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Participation of the community in the context of health: Health Managers' view

Participação da comunidade no contexto da saúde: visão dos Gestores Municipais de Saúde

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ABSTRACT
Social participation can occur through institutionalized channels, from conferences and municipal health councils or non-institutionalized, performed in other social spaces for the exercise of democracy in the State and in decision making on public policy proposals. Investigate the involvement of the community in the planning, monitoring and control of the activities of health in the municipalities of the 28th Health Region of Rio Grande do Sul. Qualitive research with health managers of eleven municipalities of a region of Southern Brazil. The data were collected through semi-structured interviews and analyzed using content analysis. For the participants, the social control occurs at institutionalized spaces, especially in the municipal health councils. The majority of managers assigned to municipal health council as a supervisory body and linked the lack of interest of the population to lack of knowledge. There is a need for more effective social participation in the region.

Keywords: Community participation. Health manager. Health councils. Social participation.

RESUMO
A participação social pode ocorrer por canais institucionalizados, a partir de Conferências e Conselhos Municipais de Saúde (CMS), ou não institucionalizados, realizados nos demais espaços sociais para o exercício da democracia nas ações do Estado e nas decisões sobre as políticas públicas propostas. Investigar a participação da comunidade no planejamento, monitoramento e controle das atividades de saúde/SUS nos municípios da Região 28 de Saúde do Rio Grande do Sul. Pesquisa qualitativa, com gestores de saúde de 11 municípios de uma região do Sul do Brasil. Os dados foram coletados através de entrevistas semiestruturadas e analisados através da Análise de Conteúdo. Para os participantes, o controle social ocorre nos espaços institucionalizados, especialmente nos CMS. A maioria dos gestores percebeu o CMS como um órgão fiscalizador e vincularam o desinteresse da população à falta de conhecimento. Há necessidade da participação social mais efetiva na região.

Palavras-chave: Conselhos de saúde. Gestor de saúde. Participação social. Participação da comunidade.

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INTRODUCTION

In the last decades, approaches and discussions that favor social participation in an institutionalized and non-institutionalized way have been intensified, with the capacity to influence health decisions. In addition to the Brazilian law, participatory arrangements contribute to the resolution of collective problems, improving the quality of public interest decisions, since they are based on the experience and knowledge of new actors that interfere in public decision-making.[1]

There are several ways to characterize the "participation" of individuals and groups in health spaces and their policies, with "community participation" being understood as community development in the organization of local health services; "popular participation" is a means of distinguishing the participation of a portion of the excluded population in the struggle for democratic processes and social policies; and "social participation" is the broad participation of society or citizen participation in the consolidation of individual and social rights.[2]

Historically, citizen participation in health can be considered to have started with the statement by Alma-Ata, the result of the first International Conference on Primary Health Care. The Ottawa letter of 1986, legitimized after the First International Conference on Health Promotion, brought citizen and community participation.[3]

Subsequently, the Second International Conference on Health Promotion and Public Policies established the importance of the role of women in the development of actions aimed at providing health. The third Conference, on the other hand, urged the world population "to promote environmental care, not only in the physical sense, but also socially, economically and politically".[1]

The fourth Conference reinforced the importance of the participation of individuals, groups and the community in health promotion. Subsequent conferences emphasized the importance of enhancing civil society participation in the process involving health promotion and the development of local strategies for its sustainability. In view of limited social participation, the seventh Conference pointed out limits and challenges to improve community participation in health policies and actions.[1] Considering this, community participation has been continuously encouraged on a global scale, however, with limitations for effective Implementation.

In Brazil, the VIII National Health Conference (CNS), encouraged by the Health Reform Movement, had the participation of civil society in favor of building a new health model, contemplated in the Citizen Constitution of 1988. This Federal Constitution, in essence, guides the creation of the Brazilian Unified Health System (SUS), organized in a decentralized manner and with full service to society, in which one has the right to participate in all health actions and services.[4]

To implement the SUS, federal laws n° 8,080/90 were instituted, which "provides for the conditions for the promotion, protection and recovery of health, the organization and functioning of the corresponding services"[5] and n° 8,142/90 which deals with the participation of the community in the management of the SUS, legitimizing the preparation of conferences and the creation of health councils as a way of controlling and monitoring the execution of public policies in the sector.[6,7]

