REFACS
Revista Família, Ciclos de Vida e Saúde no Contexto Social

Public health defense through municipal councils of health

A defesa da saúde pública através dos conselhos municipais de saúde

La defensa de la salud pública a través de los consejos municipales de salud

Andréia Aparecida Reis de Carvalho Liporoni[1]

This article aims to reflect on participation and social control through municipal health councils. To do so, it used data from a survey conducted by the National Board of Health in Brazil, which was released in 2016. 4,539 municipal councils participated in the recording of health data in the System of Health Council Oversight (SIACS). This study found that the representativeness of health councils is still fragile, and the counselors do not seek the people they represent to discuss matters pertaining the community. This shows the need for board members to receive training. In addition, the publicity of actions and decisions taken by the board is also far from widespread.
Descriptors: Social participation; Management quality circles; Health councils.

Este artigo tem como objetivo refletir sobre a participação e o controle social através dos conselhos municipais de saúde. Para tanto, utilizou dados de uma pesquisa realizada pelo Conselho Nacional de Saúde, com dados divulgados em 2016, em que 4.539 conselhos municipais de saúde participaram do cadastro de dados no Sistema de Acompanhamento dos Conselhos de Saúde (SIACS) brasileiros. Por este estudo, se verificou que a representatividade dos conselhos de saúde ainda é frágil, bem como os conselheiros não procuram suas bases para discussão de assuntos pertinentes à coletividade. Isto mostra a necessidade de que os conselheiros recebam capacitação. Aliadas a isso, a vocalização das ações e as deliberações dos conselhos também se mostram frágeis.
Descritores: Participação social; Participação nas decisões; Conselhos de saúde.

Este artículo tiene como objetivo reflexionar sobre la participación y el control social a través de los consejos municipales de salud. Para esto, se utilizaron datos de una investigación realizada por el Consejo Nacional de Salud, Brasil, con datos divulgados en 2016, con 4.539 consejos municipales de salud que participaron del registro de datos en el Sistema de Acompañamiento de los Consejos de Salud (SIACS) brasileros. Por medio de este estudio se verificó que la representatividad de los consejos de salud aún es frágil y que los consejeros no buscan sus bases para discusión de asuntos pertinentes a la colectividad. Esto demuestra la necesidad de que los consejeros reciban capacitación. Aliado a esto, la vocalización de las acciones y deliberaciones de los consejos también se muestra frágil.
Descriptores: Participación social; Participación de los empleados; Consejos de salud.

[1] Social Worker. Master's degree in Medical Sciences. Doctor's Degree in Social Services. Professor of the Course of Social Services in the Faculty of Human and Social Sciences– UNESP - Campus de Franca, SP/Brazil. ORCID 0000-0002-0691-7528 E-mail: andreialiporoni@yahoo.com.br

INTRODUCTION

From 1990 on, a period of implementation of the principles established by the Federal Constitution of 1988[1], with the expansion of civil and political rights and the participation of society in public administration, conversations about the importance of participation and social control over government decisions became generalized.

Participation and social control can be exercised through the advice of public policy councils, and in the case of health, by municipal health councils.

Public policy councils can be considered as deliberative mechanisms in progress around the world. They involve a large number of people debating over issues of interest for the collective, and therefore, it largely evolved in the history of social participation[2].

Citizen participation dates back to the ancient Greeks, and presents throughout history, it had many achievements, as well as limits and resistance.

Athenian democracy began in the 5th century BC and ended in 322 AC, and with it, the rise of a democratic Government - with representative outlines - a structure that is still present in contemporary types, nearly two millennia later[3].

Regarding Greek citizenship, Aristotle defined the citizen as "everyone who had the right (and hence the duty) to contribute to the formation of the Government, actively participating in the meetings in which decisions involving the collective were taken". However, women, children, foreigners and slaves were not considered citizens, and due to this limit was not possible to consider this as a universal participation system[3].

In the middle ages, in the feudal production standards, society was divided in hierarchies and filled with religious values and beliefs. Citizenship could not exist due to numerous social, economic and cultural aspects.

