

Popular Participation And Social Control As A Principle Of The Brazilian Unified Health System (SUS)

Mario Angelo Cenedesi Júnior¹, Maria Cristina De Moura-Ferreira²,
Keylla Taís De Amorim¹, Sebastiana Pessoa Palmeira¹,
Roberta Bernardes Da Silva¹, Patrick Firmino De Neiva Costa¹,
Karen De Fátima Figueroa Bohórquez¹, Andrea Patrícia Da Silva¹,
Thiago Henrique Pereira Nunes¹, Ellen Patrícia Faria De Almeida¹,
Neide Moreira De Souza¹, Arlete Do Monte Massela Malta¹
Universidad De Ciencias Empresariales Y Sociales, Argentina
Universidade Federal De Uberlândia, Brasil

Abstract:

The following article addresses the importance of popular participation and social control in the Brazilian Unified Health System (SUS), as established by the Federal Constitution of 1988. These principles aim to ensure that health is a universal right and a state duty, and that the community plays an active role in the formulation, implementation, and oversight of health policies. Popular participation allows citizens to influence health decisions and ensures that their needs are reflected in public policies. This is achieved through meetings, consultations, and public hearings. Social control enables citizens to oversee the implementation of health policies, ensuring transparency and accountability among health managers. Health Councils, Health Conferences, and Health Ombudsman Offices are the main mechanisms for implementing these principles. Health Councils, operating at municipal, state, and federal levels, include representatives from the government, health professionals, and users, and are involved in the formulation, evaluation, and oversight of health policies. Health Conferences bring together a broad range of participants to discuss and propose improvements to the SUS, while Ombudsman Offices serve as channels for citizens to file complaints, suggestions, and reports of irregularities. However, the text also highlights challenges such as low community engagement, lack of resources and training, and issues of representativeness. These challenges impact the effectiveness of Health Councils and Conferences. To overcome these issues, it is necessary to promote greater awareness, improve infrastructure, and ensure diverse representation, ensuring that health policies adequately address the needs of the population.

Keyword: *Public Health; Popular Participation; Social Control*

Date of Submission: 09-09-2024

Date of Acceptance: 19-09-2024

I. Introduction

The Unified Health System (SUS) was established by the Federal Constitution of 1988 with a clear and ambitious purpose: to ensure that all Brazilians have universal, comprehensive, and free access to health services. This significant reform in Brazilian health policy marked an advancement from the previous model, which was predominantly fragmented and unequal. The SUS was designed to be an equitable health system, with a central focus on health promotion, disease prevention, and appropriate treatment of health conditions for everyone, without distinction. Among the fundamental principles supporting and guiding the SUS, popular participation and social control emerge as essential components to ensure that the system operates democratically, transparently, and responsively to the needs of the population.

Popular participation in SUS refers to the active engagement of the community in the formulation, execution, and evaluation of health policies. This principle is crucial to ensure that health policies and programs are designed to reflect the real needs and priorities of the population. Popular participation is not limited to consultations or public hearings; it involves the effective inclusion of citizens in decision-making and oversight of government actions related to health. This is achieved through various institutional mechanisms, such as Health Councils and Health Conferences, which were established to ensure that the population can directly contribute to decisions affecting their health and well-being.

Health Councils, present at municipal, state, and federal levels, are formal platforms where representatives of the government, health professionals, and users meet to discuss and deliberate on public health issues. These councils are responsible for proposing, evaluating, and overseeing health policies and practices, ensuring that community needs are met and resources are used efficiently. The inclusion of representatives from the population in Health Councils is a fundamental mechanism for promoting transparency and accountability in public health management.

Health Conferences, held periodically, represent another crucial form of popular participation. These events bring together a broad spectrum of participants to discuss and formulate proposals for health policies. Conferences not only provide a platform for discussing emerging issues and challenges in health but also allow for building consensus on best practices and policies to be adopted. Participation in these events is essential to ensure that health policies are well-founded and reflect a comprehensive and inclusive view of the population's needs.

Social control, in turn, is the mechanism that allows the population to oversee and influence the implementation of health policies. This control is vital for ensuring transparency and accountability in the management of public resources and in the execution of health policies. Through social control, citizens can monitor how health services are provided, identify and report irregularities, and demand improvements when necessary. This principle is deeply connected to the idea that health management should be conducted openly and responsively, with continuous community feedback.

