THE INFLUENCE OF POLITICAL CONTEXT: THE DEVELOPMENT OF ENVIRONMENTAL HEALTH POLICY IN RECIFE, BRAZIL

Influências do contexto político: o desenvolvimento da política de saúde ambiental no Recife, Brasil

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RESUMO
O presente artigo apresenta a importância do contexto para o surgimento de novas políticas públicas no Recife, Brasil. Optou-se por analisar o Programa de Saúde Ambiental (PSA), elaborado e implantado em 2001 no período de um novo governo municipal que apresentou plataforma de mudanças no setor saúde. Realizou-se um estudo qualitativo, com 20 entrevistas semiestruturadas com informantes-chave e análise documental. As entrevistas foram analisadas utilizando-se o triângulo de governo de Matus. Foi realizada uma análise de política utilizando o modelo de Walt e Gilson. Os resultados referem-se ao contexto político de formulação de uma política de Saúde Ambiental, na qual fatores contextuais foram destacados como determinantes para o surgimento do PSA, notadamente a eleição do novo governo municipal. Também foi identificada a escolha do Secretário de Saúde e de sua equipe, comprometidos com o SUS. A adesão do corpo técnico ao novo projeto e o aumento de recursos setoriais foram relevantes. Considerou-se que os gestores da Secretaria de Saúde souberam captar a oportunidade para implantar políticas de saúde inovadoras, como o Programa de Saúde Ambiental (PSA), e que o equilíbrio no triângulo de governo foi determinante para tal.

PALAVRAS-CHAVE
Análise de política, política pública de saúde, programas governamentais, avaliação qualitativa

ABSTRACT
This article presents the importance of the context to the emergence of new public policies in the city of Recife, Brazil. We chose to examine the Environmental Health Program (EHP), elaborated and implemented in 2001 during a new municipal government, which presented a platform including changes in the health sector. It was a qualitative study, with 20 semi-structured interviews with key informers and documentary analysis. Interviews were analyzed using Carlos Matus’ government triangle. A policy analysis using Walt and Gilson’s model was performed. The main results pointed to the political context of formulating an Environmental Health policy, in which contextual factors were highlighted, notably the election of the new municipal government as crucial to the rise of EHP. The choice of the Secretary of

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Health and his team, committed to the SUS (Brazilian public health system), was also identified. The strong support of the technical staff to the new project and the increase in the resources in the health sector were relevant. The Secretary of Health managers were considered able to capture the opportunity to implement innovative health policies such as the EHP, and that the balance in Matus’ government triangle was invaluable for that.

**Key words**

Policy analysis, public health policy, government programs, qualitative analysis

1. Introduction

In 1988, the slogan “Health is a right for all” and the State’s duty to work towards achieving this goal were incorporated into the Brazilian National Constitution (Brasil, 1988). This recognition came in response to the struggles of the so-called “Public Health Reform Movement” which emerged during the 1970s (Collins *et al.*, 2000). Brazil’s Unified Health System (Sistema Único de Saúde / SUS) is public-funded and rights-based as highlighted by Cornwall and Shankland (2008), and functions under the guiding principles of universality, equity, popular participation and integrated service provision (Brasil, 1988). The SUS is also managed by a decentralised government system (involving the Union, the States and the Municipalities) which accounts for the fact that much of the development of the health system is through municipal initiatives (Collins *et al.*, 2000).

Because Brazil is a large country, and with more than 5,000 municipalities, which have a wide range of different health problems, the municipalities are best placed to find suitable interventions for each problem (Solla, 2006; Suguyma, 2008; Vieira-da-Silva *et al.*, 2007).

Among such interventions is the Health Environment Program (HEP), which was launched in the city of Recife, in 2001. This Program was introduced through a combination of policy changes in public health in the city, including a focus on health promotion, and through the growing management capacity of the municipal health department as a result of decentralisation in the health sector. These policy changes were also introduced during a time of political change in Recife, and organisational change in the health system and local government.

This study provides an analysis of the policy context that influenced the development of the HEP in Recife. The analysis of the “health policy environment” is essential in understanding how the context in which a policy is developed impacts on the various stages of policy development and the outcome of the policy process (Viana *et al.*, 2002; Walt *et al.*, 2008). This paper is based
on the conceptualisation of the policy environment as provided in the paper by Walt et al. (2008) and argues that specific contextual factors had a positive impact on the development of health policies as the Health Environment Program and the successes the Program enjoyed from 2001 to 2003. This paper will draw on this analysis of the policy context to outline lessons learnt that could potentially be used in health policy-making.