During the renaissance (between the XIV and the XVI centuries), there was a profound change from the previous, medieval period perspective, and an individualistic perspective, which would later give birth to the point of view of the bourgeoisie. In the XV century, the absolutist State Emerged, a result of the alliance between king and bourgeoisie, aiming to improve the commercial system (condition of roads, commercial rules, and other issues), but there was no type of participation. Cities wanted in dependence, a result of political claims organized by the growing commercial bourgeoisie, who defended its interests from the feudal nobility, since they sought absolute autonomy[4].

The citizenship advocated by the renaissance bourgeoisie was intrinsically connected to the interests of the dominant class of the population, while for most people, participation was nonexistent.

One hundred years later (1789), the French Revolution takes place, and with it, the bourgeoisie takes power and institutes a Liberal State. In the end of the XIX century, in Europe, citizenship starts to include political rights, which were, actually, denied to most workers, the vote only being a possibility of proprietors. Worker unions were forbidden and the political parties of the masses were not legal, leading to incessant working class fights[4].

Considering the democratic ideal advocated by the Athenians and evaluating all changes that had happened until that century, it is necessary to highlight all the privations and limitations suffered by the population in general, considering that the supremacy of rights and power of bourgeoisie and financially powerful were indisputable.

Historic evolution has lead to changes in the government system. With structural changes to the system, the industrial revolution, the idea of a bourgeoisie revolution and the complexity of society, the possibility of representation through elections emerges, and the systems of political parties are stablished. This system is a democratic process that determines a political method to reach political and administrative decisions, transforming them

in a method to constitute governments through a group of rules.

The legitimacy of democracy is in the fact that State power is authorized through collective decisions from all citizens, hence the use of the word sovereignty. However, is it really possible for the people to govern in current times?[5].

The democratic procedure determines a political method to reach political and administrative decisions, transforming them in a method to constitute governments. That is, people only are sovereign in their ability to vote and elect their own representatives.

Democracy is a group of rules among which stand out the equal weight of votes, which disregard economic, social, religious and ethnic differences in the electorate. However, participation ends up receiving no incentives, due to the complexity of society in modern democracies[5].

In this sense, democracy stands out in the political field during the XX century, becoming a hegemonic process in the end of the 2nd world war, but "implicated in the restriction of forms of participation and sovereignty around an electoral process for the formation of governments"[6].

Modern democracy soon was shown not to correspond exactly to the idea of a government for everyone. The centralizing characteristics of the system immediately generated a power asymmetry among citizens that can hardly be called a government for everyone. And the separation operated by liberalism, between political and economic power, revolutionized a once feudal world, creating a private and economic power whose management was removed from the hands of the regular citizen[7].

The main countries consolidated the hegemonic conception of liberal democracy as a unified and universal model, used or consecrated by the World Bank and by the International Monetary Fund, especially when it was transformed in a political condition for concessions of loans or financial help. This liberal democracy model seeks to "[...] stabilize the controlled tension between democracy and capitalism". On one hand, prioritizing the accumulation of capital, and

on the other, limiting any citizen participation that could strengthen social claims and overload the State with its demands, thus imperiling the supremacy of accumulation[6].

Therefore, calling the population to take part "in some moment of the building of a policy or public service is the more necessary to the capitalist system the more developed are the productive forces, always aiming to diminish the costs of public services"[8].

In a liberal democracy, the State is expected to abstain from interfering the rights of the citizen and in the economy, that is, it is a State that is worried about preserving democracy while not interfering in economy.

Confronted with this issue, the democratic doctrine imagined a State without intermediaries - characteristic of a corporate society of medieval cities and of a state of layers or chastes previous to the affirmation of absolutist monarchies. That is, a political society in which the sovereign people are so many individuals (one person, one vote)[9].

However, what one sees in a democratic society is exactly the opposite. The groups became relevant, through the creation of association of many different natures, political parties and many different ideological thoughts. There is no sovereignty, but a game of interests which are simultaneously political and particular, and contribute to the crisis of representative democracy which can be seen in the last decades.

