

Transparency of information about the activities of Municipal Health Councils**Transparência das informações sobre as atividades dos Conselhos Municipais de Saúde****Transparencia de las informaciones sobre las actividades de los Consejos Municipales de Salud** **Maria Cristina Traldi¹**

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Objective: to carry out a comparative analysis of the transparency of information made available on electronic websites by Municipal Health Councils in cities in the interior of the state of São Paulo, Brazil. **Methods:** longitudinal study carried out with secondary data in 2023, considering two distinct time frames (2009 and 2023), and using Google® and systematic search of Health Council websites or link hosted on the portal of cities with more than 100 thousand inhabitants. The variables listed were: legislation, composition, renewal, documents, calendar, contact and update, recorded in a spreadsheet in binary form, used in the score and descriptive statistics. **Results:** there was a 250% increase in municipal councils with information published on websites, from 16 (23.2%) to 56 (81.1%). Only two, out of 16 (12.5%) in 2009, and 14 (25%) councils, out of 56 in 2023, achieved high transparency scores. Seven councils regressed and two others maintained low transparency scores. **Conclusion:** there was an evolution in the transparency of councils, however, the levels observed are below the standards of good public governance.

Descriptors: Public policy; Health councils; Social control, formal.

Objetivo: realizar análise comparativa na transparência das informações disponibilizadas em sites eletrônicos pelos Conselhos Municipais de Saúde, de municípios do interior paulista. **Método:** estudo longitudinal realizado com dados secundários em 2023, considerando dois momentos distintos (2009 e 2023), e usando o Google® e busca sistemática de *websites* de Conselhos de Saúde ou *link* hospedado no portal de cidades com mais de 100 mil habitantes. As variáveis elencadas foram: legislação, composição, renovação, documentos, calendário, contato e, atualização, registradas em planilha de forma binária, utilizadas no escore e estatística descritiva. **Resultados:** houve aumento de 250% de conselhos municipais com informações veiculadas em *websites*, passando de 16 (23,2%) para 56 (81,1%). Apenas dois, entre 16 (12,5%) em 2009, e 14 (25%) conselhos, entre 56 em 2023, alcançaram escores elevados de transparência. Sete conselhos regrediram e outros dois mantiveram escores baixos de transparência. **Conclusão:** verificou-se evolução na transparência dos conselhos, contudo, os níveis observados estão aquém dos padrões da boa governança pública.

Descritores: Política pública; Conselhos de saúde; Controle social formal.

Objetivo: llevar a cabo un análisis comparativo sobre la transparencia de las informaciones proporcionadas en los portales electrónicos por los Consejos Municipales de Salud de municipios del interior de São Paulo, Brasil. **Método:** estudio longitudinal realizado con datos secundarios en 2023, teniendo en cuenta dos momentos diferentes (2009 y 2023) y utilizando Google® y una búsqueda sistemática en los sitios web de los Consejos de Salud o un enlace alojado en el portal de ciudades con más de 100.000 habitantes. Las variables recogidas incluyeron legislación, composición, renovación, documentos, calendario, contacto y actualización, registradas en una hoja de cálculo binaria y utilizadas en la puntuación y estadísticas descriptivas. **Resultados:** el número de municipios con información en sus sitios web ha aumentado en un 250%, pasando de 16 (23,2%) a 56 (81,1%). Solo dos de los 16 municipios (12,5%) en 2009 y 14 de los 56 (25%) en 2023 obtuvieron una alta puntuación en transparencia. Siete municipios retrocedieron y otros dos mantuvieron puntuaciones bajas en transparencia. **Conclusión:** se han producido avances en la transparencia de los municipios, aunque los niveles observados todavía no alcanzan los estándares de buena gobernanza pública.

Descritores: Política pública; Consejos de salud; Control social formal.

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INTRODUCTION

Although the evaluation of public policies is still an underutilized resource in Brazil, it is an essential condition for improving the processes of formulating these policies¹, as it involves a value judgment on the implementation of a policy, part of it or its results, aiming to improve decision making².

With the promulgation of the 1988 Brazilian Constitution, evaluation became an integral part of the democratic process, providing citizens with the opportunity to actively participate in decision-making related to the use of public resources. This democratic participation was guaranteed in the three spheres of the Brazilian government, allowing citizens to exercise social control over State actions and spending in sensitive areas such as health, education, justice, environment and social assistance³.

