

DOI: <https://doi.org/10.36489/saudecoletiva.2021v11i63p5406-5423>

Popular participation, social control and organization in health councils: an integrative review

Participación popular, control social y organización en los consejos de salud: revisión integradora

Participação popular, controle social e organização em conselhos de saúde: revisão integrativa

ABSTRACT

Objective: This study analyzes the scientific productions that describe how the Health Councils Managers promote Popular Participation. **Method:** Was used the method of integrative review with qualitative approach, based on the steps of Ganong. **Results:** We identified 25 articles published in the last seven years in national and international databases. By pooling data it was possible the construction of categories related to the practices of management councils: Popular Participation; Social Control and Operation and Organisation of Councils. **Interpretations:** They are noticeable in the studies analyzed the difficulties relating to the Popular Participation in Councils in general, due to political demands and the lack of knowledge among stakeholders on the importance of its work to promote effective changes in public spaces. **Conclusions:** Understanding these processes may offer subsidies for the promotion of Popular Participation in Management Councils and enable the provision of new guidelines for the construction of a new profile citizen.

DESCRIPTORS: Consumer participation; Health councils; Public health policy; Social organization.

RESUMEN

Objetivo: Este estudio analiza las producciones científicas que describen cómo los Consejos de Gestión de Salud promueven la participación popular. **Método:** Se utilizó el método de revisión integradora de la literatura con un enfoque cualitativo, basado en las etapas de Ganong. **Resultados:** fueron identificados 25 artículos publicados en los últimos siete años en las bases de datos nacionales e internacionales. Mediante la combinación de los datos fue posible la construcción de categorías relacionadas con las prácticas de los Consejos de Gestión: La participación popular; El control social y de funcionamiento y organización de los Consejos. **Interpretaciones:** Es perceptible en los estudios analizados dificultades relativas a la participación popular en los Consejos en general, debido a las demandas políticas y la falta de conocimiento por parte de los actores involucrados sobre la importancia de sus actividades para promover cambios efectivos en los espacios públicos. **Conclusiones:** La comprensión de estos procesos puede ofrecer subsidios para la promoción de la participación popular en los consejos de gestión y permitir la provisión de nuevas directrices para la construcción de un nuevo perfil de ciudadano.

DESCRIPTORES: Participación comunitaria; Consejos de salud; Políticas públicas de salud; Organización social.

RESUMO

Objetivo: objetiva-se analisar as produções científicas que descrevem a forma como os Conselhos Gestores de Saúde promovem a Participação Popular. **Método:** trata-se de uma revisão integrativa de literatura com abordagem qualitativa, baseada nas etapas de Ganong. **Resultados:** foram identificados 25 artigos, publicados nos últimos sete anos em bases de dados nacionais e internacionais. Através do agrupamento dos dados foi possível a construção de categorias relacionadas às práticas dos Conselhos Gestores: Participação Popular; Controle Social e Funcionamento e Organização dos Conselhos. São perceptíveis nos estudos analisados as dificuldades relativas à Participação Popular em Conselhos de uma maneira geral, em função de demandas políticas e da falta de conhecimento por parte dos atores envolvidos acerca da importância de sua atuação para favorecer mudanças efetivas nos espaços públicos. **Conclusão:** conclui-se que a compreensão destes processos podem oferecer subsídios para o fomento da Participação Popular nos Conselhos Gestores e possibilitar a oferta de novas diretrizes para a construção de um novo perfil cidadão.

DESCRIPTORIOS: Participação comunitária; Conselhos de saúde; Políticas públicas de saúde; Organização social.

RECEIVED ON: 12/07/2020 APPROVED ON: 01/19/2021

Juliano de Amorim Busana

Nurse. Doctoral student of the Graduate Program in Nursing at the Federal University of Santa Catarina - PEN/UFSC. Professor at the Nursing Department at Centro Universitário Avantis - UNIAVAN. Florianópolis (SC).

ORCID: 0000-0001-7004-2917

Ivonete Terezinha Schülter Buss Heidemann

Nurse. PhD in Public Health Nursing from Universidade São Paulo (USP), Professor at the Department of Nursing and PEN/UFSC. Florianópolis (SC).

ORCID: 0000-0002-0058-5120

Rosane Gonçalves Nitschke

Nurse. PhD in Nursing Philosophy from UFSC/SORBONNE/Paris V. Professor of the Department of Nursing and PEN/UFSC. Florianópolis (SC).

ORCID: 0000-0002-1963-907X

Adriana Dutra Tholl

Nurse. PhD in Nursing Philosophy from UFSC. Professor at the Nursing Department and the Care Management Graduate Program at the Federal University of Santa Catarina - PEN/UFSC. Florianópolis (SC).

ORCID: 0000-0002-5084-9972

Michelle Kuntz Durand

Nurse. PhD in Nursing Philosophy from UFSC. Professor, Department of Nursing, Federal University of Santa Catarina. Florianópolis (SC).