I contemporary times, political parties were and are significant although insufficient to maintain democracy. It is possible to point out, among other issues, the professionalization of politicians, and the separation between the interests of parties and those of politicians themselves, leading to a loss of trust between political parties and a growing distance between representatives and those they represent.

Social movements have evolved greatly in the last decades. From a Marxist approach, the concept of participation is not only found in isolation, but is also articulated to two other categories of analysis: fights and social

movements. This means that social movements are characterized by two factors: the nature of social class that emerges and the fight, whether that fight is reformist, reactionary, revolutionary or conservative[10].

Social fights have always existed, under the prism of equality, in the search for better life conditions and from the manifestation of excluded social groups and the need to demand. It is possible to cite, among others, the ecological movement, the women movement (feminist), which were not submitted to the approval of political parties, which by themselves lost their monopoly over the demands of the population.

It also stands out that in the XXI century, there are collective actions that claim for peace, against violence, against unemployment, for salary improvements, against neoliberalism and wars.

In Brazil, throughout the social and historical formation of the country, important battles were fought, the most recent and most important being the Sanitary Movement in the decade of 1980; the "Movimento dos Sem Terra" (MST - Movement of the Landless), which still exists; the "Diretas Já" ("Direct elections now") movement, which fought to recreate the democracy of the country; the LBGT movement; and more recently, in 2013, the enormous mobilization regarding the prices of public transportation in the city of São Paulo, which triggered a process of mobilization and manifestations all over the country.

In the dictatorial period, the participation was very dependent on the plans to bring it down, allowing organized groups to manifest themselves as opposed to the dictatorial order established. History tells us that those were difficult moments, of political civil repression and authoritative actions from the government.

These moments had different origins, but all converged in the fight against the authoritative regime. With the return of democracy, came the political amnesty, unions and parties became legal, as well as the right to create associations, and to summon elections.

Brazilian democracy "came into effect more through the institutionalization of a democratic State than through the actualization of a popular participation process". This issue indicates that this kept "popular participation distant from accompanying and managing the democratic State, even if they recognize the responsibilities of society"[11].

Also stand out the deepening of the capital crisis and the expansion of neo-liberalism, whose legacy was: an increase in unemployment, anti-union legislation, an ample privatization agenda, the changes in work relations and in relations between State and civil society, demanded by austerity policies, as recommended by the Washington Consensus[12].

Regarding political participation, it becomes clear that dictatorial periods (not only in Brazil) undermined any possibility of civil participation in the public powers. Through the re-democratization of these countries, in the last decades of the 20th century, it becomes urgent to understand what is democracy, and the need of more ample participative processes.

Succinctly, it can be highlighted that, in the decade of 1960, popular participation happens in very contingent manifestations against a military dictatorship, allied to expressive movements, such as the Human Rights Movement and the Feminist ones. Countries became democratic once again and demanded more participation in the decisions of the country. That was amplified through the Constitution of many countries, among which was Brazil.

Once the participation was achieved by our society, the challenge was to make it more intense. That is, just voting is not the ideal of contemporary democracies, in which citizens are mere spectators of governmental decisions.

The ideal, which is a challenge, is for citizens to exercise their participation as they articulate with the political system, with a more active, committed, and supervisory participation.

The 1988 Federal Constitution[1] made it possible for society to participate, and one of

the ways this can be accomplished is through public policy councils. Hus, this participation is also seen as a form of social control. A social control over public power.

This article brings a reflection on the 1988 Federal Constitution[1] in the scope of public social policies, especially by the municipal health councils instituted by the Organic Health Law n. 8,142, from 1990[13]. Thus, this article aims to reflect on participation and social control through municipal health councils.

METHOD

This article was created from the theoretical references about participation in democracy, regarding public policy councils, and especially, social control over health.

A study conducted in 2016, based in documents such as Resolutions 333/2003[14] and 453/2012[15], among other researches[16].

RESULTS

The study observed data from a doctorate research conducted in 2010, involving 06 municipal health councils from the Regional Health Coordination VIII, from the State of São Paulo, through documental and bibliographic researches, with a quantitative and qualitative approach.