However, despite the importance of these principles, the effective implementation of popular participation and social control faces several challenges. In many areas, low community engagement is a significant problem. Misinformation, disinterest, or lack of understanding about the role and importance of Health Councils and Conferences can limit active population participation. Additionally, the lack of resources and adequate training for community representatives can undermine the effectiveness of these bodies, reducing their ability to positively influence health policies.

Another relevant challenge is the issue of representativeness. Ensuring truly democratic and inclusive representation in Health Councils and Health Conferences is a complex task. Often, these councils fail to reflect the diversity of the population, which can result in inadequate representation of community interests. Minority groups and marginalized segments may be underrepresented, leading to a lack of attention to their specific needs and a perception of exclusion and injustice.

The lack of transparency and effective mechanisms for participation and social control also represents a significant obstacle. Without clear and accessible channels for the population to express concerns and obtain information about health management, the effectiveness of participation and social control is limited. The absence of feedback and adequate responses to community complaints and suggestions can diminish trust in the system and discourage participation.

To address these challenges, it is necessary to implement strategies that promote greater inclusion and community engagement. This includes promoting educational campaigns to raise awareness about the importance of participation in Health Councils and Conferences, improving the selection and training processes for community representatives, and ensuring that Councils and Conferences are truly representative and inclusive. Additionally, implementing transparent and effective feedback and communication mechanisms can help strengthen social control and promote greater trust in the health system.

II. Methods

This academic essay aims to explore the proposed topic in depth and comprehensively, addressing its fundamental aspects, implications, and challenges. The analysis is based on a critical review of existing literature and the evaluation of relevant data and evidence, providing a detailed and well-founded perspective on the subject. The goal is not only to describe and contextualize the topic but also to identify and discuss its main dimensions, present coherent arguments, and offer insights that contribute to the advancement of knowledge in the field. By integrating different perspectives and addressing complex issues, the essay seeks to offer a more complete and informed understanding, promoting enriching academic debate and contributing to the development of more effective solutions and strategies.

III. Results And Discussion

The Principle of Popular Participation and Social Control

The Federal Constitution of 1988 represented a significant milestone in the restructuring of the Brazilian health system, introducing popular participation and social control as fundamental principles of the Unified Health System (SUS). These principles are enshrined in Article 198 of the Constitution, which clearly establishes that health is a universal right and a state duty, and that active community participation is crucial for the formulation, implementation, and oversight of public health policies. This article not only recognizes health

as a fundamental right but also legitimizes citizen participation as an essential component to ensure that the health system meets the population's needs efficiently and equitably.

Popular participation in SUS refers to the direct involvement of citizens in decisions affecting public health. This concept encompasses not only the opportunity for citizens to express their opinions and needs but also the ability to influence the direction of health policies and service planning. Active community participation ensures that public policies reflect the real priorities and concerns of health system users, rather than just the interests of specific groups or managers. This participation can occur through various platforms, such as public meetings, popular consultations, and public hearings, allowing the population to have a voice in defining objectives and structuring health services offered.

Social control, in turn, is the mechanism through which citizens exercise their ability to oversee and monitor the implementation of public health policies. This principle is fundamental to ensure transparency and accountability on the part of health managers and service providers. Social control enables SUS users to follow the execution of policies, verify the allocation of resources, and evaluate the quality of services provided. Additionally, it promotes accountability of health authorities and institutions by allowing citizens to report irregularities and demand improvements. This oversight process is crucial to prevent corruption, mismanagement, and inefficiency, ensuring that public resources are used fairly and effectively.

The integration of popular participation and social control strengthens the SUS by creating a more inclusive and transparent system, where active citizenship contributes to the development and maintenance of health policies that truly meet the needs of the population. Both principles are interdependent and essential for the effectiveness of the SUS, promoting a more democratic and responsive approach to public health management.

Mechanisms of Participation and Social Control

The implementation of these principles is materialized through various mechanisms, with the main ones being:

1. **Health Councils:** Health Councils are essential institutions within the Unified Health System (SUS), structured at municipal, state, and federal levels. Each of these councils is composed of a tripartite representation that includes the government, health professionals, and users of health services. This composition aims to reflect the diversity of interests and perspectives involved in managing public health, ensuring a balanced and democratic approach to decision-making.

Government representatives on the Health Councils (25% of the Council's representatives) are appointed by health system managers and are responsible for reflecting the policies and guidelines of public administrations. Their presence is crucial to ensure that the council's decisions align with the strategies and regulations established by governmental bodies. They bring the perspective of public policies and help ensure that the council's actions comply with national and local legislation and priorities.