The right to social control was formalized with Law 8,142/1990, providing society with mechanisms to inspect and monitor State actions related to social rights, the use of public resources and the governance of institutions³⁻⁵. The exercise of this right aims to allow society to control its own destiny, and the democratic state and access to information are essential for its implementation^{6,7}.

Citizen participation in evaluative decision-making processes in public management has increased and become more effective, gradually promoting changes in the relationship between civil society and State. The Health Councils, formalized after the institutionalization of the Unified Health System (*Sistema Único de Saúde - SUS*) and its regulations, play an important role in formulating strategies and controlling the execution of health policies in various aspects, such as, for example, economic and financial^{4,8,9}.

The ways of exercising social control over the actions of the government are becoming more institutionalized, creative and global. They mainly involve the use of accurate and up-to-date information, as control often requires a quick and effective response. Conventional methods include continuous monitoring of processes at different levels of power, the preparation of evaluation reports, scientific studies on the impact of social programs and participation in management, advisory and regulatory councils^{3,6,7}.

Between 1991 and 1993, three years after the implementation of Law 8,124/904, more than two thousand Health Councils had already been established; in 1997, 65% of the 5,568 Brazilian towns had Health Councils. Seven years later, a study recorded the existence of 5,507 municipal health councils, including the Federal District¹⁰. According to more recent data, from 2021, 5,570 formally established municipal Health Councils were identified⁵. Taking into

account the wide variety of types and areas of activity, a 2009 survey recorded more than 43,156 official Health Councils in Brazil¹¹.

The rapid formalization of management councils in the health sector and the breadth of their actions have aroused the interest and analysis of academics and politicians. However, this growing formalization should not only be attributed to the participatory culture and society's desire to participate, but also to a legal requirement that conditions the transfer of financial resources from the SUS to states and municipalities^{3,4,8,12}.

When making decisions, transparency and disclosure of information resulting from public management activities are legal and ethical obligations expected of all bodies and managers that deal with public resources^{9,13}. The Access to Information Law (*Lei de Acesso a Informação - LAI*) provides guidelines for the publication of data, indicators, results and activities related to the sector in question¹⁴.

In this way, transparency is an essential condition for the implementation of social control as a mechanism for participation in public policy decisions, which are understood as government actions that arise from a collective process involving different social groups¹⁵.

Health Councils act as a democratic channel that allows community participation in the supervision of public health policies, being responsible for approving, monitoring and inspecting the implementation of these policies at all government levels. They play an important role in promoting transparency by requiring clear and understandable information from public administrators about the budget, health plans and actions carried out, in addition to encouraging the dissemination of this information to the population, promoting community participation in health management^{3,8}.

However, the legitimacy of demanding transparency assumes a corresponding practice of exposing one's own actions to society¹⁶. Holding meetings open to the public, publishing minutes of meetings and electoral processes for representatives are examples of transparency and accountability to society. Also, besides the transparency of information, the sharing of decisions relating to public policy must also be exercised by councils, with regard to the practice of accountability. This is a commitment that must be assumed by all those who manage public bodies and institutions: to be accountable for the decisions and results of their actions to those they represent (citizens) through a set of mechanisms and procedures that generate transparency and returns for the community⁷.

The concepts of transparency and accountability are distinct, but interdependent, and it is not possible to have transparency without adequate accountability, or to perform accountability without transparency of information. Transparency in public management is an

essential requirement for the proper functioning of Health Councils, as through transparent processes, counselors and the population can follow the process of formulating and implementing public health policies¹⁶.

However, transparency is just one challenge to be overcome by management councils. There is a consensus among scholars that the Health Councils face other obstacles to effective citizen participation in health policy, from the perspective declared in the Brazilian Federal Constitution of 1988. And, despite the notable advances achieved by the Health Councils over 30 years of social control policy, there are many challenges still left to overcome, such as the low representation of counselors¹⁷, inadequate infrastructure conditions¹⁸, little autonomy in relation to the executive power¹⁹, the predominance of an agenda that reflects the interests of managers¹⁷, tendency to reproduction of local power relations, revealing the low capacity for intervention and change of scenario^{18,20}. Other challenges, such as the need for training and qualification of counselors for more effective action^{19,21-23}, the low representation and diversity of counselors¹⁷, difficulty in accessing health information that is still very centralized in the manager¹⁷, in addition to the lack of infrastructure for the proper functioning of the councils^{24,25}.