The organizational structure of the health councils was evaluated according to the legal resolutions, the surveying of the demands of population by the councilmen, the way they send information back to those they represent, and the training of these councilmen, which is one of the possibilities of classifying the councilmen to exercise this function, which is also politic.

Data from a survey conducted by the National Board of Health and the Ministry of Health were also evaluated.

DISCUSSION

The return of democracy in Brazil, in the 1980 decade, links the strengthening of democracy "[...] to the condition of instances and participation (vote, election and parties) as well as to the expansion of new participative channels" which can be found in the institutionalization of public policy

councils (health, children and adolescent, elders, social assistance, among others), and, in the possibilities of sharing power, such as in the confection and elaboration of a participative budget. In such contexts, citizens can direct their wills according to public interest[17].

The notion of public interest involves "the concept of a common goal - politically agreed upon and morally based - and a group of rules or procedures of judgement to be followed - which regard the issue of rights". Therefore, the concept of public is inscribed in the democratic field[18].

Therefore, according to the principles of participative and deliberative democracy, in public policies, this can happen through the institutionalized participation of councils - that change the ways to elaborate and implement policies, and becomes a tool for communication between State and society, with a meaningful increase since 1990 since the participation is one of the ways to put this constitutional right in to effect[16].

In Brazil, public policy councils have some of the main characteristics of the deliberative process. The main characteristic of this form of deliberation is that it is a space for articulation between State and society, in which decisions regarding public policies can involve a process of discussion, and seeks to reach agreements among different society segments that are included, and are directly involved.

Public policy councils can be called "[...] institutional forms that favor the ability of governments to survey the interests of citizens and act according to those interests" so "[...] the governments can be induced or coerced to work for public interests"[19].

One of the main objectives of the councils is the control of State initiatives through the participations of citizens, leading them to contribute in the decision making process.

This supervisory perspective of public policies is recent, starting in the end of the 1970s and modified by the 1988 Federal Constitution. It is "the result of a process of struggles and mobilizations that started in the 1960s, intensified during the military

period and whose beginning is in the struggle to make universal public health a reality"[16].

In the 1960s, the beginning of dictatorship in Brazil, some movements were triggered due to the demands for basic care to most of the population. It was a moment of political repression, deepening of social inequality, and the exclusion of many civil rights, in spite of the economic development that took place in this decade. It is in this context that many social movements emerge, such as the Ecclesiastic Base Communities (CEB), the Mother's Club, the Movement Against Famine, the Movement for Health in the Eastern Zones. The latter resulted, at first, in the creation of health commissions in the eastern zone, and in the end of the 1970s, in the election of a council of community representatives to oversee the functioning of health in the region[16].

Back then, Health Councils expressed "[..] one of the founding ideas of the Sanitary Reform which postulated the democratization of the access to goods and services that provide health, but also a democratization to the access to power." It is important to highlight that the "agenda of the reform always showed in participative proposals signs of its preoccupation with the mechanisms of State functioning as opposed to focusing only on the redistribution results of its policies". Thus the simultaneous employment of the axioms "Democracy is health" and "Health is democracy", emblems of the Sanitary Reform, since it was also a political reform - meaning that the universal right to health should be accompanied, even guaranteed, by the right to participation in political power[18].

Social control as it is known today started in the health field, motivated by the Sanitary Reform that aimed at a participative and universal quality public health system.

Social control stems from the text of the Citizen Constitution of 1988[1], from the importance of social movements, of health professionals and popular leaderships fighting for the right to health, that is: the rights guaranteed by the Federal Constitution are results of popular mobilization in the period of its formation.

Then, the actors of civil society mobilized themselves significantly and re-inscribed in Federal Constitution some of their aspirations, reinforcing old rights and instituting new ones (health, education and social assistance) and strengthening the role of the State in their actualization[18].