Conferences, as well as health councils, are institutionalized channels of social participation in the health area, providing the community with the right to intervene, democratically, in State actions and public health policies in order to meet the demands of the population. The institutionalized system of participation of society in health decisions is called Social Control (SC), given the fact that the population has the right to monitor, inspect and evaluate public health management processes.[8,9] In addition to the institutionalized ones, the social participation can occur in other spaces of society, such as movements of community groups, residents' associations, public hearings and others.[10]

The ability to use strategies to understand the reality of a certain group, based on needs and potential, contributes to the establishment of horizontal communication channels between managers, professionals and users, to strengthen the SUS and guarantee greater participation by social actors.[11]

In view of this, this study seeks to provide important data for the expansion of knowledge and the practice of social participation in health, contributing to the identification of factors that hinder it. In addition, it points out suggestions to make it more effective, through the perception of municipal health managers. Thus, the objective is to investigate the participation of the community in the planning, monitoring and control of health/SUS activities, from the perspective of municipal health managers, in the municipalities of the 28th Health Region of Rio Grande do Sul, Brazil.

METHODOLOGY

This is a qualitative, exploratory and descriptive study, part of a research called "Práticas democráticas participativas na implementação e monitoramento das políticas públicas de saúde em municípios do sul do Brasil", developed by the Health Studies and Research Group (GEPS) of University of Santa Cruz do Sul (UNISC), with the objective of investigating elements that compose the scenario of democratic participatory practices of society and its implications for the strengthening of the SUS and monitoring of public health policies in the 28th Health Region of Rio Grande do Sul.

Located in the south of Brazil, the State of Rio Grande do Sul is divided into 30 Health Regions, managed by 19 Coordinators. The 13th Regional Health Coordination (13th CRS) is located in the Valleys region and is responsible for the administration of the 28th Health Region. The context of the region involves 13 municipalities, namely: Candelária, Gramado Xavier, Herveiras, Mato Leitão, Pantano Grande, Passo do Sobrado, Rio Pardo, Santa Cruz do Sul, Sinimbu, Vale Verde, Vale do Sol, Venâncio Aires and Vera Cruz, comprising a population of 343,858 inhabitants.[12,13]

Empirical data were sought through interviews with guiding questions, through a field study, in which 11 municipal health managers participated. Data collection took place in nine municipalities that comprise the 28th Health Region of Rio Grande do Sul, located in the center of the State. After the authorization of the study by the 13th Regional Health Coordination - RS, Regional Inter-Management Committee (CIR) and approval by the Ethics and Research Committee of UNISC - through No. 1,171,773 of 2015 - the managers received and signed the Free and Informed Consent Form, and were interviewed at the Municipal Health Secretariats. The inclusion criterion for participation in the study was to be a municipal health manager active in the region enrolled.

For the preparation of this article, six semi-structured questions guiding the interview were used, addressing community participation in the planning, monitoring and control of health/SUS activity, as well as knowledge about participatory practices in the municipality.

The interviews were transcribed and constituted a corpus, where the subjects' statements and opinions were kept faithfully, so that the analysis could go beyond what was described. After skimming the content, the material was explored and an interpretative synthesis was made, which made it possible to relate the theme, its objective, questions and interpretations in the light of a theoretical framework on citizen participation and SC.

This study followed ethical principles in accordance with resolution 466, of December 12, 2012, of the National Health Council, which guides and regulates research involving human beings. To maintain the anonymity of the participants, letter G was used, followed by a number, according to the order of the interviews (G1, G2 and so on).

RESULTS

The findings of this study were organized into three thematic categories, namely: community participation in the SC; managers' perception of the Municipal Health Councils (CMS); managers' perspectives in relation to community participation in SC.

The first category deals with the understanding of how community participation occurs in SC. According to the managers' perception, the forms of participation occur through the Municipal Health Council, Health Conferences and through union representatives and ombudsmen. It is noticed that the community participates in social control through spaces institutionalized by the SUS, according to the statements:

> Community participation in planning takes place through conferences, [...] meetings of the health council itself, which in addition to members, we always open for other people to participate. Only in the small town we have a certain difficulty in bringing people (G1).
> The most effective participation of the community is through the health council. Discussions are made through public hearings, in the results report. Through hearings in the City Council it would also be another [...] but, it is no longer for decision, it is more for informational purposes, to bring results. So today, in the management of the SUS, this would be the participation of the community (G7).

Through councils, in line with the findings of the study, it is understood that citizens not only participate in the decision-making process of the public administration, but also in the process of supervising and controlling public spending, as well as, in the evaluation of results achieved by government action. Thus, the Conferences are privileged spaces, involving representatives of the government and civil society, including the user population, service providers and workers in the area, to evaluate the planning, financing and execution of these policies, with the perspective of expanding and consolidating the democratic processes needed by the SC.

