conferences on policy for women, which were much more dependent on political context than were those in the health area.

As mentioned, the health area presents its own resources, guaranteed by law, which are transferred from the national to state and local levels and whose expenses must be discussed and supervised by the respective coalition's actors in the health councils. The policy for women does not have any mandatory financial and administrative resources to guarantee that it works regularly. Therefore, both councils and conferences function in an intermittent way.

After 2014, this uneven process of institutionalization was affected again by changes in government¹⁵. The decisions of Temer's government affected the dynamic of all forums since it froze, through Constitutional Amendment 95, the financial resources for all social policies. Health policy was also affected by this decision. However, as Almeida (2020) showed, the health policy area has been more resilient than policy for women because of its institutionalization path and the political context characterized by the practice of coalition actors who have been able to resist inside and outside the forums.

¹⁴ Health councils emerged from the mobilization of two social movements in Brazil: the popular health movement and the public health professional movement that struggle to improve public health and expand access to healthcare for all Brazilians. Their struggles have resulted in the constitutional requirements that instigated the creation of health councils in all Brazilian cities. Nowadays, there are health councils in more than 98% of Brazilian towns (Avritzer, 2009; Côrtes, 2009; Dowbor, 2012). The national council of women's rights was created by Law 7.353 in 1985 because of the struggles of the women's movements. According to Schumacher (2018), despite the policy for women advances held in the period, the council has been threatened by government changes, as well as political and economic crises. In 1990, a Provisional Measure suspended the council's financial and administrative autonomy (p. 41-42).

¹⁵ Since Temer's government, the resources for the policy for women have decreased. According to data from IBGE's survey, the percentages of Brazilian cities with women executive policies decreased from 27,3% in 2013 (Workers' Party government) to 19,9% in 2018: approximately, the 2009 percentage of cities was 17,9%. Available at: <<https://www.uol.com.br/universa/noticias/redacao/2019/09/25>>. Accessed on: 25 Sept. 2019.

Despite these differences, the participatory and deliberative architecture of both policies and the internal procedures of their forums are similar, allowing us to compare and evaluate the connections across them from the systemic perspective.

Systemic Connections among Forums? The Health and Policy for Women's Systems in Minas Gerais, Brazil

Case 1: Deliberative system in health

The National Health Council was created in 1937, and the first national conference held in the country on the subject was in 1941 under the government of Getúlio Vargas. The State Council of Minas Gerais and the Municipal Health Council of Belo Horizonte were created in 1991 and are linked to health departments in their respective territorial units. Belo Horizonte has nine District Health Councils, also created in 1991, located in the respective administrative districts of the city which correspond to the sanitary districts. Moreover, there are also 147 Local Health Councils, each of them located in the local health centers in Belo Horizonte.

Regarding a connector such as norms, Figure 2 shows that, from the point of view of the connection among the councils and the conferences at the same territorial level (horizontal connection), the functions of convening, organizing, and conducting the conferences, defining the topics, and mobilizing the participants show us that councils and conferences work together, linking their different arenas in each territorial unit.

From the point of view of the vertical connections among councils, as well as conferences, separately, the analysis of the norms about territorial representation shows that elected and mandatory health councilors are connected through territorial levels but not necessarily through the topics discussed, which are different for each level. In contrast, the conferences are connected through elected and appointed delegates for the different territorial levels (territorial representation), and through the topics, since the delegates debate and choose proposals that are deliberated at all territorial levels.

The procedures about territorial and thematic representation prescribe the movement of actors and topics across the health arenas in Minas Gerais, guaranteeing the normative integration between the councils and conferences on this policy.

Figure 2
Systemic connectors for councils and conferences on health policy

Public Policy	Connector	Horizontal connection	Vertical Connection	
		Councils and conferences	Connections among councils and conferences at different levels	Connection among conferences at different scales
Health	Norms	Councils convene, organize, and coordinate the conferences.	Councilors' representative norms.	Representative norms and debated topics.
	Actors	Councilors are elected as delegates for the conferences at different levels.	Councilors are elected from the bottom up, and work as advisors to the councilors located at the subnational levels.	Delegates are elected and nominated from local to national levels.
	Topics	Councilors meet to discuss and to deliberate similar topics debated within the conferences.	Specific topics are debated and decided at each territorial level.	Similar topics are debated and decided within the conferences from local to national levels.

Source: Laws and Internal Regulations for Councils and Conferences on Health Policy.

This integration is normatively organized through the number and the selection of actors who will compose these arenas.