Between 1985 and 1986, the Constituent Assembly (CA) has a strong popular mobilization to propose constitutional amends, such as the ones to health, social assistance and the ones involving agrarian and urban reforms, which, as a whole, are very important reforms for the Brazilian population. In all of them, the popular participation is present in the elaboration, monitoring and supervision of public policies[2].

Another important issue is that, a the end of the Constituent Assembly, there is a claim for the popular participation to be institutionalized. The 1988 Federal Constitution formalizes it in public policies and in the organic laws of several policies (health, social assistant, children and adolescents through a specific statute, in the statutes of cities and others), creating rules for the form of councils in each instance.

At first, councils reached an institutional form in big cities, mostly in those in which civil society acted more strongly in public policies through social movements.

Another issue is that popular participation is not homogenous, even in State capitals. In cities like São Paulo, Rio de Janeiro, Belo Horizonte and Porto Alegre this movement was much more organized than in other capitals, in which these popular participation spaces were implanted after the Constitutional process. As an example, the city of São Paulo obtained legislation normalizing the existence of councils before the promulgation of the Federal Constitution[2].

Certain public policies ended up with a more meaningful form of institutionalized participation, to the detriment of others. They were: health, social assistance, children and adolescents, urban policies and environment. On this issue, the ascension of

some policies over others is related to the very form of social movements, with certain characteristics of the State and also relating to the specific legislation of each field[2].

The health field, as it was the first to organize a council, and due to its own dynamics, is the field that gathered the most normalized and long-living councils.

Social participation is defined by the 1988 Federal constitution, and regarding health, is regulated through the Organic Health Law 8141/1990[13]. The councils are instruments of citizen participation. They exist in all Brazilian municipalities - a legal requirement for cities to receive their budgets from the state and from the Union. This demand for receiving the budget also involves the approval of the local Health Plan, the management report and the creation of the municipal funds - an exclusive account to receive and apply health budgets.

It is through the councils that social control is exerted, which is, by its turn, the possibility for an organized society to intervene in the actions of the State and in public expenditure, redefining it in the direction of social objectives.

Each public policy council has its own identity, which can be understood through its institutional design and its political trajectory, that is, different councils or different managements of a same council vary when it comes to their ability to influence policies, the way in which they dialogue with the government, and their participation dynamics. Therefore, the councils (of the different public policy spheres) can present different variations or stages of development and consolidation from their acting and representation[20].

In this aspect, the quality of government representation, that is, its transparency and the capability or possibility of dialogue, is an important variable in the actions of the council. The same can be said about the union of the representatives of the civil society.

No government - in spite of its color and party inclinations - can ignore the councils in the processes of political implementation[20].

Health councils aim to control State initiatives, as to guarantee the implementation of health policies according to the principles of SUS, with the participation of citizens in the decisions regarding the health field.

Health councils have deliberative attributions, they are spaces for the articulation between State and society in the three government spheres. They are plural, equal (50% of the members represent civil society and the others represent service providers, professionals from the field and the government), public and dialogic. Their legal bases are in the Federal Constitution of 1988 and its objective is the control, monitoring and supervision of health policies[1].

Brazilian health councils are regulated by Law 8142/1990[13], their norms are defined by the current Resolution n. 453/2012[15] - which guides the functioning of the councils so they always follow the Law -, and were sanctioned by the municipalities since the start of the 1990s through municipal Laws.

In 2016, according to the National Health Council (NHC), 4,539 or 80.61% of the councils that exist in the country registered their information in the System for the Monitoring of Health Councils (SIACS), whose objective is to keep up to date, in a same network, data regarding all municipal health councils from Brazilian cities, from the 26 state councils, from the federal district, and from the 36 district native health councils.

In 2016, 95.7% of the 80% municipal councils that have made the registration are regulated by Municipal Laws, followed by 3.06% which are so by municipal decrees, and 1.24% by resolutions[21].

The registration does not include, in the General information about each council, whether or not their bylaws were approved in plenary. As determines the resolution 453 from 2012[15], councils must necessarily formulate the internal regulations which define their own structures and dynamics.