There are also some gaps and difficulties related to the community's participation in the SC, and the main causes of social disinterest mentioned by most of the interviewees were: the lack of interest from the population and the lack of encouragement from the government for this effective participation. Such factors were justified by the managers participating in this study, such as the population's lack of knowledge about SC and for being an unpaid practice:

> [...] 90% of the population is employed in agriculture and depending on the stages of cultivation, these workers are unable to participate in meetings, due to work (G6).
> They are always the same entities, always the same people in management who end up participating in different councils. So, I think this is a very important factor that ends up making it difficult. (G10)
> Lack of interest, including government representatives (G7).

The second thematic category brings information regarding the perception of managers about the CMS, and highlights that the lack of interest of users in participating in CMS meetings may be related to the lack of knowledge about the role of society in the SUS decisions, leading the user to convenience. Also, the lack of opportunity for users to participate in meetings due to the inflexibility of pre-established times for CMS meetings, corroborates the issue of non-participation.

The municipalities covered by this study are constituted by a large rural area, where displacement is a complicating factor that interferes with social participation. Another aspect mentioned is the times when CMS meetings take place, which differs with the

population of the urban area, directly interfering with the agenda and schedule of council meetings.

> Participation is hindered by work in agriculture (G9).
> Greater dissemination of meetings and possibilities for community participation (G6).
> Representatives participate, it is very difficult to have an expressive participation of the population in the discussions (G10).
> They are always the same entities, always the same people in management, who end up participating in different councils. So, I think this is a very important factor that ends up making it difficult (G10).
> Managers perceive the CMS as a tool for monitoring actions, focused on the popularity and approval of management, blurring and getting close to the real needs of the population, according to the statements evidenced in this study: "[...] way of monitoring users' opinions (G2).
> They are partners (G4).

Another aspect that is evident in the statements of the managers in relation to the CMS was the precariousness of the processes and the organizational structure, as the formative environment of these spaces, participating subjects and lack of criterion and scientificity in the decisions raised and taken by this group:

> They are partners [...] are not critical [...] they quickly approve the documents [...] (G9).
> The CMS is participatory, does not create conflicts and are partners (G11).
> They are always the same entities, always the same people in management, who end up participating in different councils (G10).

The third thematic category highlights the managers' perspectives in relation to community participation in the SC. The operationalization of the councils, which involves low visibility due to restricted disclosure, as well as the non-invitation of the population and the choice of an easily accessible place for the meetings are some difficulties that can be highlighted. In this regard, some managers surveyed suggested that there should be greater dissemination of CMS meetings through social networks and, furthermore, encourage the population to participate through ombudsmen. However, these ideals were already being consummated in a municipality:

> [...] we created channels, we have telephone, e-mail, Facebook [...] I think that through this means of communication we will have a greater society participation [...] (G10).
> We invited the community through conversation circles to give people an opportunity to complain (G8).

Another aspect found, involves the low representativeness in the councils due to the lack of knowledge of the population and the role of the advisors. The acting advisors do not adequately translate the demands of their entities, nor do they offer feedback on the matters dealt with in the board meetings.

Therefore, it becomes necessary to deepen the criteria for the processes of choosing and nominating representatives, users and health service providers. Thus, the training and updating that prepare the advisors to take their role would be some tools to modify the identified needs. In some statements of the managers it is possible to detect relations of interest and power.

> The president of the CMS is the president of the union [...], he never refuses. They are partners willing to help, to contribute. We go, we do it (G8).
> Let the population help to inform where there are people dissatisfied with the management. Especially in the electoral period (G8).

Still as an expectation, the managers' desire for greater participation of the population in the health

council was mentioned, as a way of contemplating the demands arising from the community through actions, which result in the effective development of political power in favor of society and in the light of CMS and SC:

> I expect more participation through calls to attract by offering actions (G1).
> I hope they participate even more, in the municipal health conference saying what is missing in our municipality (G11).

As for the suggestions for greater participation in the SUS planning, control and actions in the municipality, the managers stress the need for greater management transparency in the proposals, facts and figures. Thus, transparency in management expands the mutual commitment between citizens and public authorities, strengthening democratic relations. In addition to the ignorance of the population mentioned by some managers, the cultural factor was also pointed out.

> It is important to inform, spread the word about health. [...] Transparency of facts and figures (G3).
> [...] Cultural aspect as a factor of non-participation, the community is very closed (G5).