Table 1 describes, comparatively, the composition (%) of the health councils and conferences by segment: users, workers, managers, and service providers. The internal rules assure the equivalent representative patterns in all arenas. There is a difference only in relation to the total number of actors in each forum, which increases as the territorial level ascends:

Table 1
Composition (%) of health councils and conferences by segment (2011-2015)

Forums		Segment			Total
		Users	Workers	Government Secretary and Providers	
Council*	District	12 (50%)	6 (25%)	6 (25%)	24 (100%)
	Municipal	20 (50%)	10 (25%)	10 (25%)	40 (100%)
	State	26 (50%)	13 (25%)	13 (25%)	52 (100%)
Conference	District (2011, 2015)	Free (50%)	Free (25%)	Free (25%)	-
	Municipal (2011, 2013, 2015)	1.524 (50%)	762 (25%)	762 (25%)	3.048 (100%)
	State (2011, 2015)	2.200 (50%)	1.100 (25%)	1.100 (25%)	4.400 (100%)

Source: Internal Regulations of the HDC (2016), HMC (2016), HSC (2015), HDC (2011, 2015), HMC (2011, 2013, 2015) and HSC (2011, 2015).

*Data correspond to the sum of participants in the three examined cases (2011, 2013, and 2015).

The selection methods applied to the composition of councils and conferences on health are also similar. As shown in Figure 3, users and workers are elected among their peers in plenaries. The government secretary and service providers are nominated from the respective public and private institutions that participate in the health coalition. In the case of the conferences, both the election and the appointment occur in a plenary, held specifically for this purpose, at the end of each meeting:

Figure 3
Methods for selecting health councils and conferences members by segment (2011-2016)

Forums		Segment		
		User	Workers	Government Secretary and Providers
Council	District	Election in local committees among peers	Election in plenaries among peers	Appointment by public and private bodies
	Municipal	Election in assemblies among peers	Chosen in entity assemblies	Appointment by the mayor
	State	Election in civil entities and movements among peers	Appointment by the entities	Appointment by public and private bodies
Conference	District	Election among peers in plenary from the previous stage and mandatory representation for councilors		Appointment by the mayor
	Municipal			Appointment by their peers in plenary from the previous stage
	State			

Source: Internal Regulation of the HDC (2016), HMC (2016), HSC (2015), HDC (2011, 2015), HMC (2011, 2013, 2015) and HSC (2011, 2015).

The prescribed procedures for selecting representatives for councils and conferences enable two types of connections: (1) connections between different territorial levels, since the delegates have to participate in the previous territorial levels to ascend to the state and national levels and (2) connection between councils and conferences at the same territorial levels through councilors with mandatory representation (*delegados natos*) in the conferences.

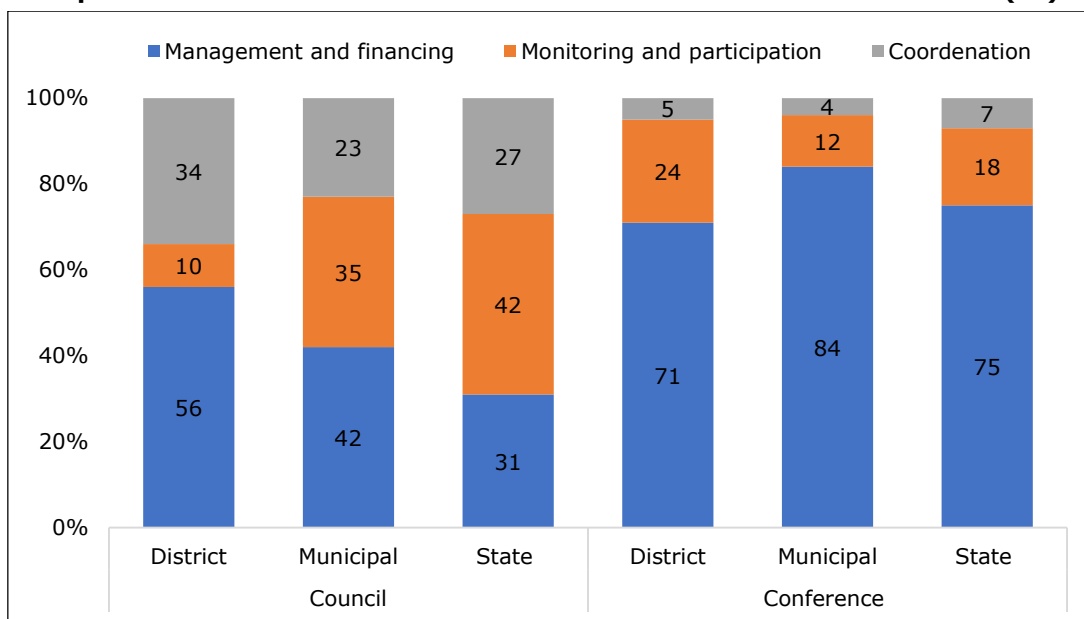
The discussion topics that will be examined here aim to evaluate whether and in what way they are able to connect those arenas horizontally and vertically. To do so, we analyzed the content of the 1.526¹⁶ proposals debated and approved in the health conferences, 382 of which are related to the district level, 921 to the municipal level, and 223 to the state level.