The resolution 453 from 2012[15] resulted in the creation of guidelines for creating, reworking and for the functioning of health councils, revoking the decrees 33,

from 1992, 319, from 2002, and 333, from 2003 - maintaining, however, the prerogatives of Law 8142 from 1990[13], i.e. they also define the issue of parity, of the administrative structure of the councils, the function of the Executive Secretariat, as well as the existence of monthly meetings and accountability meetings, the latter conducted every three months by the managers[15].

Data from 2016 indicate that 73.36% of Brazilian municipalities that completed the registration do not comply with the equality established by the 453 Resolution from 2012[15], according to which 50% of the positions in the council should be given to entities and movements that represent the users; 25% of those who represent the health professionals; and 25% who represent the government and partner private service providers, whether they are or not non-profit organizations[21].

The resolution also indicates that the Executive Branch is responsible for offering the adequate infrastructure needed for this organ to function. Therefore, it must make available a physical space, material and human resources. These resources must be guaranteed through budget allocations, but in reality, they are not offered as required.

Three important issues deserve to be highlighted regarding Brazilian councils: their participation in policy-making, discussing programs, actions, and the need to allocate budget resources to answer the needs of these programs and actions; their supervising and or monitoring of planned actions and programs by exerting the role of supervisors of Government actions; and their deliberation, approving or not, the accountability reports of Government instances.

This means that the Council must have access to data and documents which allow them to gather this information: the Health Plan approved by Municipal Health Council, the reports of income and expenses on a monthly basis, the bidding processes, the situation of contracts, agreements, aids and grants to philanthropic entities. It also refers to the Law n. 8080/1990, which states that the financial resources of the SUS should be spent under the monitoring and supervision of conselhos[22].

These issues lead one to reflect that councils express the correlation of forces in society, since they are instances subject to conflicts of interest, co-optation, disputes concerning the direction of social policies articulated with societal projects, even if that is not made explicit "[23].

In this aspect, the councilmen must prepare or be trained to this function, that is, they need to know the principles of SUS, their local reality, and the functions of council members when it comes to propose, monitor, oversee and deliberate on government actions, as well as their duties and rights as council members.

Despite Brazilian legislation in force since 1990[1] and the directives of resolution 453/2012[21], that defines the organizational structure of the councils, data from registers on SIACS show that many councils are not according to Law.

Allied to this issue, in 2010, a survey was conducted with 06 municipal health councils in an area of the 8th Regional Health District, and found 100% of them were created by Municipal Laws, 67% had internal regulations defining all of their rules[16].

Only 17% had technical committees organized to study the topics that would be discussed at a meeting of the Council, and, therefore, were fundamental to uncover knowledge about all the actions developed by the Secretariat of Health of the municipalities that they represent[16].

From these councils, 83% held monthly meetings, although it was suggested that meetings should be conducted monthly. 83% of the council Presidents were elected by the Council, 33% had equal representation, an indication of Legislation violations[16].

50% of the councils had their agendas sent in advance to their members, which allowed these advisors to consult their bases on subjects that would be discussed or deliberated upon. All these individual situations indicate that in some situation the council studied was not in line with resolution 333/2003[14], in effect at the time of the survey, as well as with the current

453/2012[15] resolution, that determines the standardization and organization of councils[16].

Regarding the surveying of demands and the vocalization of deliberated actions to the population or to organized segments, it has been observed that there is no channel set to survey the demands of the population. The council members interviewed claimed that they do not have the habit of consulting their bases on the subjects that will be discussed, and also do not have a formal mechanism of acquiring information as a participation organ should.

This leads to reflection that councils will only be established as deliberative participation mechanisms once they can become visible to society. In the same line of reasoning, once they are known as organs of participation and voicing of demands, councils and councilors will be better able to articulate with the population.

In this sense, and to measure this possibility, the means used to vocalize the actions of the council were verified: website, newspapers, radio, brochures or others[16].

Data showed that none of the evaluated Municipal Health Councils has a formal mechanism for information as a part of them. With respect to the representatives of the Government, usually the Secretariats of Health, represented by the Secretaries or their legal representatives, are invited occasionally by local media (radio and newspaper) to give information or clarification about specific situations, that is: in 50% of the studied municipal districts, there is information provided by Health Departments to users. However, this information has no connection whatsoever with the Municipal Health Councils[16].