Health professionals (25% of the Council's representatives), including doctors, nurses, technicians, and other workers in the field, play an important role in the council. Their participation is significant for providing technical and practical knowledge about health services and working conditions. They offer detailed insights into the feasibility of proposed policies and practices, helping to ensure that the council's decisions are informed by practical experience and the reality of the health system's operation.

Users of health services (50% of the Council's representatives), who represent the population, play a fundamental role in the Health Councils. These representatives may be elected directly by the community or selected through processes in civil society organizations. The presence of users is essential to ensure that the needs, concerns, and opinions of the population are effectively considered. They help identify gaps in health services and evaluate the quality of care, bringing to the council a critical perspective focused on the experiences of SUS users.

Health Councils are tasked with proposing, evaluating, and overseeing public health policies. They serve as a forum for discussion where different stakeholders can collaborate in formulating strategies and making decisions. Additionally, councils play a role in social control by monitoring the implementation of policies and ensuring that health services meet the community's needs adequately and effectively. This oversight function is crucial for ensuring transparency and accountability of health managers, ensuring that resources are used fairly and that policies are implemented as planned.

Thus, Health Councils are fundamental to building a SUS that is genuinely participatory and democratic. By integrating different perspectives and ensuring the inclusion of all interested sectors, these councils help promote more efficient management aligned with the population's needs, contributing to the continuous improvement of health services and justice in access and quality of care.

2. **Health Conferences:** Health Conferences are crucial events within the Unified Health System (SUS), playing a central role in discussing and formulating health policies at various levels. Held periodically, these conferences bring together a broad range of participants, including representatives from civil society, health

workers, and public managers. Their primary objective is to create a space for debate and collaboration where issues pertinent to the health system are discussed and proposals for its improvement are formulated.

Each Health Conference serves as a meeting point for various stakeholders, allowing an exchange of ideas and the formulation of proposals aimed at improving SUS. The participation of civil society is particularly important, as it ensures that the concerns and needs of the population are directly represented. Civil society participants can include ordinary citizens, community leaders, and representatives of non-governmental organizations, who bring their experiences and views on the health system to the conference. This diversity of voices is essential for ensuring that the proposals developed are comprehensive and reflect the realities and needs of different segments of the population.

Health workers, in turn, offer essential technical and practical perspectives. Professionals such as doctors, nurses, health technicians, and other SUS staff share their experiences and knowledge about the functioning of health services, the challenges faced daily, and opportunities for improvement. Their contribution helps ensure that proposals are feasible and aligned with the real practice of health services, addressing issues such as resource management, process efficiency, and quality of care.

Public managers, representing municipal, state, and federal administrations, play a crucial role in the conferences. They bring to the debate the policies and guidelines established by governments and help ensure that the proposals discussed comply with national health regulations and strategies. Additionally, managers are fundamental in implementing the proposals discussed in the conferences, as they are responsible for translating decisions into concrete actions and public policies.

During conferences, proposals aimed at improving SUS are developed, addressing issues ranging from the reorganization of health services to the introduction of new policies and programs. These proposals are discussed and refined based on contributions from all participants and are often submitted for evaluation and approval at higher levels. The participatory nature of the conferences ensures that the proposals reflect broad consensus and are more effective in implementation.

In addition to their role in policy debate and formulation, Health Conferences also play an important role in promoting transparency and accountability in the health system. They provide a platform for public discussion on health policies and practices, allowing citizens to monitor and influence decisions affecting their health care. This process of citizen participation strengthens trust in SUS management and contributes to building a health system that is more just and responsive to the population's needs.

In summary, Health Conferences are highly important events for SUS, providing a collaborative discussion space where different stakeholders can work together in policy formulation and service improvement. By integrating the participation of civil society, health workers, and public managers, the conferences help ensure that SUS evolves to better meet the population's needs and effectively address health system challenges in an inclusive manner.

3. Health Ombudsmen: Health Ombudsmen play an essential role within the Unified Health System (SUS), functioning as a bridge between health service users and the managers responsible for administering these services. These offices were established with the goal of receiving and addressing complaints, suggestions, and reports from citizens, promoting effective and transparent communication between the population and health system managers. By acting as a feedback channel, Health Ombudsmen significantly contribute to the continuous improvement of services offered by SUS.