¹⁶ 382 proposals HDC (168 – 2011, 214 – 2015), 921 proposals HMC (49 – 2011, 856 – 2013, 16 – 2015) and 223 proposals HSC (181 – 2011, 42 – 2015).

We considered three common topics discussed by the members of the health coalition in the councils and conferences: management and policy financing, social control and participation, and coordination across territorial levels.

Graph 1 shows the topics discussed in the councils and conferences on health from 2011 to 2015:

Graph 1
Topics discussed in the councils and conferences on health 2011-2015 (%)



Source: Minutes of the HDC (2011-2015), HMC (2011-2015), HSC (2011-2015), Final Notebook of HDC (2011, 2015), HMC (2011, 2013, 2015) and HSC (2011, 2015).

Although the three topics represented the most commonly discussed issues, their frequency varied among councils and conferences. Regarding the councils, while the district council debated more the management and funding of policies and coordination across territorial levels, the municipal and state councils focused more on debating monitoring and participation.

These differences also appear in the survey applied to the health policy participants (Appendix). When asked about the issues they debate the most, the district councilors pointed to the management and financing of policies and discussions about internal functioning. Meanwhile, the municipal and state councilors highlighted the topics of policy management, financing, and monitoring the executed policies.

The councils' functions explain these empirical findings. Councils were created to debate and monitor health policies. Managing and financing are topics directly related to the health system conditions to implement the debated services, programs, and policies.

The survey conducted with councilors also shows the centrality of the information exchanged between them around the issues debated, decided, and implemented (Appendix). That is why the conditions of participation and monitoring are issues that are also mentioned.

Coordination among the territorial levels is an issue directly related to policy decentralization and, consequently, to the necessary resources to coordinate the different territorial levels and services that compose the health system. Coordination is less debated in conferences than in councils since the relationship between the multilayer forums is assured by the organizing committee, composed of council representatives.

The opinions of the councilors show how these representatives induce this relationship. Most of them confirmed their participation in the development of the conferences' base documents as well as their contributions to suggestions for new recommendations during the processing and revision of the proposed policies (Appendix).

Like councils, however, conferences are forums to debate and to monitor health policies. That is why policy management and funding, monitoring, and participation were also the most debated topics in the seven conferences examined.

This thematic congruence suggests a well-defined performance by the actors in the health coalition. The successful institutionalization of this policy, which evolved during the last thirty years, enables the health coalition to discuss and deliberate topics that will qualify the development of the health participatory and deliberative system and its policies, without spending much effort on its multilevel coordination. So far¹⁷, their participants, have been less concerned with the maintenance of the system than with service expansion and improvement as well as the quality of the services.

Case 2: Deliberative system in policy for women

The National Council of Women's Rights was created in 1985. But in 2003, under the Workers' Party government, it was reformulated in its scope of action and number of participants, which were expanded. At this time, it also became part of the Secretariat of Policy for Women (SPM), with ministerial status. Under these governments, four National Conferences of Policy for Women were held.

The Municipal Council of Women's Rights of Belo Horizonte was created in 1995, when the Workers' Party came into power. Despite its legal creation, its first Internal Regulations were only developed in 2002. The State Council was created in Minas Gerais in 1983, but it was only regulated in 2004. Unlike health policy, policy for women is not constitutionally mandatory; it does not have its own budget nor a specific managerial body that coordinates the policy at all territorial levels. Councils and conferences were also not

¹⁷ After Constitutional Amendment 95, the health coalition has been resisting attempts to dismantle the health system.

mandatory in this policy area. Their performance is dependent on the pressure of activists and the profile of the government in power. Their financial resources come from projects that may or may not be supported.