**Background**

Recife, the capital of the State of Pernambuco, in Brazil’s Northeast Region, is entirely urban with an area of 209 km² and a population of approximately 1.5 million people living in an environment marked by extensive social inequality. The city has different physical characteristics, such as hills, plains, estuaries and beaches. However it is affectionately called the floating city because of its two large rivers and 66 canals, which are factors that contribute to specific health problems, including a high incidence of dengue fever, a history of cholera, leptospirosis and filariasis (Recife, 2002). The main cause of death in Recife, in 2005, was heart disease (34.7%), followed by cancer (16.1%) and external causes (14.0%). Deaths from infectious diseases currently stand at 5.6% (Recife, 2005).

The Health Environment Program in Recife was designed and implemented using policies for health promotion and decentralisation of the health sector. These policies influenced the specific aim of the Program “to promote and protect the health of Recife’s population through the identification, elimination and reduction of health risks related with the environment” (Recife, 2001; Lyra et al., 2004).

To this end, the Program was designed around four specific objectives:

“To implement actions that reduce biological risks (dengue, filariasis, leptospirosis, rabies in animals); reduce the number of illnesses related to water-borne vectors; limit the number of health risks arising from solid waste; and participate with other institutions to identify houses built on unstable land with a high risk of damage from landslides (Lyra et al., 2004, p. 67).”

While the Program’s content was applauded for its technical success in a number of conferences, papers and meetings (Bitoun, 2005; Nelson et al., 2004), there was very little focus on the context within which the Program was developed; particularly the political environment and state of the health system in Recife.

The political context in which the HEP was drawn up, first took shape in October 2000 when the candidate for the Workers’ Party (Partido dos
Trabalhadores - PT) won the election for Mayor of Recife. The Workers’ Party originated in the radical labour union movement that emerged in Brazil during the 1970s, when the country was still under a military regime, and it played an important role in Brazil’s re-democratization (Abers, 1996).

The candidate’s wafer-thin victory in the election for Mayor of Recife emerged from a fiercely fought and highly ideological election campaign (Fleischer, 2002). There was also tremendous grassroots support for the new Mayor, which persisted throughout his first term of office until 2004 and gave him the necessary conditions to undertake the HEP and others policies (Barreto, 2004).

In December 2001, the Secretary of Health of Recife launched the HEP, after seven months of discussions with technical staff and consultation with other sectors of Recife’s administration. In addition to the political support that was provided by the local government, the Secretary of Health depended on a multidisciplinary core of technical managers as well as organisational change in the financing systems and structure of the local health system. These factors came together to create a contextual environment that was conducive to local health programs, such as, for example, the ‘Academia da Cidade’ Program, the Mental Health Program and SAMU.

Navarro et al. (2007) explain that the political environment impacts on the design and implementation of health policies and programs that are developed out of these policies. While the political environment “gives explanatory and historical meaning” to the policy process, it can also explain its success or failure (Collins et al., 1999; Khan & den Heuvel, 2007). Therefore, analysis of the political context during the implementation of Recife’s HEP may reveal not only how this new program was developed, but also the reasons for its successes and failures.

In addition to the analysis of politics and power, health policy researchers have found that analysis of other aspects of policy context, besides the political environment must also be included in a study of health policies and the programs within a health system (Gilson & Raphaely, 2008; Khan & den Heuvel, 2007; Walt & Gilson, 1994). As a result, this study will explore other aspects of the policy context including the organisational structure, management systems and values of the local health system.

2. Methods

This is a qualitative study employing semi-structured interviews with key
players and document analysis.

The HEP was chose for a number of reasons: it is a new policy, designed and introduced in a particular context; it is a health promotion policy that follows the principles underlying the Brazilian Unified Health System and it was drawn up in a populous urban city in one of the poorest regions in a developing country, with complex and challenging health problems.

For Walt and Gilson (1994, p. 355): “[...] the traditional focus on the content of policy neglects the other dimensions of process, actors and context which can make the difference between effective and ineffective policy choice and implementation”.

Although this research was carried out with the aim of analysing these aspects and this model is considered to be highly comprehensive and relevant (Alonso & Brugha, 2006; Araújo Jr. & Maciel Filho, 2001; Trostle et al., 1999), in this article, we choose to discuss the context in which the HEP was drawn up and draw lessons from this contextual analysis of the policy process.