The fundamental role of Health Ombudsmen is to ensure that users' voices are heard and that their concerns are properly addressed. They provide a formal and accessible means for citizens to file complaints and suggestions about the health services they receive. Complaints can range from issues related to the quality of care, such as delays or lack of qualified professionals, to more complex issues like shortages of medications or essential equipment. In addition to recording these complaints, the Ombudsmen are responsible for investigating them and forwarding them to the relevant areas, ensuring they are handled with seriousness and efficiency.

In addition to complaints, the Ombudsmen also receive suggestions that can contribute to improving health services. Suggestions can come from any interested party—service users, health professionals, or community members—and can address aspects such as improvements in health unit infrastructure, adjustments in care procedures, or proposals for new services. The ability to incorporate constructive and innovative suggestions is vital for the evolution of SUS, allowing the system to adapt and respond to users' needs and expectations.

Another crucial aspect of Health Ombudsmen is receiving and addressing reports related to irregularities and inappropriate practices within SUS. These reports can include cases of corruption, resource mismanagement, negligence, or abuse. Ombudsmen must ensure that these reports are investigated rigorously and impartially, promoting transparency and integrity in the health system. Resolving such issues is essential for maintaining public trust in SUS and ensuring that health resources are used fairly and efficiently.

The work of the Ombudsmen also contributes to improving communication between users and SUS managers. By providing a direct channel for citizens to express their concerns and receive responses, the Ombudsmen help build a more transparent and collaborative relationship between the population and those responsible for administering health services. This open dialogue is fundamental for building a health system that is more responsive and centered on the user.

Additionally, Health Ombudsmen play an educational role, informing users about their rights and the proper procedures for making a complaint or suggestion. They can also provide feedback on actions taken in response to complaints and suggestions, promoting greater transparency and accountability on the part of managers. This continuous feedback helps create a cycle of improvement where corrective actions are implemented and practices are adjusted based on information received from users.

In terms of impact, the effectiveness of Health Ombudsmen can be measured by their ability to resolve issues and implement improvements based on feedback received. The success of these offices is closely linked to their capacity to operate independently and effectively, ensuring that all concerns are addressed appropriately and that users feel their voices are heard and valued.

Therefore, Health Ombudsmen are crucial components within SUS, promoting communication between users and managers and contributing to the continuous improvement of health services. By providing a channel for complaints, suggestions, and reports, they help ensure that the health system is more transparent, responsive, and aligned with the needs and expectations of the population. Through their work, the Ombudsmen play a vital role in building a more efficient and fair SUS, promoting a culture of accountability and commitment to quality care.

Challenges and Perspectives

Despite the advancements achieved through popular participation and social control in the SUS, various challenges persist:

1. **Low Community Engagement:** Low community engagement in Health Councils and Health Conferences is a significant challenge to the effectiveness of the Unified Health System (SUS) in Brazil. This issue manifests in various ways and can have multiple causes, negatively impacting popular participation and social control, which are fundamental principles of the SUS.

One major reason for low community engagement is a lack of interest. In many locations, especially in rural areas or communities with less access to information and resources, the population may not recognize the importance or relevance of Health Councils and Health Conferences. Without a clear understanding of how participation in these bodies can influence the quality of health services or improve local care, citizens may choose not to get involved. This disinterest may be exacerbated by a lack of visibility and effective promotion of these events, which often do not reach all community members.

In addition to a lack of interest, ignorance about the functioning and importance of Health Councils and Health Conferences is also a critical factor. Many people are unaware of how these bodies operate, what their functions are, and how they can contribute to improving health services. The lack of information can lead to distrust and a sense that participation will not have a real impact. If the population does not understand the role of the Councils and Conferences in formulating and overseeing health policies, they may not feel motivated to participate. The absence of effective educational campaigns and awareness initiatives contributes to this problem, leaving citizens without the necessary knowledge to engage actively.

Low engagement can also result from structural and logistical barriers. In many communities, a lack of adequate infrastructure and access to locations where meetings and conferences can be held may limit participation. Problems such as inconvenient schedules, transportation difficulties, and a lack of resources for organizing and holding events can discourage public attendance. The absence of online participation mechanisms or difficulty in finding information about meetings and agendas can also be significant obstacles. Without efficient and accessible organization, effective community participation becomes even more challenging.