Nevertheless, applying the same normative criteria used to analyze the connections between health councils and conferences, the policy for women forums are also related to each other territorially and thematically. Figure 4 shows that the delegate participants and the topics discussed linked them at different territorial levels.

From the point of view of the connections among the councils and the conferences (horizontal), the functions of convening, organizing, and conducting the conferences, defining the topics, and mobilizing the participants show us that councils and conferences work together as a system.

From the point of view of their vertical coordination, among councils and conferences, separately, our analysis indicates that the state-prescribed function of creating and supporting the municipal councils shows the creation of some formal relation between them. Among the conferences, this connection occurs through the debated topics and the delegates, elected and appointed, for all arenas.

As with health policy, internal procedures make possible the systemic relation among these arenas in Minas Gerais.

Figure 4
Systemic Connectors of Councils and Conferences on Policy for Women

Public Policy	Connectors	Horizontal Connection	Vertical Connection	
		Policy Councils and Conferences	Connection among councils at different levels	Connection among conferences at different levels
Policy for Women	Norms	Councils convene, organize, and coordinate the conferences.	State councils create and support the local councils.	Norms of representation and topics debated.
	Actors	Councilors are elected as delegates to the conferences at different levels.	Councilors are elected from the bottom up, and work as advisors to the councilors at the subnational levels.	Delegates are also elected and appointed from local to national levels.
	Topics	Councilors meet to discuss and to deliberate similar topics debated within the conferences.	Different topics are debated and decided within councils at each territorial level.	Similar topics are debated and decided within the conferences from local to national levels.

Source: Law and Internal Regulations of Councils and Conferences on Policy for Women.

The representation of actors and debated topics in policy for women (second and third connectors respectively) allows the interactions between councils and conferences, even though their internal composition is different.

As shown in Table 2, there is representative parity between civil society and the government in the policy for women councils, but not in the conferences, with civil society over-represented with more than 60% of the total participants at both levels:

Table 2
Composition of policy for women councils and conferences, by segment (2011-2016)

Forums		Civil society	Government	Total
Council	Municipal	11 (50%)	11 (50%)	22 (100%)
	State	10 (50%)	10 (50%)	20 (100%)
Conference	District-2011	N.A*	N.A*	N.A*
	Municipal-2011	189 (60%)	126 (40%)	315 (100%)
	State-2011	574 (60%)	383 (40%)	957 (100%)
	Municipal-2016	231 (66,0)	119 (34%)	350 (100%)
	State-2016	N.A** (66%)	N.A** (34%)	N.A** (100%)

Source: Internal Regulations of WMC (2011, 2016), WSC (2011, 2016), WMC (2011, 2016), and WSC (2011, 2016).

Legend: N.A.* = not applicable – N.A** = not available

Figure 5 shows that appointment is not only the most widely used method for choosing representatives from government for the councils and conferences, but also for selecting representatives from civil society for municipal and state councils. In the conferences, on the other hand, election among peers from the same segment was the selection method used at both the municipal and state levels:

Figure 5
Methods of selecting members for the councils and conferences on policy for women, by segment (2011-2016)

Forums		Segment	
		Civil society	Government
Council	Municipal	Appointment by civil entities, selected in public selection process	Appointment by the secretary in charge
	State	Appointment by civil entities, selected in public selection process	Appointment by Governor
Conference	District	N.A	N.A
	Municipal-2011	Election among peers	Election among peers
	State-2011		Election of representatives from the municipal government and appointment by the state
	Municipal-2016		Election among peers
	State-2016		

Source: Internal Regulation of WMC (2016), WSC (2016), WMC (2011, 2016), and WSC (2011, 2016).