Among representatives it can be noted that information regarding the actions deliberated in the councils is not divulged to those they represent. Occasionally individual manifestations from council members take place, informing people they represent about specific issues, but that is not true for the bulk of actions and deliberations that happen in these spaces[16].

CONCLUSION

Social participation is a conquest constructed throughout history. It contemplates moments in which many advances were made, and the participation through councils still has to face many challenges.

Councils in Brazil were created and standardized, but it can be noted through this representative sample that, when it comes to their organization, Brazilian councils are not adequate to current resolutions.

The representativeness of health councils is still fragile, and councilors do not seek the people they represent to discuss matters pertaining the community. This shows the need for board members to receive training. In addition, the publicity of actions and decisions taken by the board is also far from widespread.

It can be noted that the participative mechanisms that exist in Brazil, considering the experience of public policy councils, is very extensive and complex. It attends the entire Brazilian national territory, and in spite of regional differences, presents rich experiences.

The current model of participation practices and social control through councils, is an aspiration of sanitary workers and social movements. This format has grown, consolidated, and is one of the most visible mechanisms today. However, in spite of the indisputable progress, it has limits and needs to advance to be consolidated as a collective practice. Regarding this issue, proactive actions are needed to involve the building of citizenship from the school education of the citizen, their family lives, and even their engagement as citizens who see themselves not only as someone who has rights, but also as someone who has duties and responsibilities.

Two aspects seem extremely important: the process for the election of council members and the practice of organizing work commissions that lead to effective deliberations. It is necessary to guarantee inclusive selection processes, with elections and opening of the council for the highest possible number of entities, that is: the election process must be very well divulged

by written and spoken media organs, making it possible for the population to get to know this space for participation, and to participate not only in the election, but also in the decision-making processes.

It is also necessary to stimulate the councils to create an internal organization of commissions, committees or work groups, to generate more debates, raise awareness, and discuss more profoundly certain themes and subjects for later deliberation.

The deliberation must be the result of negotiations between different segments, aiming at discussing and possibly contemplating their interests in public policies.

REFERENCES

1. Presidência da República (Brasil). Constituição da República Federativa do Brasil de 1988. [Internet]. D.O.U., Brasília, DF, 5 out 1988 [cited in 10 sept 2016]. Available from: http://www.planalto.gov.br/ccivil_03/Constitui cao/Constituicao.htm.

2. Avritzer L, Ramos A. Democracia, escala y participación. Reflexiones desde lãs instituciones participativas brasileñas. Rev Int Sociol. 2016; 74(3):1-15.

3. Coutinho CN. Cidadania e modernidade. Perspectivas. 1999; 22:41-59.

4. Luiz LT. A cidadania no espaço público e privado. [tese]. Franca, SP: Faculdade de História, Direito e Serviço Social, Universidade Estadual Paulista "Júlio de Mesquita Filho"; 2006.

5. Cohen J. Democracia y libertad. In: Elster J., org. La democracia deliberativa. Traducción de José María Lebrón. Barcelona: Gedisa; 2013.

6. Sousa Santos B, Avritzer L. Para ampliar o cânone. In: Avritzer L, et. al., orgs. Democracia, república e participação: curso de atualização. Belo Horizonte: UFMG; 2008.

7. Oliveira EA. Participação democrática. [monografia]. Belo Horizonte: Instituto de educação continuada, Pontifícia Universidade Católica; 2005.

8. Ribeiro N, Raichelis R. Revisitando as influências das agências internacionais na origem dos conselhos de políticas públicas. Serv Soc Soc. 2012; 109:45-67.

9. Bobbio N. O futuro da democracia: uma defesa das regras do jogo. Rio de Janeiro: Paz e Terra; 2015.

10. Gohn MG. Conselhos gestores e participação sociopolítica. 4ed. São Paulo: Cortez; 2011.

11. Soares GS. Entre o projeto de modernidade e a efetivação da democracia: marcas deixadas na construção da vida social brasileira. Serv Soc Soc. 2012; 109:31-44.