The semi-structured interviews were organized around a number of open questions and frequently others questions emerged (Dicicco-Bloom & Cabtree, 2006). All the interviews were conducted by the first author of this paper, and the transcription were carried out by a trained research assistant.

Twenty interviews were conducted with: 4 ex-Secretaries (health and others) of the City of Recife, 7 health managers at different levels, 3 Environmental Health Officers, 3 managers (others institutions) and 3 researches (University and Research Centre). They were chosen on the basis of their ability to discuss the issue. The interviews resulting in almost 16 hours of tape recordings and 304 pages of transcripts. The analysis of the interviews used the technique of meaning condensation which drew key themes that emerged from the data to illustrate how the contextual environment affected the policy process (Kvale, 1996).

The research protocol was submitted to and approved by the National Ethics Committee, and all the interviewees were informed as to the aim of the research, signed a formal authorisation of tape recording and transcription, and were guaranteed confidentiality (Dicicco-Bloom & Cabtree, 2006).

The HEP protocol, published papers, newspapers and formal documents from the Brazilian Ministry of Health were consulted for the document analysis.

The interviews were all conducted in Portuguese. This gave rise to a problem of translation, since, as Birbili (2000) points out, any language ‘carries with it a set of assumptions, feelings and values’, and it is important to be explicit when describing the choices made in translation. In the case of this study, the translation of the interviews was not literally, but tried to preserve the meaning and the overall sense. The interviews were translated by the first researcher and revised by a bilingual English teacher.

The interviews were analyzed in the light of Matus’ triangle of government and his concept of ‘opportunity’ (Matus, 1996) (Figure 1). According to Matus, the Project of Government, Governability and the Capacity of the Manager put
together the triangle of government.

![Diagram of the Triangle of Government]

Source: Matus, 1996; p.60

**Figure 1**
The Triangle of Government

The ‘project of government’ is the government’s set of proposals. ‘Governability’ is the relationship between the variables that the manager controls and over which he or she does not exercise control. Thus, the more variables controlled, the higher the degree of governability. Governability is thus related to political power. The management ‘capacity of government’ comprises the abilities, techniques, methods and skills of a manager and his/her team.

In this article we will also analyse the interviews in light of political backgrounds, recognizing that political matter. As Buse *et al.* (2007) and Khan and den Heuvel (2007) highlight, the background refers to systemic factors, and the policy context includes political, socio-cultural, economic and demographic aspects. This article focuses on the political context of the new local government which took office in 2001, and discusses the changes that occurred and the influence of these on the drawing up of the HEP.

**3. Results and Discussion**

As Walt and Gilson (1994) point out, policy analysis is a well-established discipline in developed countries. However, this tradition is not the same in developing countries, such as Brazil (Araújo Jr. & Maciel Filho, 2001; Wal & Gilson, 1994). Therefore, a policy analysis of a new public policy, drawn up in the context of Brazil’s Unified Health System, may contribute to its improvement, since, accord-
ing Walt (2006), health policy analysis is concerned with policy-making processes.

The HEP was guided by the principles underlying the Unified Health System, such as universality, equity, decentralization of management, and also cross-sector action, according to the precepts of the National Policy of Health Promotion (Brasil, 2006a; Collins et al., 2000; Lyra et al., 2004). The Environmental Health Officers (EHO) are responsible for carrying out the action taken, and each is responsible for a specific territory where he or she must visit buildings once, every two months (Nelson et al., 2004; Recife, 2001).

It was found that key contextual issues identified from the data revolved around the political climate and organisational factor. The findings of these two components of the contextual environment are illustrated in the following discussions.

**Political Context**

The victory of the candidate from the Workers’ Party (Partido dos Trabalhadores/PT), in the October 2000 election for the Mayor of Recife was a milestone in the development of new policies in Recife (Barreto, 2004). This change in the political context was identified by 12 of the 20 interviewees as having been a decisive factor in the emergence of innovative policies in Recife, as the statements cited below show. The other interviewees, although they did not explicitly mention the election of the PT candidate, acknowledged that the political environment had led to changes in policy and practices within the HEP.

“I think one of the factors was the election, the political climate created in the city.”
(Manager health sector 1, on the political climate after the election of Workers’ Party candidate for Mayor of Recife for 2001/4)

“[…] however, it has been in this government, since 2001, that the Secretary of Health has made the political decision to develop a Program that includes action taken in collaborating with other government secretaries.”
(Manager health sector 2, referring to the positive moment for the emergence of new policies, in the light of the new municipal government)

The election of the Workers’ Party candidate in 2000 also saw a change in the traditional monopoly of power by conservative forces and the elite classes in Recife, and reflected a need for change in local priorities, including those in the health sector (Abers, 1996; Barreto, 2004).