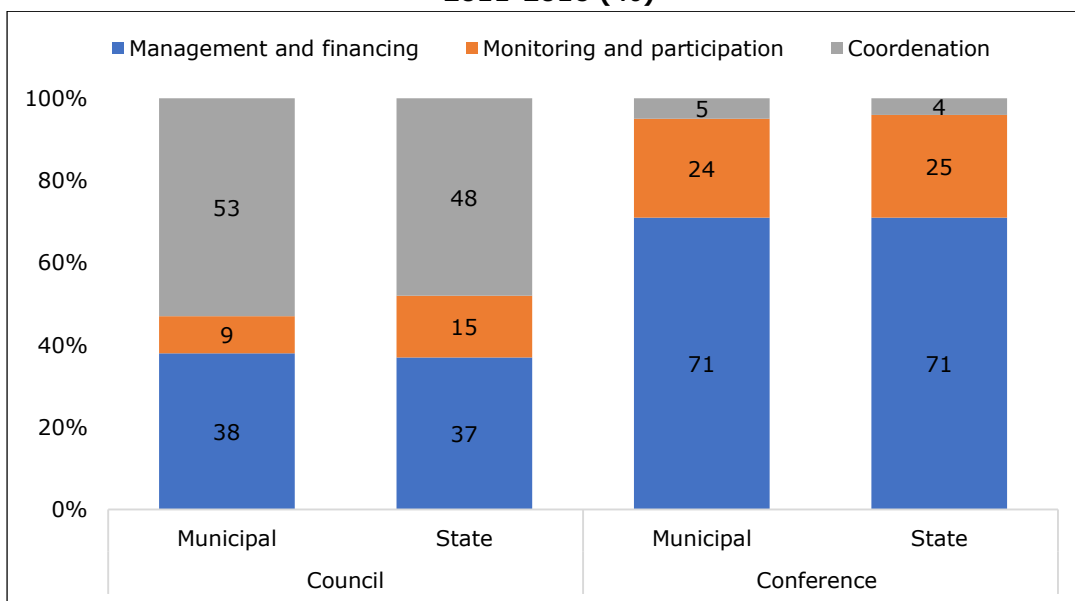
Legend: N.A = not applicable

Similarly to health policy, the methods of selecting conference participants in policy for women also allow for two types of connection: (1) the connection among different

territorial levels, since the delegates have to participate in the previous territorial levels to ascend to the national one, and (2) the connection among councils and conferences at different territorial levels, since councilors from each territorial level have mandatory representation (*"delegados natos"*) at their respective conferences.

The evaluation of the topics as connectors, shows us that management and policy financing, monitoring and participation, as well as coordination among territorial levels are debated in both women's policy councils and conferences, as described in Graph 2:

Graph 2
Topics discussed in the councils and conferences on policy for women
2011-2016 (%)



Source: Minutes of WMC (2016) and WSC (2016), Final Notebooks of the WMC (2011, 2016) and WSC (2011, 2016).

Although they debated the same issues, the percentage of the recorded discussion about them in each forum is different. In both councils, the most discussed topic, between 2011 and 2016, was coordination among territorial levels, followed by management and funding. The most debated topic, 'coordination', shows the actors' concern with the relationship among these forums.

Councils are supposed to facilitate participation in the policy for women, monitor the implementation of the decisions made, and organize the conferences in the area. However, in practice, the interviews highlight their insulation, which compromises the proper functioning of the participatory deliberative system, as the literature on this topic points out. The councilors, representatives from government and civil society at the municipal and state levels, respectively, show us how they are detached from each other:

We should have a seat as a representative of the municipal council, but we do not. We do not even have a way in [to the state council]. (...) So, I have said this often: "How are we going to interact if we don't have the means? We need to participate in the state council, just like the state council also needs [to participate in the municipal council]". We invited them to participate in the committees: for example, I invited the [representative from civil society] who works in the State, as the superintendent for combating violence against women, to participate in our commissions and all. She gave us a lecture, but at the time the state council was deactivated (Interview with the President of the Municipal Council on Policy for Women).

It is this same issue of each participant being isolated in their own council. Because we perceive it this way: when we ask to speak with someone, or ask what is going on, you begin to understand and wonder why we are not together. For example, the women's state council is now going to talk to the municipal council. And, as I am on the municipal and state councils, this inclusive conversation is already being established (Interview with the representative of civil society in the municipal and state councils on policy for women).

In the conferences, the proposals about management and financing of the policy significantly exceeded the proposals about monitoring and participation, and, finally, about coordination among territorial levels.

The data in Graph 2 show that topics related to the objective conditions of policy for women were also more debated in the conferences than those related to multilevel policy coordination. Management and financing, followed by monitoring and participation, were much more debated and decided in conferences than in councils.

As some authors recognized, the conferences were an important institutional mechanism to expand the policy for women during the Worker's Party's government. Their results – the national and sub-national Plans – induced the creation and organization of subnational institutional mechanisms that tried to organize the policies and services for women at the local and state levels (Gonzalez, 2018). The deliberations on policy management and financing were essential to expand the services and institutional mechanisms in policy for women.