ORCID: 0000-0003-3660-6859

Robriane Prosdocimi Menegat

Nurse. Doctoral student of the Postgraduate Program in Nursing at the Federal University of Santa Catarina - PEN/UFSC. Assistance Nurse at Santa Maria University Hospital - HUSM. Santa Maria (RS).

ORCID: 0000-0003-3550-7816

INTRODUCTION

The Management Councils constitute one of the main contemporary democratic experiences in Brazil, they were created to make decentralized and participatory management of public policies viable, becoming public means of deliberation and are present in most of the Brazilian municipalities, promoting discussions about countless topics such as health, housing, transportation and education. Such councils have acquired the character of an institution and the strengthening of the dialogue between the government and society is intended to ensure a fair and efficient distribution of public resources.⁽¹⁾

Popular participation in health management councils is provided for in the Federal Constitution of 1988, in its article 198, which includes the guidelines of the Unified Health System: decentralization, integrality and community participation.⁽²⁾

The regulation of this new participa-

tory model occurred at the end of 1990 with Laws 8.080 and 8.142. The latter legislates on institutionalized social participation, through Conferences and Health Councils in all its instances (Federal, State and Municipal), which have become one of the pillars of SUS. The Health Councils have the function of deliberating and making decisions, formulating strategies, controlling and supervising the execution of health policies.⁽³⁻⁴⁾ However, these functions have not been carried out effectively, as there are studies⁽⁵⁻⁷⁾ detecting problems in the quality of participation and structuring of councils, as well as their understanding as a public sphere for the exercise of citizenship.

The structuring of municipal councils is still a recent fact in the country's history and for this reason, it constitutes a fruitful field of research, including its internal movements of functioning and the encouragement of effective social participation, its role and degree of decision.

Therefore, it appears that participating is a process of achievement that presumes not only commitment, but also involvement, demanding from the citizen initiative and interest in public policies and services of which he is a beneficiary.⁽⁸⁾

Even before the law that regularized the Management Councils in 1988, only in 1996, legislation that is in force today in Brazil, it is recommended that, to receive resources destined to social areas, the municipalities must create Management Councils. This explains the reasons why part of the Municipal Councils took effect only after that date. In this context, for the representatives to be able to be the defenders of the segment they represent, it is necessary for the Councils to be equal not only in number, but also in the exercise of participation.⁽⁹⁾

A study⁽¹⁾ revealed that the councils in general are still little known beyond the universe of civil society directly involved and, therefore, have numerous weaknesses regarding the legal mechanisms

on the decisions taken within them. It is also possible to state that there is a fragile connection between councils and popular movements, perhaps demonstrating a discontinuity between popular mobilization and action in these instances.⁽¹⁰⁾

To this end, it is essential that there is participation of most segments of society in the decision-making process through public debate, consultation, popular pressure or discussions in different spheres, proposing alternatives that enable decisions that will favor the community as a whole. Individuals must be made aware of the importance of their participation, electing and controlling representatives, not with the intention of replacing the State, but favoring the improvement of the quality of decisions and, at the same time, demanding the accountability of managers, as this way it will be possible to make the participation of all the actors involved compatible.⁽¹¹⁾

Therefore, the question is: What are the characteristics of scientific production on popular participation through the practices of Health Management Councils? Thus, the objective of this integrative review is to: Characterize the scientific production on popular participation, social control and organization in health management councils.

METHOD

The integrative review is a research method that seeks, evaluates and critically synthesizes studies carried out, revealing their production and identifying possible gaps. It is, therefore, a unique tool for research applied to health, both for the possibility of synthesizing results about the investigated theme, as well as for the production of new knowledge.⁽¹²⁾

Therefore, this investigation started after consultations with the Virtual Health Library (VHL) virtual platform and the Nursing Databases (BDENF), using the following descriptors in Portuguese, English and Spanish (Chart 1).

For the research, the VHL was used because it is composed of several databases

indexed to it, which are updated regularly by a Collaboration Network. Some of the databases linked to the VHL are: LILACS, MEDLINE, MEDCARIB, PAHO-IRIS, WHOLIS.

We highlight LILACS (Latin American and Caribbean Literature in Health Sciences) as the database with more articles on the subject of this research.

To carry out this study, we opted for an integrative review of the literature based on Ganong's studies⁽¹³⁾, consisting of six stages: identification of the problem or questioning, establishment of inclusion/exclusion criteria for articles (sample selection), definition of the information to be extracted from the selected articles, analysis of the information, interpretation of the results and presentation of the review.

To guide this review, the following guiding question was formulated: what is the scientific evidence for promoting or understanding the processes regarding popular participation through the practices of the Health Management Councils, contained in the literature from 2007 to 2013? The criteria for inclusion of publications in this integrative review study were: articles available electronically in full, on the proposed theme; articles published in Portuguese, Spanish and English, from January 2007 to December 2013, referring to popular participation and management councils. Editorials, letters, opinion articles, comments, es-

says and previous notes, as well as duplicate publications in more than one database, theses, dissertations and manuals were excluded from this study.