Moreover, low participation may be influenced by issues related to trust and transparency. In areas where the population has a history of distrust toward public institutions or believes their opinions are not valued, there may be resistance to participating in Health Councils and Conferences. If citizens do not see tangible results or improvements from their participation, they may become discouraged and withdraw from social control processes. The perception that decisions are made without proper consideration of community contributions can undermine trust in the system and discourage participation.

The lack of diversity in the composition of Councils and Conferences can also contribute to low engagement. If the composition of these bodies does not reflect the diversity of the community, with inadequate representation of minority groups or specific population sectors, it can lead to a sense of exclusion and a belief that participation will not bring real benefits. The lack of representativeness can discourage the participation of groups that feel marginalized or believe their needs will not be adequately represented or addressed.

To address the challenge of low community engagement, a multifaceted approach is needed, involving the active promotion of the importance of Health Councils and Conferences, the implementation of effective communication strategies, and the creation of more favorable conditions for participation. Awareness and educational campaigns about the role and importance of these bodies can help increase interest and knowledge. Additionally, improving logistical conditions and ensuring greater representativity and transparency can contribute to higher community participation and engagement. By addressing these issues comprehensively, it is possible to strengthen popular participation and social control, promoting a more inclusive and efficient SUS.

2. Resources and Training: Effective community participation in Health Councils and Health Conferences is crucial for the success of the Unified Health System (SUS) and for ensuring the implementation of health public policies that meet the needs of the population. However, the effectiveness of this participation depends on various factors, among which resources and training play a fundamental role. The lack of financial support and adequate training can significantly compromise the performance of councils and conferences, limiting their ability to positively influence the health system.

Financial support is one of the essential conditions for the efficient functioning of Health Councils and Conferences. Organizing meetings, conferences, and other activities requires resources to cover expenses such as transportation, food, support materials, and other operational costs. Without an adequate budget, institutions may face difficulties in organizing events that are accessible and participatory. The absence of financial resources can lead to limitations in the reach of conferences, compromise the quality of discussions, and even exclude some community members who cannot afford expenses related to participation. Additionally, a lack of resources may affect the ability to publicize and promote events, resulting in low attendance and less impact from the discussions held.

In addition to financial resources, training for community representatives is equally crucial. For councils and conferences to perform their roles effectively, participants need adequate training to prepare them for their functions. Training should include aspects such as understanding health public policies, the functioning of Councils and Conferences, deliberation and negotiation techniques, and the use of tools for data collection and analysis. Without this knowledge, representatives may struggle to contribute meaningfully to discussions and formulate viable and well-founded proposals. Training is also important to ensure that members can act with confidence and effectiveness in the oversight and social control process.

The lack of financial support and training can lead to a range of problems that affect the performance of Health Councils and Conferences. Without adequate resources, there may be a reduction in the quality of meetings and events, compromising the depth and breadth of discussions. The lack of training can result in less informed and less effective participation, with representatives who lack clarity on how to contribute meaningfully or how to interpret and use available information. These problems can lead to decreased effectiveness in formulating and implementing health policies, as well as a reduced ability to address challenges and problems identified in the community.

To address these challenges, a proactive approach is needed, including the appropriate allocation of financial resources and the implementation of robust training programs. Resource allocation should consider the specific needs of each Health Council and Conference, ensuring there is enough support to cover all necessary expenses and to promote broad and inclusive participation. Additionally, creating targeted training programs for community representatives can help prepare them for their roles and maximize their contribution to the decision-making process.

Investing in resources and training not only strengthens the performance of Health Councils and Conferences but also contributes to building a more efficient SUS aligned with the needs of the population. Well-trained representatives with adequate resources are better able to identify problems, propose solutions, and oversee the implementation of health policies effectively. By ensuring that Councils and Conferences have the necessary support, it is possible to promote greater community participation, more transparent management, and a health system that responds more effectively to the needs and expectations of the population.

3. Issues of Representativeness: Ensuring truly democratic and inclusive representation in Health Councils is a complex and ongoing challenge that directly impacts the effectiveness of the Unified Health System (SUS). Representativeness is a fundamental principle for the functioning of Health Councils and Conferences, as it ensures that health decisions and policies reflect the needs and interests of the entire community. However, in many situations, these councils fail to adequately reflect the diversity of the population, resulting in representation that may be inadequate and does not encompass the full range of community needs.