As in the health conferences, there is a thematic connection between the policy for women conferences, assuring their vertical linkage. However, the participatory and deliberative dynamics of these forums changed as soon as the Secretariat of Policies for Women was dismantled in 2015 and the subnational agencies lost resources. These changes affected both councils and conferences and the system's maintenance. The organization of the policy for women conferences in Minas Gerais was conducted with difficulty, relying on civil society associations, as affirmed by one of the interviewees:

(...) We held the Conference, mainly with a large interaction of the civil society in the plenary sessions. In 2016, with the impeachment of President Dilma and the resignation of the Secretary of Policy for Women shortly thereafter, we lost the momentum and, until today, we do not have the official result from the Federal Government on the 4th Conference of Policy for Women that was held in 2016. So, we have had a hiatus. We made note of the state proposals, but nationally we have not had any answers (Interview with the president of the State Council on Policy for Women).

The interviews reinforce our concerns with the objective conditions to maintain the policy for women working as a participatory and deliberative system. In the absence of the institutional infrastructure, the actors of coalitions face difficulties to coordinate the relationship among arenas, which are disconnected. Their extra-institutional actions, extremely important in agenda-setting, will not be enough to sustain the policy for women as a system and to impact their policies.

Conclusion

The debate around the idea of a deliberative system has mobilized scholars of deliberative tradition to reflect on how to promote the inclusion of actors and their demands in the policy discussions and decisions which go beyond the isolated spaces. Some theoretical and empirical studies have been trying to fill the gaps found in different proposals, contributing to the development of theory (Elstub, Ercan, and Mendonça, 2016; Bächtiger et al., 2018; Bächtiger and Parkinson, 2019).

This article aimed to discuss and fill one such gap: the problem of connecting the sites in the deliberative system. A comparative analysis of policy areas involving many participatory and deliberative forums such as policy councils and conferences in a multilevel governance was chosen to address the issue. To connect these forums in a systemic way, we proposed some connectors such as norms, which regulate the participatory and deliberative dynamics inside and outside the forums, policy coalitions, and their representatives as well as debated topics. The last two allow actors and proposals to scale up and impact on other policy sites.

Brazil offered us a striking context to reflect on the possibility to form participatory and deliberative systems. Since 2003, and up to 2016, Brazilian governments induced the expansion of many participatory and deliberative forums, such as councils and conferences in different policy areas, which may or may not work systemically.

The analysis of both the areas of health policy and policy for women in Minas Gerais, comprised by local and state councils and conferences, pointed to the existence of vertical and horizontal relations between them, suggesting the formation of a participatory and deliberative system in each area. Nonetheless, as the political context changed, the formation of the policy for women system was compromised. Our analysis suggests that

the absence of human, administrative, and financial resources jeopardizes the policy for women forums to work systemically.

Policy for women showed us that in the absence of those objective conditions, it is more difficult for councils and conferences to be preserved. Although the women's social movements are mobilized, the women's policy coalition showed itself to be more difficult to coordinate – the topics discussed were more easily blocked by the opposition and had more difficulty impacting the agenda. Thus, the forums were disconnected from each other, compromising this policy area's systemic work.

As we have shown, from the point of view of vertical connection between councils and between conferences, these forums were separately connected in both policy areas. Their prescribed functions and actors induced the connections. In health policy, the councils were connected through elected delegates, who represent their territorial unit in the proceeding levels. In policy for women, connection occurs through performed activities, insofar as the state council holds the function of creating and supporting municipal councils.

In the case of conferences, they were connected through the delegates who are elected and nominated for the proceeding territorial levels. In both policy areas, a committee composed of councilors from their respective territorial levels coordinates the conferences, inducing their vertical integration.

Given their territorial specificity, the topics discussed within councils varied during the examined period. In health policy, despite the thematic variation between the district councils (policy management and financing) and the municipal and state councils (social control and participation), the survey respondents attested to their relationship through exchanges of information on different issues such as the councils' internal organization and topics discussed and established, among others. In policy for women, by contrast, "coordination between territorial levels", the most discussed topic in both councils, highlights the councilors' concerns with the integration of the sites within this area. The interviewees emphasized the same point, the difficulties in keeping a regular connection between councils, which reinforce the problems derived from the system's coordination and maintenance.

Unlike councils, in the health and in the policy for women conferences, the topics discussed were similar. Policy management and funding were the most debated topics, and coordination among territorial levels and entities was the least approached, as shown in Graphs 1 and 2.

From the point of view of connections among councils and conferences (horizontal) in each policy area, the interaction is formally prescribed through functions to convene and hold conferences in health policy, to define topics and mobilize participants in policy for women.