The analysis and synthesis of the data were carried out after translation and exhaustive reading of the articles, through the following steps: 1) identification of the hypothesis or guiding question - elaboration of a problem by the researcher in a clear and objective manner, followed by the search for descriptors or keywords; 2) sample selection - determination of inclusion or exclusion criteria, time to establish transparency so that it provides depth, quality and reliability in the selection; 3) categorization of studies - definition regarding the extraction of information from the reviewed articles in order to summarize and organize such information; 4) study evaluation - critical analysis of the extracted data; 5) discussion and interpretation of results - comparison and reasoning of the main results with theoretical knowledge and evaluation regarding its applicability; 6) presentation of the integrative review and synthesis of knowledge - information from each article reviewed in a succinct and systematized manner demonstrating the evidence found.⁽¹³⁾

The data were collected between the months of March to April 2014. The extracted data were transcribed to the proposed instrument allowing for the detailing of each study, being organized by

Chart 1. Quantitative (n) of the articles found (E) and selected (S) after an integrative review by database. Florianópolis, SC, 2014.

VIRTUAL PLATFORM AND DATABASE	DESCRITOPTORS		
	"Conselhos de Saúde" and "Enfermagem"		
	"Conselhos de Saúde" and "Participação Comunitária"		
	"Enfermagem" and "Participação Comunitária"		
	Found	Selected	Excluded
BVS	2.125	22	2.103
BDENF	121	03	118
	Total found: 2.246		
	Total excluded: 2.221		
	Total selected: 25		

spreadsheets in increasing numerical order, in the Microsoft Excel 2007 program, according to: year of publication, title, authors, professional training of authors, data base, type/approach of the study and main aspects or results.

For the evaluation of the studies included in this review, their similarities were taken into account, with the intention of concisely organizing and summarizing the

information, analyzing questions that can be used in the critical evaluation of the selected studies, such as: research question, the basis for the research question, structuring and relevance of the research question, study methodology and the adequacy of the subjects to the research question. ⁽¹⁴⁾ As for ethical aspects, copyright and content were respected, with no modification of these in favor of the review.

RESULTS

Table 01 allows a comparative reading between the information collected in each of the sources, which were considered relevant and included in the study, presented in chronological order.

The sample of this review consists of 25 articles (Table 01), of which 08 (32%), were published in journals in the area of

CHART 01: Presentation of selected articles, authors, titles, journals, databases and year of publications, 2014.

	AUTHORS	TITLE	NE	BASE
1	Pestana, Vargas, Cunha (2007).	Contradictions arising in the Management Council of the Basic Family Health Unit of Vargem Grande, Teresópolis-RJ.	4	LILACS
2	Arantes, Mesquita, Machado, Ogata (2007).	Social control in the Unified Health System: conceptions and actions of primary care nurses	4	LILACS
3	Kleba, Comerlato, Colliselli (2007).	Promotion of empowerment with management councils for a pole of permanent health education	4	LILACS
4	Martins, Cotta, Mendes, Franceschini, Priore, Dias, Siqueira-Batista (2008).	Health councils and social participation in Brazil: nuances of utopia	4	LILACS
5	Bispo Júnior, Sampaio (2008).	Social participation in health in rural areas of Northeast Brazil	4	LILACS
6	Bezerra, Araújo (2009).	Municipal Health Council of Pedras do Fogo - PB: a study on participation	4	LILACS
7	Arantes, Mesquita, Machado, Ogata (2009).	Social control in health: discussing the results of a survey with nurses	4	LILACS
8	Machado, Farah, Barros, Taborda, Assis, Valle, Faria (2009).	University and community interaction through social movements in the neighborhoods of Santa Luzia and Ipiranga in Juiz de Fora-MG	4	LILACS
9	Oliveira, Conciani (2009).	Social participation and psychiatric reform: a case study	4	LILACS
10	Cotta, Cazal, Rodrigues (2009).	Participation, social control and exercise of citizenship: (un) information as an obstacle to the performance of health counselors	4	LILACS
11	Matuoka, Ogata (2010).	Qualitative analysis of local councils of primary care in São Carlos: the dynamics of functioning and participation	4	LILACS
12	Morgan, Martins, Fernandes, Pereira, Bastos (2010).	Health councils: profile of users and the entities they represent	4	BDE-NF
13	Kleba, Matiello, Comerlato, Renk, Colliselli (2010).	The role of public policy management councils: a debate based on practices in Chapecó Municipal Councils (SC)	4	LILACS
14	Budó, Oliveira, Garcia, Simon, Schmith, Mattioni (2010).	Social networks and participation in a community referred to a family health unit	4	BDE-NF
15	Landerhal, Unfer, Braun, Skupien (2010).	Resolutions of the Health Council: instrument of social control or bureaucratic document?	4	LILACS
16	Silva, Drehmer, Langlois (2010).	Perception of community leaders in Porto Alegre/RS in relation to the Family Health Program	4	LILACS
17	Vieira, Calvo (2011).	Evaluation of the operating conditions of Municipal Health Councils in the State of Santa Catarina, Brazil	4	LILACS
18	Zambon, Ogata (2011).	Configurations of the Municipal Health Councils of a region in the State of São Paulo	4	LILACS
19	Batagello, Benevides, Portillo (2011).	Health councils: social control and morality	4	LILACS

