

## Debate on the paper by Celia Almeida & Ernesto Báscolo

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The authors' point of departure is their recognition of a relationship between experts and the state, a field of analysis in the political sciences with its own history, and a rereading of this relationship motivated by the processes of change in health systems, within a context that imposes a "single thinking" for achieving development. This rereading was not coincidental: it responds to the new guidelines for constructing legitimacy, in which the experts participate by indicating the most adequate knowledge for making reform possible and achieving given objectives. In other words, research had a very clear pragmatic purpose, an internal intention in the concept of its duty to contribute to the reform's dynamics, deal with the political interference disturbing the rational order, and neutralize the role of power groups in the health policy formulation process. In this context, the article highlights the importance of knowledge for decision-making, an issue that is no less important for understanding the rise of "rational-instrumental" criteria for policy-making in health.

The inventory by Almeida & Báscolo of political science output and the recent debate in the health field leads them to a critique of the instrumental view adopted by political science, which emphasizes objective action by decision-makers based on knowledge. They also reclaim the various contributions based on recognition of the diversity of theoretical perspectives or disciplinary approaches participating in the debate. Consequently, the authors discuss the specialized literature with a very real concern, questioning the capacity of the available analytical models to situate knowledge producers, the accumulated knowledge per se, and the relationship between knowledge and decision-making in social relations, all of which referred to the social structure, ideologies, and the concrete experiences of actors with differentiated powers in a given context.

With this approach, Almeida & Báscolo seek to situate knowledge and its producers in the institutional framework of public policies to reflect on the limits of professionals' instrumental legitimacy in relation to the play of interests generated around a decision. The literature reviewed by the

authors allows recognizing that public policies have a technical and scientific dimension that requires a specific knowledge. This knowledge, as a power resource for decision-making, is not neutral or uniform in relation to the orientations that ascribe value and meaning in a given situation. Knowledge is not divorced from society. It becomes a particular mode of social action, and this implies the researchers' presence in their field of interest<sup>1</sup>.

In line with this perspective, Almeida & Báscolo link the "policy" dimension, i.e., policy content, to that of "politics", namely the struggle for distribution of resources. This allows us to recognize that shaping a technical and political sphere within the state to answer for explicit social policy expresses not only socioeconomic and cultural-ideological interests, but also a scientific worldview. In other words, the link between experts and decision-makers is not independent of the various ideologies that give meaning to social life or the way by which decisions are made, although any knowledge production should follow the same path dictated by the scientific method (instrumental legitimacy). This is because the power base for professionals derives both from market functioning (their capacity) and their links to the state.

Consequently, the experts provide knowledge to power by interpreting and ordering social problems, and hence provide the framework for action. The authors present the notion of power as a central element for explaining under what conditions the professions wield influence in social life and in the political sphere. In other words, "when" and "how" the specialists, defined as social subjects that construct social realities and products, participate in the decision-making process, as well their role in this process. That is, what determines their participation and which mechanisms professionals use to articulate as a power group.

In my view, the authors provide an important contribution by situating knowledge and its producers as part of the public policy-making process. The knowledge to be incorporated into decision-making cannot be generated outside of

the problem; rather, it is part of the problem, and the researcher is a participatory observer.

1. Torgerson D. Entre el conocimiento y la política: tres caras del análisis de políticas. In: Aguilar-Villanueva LF, organizador. El estudio de las políticas públicas. México DF: Editorial Porrúa; 1992. p. 197-237.

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**The political side of relations between scientific knowledge and health policies. Concerning the article by Celia Almeida & Ernesto Báscolo**

The article by Celia Almeida & Ernesto Báscolo, titled *Use of Research Results in Policy Decision-Making, Formulation, and Implementation: a Review of the Literature*, is a stimulus for the debate on relations between science and policy in the contemporary world. A detailed review of the Anglo-Saxon literature allows the authors to present a map of the studies on the use of research results in the policy decision-making process, where they highlight two major trends: a rational and instrumental perspective, underlying the technocratic ideal of achieving “*evidence-based policies*”, and a relational perspective, based on which one understands that research and policymaking processes are essentially different, and that the issue is thus to find the best way for the former to influence the latter, based on strategies that take advantage of “*windows of opportunity*”. The authors take a critical position, according to which, in the analysis of relations between research and health policies, what predominates is an excessive formalization of instruments and pragmatic simplification in the two processes, knowledge production and the policy process in the health field, while calling for more attention to the theme. I share their position and wish to move in this direction, based on an analysis of the political side of the two processes, drawing on other theoretical approaches and developments from the social history of the sciences and the history of health policies and systems<sup>1,2</sup>.

To begin, I must say that the political dimension is not exclusive to the public policymaking process. Scientific communities are immersed in power relations that cut across knowledge production. The image of a cycle of scientific knowledge construction spanning from ideas to empirical research and on to innovation and ap-

plication, and back to the generation of ideas, is superficial and sadly apolitical, to say the least. Scientific communities are built on power relations, in interdependence with other social power networks<sup>3</sup>, which allows them to achieve greater or lesser centrality, prestige, resources, visibility, and social legitimacy<sup>4</sup>. In the power game, hegemonies are constructed that succeed in occupying a central place in society and the world and that become a reference for policy-making by international and national bureaucracies. Thus, Keynesian economics (in the economic sciences) and health planning (in public health) were the two references for shaping national health systems and services within the framework of expansion of national states from the 1950s to 70s. This predominance has been replaced by neoclassical economics and health microeconomics during the formulation of state and health system reforms in all countries from the 1980s to the present<sup>5,6</sup>. Thus the neoclassical approach to health systems performance assessment conducted by the World Health Organization in its Annual Report 2000, shedding such negative light on the health systems that had not adopted structural reforms from this same neoclassical focus<sup>7</sup>.

Hegemony in scientific communities produces predominant features in the training of both new scientists and professionals. In today's political world, with rare exceptions, the politicians are professionals. And the top and middle managers in the government bureaucracy are also professionals, who promote policies with a specific predominant focus, just as the representatives of political forces or parties in the legislative arena. Therefore, the bureaucracies and politicians frequently share hegemonic views, with minor differences related to the distribution of benefits in the process of formulating a specific policy. This is a second element showing the absence of neutrality in the “*evidence*” provided by scientific communities. It would be more appropriate to speak of communicating vessels that consolidate hegemonies.

But not everything flows in the same direction. Policy-making itself is a socio-political process featuring various more or less organized actors, and not only professional politicians<sup>8</sup>. These actors not only defend their interests, but also promote more or less formal and explicit views of society and political orientations. In the health field, there are numerous and diverse socio-political actors: health insurance and financial firms, pharmaceutical and biomedical equipment manufacturers, health services providers, health professionals (especially the State medical boards or the equivalent), trade unions, political parties, social and community move-