Regarding transparency, access to information allows citizens to make more qualified choices and realize their rights – including the right to health. In this sense, access to information can be considered a right that precedes others, as it creates conditions for other rights to be claimed¹⁵. An informed citizen will have better tools to evaluate government activities^{6,26,27}.

This notion also applies to information related to the activities of those who exercise social control over public bodies, such as Health Councils, which must keep information related to their activities available, freely accessible and in a timely manner to be questioned⁷.

Health Councils are financed with public resources and, therefore, subject to legislation that governs public administration, which includes publishing their activities in a transparent manner, in accessible language and on digital media^{6,7,14}.

In view of this, the research was based on the assumption that transparency of information, which is a desirable practice of institutions, aims to carry out social control of health policies, and should guide the practices of Health Councils, as well as, become a legal requirement. Thus, this study aims to carry out a longitudinal comparative analysis of the evolution in the transparency of information made available on electronic websites by the Municipal Health Councils of municipalities in the interior of the state of São Paulo.

METHODS

For the research, cities in the state of São Paulo with a population equal to or greater than 100,000 inhabitants were considered, according to the estimate for the year 2009 – the year of the 1st data collection. The capital was excluded due to its discrepancies from other cities in the state, in terms of population and socioeconomic development.

The state of São Paulo was chosen because it is one of the most populous and developed states in Brazil, with the highest percentage of people with internet access, through which the research obtained information about the activities of the Health Councils. In 2009, 64.9 million people had access to the internet in Brazil, with the Southeastern region being the one with most computers, with 40% of households having online access²⁸. In 2020, nine out of ten households were connected to the internet in the state of São Paulo²⁹.

In this section, the inclusion criteria for municipalities were: a) being located in the interior of the state of São Paulo; b) have a population equal to or greater than 100,000 inhabitants in 2008, according to data from the Brazilian Institute of Geography and Statistics (*Instituto Brasileiro de Geografia e Estatística* - IBGE)³⁰.

The methodological option for research with secondary data on electronic websites was due to the popularization that this media has been gaining as a means of dissemination in public administrations, as was already occurring in the private sector; and pointed to research on internet access in Brazil, from 2009²⁸.

Data collection, at the two different moments of the research, followed a previously established system, namely: whether the municipal Health Council had its own page or was hosted on the city hall portal or the health department, initially carried out by Google, using if the descriptor: <*conselho municipal de saúde de (city)*>. Without a positive result, a second attempt was made by searching with the descriptor <*secretaria de saúde do (city).sp.gov.br*>.

In cases where the search was unsuccessful, a third attempt was made using the descriptor <*prefeitura municipal de (city) sp.gov.br*>, as a path to a possible link that would lead to information about the Municipal Health Council (*Conselho Municipal de Saúde* - COMUS). In the third negative, the non-existence of the COMUS portal was recorded in the research form.

For the purposes of this study, the expressions online portals, internet page, website, website or blog were used as synonyms as any and all online space intended for the dissemination of information and as a repository of files with documents relating to the activities of the Health Council.

The collection instrument was composed of seven qualitative variables chosen to record the existence of websites and information considered essential about the activities of municipal

health councils: a) legislation of interest; b) relationship and composition of advisors; c) renewal of councilors; d) minutes and/or reports of meetings; e) meeting calendar; f) contact information; g) updating the information, indicated in Table 1.

The variables were chosen because they constitute a set of basic information regarding the functioning of the councils, which emerge from the activities of the councilors in carrying out their functions, and which are independent of the transfer from the health department manager. It is necessary to highlight that, at the time the research project was prepared, in 2009, there was no legislation on transparency, such as those currently in force¹³⁻¹⁴, that could support the expansion of the range of variables beyond the seven, under the risk of creating excessive demands in the evaluation of websites, given the context that was presented, which was still shy of the use of information technologies by municipal governments to provide services.

Chart 1. Variables and respective criteria for data collection on websites. São Paulo, 2009 and 2023.