20	Ribeiro, Nascimento (2011).	Exercising citizenship in local health councils: the (re)signification of being a subject	4	LILACS
21	Cotta, Martins, Batista, Franceschini, Priore, Mendes (2011).	Social control on the scene: reflecting on popular participation in the context of Health Councils	4	LILACS
22	Santos, Sousa, Gurgel, Bezerra, Barros (2011).	Integrative practices policy in Recife: analysis of stakeholder participation	4	LILACS
23	Azevedo, Lucena, Holanda (2012).	Social control as an instrument for the quality of care in the family health strategy	4	BDE-NF
24	Zambon, Ogata (2013).	Social control of the Unified Health System: what municipal health counselors think	4	LILACS
25	Cardoso, Cezar-Vaz, Costa, Bonow, Almeida (2013).	Health promotion and community participation in organized local groups	4	LILACS
Source: The authors, 2014.				

Nursing, 16 (64%), were published in the area of health in general and 1 (4%), in the area of Dentistry. All identified studies were classified with level of evidence 4, based on the categorization of the Agency for Healthcare Research and Quality (AHRQ).

The State that most predominated in number of journals and consequently in number of articles was the State of Rio de Janeiro (RJ), presenting 05 journals (29,4%) and 11 articles (44%), respectively; followed by São Paulo (SP), with 05 journals (29,4%) and 05 articles (20%); Rio Grande do Sul (RS), with 02 journals (11,8%) and 02 articles (8%); Santa Catarina (SC), with 01 journal (5,9%) and 02 articles (8%); Distrito Federal (DF), with 01 journal (5,9%) and 02 articles (8%); Minas Gerais (MG), Bahia (BA) and the United States of America (USA), each with 01 periodical (5,9%) and 01 article (4%). It is worth mentioning in this case the presence of an article published in a North American periodical, on this theme, this being the Pan American Journal of Public Health/Pan American Journal of Public Health (RPSP/PAJPH), which is the main publication of a technical-scientific research of the Pan American Health Organization (PAHO/WHO).

Regarding the databases, only two presented articles, with LILACS with 22 representing (88%), of the publications found and BDENF with 03 totaling only (12%).

As for the countries of publication, 24 articles (96%) were published in national journals and only 01 (4%) in a North American journal.

Of the 25 articles, 03 (12%) were published in 2007; 02 (8%) in 2008; 05 (20%) in 2009; 06 (24%) in 2010; 06 (24%) in 2011; 01 (4%) in 2012 and 02 (8%) in 2013.

As far as the authors are concerned, 73 distinct authors were found in the 25 articles listed for this study. Of these, professionals from the Nursing areas 32 (43,8%); Dentistry 10 (13,7%); Nutrition 8 (11%); Medicine 05 (6,8%); Social Assistance 03 (4,1%); Physiotherapy, Business Administration, Medical Student, Nursing Student, each with 02 professionals (2,7%); Occupational Therapy, Philosophy, History, Architecture and Urbanism, Biological Sciences, Social Sciences, each with 01 professional (1,4%); and finally 01 (1,4%) not identified.

Regarding the degree, of the 73 authors, 32 (43,8%) are doctors; 19 (26%) are masters; 04 (5,5%), are specialists; 13 (17,8%) are graduated; 04 (5,5%), are academics in the various areas mentioned above and 01 (1,4%) author did not inform his title.

As a way of organizing the vast content presented in the articles included in the study, it was used to organize it through critical and qualitative analysis, systematizing this content in the themes that emerged from its integrated reading and which are presented below.

Theme 1 - Participation in the management councils

Popular participation in the Municipal Health Councils has generated questions about its functioning, as well as concerns about the dynamics of this participation.⁽¹⁵⁾

According to one of the studies used for this review⁽¹⁶⁾, the majority of the user councilors are male, aged between 31 and 72 years old and have completed or incomplete higher education. Among the entities represented by the users, the associations of residents, people with disabilities and people with pathologies stand out. It is identified that the most expressive entities are those composed of people with some pathology or disability, who, for common goals, come together in search of civil gains that alleviate the fact of "being" sick. There is a great heterogeneity of subjects in the construction of this process, with peculiarities that range from ideological, socioeconomic and political issues to issues such as health awareness, exercise of citizenship, social participation in community work, recognition of their rights and duties as citizens, among others, which can interfere efficiently in bringing about social change.⁽¹⁷⁻¹⁸⁾

The recognition of the need to enhance and effect citizenship, strengthening participatory management is present in part of the studies that make up this review.^(15, 19, 20) The concerns arising from popular

participation are of the order of the subjects' autonomy in the discussions and organization of forms of popular participation, which do not occur in a procedural way, making the process not recognized as deliberative, but rather bureaucratic, supervisory and little purposeful, denoting a poor performance by the councils. As negative factors, there are known conflicts generated by political elections and deviations of responsibility on the part of the executive^(15, 21) and, in some spaces, ignorance of the rules that legitimize the performance of the councils, imputing responsibility for the lack of knowledge of some representatives about the importance of participation.^(21, 18)