Health councilors said that they participate in the development of conference guidance documents suggesting new recommendations during the conference process and reviewing conference proposals (Appendix).

Unlike health policy, this connection is hindered in policy for women, since this policy lacks institutional resources to maintain the forums and the connectors working systemically. As mentioned, the councils for women's rights were created in the 1980s, but they still function intermittently. The conferences on policy for women were held in 2003, when the Worker's Party was in the national government: they were suspended immediately, following Dilma's impeachment.

The intermittent character of this policy compromised its systemic performance. As highlighted in the interviews conducted, in a context of low institutionalization, it was necessary to rely on actors from civil society to hold conferences when the political context became hostile to participatory governance. However, even though the women's movement was significantly vocal, it could not prevent the reversal path that started in 2016 with the change in national government. Resources for women's policy decreased. According to data from the Brazilian Institute of Geography and Statistics, public services for women have declined further in several cities of Minas Gerais¹⁸.

As deliberative scholars "still know very little about if and how the different sites link together, and how they constitute an inclusive deliberative system in practice" (Boswell, Hendrix, and Ercan, 2016), our empirical findings offered some evidence about the centrality of institutional guarantees as an important inducer of the systemic work. In general, deliberative literature focuses on discourses as the main driver of this systemic work (Dryzek, 2009) without recognizing that their transmission requires different resources to deal with and impact on the social structures of the real world.

The suggested connectors included norms and agents, in addition to the discussion of demands and ideas. However, despite their presence in both policies, their capacity to link the sites varied according to the presence, or not, of those institutional resources. Our argument is that the practical dynamics of the forums were compromised in policy for women, which is more vulnerable to the political context than health policy.

Authors have recognized this institutional weakness of the policy for women area and have attributed it to different reasons. Romão, Lavallo and Zaremborg (2017) stress the type of coalition, in this case, "'proto-communities' whose actors share identities, mobilize, but do not have resources to dispute power" (p. 35). Schumacher (2018) and Almeida (2020) highlight the conflict within the feminist movements regarding their strategies of action. Since their usual repertoires of action have been mobilization and protest, they have collided with institutionalized participation. Martello (2018) emphasizes the resistance of the political and social actors with some of the movement's demands, notably those linked to reproductive and sexual rights. There is still the nature of the policy, which is transversal, demanding greater coordination and negotiation among social and political actors (Gonzalez, 2018).

¹⁸ See note 15.

These multiple causes subscribe the highlighted centrality of institutional guarantees. Their absence compromises the regular functioning of women's policy forums, which were deflated. As the spaces that provide women with institutional structures of opportunity to articulate and coordinate their ideas and demands, their disarticulation impedes the connectors to work systemically. Thus, more stable and consequential connections are encountered in health policy, which presents a more institutionally consolidated path.

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Appendix Survey

The survey was conducted among 78 health councilors. Of them, 15 are district councilors, 28 are municipal, and 35 are state.

Table 3 shows the opinions of the respondents regarding formal exchanges of information among councils of distinct territorial units (Question 2):

Table 3
Types of information exchanged by councils from different territorial units in the opinions of respondents (%)

Information exchanged	District	Municipal	State
Internal functioning	31	30	28
Topics debated	12	12	12
Decisions made	13	13	11
Policies implemented in each territorial unit	13	13	1
Conference process	11	11	17
Training	10	10	22
Campaigns	10	10	10
Total	100	100	100

Source: Survey carried out by the authors with health councilors, 2017.

Tables 4 and 5 show the responses of the interviewees to question 3: if, and how, councils participate in the development of conference proposals:

Table 4
Participation of the councils in the development of conference proposals, according to respondents' opinions (%)

Participation of the councils	District	Municipal	State
Yes	80	100	92
No	0	0	0
Do not know	20	0	8
Total	100	100	100

Source: Survey carried out by the authors with health councilors, 2017.

Table 5
Forms of participation of the councils in the development of proposals of the conferences, according to respondents' opinions (%)

Forms of participation in the development of proposals	District	Municipal	State
Development of the proposal agenda	45	36	48,5
Suggestion of new proposals	20	32	25
Review of adopted proposals	35	32	26.5
Total	100	100%	100%

Source: Survey carried out by the authors with health councilors, 2017.