Variables	Collection criteria
Legislation	Availability of at least the legal document creating the Municipal Health Council in the municipality.
Composition	Indication of the complete list of directors, even if recorded in meeting minutes.
Renewal	Any information regarding the electoral commission, date of election of representatives, notice calling for the process of renewing councilor(s) or even indicating the term of office of the representatives.
Documents	Files with minutes, approved projects, management plan, motions, health budget.
Calendar	Calendar of meetings or information or other indicative form of meetings (e.g. 1 st Monday of each month).
Contact	Explicit indication of a COMUS telephone number or email, WhatsApp®, Facebook® or LinkedIn®.
Updates	Last post made up to 3 months before the day of data collection.

During data collection, after checking the presence or absence of information, the data were recorded in binary form in an Excel® spreadsheet: YES = 1, indicating information found; or NO = 0, indicating information not found. Each variable was equally scored as 1 or 0, added together to compose the transparency score. To classify the level of transparency, the following scoring parameters were adopted: *from 0 to 0.25 = very low; from 0.26 to 0.50 = low; from 0.51 to 0.75 = average; from 0.76 to 1.00 = high degree of transparency.*

The score and classification were created specifically to be applied in this study on transparency, as there is no reference in the literature for an instrument that would suit the proposed objectives. The parameters are close to the binary system (Yes/No) of the instrument used by Barros and Barros⁷, to analyze accountability and transparency on the websites of Brazilian state health councils. Due to its innovative nature, the intention is to carry out a validation study of the instrument so that it can be adopted subsequently in new investigations into transparency on websites. Other studies that deal with the topic adopt transparency

analysis parameters on the websites of Health Councils¹⁶ or public policy councils³, without adopting a scale to classify their results.

Data collection for the first instance took place between October 12 and November 1, 2009; the second collection between May 24 and June 5, 2023. Originally, the time interval expected to pass between the first and second data collection was ten years, with the aim of capturing a decade of changes. However, it was initially postponed for reasons unrelated to the research, and, later, to ensure that the data was not contaminated by the influence of the COVID-19 pandemic, which imposed changes in the dynamics of individuals and organizations, especially in the times with most restrictions on the circulation of people in public places. Both factors increased the time interval between the two data collections to 13 years.

RESULTS

In 2009, of the 69 cities considered, 16 (23.2%) had an online portal to disseminate information about the Health Council; In 2023, the number rose to 56 (81.1%) - a growth of 250% in 13 years between one collection and the next. The increase observed in the period occurred mainly among municipalities with a population of less than 500 thousand inhabitants, as shown in Table 1.

Table 1. Websites of Municipal Health Councils among the 69 Municipalities in São Paulo considered, according to population, São Paulo, 2009 and 2023.

Population (one thousand inhabitants)	Number of cities*	Websites 2009		Websites 2023		
		No	fr (%)	No	fr (%)	
100 - 299	49	8	16.3	45	38	84.4
300 - 499	12	4	33.3	16	11	68.7
500 - 699	3	3	100.0	2	2	100.0
700 - 899	2	1	50.0	4	3	75.0
≥ 900	2	2	100.0	2	2	100.0
Total	69	16		69	56	

* Population data IBGE 2008

** Population data IBGE 2022

Regarding the level of transparency, in the first data collection carried out in 2009, of the 16 municipal health councils with an online portal, six (37.5% - Barueri, Bragança Paulista, Campinas, Ribeirão Preto, Rio Claro and Sorocaba) achieved an average level of transparency and only two - the Health Councils (COMUS) of Santo André and São José do Rio Preto, achieved a high score, equal to 0.86 (Table 2).

Table 2. Distribution of variables and scores* on the websites of the Municipal Health Councils, in alphabetical order, of the 69 Municipalities – São Paulo, 2009.

City	Ano de acesso 2009							Total	Score*
	Legislation	Composition	Renewal	Documents	Calendar	Contacts	Updates		
	Y/N***	Y/N***	Y/N***	Y/N***	Y/N***	Y/N***	Y/N***		
Barueri	1	1	1	0	1	0	0	4	0.57
Bauru	0	0	0	1	0	0	0	1	0.14
Birigui	0	0	0	0	1	0	0	1	0.14
Botucatu	1	1	0	1	0	0	0	3	0.43
Bragança Paulista	1	1	1	1	0	0	0	4	0.57
Campinas	0	1	1	0	1	1	1	5	0.71
Franca	0	0	0	0	0	0	0	0	0.00
Itapeçerica da Serra	0	0	0	1	0	0	0	1	0.14
Jundiaí	1	1	0	0	0	0	1	3	0.43
Limeira	0	1	0	0	0	0	0	1	0.14
Osasco	1	1	0	0	0	0	0	2	0.29
Ribeirão Preto	1	1	0	1	1	0	1	5	0.71
Rio Claro	0	1	0	1	1	0	1	4	0.57
Santo André	1	1	1	0	1	1	1	6	0.86
São José do Rio Preto	1	1	1	1	1	0	1	6	0.86
Sorocaba	1	1	1	1	0	0	1	5	0.71
Total**	9	12	6	8	7	2	7		