In this sense, representativeness is sometimes seen as a problematic situation in all spheres and users, workers and managers are identified as having little participation or even being politically and technically unskilled, rendering councils inefficient.^(15, 22, 23, 24) Other weaknesses such as ignorance of the rules that legitimize the performance of the council or the condition of representative itself and the importance of grassroots participation to strengthen their participation contribute to the inertia of those represented^(21, 17, 23, 24), generating discussions about the need for empowerment and liberation of the subjects in order to minimize processes of exclusion and marginalization of the population, reinforcing the construction of citizenship in the country, including strengthening the very concept of citizenship.^(25, 26, 27)

In this sense, the understanding of popular participation processes is questionable, as they cannot be constituted only as a way to meet a legal requirement, not guaranteeing the citizen's right of inclusion in the health decision-making process.⁽²³⁾ In some instances, irregularities are presented regarding the composition and possession of directors, the high turnover of representatives and the constant "reformulations" of the composition of the board, as well as observations regarding irregularities in attendance/attendance at meetings.⁽²⁶⁾

The participants are dissatisfied with the practices of the Municipal Health Councils and point out disbeliefs regarding the representativeness and power of these councils. There are equally important notes on the subjects' low participation in group activities, in collegiate and citizenship movements, and this role is played by few, as the teams' work processes do not facilitate or promote participation. However, it is emphasized that when there is participation, the results are evident and positive, favoring the consolidation of broad and effective actions.⁽²⁸⁾ It is necessary to rethink the strategies of social participation in Brazil from the perspective of the development of social practices of political maturation and raising of citizen awareness.⁽²⁶⁾

Theme 2: Social Control

Studies on health councils^(29, 31) indicate a significant difficulty in the effective participation of the population, pointing to the need to build new meanings for these formal spaces of social participation. Political participation and social control cannot depend only on legal formulations, since they will only materialize in the set of social practices that constitute and cross the health system. Hence the necessary understanding that health councils are not a substitute for social movements and that it is these movements that should guide the councils' actions.

Innumerable possibilities of action are pointed out, showing the different actors responsible for its execution.⁽³¹⁾ Social control is conceived as a tool that guarantees health rights, representing a set of basic actions that result in the well-being of the population. The integration between various social actors seems indispensable in the context of an ethical dimension, defending the equal right to health and strengthening social control. As a response to the challenge of implementing social control in health in the researched reality, the integration between various social actors seems to be indispensable for putting an ethical dimension into context, defending the

equal right to health and strengthening social control.⁽³²⁾

Information reveals bureaucratic assignments overload⁽³³⁾, restricting the political debate inherent in the role of councilors. In addition, we question the legitimacy of its attributions, considering the objective conditions of its participation: the voluntary, non-professional, unpaid nature; the limited time of meetings; the lack of qualified and autonomous physical and operational structure, among others. Management councils are spaces for the exercise of citizenship, which requires greater action in the creation and strengthening of channels and processes of dialogue with different social actors, constituting links in the partnership network in order to face the social problems of the city and the construction of favorable conditions for life.

Health councils and conferences are seen as legitimate and privileged means of social control. While the formal instances of SUS participation are devoid of establishing guidelines and controlling the execution of some policies, other spaces, informal and "marginal" to those instituted, are built in the contexts of the municipalities.⁽³⁴⁾ The mere regular functioning of councils does not guarantee that there is effective social control.⁽²⁶⁾ It is suggested that bureaucratic practices, with the predominance of approvals of programs or projects predominantly linked to the provision of assistance services, without any glimpses of political health proposals by the sector, influence the way in which resolutions have been formalized and de-characterize the effectiveness of their actions and their invisibility to the general population.⁽²⁶⁾

Theme 3: Functioning and Organization of health management councils

A study⁽²²⁾ demonstrated the existence of concerns about the election for chairman of the boards and the integrity and transparency of this process, in addition to guarantees that the mandates do not coincide with the executive, administrative structures and commissions. In this sense,

it shows the existence of inconsistent laws regarding local and national rules in relation to the deliberative character, parity of users, internal regulations, manager as born president and no guarantee of administrative and financial structure for functioning, reinforcing the fragility of the understanding about advice for the general population.

Part of the problems pointed out in the organization and functioning of the management councils generates impasses and problems that are of a political, economic, social and cultural nature that transcend the resolution by the management council. It is noticed that the attributions foreseen for a management board reveal a control practice restricted to the rationalization of the service through the administrative management of the unit, causing the management board to not, in fact, be able to interfere in the health policy and the allocation of public funds. It also points out the need to expand assistance actions, professional courses offered and cultural activities.⁽³⁵⁾ In general, the councils, in their weaknesses and potential, have a good insertion in the community and receive support from religious and educational institutions.⁽³⁶⁾

Other highlighted demands are those that report some difficulties that hinder the effective functioning of the councils, such as the lack of preparation of professionals and users to act and the low results achieved by the councils with the municipal manager. Health education must be part of a permanent education policy aimed at training the different segments: users, workers and managers for social participation in SUS. The involvement with permanent education must occur by several actors, such as: universities and institutions with courses in the health area; teaching hospitals; health students; health workers; health councils; among others.⁽³⁷⁾