Resumo

Uma análise empiricamente orientada sobre os sistemas deliberativo e participativo: conselhos e conferências de saúde e de política para mulheres em Minas Gerais

O artigo analisa se e como as conferências e conselhos de saúde e de políticas para as mulheres em Minas Gerais interagem para formar um sistema participativo e deliberativo nestas duas áreas de política. O artigo avalia analítica e empiricamente (1) como os atores, os temas e as normas atuam enquanto conectores desses fóruns e (2) se essas conexões promovem um sistema integrado em cada área de política. Para investigar as conexões entre as conferências e os conselhos utilizamos quatro técnicas de pesquisa diferentes: observações das reuniões dos conselhos e das conferências, análise de documentos, *survey* e entrevistas. As técnicas foram mobilizadas para comparar estes dois casos contrastantes. Como resultado da análise comparativa, argumentamos que a infraestrutura legal e política na qual as áreas de políticas estão imersas induz os conectores a funcionarem de forma sistêmica. A política de saúde, mais previsível jurídica e institucionalmente do que a política para as mulheres, garante condições mais favoráveis para os atores coordenarem suas ações, para os temas serem debatidos e veiculados, assim como para as normas serem contestadas e legitimadas. Desta forma, afirmamos que os recursos político-institucionais são fundamentais para que os conectores conformem um sistema participativo e deliberativo nas duas áreas de política analisadas.

Palavras-chave: sistemas participativo e deliberativo; política de saúde; política para as mulheres; conselhos e conferências de políticas públicas

Resumen

Un análisis empíricamente orientado sobre los sistemas deliberativo y participativo: consejos y congresos de política de salud y políticas para las mujeres en Minas Gerais

El artículo examina si, y cómo, los congresos y los consejos de políticas de salud y para las mujeres en Minas Gerais interactúan para formar un sistema participativo y deliberativo en estas áreas de política pública. El artículo evalúa analítica y empíricamente: (1) cómo los actores, los temas y las normas actúan como conectores de estos foros y (2) si estas conexiones promueven un sistema integrado en cada área de política. Para investigar las conexiones entre los foros, utilizamos cuatro técnicas de investigación diferentes: observaciones de las reuniones del consejo y de los congresos, análisis de documentos, encuestas y entrevistas. Las técnicas fueron movilizadas para comparar estos dos casos contrastantes. Como resultado del análisis comparativo, sostenemos que la infraestructura jurídica y política en la que están inmersos los ámbitos políticos induce a los conectores a funcionar de forma sistémica. La política de salud, más previsible desde el punto de vista jurídico e institucional que la política para las mujeres, garantiza unas condiciones más favorables para que los actores coordinen sus acciones, para que los temas se debatan y se transmitan, y para que las normas se impugnen y se legitimen. Por lo tanto, afirmamos que los recursos político-institucionales son importantes para que los conectores se ajusten a un sistema participativo y deliberativo en cada área de política pública.

Palabras clave: sistemas participativo y deliberativo; política de salud; políticas para las mujeres; consejos y conferencias de políticas públicas

Résumé

Une analyse empirique des systèmes délibérative et participative: conseils et conférences sur la santé et de las politiques envers les femmes au Minas Gerais

L'article analyse si et comment les conférences et conseils sur la santé et la politique envers les femmes au Minas Gerais interagissent pour former un système participatif et délibératif dans ces domaines politiques. L'article évalue de manière analytique et empirique (1) comment les acteurs, les thèmes et les normes agissent comme connecteurs de ces forums et (2) si ces connexions favorisent un système intégré dans chaque domaine politique. Pour étudier les liens entre les forums, nous avons utilisé quatre techniques de recherche différentes : l'observation des réunions du conseil et de la conférence, l'analyse des documents, l'enquête et les entretiens. Ces techniques ont été mobilisées pour comparer ces deux cas contrastés. À la suite de l'analyse comparative, nous soutenons que l'infrastructure juridique et politique dans laquelle les domaines politiques sont immergés incite les connecteurs à fonctionner de manière systémique. La politique de santé, qui est plus prévisible sur le plan juridique et institutionnel que la politique envers les femmes, assure des conditions plus

favorables pour que les acteurs coordonnent leurs actions, pour que les questions soient débattues et transmises, et pour que les normes soient contestées et légitimées. Par conséquent, nous affirmons que les ressources politico-institutionnelles sont importantes pour que les connecteurs se conforment à un système participatif et délibératif dans chacun des domaines politiques analysés.

Mots-clés: systèmes participatif et délibératif; politique de santé; politiques envers les femmes; conseils et conférences sur les politiques publiques

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