* **Score** - ranges: from 0 to 0.25 = very low; from 0.26 to 0.50 = low; from 0.51 to 0.75 = average; from 0.76 to 1.00 = high degree of transparency

****Total** - sum of sites in which the variable was identified ***Y/N – Yes/No

In 2023, of the 56 municipalities with a digital portal, fourteen (25%) achieved a high transparency score, of which eight obtained the maximum score (1.00): the Health Councils of Araçatuba, Araras, Campinas, Praia Grande, Santos, Ribeirão Preto, São José dos Campos and São José do Rio Preto. Of these, Araras and Araçatuba are cities with less than 300 thousand inhabitants; Praia Grande, Santos and São José do Rio Preto then in the range between 300 and 499,000 inhabitants; Ribeirão Preto and São José dos Campos in the range between 500 and 699,000 inhabitants and only Campinas has a population greater than 900,000 inhabitants. In addition to covering all the variables analyzed in this study, the websites of these councils proved to be user-friendly, visually pleasing and with many possibilities for information and documentation.

Still in 2023, eleven municipal health councils with an online page achieved average transparency scores, representing 19.6% of the total councils with a portal, however, the majority, 31 websites (55.3%) obtained a low or very low score, equal or less than 0.50, with four sites not presenting any variable analyzed, with a score = 0.00, namely, the Health Councils of the cities of: Araraquara, Birigui, Franco da Rocha and Várzea Paulista (Table 3) .

Table 3. Variables and scores on the websites of the Municipal Health Councils, in alphabetical order, of the 69 Municipalities – São Paulo, 2023.

City	Year of access - 2023							Total	Score*
	Legislation	Composition	Renewal	Documents	Calendar	Contacts	Updates		
	Y/N***	Y/N***	Y/N***	Y/N***	Y/N***	Y/N***	Y/N***		
Americana	1	1	0	1	0	1	0	4	0.57
Araçatuba	1	1	1	1	1	1	1	7	1.00
Araraquara	0	0	0	0	0	0	0	0	0.00
Araras	1	1	1	1	1	1	1	7	1.00
Atibaia	0	0	1	0	0	0	0	1	0.14
Barueri	1	1	0	0	0	0	0	2	0.29
Bauru	1	1	1	1	0	1	1	6	0.86
Birigui	0	0	0	0	0	0	0	0	0.00
Botucatu	0	0	1	0	0	0	1	2	0.29
Bragança Paulista	0	0	1	1	0	0	1	3	0.43
Campinas	1	1	1	1	1	1	1	7	1.00
Carapicuíba	1	1	1	1	0	1	1	6	0.86
Diadema	0	1	0	0	0	0	0	1	0.14
Embu das Artes	1	0	0	1	0	0	0	2	0.29
Fer. Vasconcelos	1	1	0	1	1	0	0	4	0.57
Franca	1	0	0	1	0	0	1	3	0.43
Francisco Morato	0	1	0	0	0	1	0	2	0.29
Franco da Rocha	0	0	0	0	0	0	0	0	0.00
Guaratinguetá	1	1	0	1	0	1	0	4	0.57
Guarujá	0	0	0	1	0	0	0	1	0.14
Guarulhos	1	1	1	1	1	1	0	6	0.86
Hortolândia	0	0	0	0	0	1	0	1	0.14
Indaiatuba	1	1	0	1	1	1	1	6	0.86
Itapeçerica Serra	0	0	0	0	0	1	0	1	0.14
Itapetininga	0	0	0	0	0	1	0	1	0.14
Itaquaquetuba	0	1	0	0	0	0	1	2	0.29
Itu	0	0	0	1	1	1	0	3	0.43
Jacareí	0	0	0	1	1	0	0	2	0.29
Jaú	0	0	0	1	0	0	1	2	0.29
Jundiaí	1	0	0	1	1	0	0	3	0.43
Limeira	1	1	0	1	1	0	0	4	0.57
Mogi das Cruzes	1	1	0	1	0	1	1	5	0.71
Mogi Guaçu	0	0	0	0	1	1	0	2	0.29
Osasco	1	1	1	0	1	1	1	6	0.86
Pindamonhangaba	0	0	1	1	0	1	1	4	0.57
Piracicaba	1	1	1	0	0	1	1	5	0.71
Poá	0	0	0	0	0	1	0	1	0.14
Praia Grande	1	1	1	1	1	1	1	7	1.00
Presid. Prudente	1	0	0	1	1	1	1	5	0.71
Ribeirão Pires	1	0	0	1	0	1	0	3	0.43
Ribeirão Preto	1	1	1	1	1	1	1	7	1.00
Salto	0	1	0	0	0	0	0	1	0.14
Santa B. D'Oeste	0	0	0	0	0	1	0	1	0.14
Santo André	0	1	0	0	0	1	0	2	0.29
Santos	1	1	1	1	1	1	1	7	1.00