DISCUSSION

Participation in health with a view to SC is an institutionalized national public policy through the Health Councils and Health Conferences.[14] The conferences, provided for in the 1988 Federal Constitution, constitute privileged deliberative spaces for the expansion and consolidation of democracy, the extent to which they bring together users, representatives of users and organized movements, service providers and professionals with the aim of discussing and proposing guidelines for the implementation of policies and influencing the discussions and decisions taken by the councils.

Municipal conferences, on the other hand, aim to propose and deliberate the guidelines for the management of public policies, as well as to analyze the positive points and the challenges, difficulties and potentials posed for their implementation, being called and conducted under the responsibility of the Municipal Councils. For the author[15], it is fundamental to emphasize the pre-conferences to foster and consolidate the participatory process, taking place in territories of greater vulnerability in some months preceding them. In addition, it is understood that these public spaces would be understood as democratic and drivers in the production and affirmation of the common.[16]

Another alternative and innovative way of exercising citizen control performed through legal resources, is called societal accountability and can be defined as a mechanism of non-electoral control, albeit vertical, of control over political authorities based on actions of a wide spectrum of interests and citizen movements, as well as in media actions. With these actions, individuals aim to monitor the behavior of public servants, expose and report illegal acts and activate the operation of horizontal control agencies.[14]

In addition to community, popular and social participation, we can still find approaches that refer to "political participation", which accompanies the development of social theories, generically designating the participation of all members in the polis. These are various actions, from voting, being a militant in a political party, participation in demonstrations, contribution to a certain political association, discussion of political events, participation in a rally or section meeting, support for a certain candidate in an electoral campaign, pressure on a political leader and the dissemination of political information.[17]

There is great difficulty in obtaining the participation of subjects who are, in fact, engaged in social participation.[18] Active health councils are evident, however, weaknesses and dilemmas that can compromise the community's participation in

health social control are identified. Thus, the form of organization and functioning of the health councils, hierarchical and bureaucratic, and the absence of social movements in the councils are preponderant factors, which contribute to the distance and non-participation of the community.[19]

The low representativeness, decadence in the renewal of advisors, scope and competition of competences with constituted and elected powers - especially the deliberative ones - lack of resources to fulfill the duties, corporatism and lack of political commitment to collective interests, are important obstacles in the functioning of participatory instances.[17] Added to this is the selectivity of governments and managers who often ignore the decisions of councils and conferences and do not support the exercise of councils.

Still, there is a communication impaired by the representatives of the segments that participate in social control, directing information and decisions according to personal interests that, often, are related to party politics. The repetition in this representation and the lack of interest from users can be the main reasons for this situation.[16]

Even if there are social representations, due to the range of interests, it is important that these instances function as devices for amplifying and socializing debates. In addition, the SC has been restricted to the council, while it should mean and reach beyond these institutionalized forums to foster new connections, articulations between networks and social movements.[16]

It is also considered that information in inappropriate language to the population and advisors generates the need to decode the technical language into a language close to the universe known by the advisors and the population in general, and this could be one of the reasons for the difficulty of communication found in the SC. The decentralization of communicative actions is considered a strategy for expanding the participation of more actors. For this, there is a need to exchange naturalized management practices that consolidate the concentration of power and legitimize certain voices to the detriment of others, for conditions that give opportunity for others to be heard and valued as legitimate discourse.[11]

The second proposed axis brings with it information regarding the perception of managers about the CMS, who evaluate its role as a supervisory body and not as a formulator of strategies and control of the implementation of health policy in the municipality.[6] Managers use the CMS to identify the opinion of the community on their management, which can characterize clientelistic behavior. Therefore, it is understood that the health needs of the community are in the background, distorting the main objective of this council. They point out that, when advisors are favorable to municipal management, they usually approve the proposals coming from the Municipal Health Secretariat, which streamlines ongoing projects. This condition exposes the political bias of this supervisory body, acting partially and serving the interests of a minority, without discussion and negotiations with the community.

With social participation, it is possible to improve public policies, as well as to implement them in an appropriate way to the needs of society, democratizing and improving the quality of life of a larger population. This participation is of utmost importance so that government officials can actively listen to the desires and weaknesses, directing and redirecting actions in favor of improving social activities.[17]

Society with social cohesion has a direct impact on the health care quality of a country, culminating in management efficiency. The SC instituted in the CMS, is organized in democratic environments recommended and implemented through the bases of the SUS[6], with deliberative approaches that stimulate social activity in the policies of planning, monitoring and control of health actions. Therefore, municipal health managers can count on an extremely important tool for capturing information from society, their

interests and opinions on the impact of political actions arising from their management processes in conjunction with regulations and society.