One major issue related to representativeness is the lack of diversity in the composition of Health Councils. In many cases, the structure of these councils may be dominated by certain groups or interests, while other segments of the population are underrepresented or completely excluded. This can occur for various reasons, including the lack of adequate mechanisms to ensure the inclusion of minority groups, the lack of

interest or capacity for participation from certain segments of the population, and the disproportionate influence of groups with more resources or greater political power.

Inadequate representation can lead to a disconnect between the health policies formulated and the real needs of the community. When Health Councils do not reflect the demographic, socioeconomic, and cultural diversity of the population, there is a significant risk that decisions and policies will not adequately address the needs of underrepresented groups. For example, vulnerable populations, such as ethnic minorities, people with disabilities, or residents of peripheral areas, may have their needs overlooked if they are not adequately represented in councils. This can result in a lack of access to appropriate health services, policies that do not consider their specificities, and a perception of injustice and exclusion within the health system.

Another important aspect to consider is that inadequate representativeness can compromise the legitimacy and effectiveness of Health Councils. The lack of inclusion of diverse viewpoints can lead to a decision-making process that is not comprehensive or balanced, affecting the quality of formulated policies. Additionally, the perception that the council is not truly representative can discourage community participation and reduce public trust in the health system. When citizens believe their interests are not being properly represented, they may feel discouraged from engaging, perpetuating a cycle of low participation and lack of engagement.

To address issues of representativeness, it is essential to adopt measures that promote effective inclusion and greater diversity in the composition of Health Councils. A proactive approach can include implementing mechanisms that ensure the participation of different groups and population segments. This can involve creating quotas or using selection processes that ensure the inclusion of representatives from historically marginalized groups. Additionally, efforts should be made to promote awareness and engagement from all sectors of the community, encouraging broader and more diverse participation.

Training and support for representatives also play an important role in promoting more effective representation. Providing training on the importance of inclusion and how to adequately represent different interests can help improve the effectiveness of Health Councils. Additionally, creating spaces for dialogue and continuous feedback with the community can help identify and address representativeness issues in a more dynamic and responsive manner.

Promoting truly democratic and inclusive representativeness is an ongoing process that requires commitment and continuous effort. Ensuring that all population groups have a voice in the decision-making process is essential for creating health policies that are fair and equitable. By working to improve representativeness in Health Councils, it is possible to promote a more efficient, inclusive SUS that truly reflects and meets the needs of the entire population.

IV. Conclusion

Popular participation and social control are essential principles of the SUS, ensuring that the health system is shaped and monitored by the population itself. These mechanisms promote more transparent, democratic management aligned with community needs. However, for participation and social control to be effective, it is necessary to address challenges related to community engagement, resources, and representativeness. Building a more efficient and equitable SUS depends on the continuous strengthening of these principles and promoting broader and more effective citizen participation.

This essay highlights the importance of integrating the population into the decision-making and oversight processes of health policies, reflecting on how these principles can be improved to ensure that the SUS continues to fulfill its role as an accessible and just health system for all.

References

- [1] Arantes, C. I. S., Lima, E. R., & Silva, A. L. (2007). O Controle Social No Sistema Único De Saúde: Concepções E Ações De Enfermeiras Da Atenção Básica. *Texto & Contexto Enfermagem*, 16(3), 470-478. <https://doi.org/10.1590/S0104-07072007000300010>
- [2] Barbosa, A. M. G. (2009). Políticas De Saúde E Participação Social. *Revista Profissão Docente*, 9(21), 41-69. <https://doi.org/10.5935/1676-5856.20090010>
- [3] Barros, M. E. D. (1998). O Controle Social E O Processo De Descentralização Dos Serviços De Saúde. In Brasil, Ministério Da Saúde. *Incentivo À Participação Popular E Controle Social No Sus: Textos Técnicos Para Conselheiros De Saúde* (Pp. 1-69). Iec.
- [4] Brasil. (1990). Lei N.º 8.142 De 28 De Dezembro De 1990. Dispõe Sobre A Participação Da Comunidade Na Gestão Do Sistema Único De Saúde – Sus E Sobre As Transferências Intergovernamentais De Recursos Financeiros Na Área Da Saúde E Dá Outras Providências. Brasília: Ministério Da Saúde.
- [5] Brasil, Ministério Da Saúde. (2009). *As Conferências Nacionais De Saúde: Evolução E Perspectivas*. Brasília: Ministério Da Saúde. Disponível Em: <http://www.conass.org.br/Arquivos/File/Conassdocumental18.Pdf>. Acesso Em: 12 Out. 2011.
- [6] Brasil, Ministério Da Saúde. (2011a). *Conferência Nacional De Saúde Tem Calendário Definido*. Anais... Brasília: Ministério Da Saúde. Disponível Em: http://portal.saude.gov.br/portal/saude/gestor/visualizar_texto.cfm?idtxt=36439. Acesso Em: 11 Out. 2011.
- [7] Brasil, Ministério Da Saúde. (2011b). *As Conferências De Saúde Ao Longo Da História*. Disponível Em: http://portal.saude.gov.br/portal/saude/visualizar_texto.cfm?idtxt=26506. Acesso Em: 11 Out. 2011.