São Bern. Campo	1	0	1	1	0	1	1	5	0.71
São Caetano Sul	0	0	0	0	0	1	0	1	0.14
São Carlos	1	1	0	1	0	1	1	5	0.71
São José Campos	1	1	1	1	1	1	1	7	1.00
São José Rio Preto	1	1	1	1	1	1	1	7	1.00
São Vicente	1	1	0	1	0	1	0	4	0.57
Sertãozinho	0	1	0	0	0	1	0	2	0.29
Sorocaba	0	1	0	1	0	0	0	2	0.29
Tatuí	1	1	1	1	1	0	1	6	0.86
Taubaté	0	0	0	1	1	1	0	3	0.43
Várzea Paulista	0	0	0	0	0	0	0	0	0.00
Total**	29	30	19	34	20	35	24		

*Score - ranges: from 0 to 0.25 = very low; from 0.26 to 0.50 = low; from 0.51 to 0.75 = average; from 0.76 to 1.00 = high degree of transparency.

Total - sum of sites in which the variable was identified *Y/N - Yes/No

There was a regression in the transparency of the Health Councils in some cities whose scores fell from 2009 to 2023. This occurred with the Health Councils in the cities of Birigui (score 0.14 to 0.00); Botucatu (score 0.43 to 0.29); Bragança Paulista (score 0.57 to 0.29); Rio Claro (score 0.57 to 0.14); Barueri (score 0.57 to 0.29); Sorocaba (score 0.72 to 0.29); and Santo André (score 0.86 to 0.29).

In 2009, having a telephone/WhatsApp number or email for direct contact with the council was the least frequent variable and reveals the difficulty in contacting the councils; only two (12.5%) of the 16 municipal councils presented an alternative for citizens interested in contacting the council (Tables 2 and 4).

In 2023, the situation is reversed and the variable "Contact" was the one that registered the highest frequency (62.5%), among the variables analyzed, Available from 35 sites. "Website updates" was the most stable variable in the comparison between the two collection moments, with 43.7% of portals updated in 2009 and 42.8% in 2023; despite stability in both periods, less than half of the COMUS websites were updated, both in 2009 and 2023 (Table 4).

In the categories "Legislation", "Composition", and "Renewal", there was a percentage decrease in the comparative analysis between the 1st and the 2nd data collection. The opposite occurred in the categories: "Documents" and "Contact Information" with the Council, which grew in percentages from 2009 to 2023 (Table 4).

Table 4. Absolute and relative distribution of results by category and year of access, between municipal health councils, São Paulo, 2009 and 2023.

Variables	2009		2023	
	COMUS with websites		COMUS with websites	
	No = 16		No = 56	
	No	(%)	No	(%)
Legislation on COMUS	9	56.2	29	51.8
Composition and nominal list of advisors	12	75.0	30	53.6
Information counselors renewal process	6	37.5	19	33.9
Files with Minutes and/or deliberation documents	8	50.0	34	60.7
Meeting calendar	7	43.7	20	35.7
Direct contact with COMUS	2	12.5	35	62.5
Update information on the website	7	43.7	24	42.8

DISCUSSION

In 2009, the sample of 69 cities in São Paulo represented 10.7% of the 645 existing cities and around 19% of the state's population, estimated at 42 million inhabitants in 2009³⁰.

