Chapter 10
Health Systems and Citizenship:
Public Participation in Southern Europe

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ABSTRACT

This chapter presents the characteristics of the southern healthcare systems, namely of Portugal, Spain, Italy and Greece. It briefly identifies the main processes of health reform so that readers can understand the context in which experiences of participation in the health domain were developed.

GOVERNANCE, PARTICIPATION, AND CITIZENSHIP: THE SPHERE OF HEALTH

Nowadays, the assumption of "good" governance increasingly requires strengthening the mutual interdependence of actors in participatory mechanisms in order to competently solve public problems and to improve the quality of decisions. For the last 20 years, deliberative approaches based on citizen participation in decision-making contexts have been considered essential for the development of democracy. Accordingly, initiatives of participation launched by civil society were multiplied. Those initiatives are pressing the public sector to redesign the social rights system, that is no longer understood as the right of access to services provided by the State (Marshall, 1973), but as a demand for greater involvement of citizens in the definition of public policies.

This new concept of citizenship highlights the relevance of community and the obligations of the individual, as well as promotes a model of active citizen participation in institutions and public services (Habermas, 1992; Crouch, 1999; Santos, 2003). In this sense, participation is still perceived not only as the subject of rights, which gives people the ability to act, but as the right to participate in the political life, aiming at promoting a more active form of citizenship – citizenship understood as practice – based on citizen involvement strategies, in this case in the health system, and aiming to strengthen co-responsibility and transparency of public services (Lister, 1998). Being a citizen means to be able to enjoy the proper

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means to participate in social and political life. Moreover, citizenship also becomes associated with the promotion and development of personal empowerment rights (Wharf Higgins, 1999).

Even though citizen participation is widely recognized as a fundamental dimension of citizenship, the results in the health domain have been modest. Not all citizens have the proper means to enforce their rights and benefits and, besides that, those who are often seen as the main beneficiaries of participation in health care are still less likely to engage in such initiatives. In this context, Boaventura de Sousa Santos states that the introduction of participatory mechanisms and the consequent intensification of active citizenship becomes more urgent "in a public space in which State coexists with interests and non-governmental organizations" (2006: 344-345) .

This debate, very intense since the 1980s, has proved to be very fruitful when applied exactly to the area of health, being of great vitality specifically the debate on citizen participation in health systems. In fact, one of the central themes of health reform processes of the past 20 years emphasizes the recognition of the centrality of the users, the importance of their voice and their perspective in the organization of health care system and in the health provision services.

Much of the research conducted in this area has stressed that the incorporation of users' knowledge and experience not only improves the quality of decisions of the professionals as it improves the provision of health services (Barnes *et al*., 2008; Bovenkamp *et al*., 2009). To strengthen users' voice, therefore, represents an important strategy to overcome the growing "democratic deficit" (Cooper *et al*., 1995) that characterizes many of the health systems. That need to strengthen accountability and transparency of health services through bodies favoring users' involvement has been widely emphasized.

Several international organizations (OECD, 2001; CEC, 2001; WHO, 2006) have been urging national and regional governments to the need to develop public spaces based on civil society as a suitable locus for the democratization of health systems. Health institutions are still criticized for failing to provide opportunities and failing to develop appropriate mechanisms for citizens to participate directly and actively in decision-making processes, especially for the most disadvantaged. The World Health Organization, for example, has been promoting participation as a strategy to reduce social inequalities in health (WHO, 1997 and 2006). Partnership, participation and empowerment are some of the most frequent keywords in the reform texts to be applied to health systems of Western countries. At the Amsterdam meeting, for example, the European section of the World Health Organization, after reporting the progress made by European countries – in particular the recognition of the contribution of participation in that direction, as well as the design of an appropriate legislative framework – reminded that there still is little evidence demonstrating how to ensure the sustainability of citizen participation in health and how it can improve health outcomes in different European countries (WHO, 2006).

In the next section this chapter presents the characteristics of the Southern healthcare systems, namely of Portugal, Spain, Italy and Greece. It will briefly identify the main processes of health reform so that we can know the context in which experiences of participation in the health domain were developed.

SOUTHERN EUROPEAN HEALTH SYSTEMS: THE CASE OF ITALY, SPAIN, PORTUGAL, AND GREECE

The core countries of Southern Europe share common features, namely a peculiar model of welfare state, in part because of similar historical processes, as well as geographic and socio-economic characteristics. In fact, and without denying the validity of the models of well-being developed by Esping-Andersen