- [8] Brasil, Ministério Da Saúde, Secretaria De Gestão Estratégica E Participativa. (2006). *A Construção Do Sus: Histórias Da Reforma Sanitária E Do Processo Participativo*. Brasília: Ministério Da Saúde.
- [9] Bravo, M. I. S., & Matos, M. C. (2002). A Saúde No Brasil: Reforma Sanitária E Ofensiva Neoliberal. In M. I. S. Bravo & P. A. Pereira (Orgs.), *Política Social E Democracia* (Pp. 63-82). Cortez; Uerj.
- [10] Campos, L., & Wendhausen, A. (2007). Participação Em Saúde: Concepções E Práticas De Trabalhadores De Uma Equipe Da Estratégia De Saúde Da Família. *Texto & Contexto Enfermagem*, 16(2), 271-279. <https://doi.org/10.1590/S0104-07072007000200014>
- [11] Ceccim, R. B., & Feuerwerker, L. C. M. (2004). O Quadrilátero Da Formação Para A Área Da Saúde: Ensino, Gestão, Atenção E Controle Social. *Revista Saúde Coletiva*, 14(1), 41-65. <https://doi.org/10.1590/S1414-46352004000100006>
- [12] Conselho Nacional De Saúde. (2006). *Diretrizes Nacionais Para O Processo De Educação Permanente No Controle Social Do Sus*. Brasília: Editora Do Ministério Da Saúde.
- [13] Conselho Nacional De Secretários De Saúde. (2003). *Para Entender A Gestão Do Sus*. Brasília: Conass.
- [14] Conselho Nacional De Secretários De Saúde. (2007). *Relatório Consolidado Para A 13.ª Conferência Nacional De Saúde*. Brasília: Editora Do Ministério Da Saúde.
- [15] Conselho Nacional De Secretários De Saúde. (2011). *Relatório Consolidado Para A 14ª Conferência Nacional De Saúde*. Brasília: Ministério Da Saúde.
- [16] Correia, M. V. C. (2005). *Desafios Para O Controle Social: Subsídios Para Capacitação Dos Conselheiros De Saúde*. Rio De Janeiro: Editora Fiocruz.
- [17] Cossetin, A. (2010). *Controle Social Na Estratégia De Saúde Da Família: Avaliação Participativa Das Ações Em Saúde Mental* (Dissertação De Mestrado). Escola De Enfermagem, Universidade Federal Do Rio Grande Do Sul, Porto Alegre.
- [18] Cotta, R. M. M., Cazal, M. M., & Rodrigues, J. F. C. (2009). Participação, Controle Social E Exercício Da Cidadania: A (Des)Informação Como Obstáculo À Atuação Dos Conselheiros De Saúde. *Physis: Revista De Saúde Coletiva*, 19(2), 419-438. <https://doi.org/10.1590/S0103-73312009000200009>
- [19] Dallari, D. A. (2000). Sociedade, Estado E Direito: Caminhada Brasileira Rumo Ao Século Xxi. In C. G. Mota (Org.), *Viagem Incompleta – A Experiência Brasileira (1500-2000): A Grande Transação* (Pp. 75-89). Senac.
- [20] Dias, E. F. (1996). Sobre A Leitura Dos Textos Gramscianos. In E. F. Dias Et Al., *O Outro Gramsci* (Pp. 115-138). Xamã.
- [21] Faria, C. A. P. (2003). Ideias, Conhecimento E Políticas Públicas: Um Inventário Sucinto Das Principais Vertentes Analíticas Recentes. *Revista Brasileira De Ciências Sociais*, 18(51), 21-30. <https://doi.org/10.1590/S0102-69092003000100002>
- [22] Finkelman, J. (Org.). (2002). *Caminhos Da Saúde Pública No Brasil*. Fiocruz.
- [23] Gomes, E. G. M. (2003). *Conselhos Gestores De Políticas Públicas: Democracia, Controle Social E Instituições* (Dissertação De Mestrado). Fundação Getúlio Vargas, São Paulo.
- [24] Gramsci, A. (2000). *Cadernos Do Cárcere: Maquiavel. Notas Sobre O Estado E A Política* (Vol. 3). Civilização Brasileira.