In thirteen years, there was mobility of cities across population groups due to the growth in number of inhabitants. In 2009, of the seven cities in São Paulo with 500,000 inhabitants or more, six had Health Councils with websites; in 2023 they total eight and seven of them had websites. The number of cities with a population between 100,000 and 299,000 inhabitants fell from 49 in 2009 to 45 in 2023 and was the range in which the highest frequency of websites occurred, going from 8 (16.3%) to 38 (84.4%) cities with Health Council websites. The results showed the power of medium-sized cities in São Paulo, which have sufficient structure and budget to financially and administratively subsidize activities and maintain their own website or specific link for Health Councils, on their respective portals of the city hall.

The segment of cities with a population between 100,000 and 500,000 inhabitants was the one that recorded the greatest growth in the number of Health Council websites, when comparing the two data collection moments. Among the 61 cities included in the first two ranges, the number of councils with websites increased from 12 (17.4%) to 49 (71%).

As essential elements of the public structure, Health Councils must adhere to the public administration principles of accountability and transparency in their actions. Such commitment to the dissemination of information and accountability expands opportunities for population participation by keeping society informed about public policies, promoting greater democratization and participation in the stages of formulation, decision-making, implementation and evaluation of efficacy and effectiveness. This movement brings individuals closer to public management^{7,32}.

The results of this study indicate a significant increase in the number of municipal health councils that, in thirteen years, began to display pages on the Internet to publicize information about their activities, increasing from 16 (23.2%) in 2009 to 56 (81.1%) in 2023 - a 250% increase in just over a decade. However, growth still includes all existing councils, considering the legal requirement for the formalization of Health Councils for the transfer of resources between the federation's entities, in the Unified Health System^{5,8}.

The increase in the number of Health Councils with online portals or links mentioned on the websites of city halls or municipal health departments, in the year 2023, compared to the year 2009, was an expected result in this study, taking into account the expectation of growth in the access to the internet and the strength of the Access to Information Law¹⁴, which began to be enforced and require that information be broadcasted electronically in 2011.

In 2009, 14 million (24%) of households had access to the Internet in Brazil, 40% of them in the Southeastern Region²⁸. In ten years, access increased across the country, but especially in the state of São Paulo, where, in 2020, 89% of households were already connected to the Internet²⁹.

Using the internet has become a habit for people, and is the most used alternative for searching for information of all types. Both private services and government bodies began to adopt electronic media to provide information, do marketing and communicate with their users, gaining strength in the public sector after the approval of the Access to Information Law, also known as the Transparency Law¹⁴. This law guarantees the fundamental right of citizens to access information in accordance with the basic principles of public administration, using means of communication mediated by information technology, regardless of request, and facilitating social control¹⁴.

The level of transparency of websites also increased, going from 12.5% of those that achieved a high transparency score, in 2009, to 25% in 2023. The results were more favorable than the findings of a study carried out with the Councils of Health of the capitals of Brazilian states, in which only 14% of the Health Councils of the city halls of the Brazilian capitals investigated disclosed their information on internet pages as determined by Law 141/2012⁶.

The commitment of Health Councils to transparency and legal compliance is still low, being more common in the councils of the most populous cities in the state of São Paulo. Although it is not reasonable to say that the Health Councils in large cities are more committed to the transparency of information, the dissemination of the Health Council's activities on websites depends on infrastructure conditions that can keep them functioning and updated.

The construction and maintenance of online portals requires specialized technological support, which depends on resources transferred by the municipal health department to the council. Expenses incurred in maintaining online portals, travel and other costs associated with counselors' activities must be covered by the municipal health budget. To maintain a specific portal for the council, or even an access link to the Municipal Health Council on the website of the health department or city hall, it is necessary to have employees to collect and edit material in order to make it accessible to the target audience. This also requires a specialized Information Technology (IT) team that can keep online information available on an ongoing basis.

Counselors, in general, do not have such skills and, furthermore, do not work with exclusive dedication that allows them to have time to carry out these tasks. As unpaid agents, they engage in an essentially civic activity, with the premise of being guided by a participatory political awareness and dedicating non-full time to the activity.