To ensure that the Health Councils adequately exercise their role, it is necessary to seek improvement of the legal provisions and also to emphasize the improvement of the theme of social partici-

pation in all spheres of training of health workers and participation.⁽²²⁾

DISCUSSION

In the present review, it was noticed the involvement of the most diverse areas of activity and countless professionals involved with the dissemination and understanding, with studies on the theme. In the authorship of the articles, professional nurses, nutritionists, doctors, dentists, social workers, physiotherapists, business administrators, medical academics, nursing academics, occupational therapist, philosopher, historian, architect and urban planner, biological scientist, social scientist proposed to contribute to the theme and disseminate studies and extensive reflective processes on the importance of popular participation and/or management councils in health, thus highlighting its relevance in the various professional areas.

In Brazil, due to the political moments experienced in recent years, surrounded by scandals and civil demonstrations, there is a growing trend of interest on the part of the population, as well as the desire to be more active, to participate in the democratic political development of the nation, showing the citizen's intention to practice citizenship and thus "make a difference".

The incipient popular participation and social control in health management councils has been demonstrated in studies (38), due to the limits and difficulties pointed out by the authors, such as: deliberative meetings, but without effective implementation of these deliberations; parity in the board only quantitative and formal; poor qualification of directors for the exercise of their functions, a factor that constitutes an impediment to more critical and more active interventions by the board; the inspection function is fragile - the directors exercise, primarily, the role of receiving complaints and provoking discussions; there is apathy on the part of many counselors or even lack of motivation to exercise their functions; there is ignorance of the unit's managers and ser-

vants about the role of the local council; there is little articulation between the municipal council and the municipal government with the local health councils.

Since, the lack of knowledge about the real role of the council and of the councilors, social control appears in the studies as a factor that compromises the quality of the councils performance, because to be representative the council needs to have the capacity to provide information, contest, share power, in addition to serving as an informant for the State, needs to use its power to act representing the population.⁽³⁹⁾ Because of this, the effectiveness of the social control of the councils is directly linked to parity, representativeness and social pressure for the deliberation to materialize.⁽⁴⁰⁾

In the studies analyzed, it was also found that the decision-making process is fragile due to the lack of knowledge of the councilors and the population regarding the true role of the council and the councilors themselves. By doing so, individuals do not participate in the discussion processes and decisions of the councils in which they participate. The greater the accumulation of social capital, the greater the chances that an ordinary citizen can participate effectively in this moment.⁽⁴¹⁾ Thus, in the analysis process for further deliberation, individuals need to have knowledge about the political nature of the issue so that they can deliberate, together with other actors who may have a higher cultural and economic capital, with more ownership.

The constant training of councilors so that it is more effective and fosters popular participation in councils, can be a way to reduce the turnover and low adherence of users to councils. The boards presented irregularities in relation to their composition and the tenure of the directors, highlighting the constant break in parity (users/other directors), turnover of representatives of entities and the constant "reformulations" of the composition of the board, often carried out by informally and without due change of the relevant legislation.^(42, 43, 44) It is

suggested, in this way, the training of the counselors in a continuous way, with the valorization of the local reality and the incentive to the cohesion and the mobilization of the entities of popular representation, in order to modify this reality.

CONCLUSION

In order to investigate the knowledge produced about popular participation, social control and organization in health management councils, present in the databases, through this integrative review, we sought to understand what is being produced of knowledge in order to raise new questions and to contribute to the reduction of gaps that still permeate the understanding about popular participation in health and management councils. One of the reasons for the population's inertia in the last 20 years, with regard to popular participation, is due to the great development of globalization and the changes

in the economic and social profile of the population, in which individualism has been strengthened to the detriment of the collective.

The analysis of the articles for this review resulted in a compilation of information related to the characterization of the activities and structuring of the management councils: the incipience of popular participation, still fragile and not very resolving, its importance as a mechanism of social control and the constitution of the councils as spaces administrative with their own well-defined guidelines, based on legislation and with an urgent need to understand the limits for the performance of the subjects involved. Despite the weaknesses pointed out, it is possible to say that councils are truly spaces for building citizenship and strengthening democracy.

Popular participation necessarily involves the understanding and genuine exercise of citizenship. To this end, the continuous training of counselors can be

a way of encouraging them to participate more actively and empower them to better exercise their role within the councils. The professionals of the Family Health Units must also be trained in order to understand the true role of a Council and the importance of its actors, so that they can collaborate with the strengthening of the Local Health Councils, as it is through the structural basis of participation of the people, initiated in the individual community of each individual, that we will strengthen the collective.