12. Antunes R. Os sentidos do trabalho: ensaio sobre a afirmação e a negação do trabalho. São Paulo: Boitempo; 2015.

13. Presidência da República (Brasil). Lei n. 8142, 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 [Internet]. D.O.U., Brasília, DF, 31 dez 1990 [cited in 9 sept 2016]. Available from: http://www.planalto.gov.br/ccivil_03/leis/L 8142.htm.

14. Ministério da Saúde (Brasil). Resolução n.º 333, de 4 de novembro de 2003. Aprova as diretrizes para criação, reformulação, estruturação e funcionamento dos Conselhos de Saúde [Internet]. D.O.U., Brasília, DF, 4 dez. 2003 [cited in 9 sept 2016]. Available from: http://conselho.saude.gov.br/ultimas_noticia s/2005/resolucao333.htm.

15. Ministério da Saúde (Brasil). Resolução 453, 10 de maio de 2012. Aprova as diretrizes para instituição, reformulação, reestruturação e funcionamento dos Conselhos de Saúde [Internet]. D.O.U., Brasília, DF, 17 jul 2012 [acesso em 12 sept 2016]. Available from: http://conselho.saude.gov.br/ultimas_noticia s/2012/12_jun_resolucao453.html

16. Liporoni AARC. Os caminhos da participação e do controle social na saúde: estudo das realidades do Brasil e Espanha. [tese]. Franca: Faculdade de Historia, Direito e Serviço Social, Universidade Estadual Paulista "Júlio de Mesquita Filho"; 2010.

17. Faria CF. Os determinantes da efetividade democrática da participação social. In: Avritzer, L, et. al., orgs. Democracia, república

e participação: curso de atualização. Belo Horizonte: UFMG; 2008.

18. Stotz EN. Trajetória, limites e desafios do controle social do SUS. Saúde Debate. 2006; 30(73/74):149-60.

19. Carvalho AI. Conselhos de saúde, responsabilidade pública e cidadania: a reforma sanitária como reforma do Estado. In: Fleury S., org. Saúde e democracia: a luta do CEBES. São Paulo: Lemos; 1997.

20. Almeida C, Tatagiba L. Os conselhos gestores sob o crivo da política: balanços e perspectivas. Serv Soc Soc. 2012; 109:68-92.

21. Ministério da Saúde (Br). Sistema de Acompanhamento dos Conselhos de Saúde (SIACS). Brasília, DF: CNS; 2016 [acesso em 9 sept 2016]. Available from:

http://conselho.saude.gov.br/web_siacs/index.html.

22. Presidência da República (Brasil). Lei n. 8.080, 19 de setembro de 1990. Dispõe sobre as condições para a promoção e recuperação da saúde, a organização e o funcionamento dos serviços correspondentes e dá outras providências. Lex: Legislação Federal e Marginalia. 1999; 54:1060-1073.

23. Bravo MIS, Correia MVC. Desafios do controle social na atualidade. Serv Soc Soc. 2012; 109:109-26.

CONTRIBUTIONS
Andréia Aparecida Reis de Carvalho Liporini conducted the bibliographical survey and the writing of the article.

How to cite this article (Vancouver)
Liporoni AARC. Public health defense through municipal councils of health. REFACS [Internet]. 2017 [cited in: *insert day, month and year of access*]; 5 (Suppl 2): 335-345. Available from: *access link and DOI.*

How to cite this article (ABNT)
LIPORONI, A. A. R. de C. Public health defense through municipal councils of health. **REFACS**, Uberaba, v. 5, p. 335-345, 2017. Suppl. 2. Available from: <*access link*>. Access in: *insert day, month and year of access.* DOI: DOI:

How to cite this article (APA)
Liporoni, A. A. R. C. (2017). Public health defense through municipal councils of health. *REFACS,* 5(Suppl 2), 335-345. Recovered in: *insert day, month and year of access* from *insert assess link and DOI.*