Sugiyama (2008), in a study of the spread of policy in Brazil lays emphasis on the left-of-centre parties, such as the Workers’ Party, which have generally

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1 Besides the HEP were launched in 2001, the Academia da Cidade Program, the SAMU, Participatory Budget, among others.
advocated policies more geared towards social issues. The principal characteristics of a municipal administration run by the Workers’ Party are: decentralization of power, government accountability to social movements and the reversal of priorities in such a way as to favour the poorest sectors of the population (Abers, 1996). The new government of the Municipality of Recife, in 2001, touched on all these points in its program, as can be seen from the words of the interviewees cited above.

Another aspect highlighted by interviewees regarding the political context concerned the choice of the Health Secretary in Recife in 2001. His strong political leadership in the Workers’ Party coupled with strong popular support (he had received the highest number of votes in the election for City Councillor that year), contributed to the emergence of new practices in the health sector, particularly in working with other sectors to respond to health issues in Recife. He was Health Secretary of Recife for a period of one year and four months (Jornal do Comércio, 2000).

During his time as Health Secretary, his strong leadership qualities and political ability enabled him to acquire resources and support for health programs. These qualities were illustrated by some respondents as follow:

\[\ldots\] he fulfilled the role of political representative, with technical and political vision. He conceived, supported and defended the HEP, involving the other Secretaries in the process.

(Manager health sector 6, referring to the role played by the Health Secretary during the elaboration and negotiation of HEP in the framework of Recife’s municipal government).

One of the ex-municipal secretary corroborates the above statement, saying:

\[\ldots\] We had freedom, including the freedom to invest financial resources. We had a high degree of governability \[\ldots\] and not only over the team. Not only knowledge about the situation in the municipality, but especially the freedom to implement the policies we considered most important.

(One of the ex-Secretary, referring to the period January 2001 to April 2002).

These comments support the Health Secretary’s capacity for leadership in government and can be examined using Carlos Matus’ “Triangle of Government” (Matus, 1996).

According to Matus’ triangle, a good government should have good proposals, civil servants and managers with skills and technical capacities and strong leadership. He also stress that each characteristic of the triangle of government influences the others. To have a high degree of governability, it is important to
have good proposals, skills and techniques. To have good proposals, one must have knowledgeable civil servants. Finally, in order to be innovative, a leader is needed who has a strong ability to govern (Matus, 1996).

Based on the triangle of government, we can see from the interviewees’ statements that the Health Secretary had a high degree of governability. Furthermore, those interviewed pointed to his capacity as a government manager, in addition to the strong political support he enjoyed, and his aptitude and technical knowledge. The technical knowledge of Health Secretaries is stressed by Vieira-da-Silva et al. (2007) as an important criterion for the development of innovative local policies. The Health Secretary and his team also had a government project, built up in the course of 2001, and known as Municipal Health Planning: 2002-2005,’ which laid out the main guidelines for health policy (Recife, 2002).

Finally, one other important factor should be pointed out. Barreto (2004) divides Mayor’s administration into two periods. The first stretched from 2001 up to the inauguration of President Luiz Inácio Lula da Silva, in January 2003. A period, during which the municipal government faced a number of political difficulties, arising from the fact that the Workers’ party was in the opposition in both the State and in the country as a whole. The second phase began with the inauguration of Lula as President of the Republic, when the Mayor received greater support from the Federal Government. This observation may be valid for the government as a whole but, according to our interviewees, it does not appear to have been the case in the Health Sector.

During the four years of the first PT administration in Recife (the Mayor was re-elected for a second four-year term of office beginning in January 2005), there were changes in key managers in the health sector, as a result of changes in the context. Two of the three angles of Matus’ triangle of government were maintained, but there was, according to some interviewed, some loss of governability. These interviewees also pointed out the difficulties for the HEP managers arising from this.

“[...] I often saw the HEP managers insisting that the government as a whole needed to discuss some issues, but this was always put off... this eventually led to operational restraints being put on the Program ...”