It is important to highlight that, after analyzing these studies, several knowledge gaps related to the theme are liable to be identified: no studies were found that analyze the models of popular participation existing in other countries, for example. Thus raising the possibility of conducting studies that analyze how popular participation occurs in other countries, and even how these experiences can contribute in our country. ■

REFERENCES

- Almeida C, Tatagiba L. Os conselhos gestores sob o crivo da política: balanços e perspectivas. *Serv. soc. soc.* 2012;109:68-92.
- Rolim LB, Cruz RSBL, Sampaio KJAJ. Participação popular e o controle social como diretriz do SUS: uma revisão narrativa. *Saúde debate.* 2013;37(96):139-47.
- Brasil. Lei nº 8.080 de 19 de setembro de 1990. Dispõe sobre as condições para a promoção e proteção da saúde, a organização e o funcionamento dos serviços correspondentes e dá outras providências. *Diário Oficial da União* 1990a; 19 set.
- Brasil. Lei nº 8.142 de 28 de dezembro de 1990. Dispõe sobre a participação da comunidade na gestão do Sistema Único de Saúde (SUS) e sobre as transferências intergovernamentais de recursos financeiros na área da saúde e dá outras providências. *Diário Oficial da União* 1990b; 28 dez.
- Moreira MR, Escorel S. Conselhos Municipais de Saúde do Brasil: um debate sobre a democratização da política de saúde nos vinte anos do SUS. *ciênc. saúde coletiva.* 2009;14(3):795-806.
- Moreira IA, Heidrich AV. Participação social na saúde: limites e possibilidades de controle social em tempo de reforma do Estado. *Sociedade em Debate.* 2012;18(2):107-119.
- Kleba ME, Wendhausen A. Empoderamento: processo de fortalecimento dos sujeitos nos espaços de participação social e democratização política. *Saúde Soc.* 2009;18(4):733-743.
- Demo P. *Participação é Conquista: noções de política social participativa.* 3.ed. São Paulo: Cortez; 1996.
- Gohn MG. Movimentos sociais na contemporaneidade. *Rev. bras. educ.* 2011;16(47):333-361.
- Ramos MF, Cezare JP, Vendramini PRJ, Coutinho SMV, Reis TS, Fernandes V. Conselhos setoriais: perfil dos conselheiros e sua influência na tomada de decisão. *Saúde Soc.* 2012;21(3):61-70.
- Amorim CR, Rocha SV, Nascimento MAA, Cardoso JP, Ribeiro FB, Carneiro LRV. Participação e mobilização social no sus: entaves, desafios e perspectivas. *Rev. APS.* 2012;15(3):294-298.
- Souza MT, Silva MD, Carvalho R. Revisão integrativa: o que é e como fazer. *Einstein (São Paulo).* 2010;8(1):102-106.
- Ganong LH. Integrative reviews of nursing research. *Res. nurs. Health.* v.10, n.1, p.1-11, fev.1987.
- Mendes KDS, Silveira RCCP, Galvão CM. Revisão integrativa: método de pesquisa para incorporação de evidências na saúde e na enfermagem. *Texto & contexto enferm.* [periódico na Internet]. 2008 Out-Dez [acessado 2010 Jun 17];17(4): [cerca de 7p.]. Disponível em: <http://bases.bireme.br/cgi-bin/wxislind.exe/iah/online/?IsisScript=iah/iah.xis&src=google&base=LI-LACS&lang=p&nextAction=Ink&exprSearch=507765&indexSearch=ID>
- Matuoka RI, Ogata MN. Análise qualitativa dos conselhos