Concerning the weaknesses of the CMS perceived by municipal health managers, it appears that sometimes this is seen as a mass of political maneuver, as its components act long-lived in their designated functions, as well as indifferently, only with demands , leaving aside its true features. Espiridião[17], in his studies, approaches neologism when referring to councils and calls decision making punctuated in the CMSs, with the character of exchanging favors and personal benefits, rather than aiming for the common good.

What is more, the real attributions of the advisors are not evident, showing weaknesses in the processes and in the implementation of actions in this decision-making arena. The planning, monitoring and control of actions developed in the SUS are vulnerable to the power and interest relationships that permeate the decisions about the population's health. In this view, the non-participation of society in decisions culminates in losses for the community and the weakening of public policies ensured by social and legal achievements.[20]

The third categorical axis highlights the managers' perspectives in relation to community participation in the SC. The lack of effective participation in the SC by the users is emphasized, showing the importance of greater knowledge of the community on the subject, which can influence the planning, monitoring and actions of the SUS. Some managers expect society to acquire greater knowledge about SC and the health needs of the community. Others stress that it should continue as it is and that users are less critical.

The Alma-Ata Declaration, an important milestone in health, makes the need for the participation of the population in the implementation of health actions evident, therefore, the population must not only be consulted, but also intervene in decision-making. Thus, it points out that democracy does not exist without the participation of the population and that councils and conferences were adopted and consolidated as mechanisms of participatory democracy.[17] In the same author's conception, participation and social control in health can be understood as a form of citizenship and democratization, being fundamental in the regulation of policies, ensuring greater equity in the distribution of resources and evaluation of health systems and services, which demonstrates to be an important marker of the development of a society with direct effects on health levels. However, many issues still hinder and harm the effectiveness of the councils.

Corroborating the present study, and the findings in G10's statements, the use of technological communication tools such as Facebook is understood and justified, which has provided an important source of information for strengthening popular participation, as it has been seen as a space for exchanging experiences between users.[21] Bearing this in mind, strategies should be found to minimize the culture of low participation in the SC, since the simple existence of spaces for dialogues is sufficient to revert this consolidated history.[22]

The bureaucratization, the precariousness of the structure, the low qualification of the advisors and their little information impose difficulties to the daily functioning of the councils. Furthermore, authoritarianism, corporatism, acting in political parties and the insufficiency of the council in the formation of citizen awareness, with its limited scope, are also obstacles.[17] Thus, the lack of knowledge regarding the spaces reserved for participation, the lack of professionalization of the advisors and the performance of managers who do not usually work with the purpose of involving society in this process is evident.[23]

Some strategies are being used by these managers to call for participation, however, popular education movements that offer subsidies

to act as social actors have not been mentioned. It is understood that, through the articulation of a collective and participatory network of social actors, participatory management in the SUS is possible.[24] In this line, popular education can be considered an ally in strengthening social participation.

FINAL CONSIDERATIONS

This study aimed to bring the perception of municipal health managers about the participation of community in the planning, monitoring and control of health/ SUS activities in the municipalities of the 28th Health Region of Rio Grande do Sul. The spaces for social control are not effectively occupied by society yet, and do not seem an isolated feature of the CMS in the region studied.

Regarding the understanding of how community participation occurs in the SC, it was evident that it happens in spaces institutionalized by the SUS, especially in the CMS. Through councils, citizens can access the decision-making process of public actions and resources, inspection, control and evaluation of the results achieved by government actions. However, the managers noticed some difficulties related to participation, for example, the lack of interest of the majority of the population, linked to the lack of knowledge about SC and because it is an unpaid practice.

Many managers evaluate the role of the CMS as a supervisory body and often use it to identify the opinion of the community about their management. The exchange of favors was also noticed in the statement of the managers when they mentioned that they usually approve the proposals coming from the Municipal Health Secretariat, which demonstrates the political bias that serves the interests of a minority. Regarding the perspectives of the managers in relation to the community's participation in the SC, they reported the need for greater social participation in the planning, monitoring and actions of the SUS.

In order to strengthen the exercise of social control in health policy, it is necessary, on the part of the political subjects involved in the process, the effective knowledge of the Unified Health System and the legislation in order to monitor, stimulate and evaluate the health system, especially at the municipal level, but also at the state and national levels. Converging to other studies that have been discussing on this theme, there are a number of gaps related to social participation that remain unsolved.

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