(Manager health sector 4, about the period after 2003)

Such statements provide further evidence of the need for equilibrium between the three angles of Matus’ triangle, and the fact that policy-making is not only a rational process, but also the result of power, understood as the ability to influence and control resources (Buse et al., 2007).
The first Health Secretary had a lot of power, and, during his time as Secretary, had a great deal of decision-making autonomy, as many interviewed noted.

**THE ORGANIZATIONAL CONTEXT**

The second contextual issue that emerged from the data was at the organizational level. According to the interviewees, the technical capacity of the civil servants, the support received from senior civil servants, and funding made available were all features that assisted the HEP. These features are also covered by the “Triangle of Government”, and support the conclusion that, at organizational level, the HEP had the capacity to be implemented.

**THE TECHNICAL CAPACITY OF SENIOR CIVIL SERVANTS**

During the interviews, much was said about the role of senior civil servants and special emphasis was laid on their commitment to the Brazilian Unified Health System, and their technical training. According to the respondents, these factors were crucial for the emergence of the HEP, as illustrated by the following comments:

“I think that maturity... I think ... There are people who are scholars in the field of public health here in Recife. People who reflect on public health, and on how to actually implement policies that promote health care […]”

(Research 3, on top civil servants, and their role in developing new policies).

In Brazil, as in a number of countries in Latin America, and even the United States, a change in government results in changes among senior civil servants (Walt, 2006). Usually, but not always, the senior civil servants have both a technical and a political commitment, as was the case in Recife in 2001. The principal Managers of Recife’s Secretary of Health were, at least, specialists in public health, and were politically committed to the program of the government and also to building up the SUS.

Vieira-da-Silva, et al. (2007) and Solla (2006), draw attention to the technical capacity and the degree of commitment to the Unified Health System as fundamental variables for successful municipal management. Solla (op cit.) also comments that innovative proposals, such as the Family Health Program, which has now been adopted nationwide, was initially an innovative local Program.

Sugiyama (2008) also identifies the role of professional networks, such as the Movimento Sanitário (Public Health Reform Movement), in the adoption of new public policies. She stresses the important role of these networks play in a county as large as Brazil, in helping professionals to overcome obstacles and keep
themselves informed. Most of the top civil servants in Recife, in 2001, and the Health Secretary himself, belonged to this network.

Paim and Teixeira (2007) stress the role played by managers with technical capacity in building up the Brazilian Unified Health System. However, they argue, that the Health System should not be so vulnerable to changes of government, or even changes within the government, with all senior civil servants appointed to management positions. They point out a number of innovative policies, in Santos and Campinas (in the State of São Paulo), or in the States of Bahia and Rio Grande do Sul, that were discontinued following political changes. They, therefore, argue that there is a need to change the way the SUS is managed. Although it is understandable that the Health Secretary should be chosen by the Mayor, constant changes in top level personnel pose many problems concerning continuity, as such changes usually also lead to changes in the team of senior civil servants. Despite the need for this to change, this a complex and novel discussion in Brazil.

**Support for the Program from Civil Servants**

In addition to this, some interviewees stressed the abilities of the current team of civil servants at the Secretary of Health and their support for and engagement in the process of change that began with the election in 2001:

“The main factor was the political issue. At that time of a change in management, and this political decision, it brought a certain weight ... with the present team of civil servants, who had a much broader vision of public health, who thought about the city’s social problems and their implications for health. That was essential.”

(Manager health sector 5, referring to the new political context and the commitment of the current civil servants to the new policies)

“So, at the same time we had a team of technically-capable people, a favourable context and the team’s creative ability to do politics…”

(Manager health sector 7, on the same issue)

According to Matus’ triangle, good capacity for government requires a technically-capable team. In addition, as discussed above, commitment to the Unified Health System is important for innovative policies. Also, as highlighted by Paim and Teixiera (2007), it is necessary guarantee continuity for public policies, and to have committed civil servants who can influence new seniors’ civil servants.
AVAILABILITY OF FUNDING

Another facet of the organizational context concerns economic matters. Two main points were stressed during the interviews. Firstly the commitment of the Mayor to increasing the Municipal health budget from 4% to 15% over four years, as recommended by Constitutional Amendment N° 29 (EC N° 29). It should furthermore be pointed out that this goal was achieved.

Constitutional Amendment N° 29, of September 2000, established the basis for the calculation and the minimum average of resources to be allocated to the health sector. Municipalities were henceforth required to allocate 15% per year of the budget to health until the end of 2004 (Campelli & Calvo, 2007).