REFERENCES

- locais da atenção básica de São Carlos: a dinâmica de funcionamento e participação. *Rev. APS.* 2010;13(4):396-405.
16. Morgan BS, Martins BJ, Fernandes LI, Pereira MS, Bastos MAR. Conselhos de saúde: perfil dos usuários e das entidades por eles representadas. *REME rev. min. enferm.* 2010;14(3):417-423.
17. Ribeiro FB, Nascimento MAA. Exercício de cidadania nos conselhos locais de saúde: a (re) significação do "ser sujeito". *Rev. baiana saúde pública.* 2011;35(Supl.1):151-166.
18. Silva ERA, Drehmer TM, Langlois CO. Percepção de líderes de uma comunidade de Porto Alegre/RS em relação ao Programa Saúde da Família. *Stomatós.* 2010;16(30):40-57.
19. Vieira M, Calvo MCM. Avaliação das condições de atuação de Conselhos Municipais de Saúde no Estado de Santa Catarina, Brasil. *Cad. saúde pública.* 2011;27(12):2315-2326.
20. Santos FAZ, Souza IMC, Gurgel IGD, Bezerra AFB, Barros NF. Política de práticas integrativas em Recife: análise da participação dos atores. *Rev. saúde pública.* 2011;45(6):1154-1159.
21. Bezerra CKF, Araújo MAD. Conselho Municipal de Saúde de Pedras do Fogo – PB: um estudo sobre participação. *Rev. adm. saúde.* 2009;11(42):30-42.
22. Zambon VD, Ogata MN. Configurações dos Conselhos Municipais de Saúde de uma região no Estado de São Paulo. *Rev. Esc. Enferm. USP.* 2011;45(4):890-897.
23. Cotta RMM, Martins PC, Batista RS, Franceschini SCC, Priore SE, Mendes FF. O controle social em cena: refletindo sobre a participação popular no contexto dos Conselhos de Saúde. *Physis (Rio J.).* 2011;21(3):1121-1137.
24. Cotta RMM, Cazal MM, Rodrigues JFC. Participação, Controle Social e Exercício da Cidadania: a (des) informação como obstáculo à atuação dos conselheiros de saúde. *Physis (Rio J.).* 2009;19(2):419-438.
25. Martins PC, Cotta RMM, Mendes FF, Franceschini SCC, Priore SE, Dias G, Siqueira-Batista R. Conselhos de saúde e a participação social no Brasil: matizes da utopia. *Physis (Rio J.).* 2009;18(1):105-121.
26. Bispo Júnior JP, Sampaio JJC. Participação social em saúde em áreas rurais do Nordeste do Brasil. *Rev. panam. salud pública.* 2008;23(6):403-409.
27. Kleba ME, Comerlato D, Colliselli L. Promoção do empoderamento com conselhos gestores de um pólo de educação permanente em saúde. *Texto & contexto enferm.* 2007;16(2):335-342.
28. Budó MLD, Oliveira SG, Garcia RP, Simon BS, Schimith MD, Mattioni FC. Redes sociais e participação em uma comunidade referenciada a uma Unidade de Saúde da Família. *Rev. gaúch. enferm.* 2010;31(4):753-760.
29. Batagello R, Benevides L, Portillo JAC. Conselhos de saúde: controle social e moralidade. *Saúde Soc.* 2011;20(3):625-634.
30. Landerdhal MC, Unfer B, Braun K, Skupien JA. Resoluções do Conselho de Saúde: instrumento de controle social ou documento burocrático? *Ciênc. saúde coletiva.* 2010;15(5):2431-2436.
31. Arantes CIS, Mesquita CC, Machado MLT, Ogata MN. Controle social na saúde: discutindo os resultados de uma pesquisa com enfermeiras. *Acta paul. enferm.* 2009;22(4):417-421.
32. Azevedo DM, Lucena LA, Holanda CSM. O controle social enquanto instrumento para a qualidade da assistência na estratégia de saúde da família. *Rev. pesqui. cuid. fundam. (Online)* [periódico na internet]. 2012 Out-Dez [acessado 2013 abr 25];4(4); [cerca de 13 p.]. Disponível em: http://seer.unirio.br/index.php/cuidadofundamental/article/view/2011/pdf_637
33. Kleba ME, Matielo A, Comerlato D, Renk E, Colliselli L. O papel dos conselhos gestores de políticas públicas: um debate a partir das práticas em Conselhos Municipais de Chapecó (SC). *Ciênc. saúde coletiva.* 2010;15(3):793-802.
34. Oliveira AGB, Conciani ME. Participação social e reforma psiquiátrica: um estudo de caso. *Ciênc. saúde coletiva.* 2009;14(1):319-331.
35. Pestana CLS, Vargas LA, Cunha FTS. Contradições surgidas no Conselho Gestor da Unidade Básica de Saúde da Família de Vargem Grande, Município de Teresópolis-RJ. *Physis (Rio J.).* 2007;17(3):485-499.
36. Machado JM, Farah BF, Barros LM, Assis LTM, Valle NPO, Faria RN. Interação universidade e comunidade através dos movimentos sociais dos bairros Santa Luzia e Ipiranga de Juiz de Fora-MG. *Rev. APS.* 2009;12(4):398-408.
37. Arantes CIS, Mesquita CC, Machado MLT, Ogata MN. O controle social no Sistema Único de Saúde: concepções e ações de enfermeiras da atenção básica. *Texto & contexto enferm.* 2007;16(3):470-478.
38. Miranda JMB, Guimarães SJ. Controle social e conselhos locais de saúde em teresina: limites e possibilidades. *Revista FSA.* 2013;10(3):212-227.
39. Diegues GC. O controle social e participação nas políticas públicas: o caso dos conselhos gestores municipais. *Revista NAU Social.* 2013;4(6):82-93.
40. Teixeira EC. Sistematização: efetividade e eficácia dos conselhos. In: Carvalho MCAA, Teixeira ACC, organizadores. *Conselhos Gestores de Políticas Públicas.* São Paulo: Pólis; 2000.
41. Cavalcante RB, Silva PC, Ferreira MN. Sistemas de informação em saúde: possibilidades e desafios. *Rev. enferm. UFSM.* 2011;1(2):290-299.
42. Bispo Júnior JP, Martins PC. Envolvimento comunitário na estratégia de saúde da família: dilemas entre institucionalização e efetiva participação. *Physis (Rio J.).* 2012;22(4):1313-1332.
43. Zambon VD, Ogata MN. Controle social do Sistema Único de Saúde: o que pensam os conselheiros municipais de saúde. *Rev. bras. enferm.* 2013;66(6):921-7.
44. Cardoso LS, Cezar-Vaz MR, Costa VZ, Bonow CA, Almeida MCV. Promoção da saúde e participação comunitária em grupos locais organizados. *Rev. bras. enferm.* 66(6): 928-34.