In medium and large cities, which have a more substantial budget, the provision of resources for Health Councils can be more guaranteed for the effective performance of their functions, including the promotion of transparency and accountability. Resolution 453/2012 of the Brazilian National Health Council¹³ determines that the three spheres of government, federal, state and municipal, guarantee the administrative autonomy of the councils through budget allocation. However, as there is no rate defined by law, councils need to articulate and pressure to obtain resources and the dependence on effective coordination with the manager, which often prevents the adequate structuring of councils or compromises the effective functioning of their activities, including those related to publicizing accountability to society⁶.

In the legal interpretation made in this regard, a study shows that it is up to the Executive Authorities, when establishing the Health Council, to send a bill to the Legislative Authorities that defines that the financing of the council will be done with resources from the municipal budget and the employees who will be a part the council's support team, and responsible for its administrative demands⁵.

Infrastructure is, without a doubt, an essential component for Health Councils for the development and maintenance of online pages aimed at publicizing information and providing accountability to the population. However, this condition is not the only one necessary for the effective implementation of transparency. The perception of the relevance of transparency and accountability is in the domain of political culture and the training of counselors, which flows between knowledge of the legislation relevant to the functioning of management councils and their strategic role in the design and evaluation of implementation of public policies and good governance³².

Understanding the role of the council as a permanent place of dialogue between management and users of the SUS requires a continuous exchange of information and the dissemination of actions taken. The ability to identify the need for transparency and responsibility on the part of those who act on behalf of the population, using public resources, must be an integral part of the training of counselors³³.

However, the scarcity of training programs and the lack of training to perform the role of counselor are recognized in published works on management councils^{17,19,22,23}, contributing unfavorably to actions aimed at transparency.

This aspect may explain the small proportion of municipal health councils covered in this study that presented all seven variables analyzed on their websites. In 2023, only a quarter of the 56 municipal health councils achieved a high transparency score, with only eight reaching the maximum score, and no website reached this level in 2009.

The results also showed a regression in the transparency of some Health Council websites, when comparing the two moments of investigation; seven councils obtained lower scores in 2023 than in 2009. The decline suggests a potential influence resulting from the alternation of representatives who are possibly less prepared to exercise the role of counselor, requiring further investigations that can analyze the association between these two factors. Another explanatory assumption would be to attribute the decline in transparency to the dismantling observed in several sectors of public administration resulting from the COVID-19 pandemic period and the conduct given by the federal administration in the administration from 2019 to 2022³³.

The exercise of transparency depends on the conscious commitment of counselors to the principles that govern good management, explained in the public administration governance policy³⁴, among which are accountability and transparency. In a context in which studies indicate a lack of training among counselors^{19,21-23}, there is a need for investment in ongoing training to increase the level of transparency in Health Councils and their components, their counselors.

CONCLUSION

Legal requirements and ethical commitments of citizenship require transparency from public managers and representatives of the population who work in democratic spaces of social control. The present study carried out a longitudinal comparative analysis to evaluate the degree of transparency using seven qualitative variables verified on the online pages of municipal health councils, at two different moments.

In just over a decade, there has been a significant increase in the number of websites designed to publicly disseminate information about the actions of municipal health councils. In the comparison between 2009 and 2023, the growth was 250%, going from 16 (23.1%) to 56 (81.1%) the number of council websites found in the search via Google, considering 69 municipalities in the state of São Paulo analyzed, showed greater growth in the least populated cities, from 100,000 to 499,000 thousand inhabitants.

In the assessment of transparency, there was also an evolution, with the percentage of Health Council websites that achieved high transparency scores rising from 12.5% to 25%. However, seven councils regressed, obtaining lower scores in 2023, compared to 2009 and two maintained their low scores.

Infrastructure was considered the essential factor as material support to maintain a functioning website, but not decisive in the exercise of transparency, which depends on the conscious commitment of counselors to the principles that run good public governance. For this, there is a need to invest in the ongoing training of counselors.

The small number of studies that provide temporal comparison scores shows the need for more studies of this size and points to a lack of studies and instruments linked to the assessment of transparency.

Therefore, new studies are necessary, both those aimed at improving and validating the instrument, as well as others that can adopt a shorter time interval to capture the dynamics of transparency in the different management of councils, as well as to elucidate the causes associated with the main challenges that prevent or harm the proper functioning of the Health Councils. This is because, in the quest to progressively achieve increasingly higher levels of transparency in their actions, favoring the accessibility of information, as a strategy for engaging participation, and greater effectiveness of social control.

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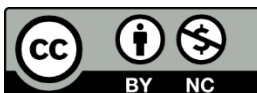
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