[...] for me, the Mayor’s decision to increase expenditure on health. There was a federal lace, and the Mayor had committed himself to bringing it into effect by the end of his term of office: “I will allocate 15% of the budget to health by the end of my term of office”...
(Manager other institution 2, referring to the pledge made by the future Mayor, before the elections, to comply with Constitutional Amendment N° 29 by the end of 2004)

Also in the economic sphere, those interviewed reported that a new method for transferring resources to Health Surveillance actions had been introduced. In 2000, the Federal Government began to transfer resources directly form the Ministry of Health’s account to municipal accounts (so-called ‘account to account’ funding). This funding method was already being adopted in Brazil for other health-related activities but it was a novel and highly significant change in the field of health surveillance, and provided a lot of freedom as to how these resources could be used (Brasil, 2006b).

“[...] I think that the new method for funding Health Surveillance actions was also very important [...] This came to replace the vertical programs, as we used to have and involved ‘account to account’ funding, which allowed us to decide where the money would go. I think it helped with the decision to implement such an ambitious Program as the HEP... It was also an auspicious moment.”
(Manager health sector 1, about the new model transferring funding to Health Surveillance actions by the Brazilian Ministry of Health)

Furthermore, the Brazilian Ministry of Health increased this kind of funding from R$ 292 million in 1997 (about US$ 166.38 million in April 2008) to R$ 554. 6 million in 2000 (about $ 316 million in April 2008). Around 60% of the HEP is funded out of Recife’s share of this budget. The remaining 40% came
from the increase in revenue for the health sector in Recife. The statements cited above illustrate this.

Some of those interviewed noted that the change of Health Secretary during the first PT administration (2001-2004) had led to a decline in governability and made it difficult to consolidate the HEP. In their view, even though the others Health Secretary had a Project of Government and Management Capacity, they enjoyed less governability than the first one had had. Furthermore, as some authors, such as Solla (2006), Sugyama (2008) and Vieira-da-Silva et al. (2007) recognize, it is especially important that a Municipal or State Government have a commitment to the consolidation of the Unified Health System consolidation and, however, the interviewees confirmed this, the changes during the administration had given rise to a number of problems.

According to Paim and Teixeira (2007) the time is ripe to discuss strategies for strengthening the government’s capacity to manage the Unified Health System through the introduction of specially-trained and suitably qualified professional managers.

This may be essential but it is not unproblematic, as it could also lead to a bureaucratisation of the Health Sector and a subsequent loss of new ideas and policies. Such changes would also lead to a need to provide significant autonomy for the Brazilian Unified Health System, and, as the authors themselves acknowledge, abiding by the principles of this System also requires that sufficient public funding be made available. These are probably some of the most important points that need to be addressed by public health professionals. However, further discussion of this lies outside the scope of this article. However, the findings of this study illustrate the importance of civil servants and health sector managers to be committed to policy and possess skills to manage the public health sector.

Funding is also an important determining factor for policy development, as without this, the HEP could never have been implemented, even if it the policy had been formulated.

4. Conclusion

Analysis of the context reveals a number of interesting facts. First the role of a particular political context in Recife, Brazil, as most of the interviewees emphasised the election of the Workers’ Party candidate as being one of the most influential factors enabling the new health promotion program to be drawn up and implemented. This example of effective governability provides further justification to the World Health Report 2008 which calls for improved leadership as a means for strengthening health systems.

The technical and political commitment of senior civil servants and current civil servants are also stressed by interviewees. However, the results of this study also
call attention to the weaknesses of Brazilian institutions, in so far as all senior civil servants are replaced with the election of a new government, and there are also frequent changes, as in the case of Recife, during the course of a single administration. This illustrates the point of Matus’ “Triangle of Government” in that when one side of the triangle is missing, in this case reduced governability, then the strength of government is reduced.

Finally, an important issue raised by our analysis of HEP policy concerns opportunity. Matus stresses the fact that time is a scarce resource and it is true that four years is a short time to accomplish major changes. However, he calls attention to the ‘opportunity’, and to the fact that good managers know how to make the most of and create opportunities. The HEP could be considered a good example of making the most of an opportunity.

Equilibrium between the three angles of Matus’ triangle in 2001, combined with the availability of funding, allowed for an innovative public policy to be drawn up and implemented and recognised as such (the HEP was one of the finalist of the Public Management and Citizenship Program in 2003, see Nelson et al., 2004) in a complex and developing urban municipality. However, it is too early to say whether the HEP will be able to withstand large-scale political changes, should these occur.

**Referências**


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