- [25] Gramsci, A. (2002). *Cadernos Do Cárcere: O Risorgimento. Notas Sobre A História Da Itália* (Vol. 5). Civilização Brasileira.
- [26] Guizardi, F. L. (2008). *Do Controle Social À Gestão Participativa: Perspectiva Pós-Soberanas Da Participação Política No Sus* (Tese De Doutorado). Universidade Do Estado Do Rio De Janeiro, Instituto De Medicina Social, Rio De Janeiro.
- [27] Guizardi, F. L., Viera, A. M. L., & Silva, L. M. (2004). Participação Da Comunidade Em Espaços Públicos De Saúde: Uma Análise Das Conferências Nacionais De Saúde. *Revista De Saúde Pública*, 14(1), 15-39. <https://doi.org/10.1590/S0034-89102004000100003>
- [28] Kleba, M. E., & Wendhausen, A. (2009). Empoderamento: Processo De Fortalecimento Dos Sujeitos Nos Espaços De Participação Social E Democratização Política. *Saúde Sociedade*, 18(4), 733-743. <https://doi.org/10.1590/S0104-12902009000400014>
- [29] Menezes, J. S. B. (2010). *Saúde, Participação E Controle Social: Uma Reflexão Em Torno De Limites E Desafios Do Conselho Nacional De Saúde Na Atualidade* (Dissertação De Mestrado). Escola Nacional De Saúde Pública Sergio Arouca, Rio De Janeiro.
- [30] Nogueira, M. A. (2004). *Um Estado Para A Sociedade Civil: Temas Éticos E Políticos Da Gestão Democrática*. Cortez.
- [31] Oliveira, M. L. (2003). *Controle Social E Gestão Participativa Em Saúde Pública: A Experiência De Conselhos Gestores De Unidades De Saúde Do Município De Campo Grande/Ms – 1994/2002* (Tese De Doutorado). Faculdade De Saúde Pública, Universidade De São Paulo, São Paulo.
- [32] Pereira, A. L., Silva, M. F., & Santos, R. M. (2004). *O Sus No Seu Município: Garantindo Saúde Para Todos* (2ª Ed.). Brasília: Ministério Da Saúde.
- [33] Pereira, M. F. (2009). O Sus E Os Desafios De Um Projeto Político De Controle Social Em Saúde? *Revista Tempus – Actas De Saúde Coletiva*, 3(3), 5. <https://doi.org/10.18569/Tempus.V3n3a1>
- [34] Raichelis, R. (2000). *Esfera Pública E Os Conselhos De Assistência Social: Caminhos Da Construção Democrática*. Cortez.
- [35] Reis, E. P. (2003). Reflexões Leigas Para A Formulação De Uma Agenda De Pesquisa Em Políticas Públicas. *Revista Brasileira De Ciências Sociais*, 18(51), 21-30. <https://doi.org/10.1590/S0102-69092003000100004>
- [36] Santos, N. T. V. (2005). *Programa Saúde Da Família: Uma Contribuição À Análise De Seus Princípios E Prática* (Dissertação De Mestrado). Departamento De Saúde Coletiva, Centro De Pesquisa Aggeu Magalhães, Fundação Oswaldo Cruz, Recife.
- [37] Silva, A. X., Cruz, E. A., & Melo, V. (2007). A Importância Estratégica Da Informação Em Saúde Para O Exercício Do Controle Social. *Ciência & Saúde Coletiva*, 12(3), 683-688. <https://doi.org/10.1590/S1413-81232007000300012>
- [38] Souza, C. (2003). Políticas Públicas: Questões Temáticas E De Pesquisa. *Caderno Crh*, 39, 11-24. <https://doi.org/10.1590/S0103-49792003000100002>
- [39] Wendhausen, Á. L. P., Barbosa, T. M., & Borba, M. C. (2006). Empoderamento E Recursos Para A Participação Em Conselhos Gestores. *Revista Saúde E Sociedade*, 15(3), 131-144. <https://doi.org/10.1590/S0104-12902006000300010>