

# Analysis of the internal rules of the Health Council of a capital in the Brazilian Northeast

Análise regimental do Conselho de Saúde de uma capital do Nordeste brasileiro

Análisis del regimiento del Consejo de Salud de una capital del Nordeste brasileño

## RESUMO

**Objetivo:** Analisar, mediante regimento interno, a organização, a composição e a estrutura do Conselho Municipal de Saúde de Teresina-PI. **Métodos:** Estudo descritivo e exploratório com abordagem qualitativa do tipo estudo de caso. A técnica qualitativa empregada neste estudo refere-se à pesquisa documental, explorada mediante análise de conteúdo. Os documentos analisados foram: Lei Municipal Nº 4.027/2010 e regimento interno do Conselho. Os dados somente foram coletados após a autorização do projeto pelo Comitê de Ética em Pesquisa, aprovado com Nº de Parecer 4.380.288. **Resultados:** A organização, a composição e a estrutura do Conselho de Saúde estudado mostraram-se parcialmente adequadas, visto que foram identificados desafios como a “profissionalização” dos conselheiros e a falta de uma estrutura física própria da instituição. **Conclusão:** Mesmo com os entraves destacados, percebe-se que o Conselho e seu regimento seguem boa parte das recomendações definidas pela Resolução do CNS Nº 453, de 2012, quanto aos aspectos analisados.

**DESCRIPTORES:** Conselhos de Saúde; Controle Social Formal; Regimentos.

## ABSTRACT

**Objective:** To analyze, through the internal rules, the organization, composition and structure of the Municipal Health Council of Teresina-PI. **Methods:** Descriptive and exploratory study with a qualitative approach of the case study type. The qualitative technique used in this study concerns documentary research, explored through content analysis. The documents analyzed were: Municipal Law No. 4.027/2010 and internal rules of the Council. Data were only collected after the project was authorized by the Research Ethics Committee, approved under Opinion No. 4.380.288. **Results:** The organization, composition and structure of the Health Council studied proved to be partially adequate, since challenges such as the “professionalization” of the counselors and the lack of a physical structure of the institution were identified. **Conclusion:** Even with the obstacles highlighted, it is clear that the Council and its regiment follow a good part of the recommendations defined by CNS Resolution No. 453, of 2012, regarding the aspects analyzed.

**DESCRIPTORS:** Health Councils; Social Control, Formal; Internal Rules.

## RESUMEN

**Objetivo:** Analizar, a través de lo regimiento, la organización, composición y estructura del Consejo Municipal de Salud de Teresina-PI. **Métodos:** Estudio descriptivo y exploratorio con enfoque cualitativo del tipo estudio de caso. La técnica cualitativa utilizada en este estudio se refiere a la investigación documental, explorada a través del análisis de contenido. Los documentos analizados fueron: la Ley Municipal Nº 4.027/2010 y el regimiento del Consejo. Los datos fueron recolectados solamente después de que el proyecto fuera autorizado por el Comité de Ética en Investigación, aprobado con el Dictamen Nº 4.380.288. **Resultados:** La organización, composición y estructura del Consejo de Salud estudiado se mostró parcialmente adecuada, ya que fueron identificados desafíos como la “profesionalización” de los consejeros y la falta de estructura física de la institución. **Conclusión:** Aún con los obstáculos señalados, es claro que el Consejo y su regimiento siguen buena parte de las recomendaciones definidas por la Resolución CNS Nº 453, de 2012, en cuanto a los aspectos analizados.

**DESCRIPTORES:** Consejos de Salud; Control Social Formal; Regimientos.

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**INTRODUCTION**

The inspection and control of health policies are fundamental parts for the Democratic State of Law, as they can have repercussions on government action plans and directly impact society. In this context, actions related to the control and participation of bodies such as the Health Councils are important in terms of monitoring and evaluating the implemented public health policies, with a view to increasing the efficiency of public services and managing or reducing corrupt activities.<sup>1</sup>

By exercising its supervisory and control role, the Health Council collaborates in complying with the precepts established in Complementary Law No. 141 and in Resolution No. 453, both of 2012, specifically in aspects such as the pursuit of achieving the goals set, verification of the use of minimum resources in public health actions and services and in the investment of resources linked to the Unified Health System (SUS). In addition, the performance of this control dynamic is also associated with on-site inspection of health actions and services,

analyzing the situation found and, when irregularities are found, forwarding complaints to other control bodies.<sup>2</sup>

The object of this study, the Municipal Health Council (CMS - Conselho Municipal de Saúde) of Teresina-PI, was institutionalized 30 years ago, through Municipal Law No. 2046, of 1991, being the first Health Council in Piauí. The State Health Council of Piauí, for example, was only created a year later, through State Law No. 4,539, of 1992.

According to the minutes of the first meeting of the CMS of Teresina-PI, the President of the Municipal Health Foundation (FMS - Fundação Municipal de Saúde) assumed the presidency of the institution at the time. According to the Law, the President of the FMS automatically assumed the presidency of the Council, a fact that was only changed 19 years later. The Teresina-PI CMS underwent legal reformulation, and Municipal Law No. 4,027, of 2010, which provides for the reorganization of the Council, is in force to date. Through this reformulation, the Council started to have periodic elections and its bylaws were updated.

In reading Municipal Law No. 4027, of 2010, characteristics of this instance stand out. It is a deliberative and normative institution, that is, it has the objective of solving demands that are brought to them, through discussion between representatives, and of standardizing their understandings, converting them into internal rules to be followed. In addition, it also has a supervisory and advisory nature. In summary, it is the duty of counselors to exercise social control and transparency about the health situation in the city of Teresina-PI.

The Council needs to base its activities on the proper development and monitoring of SUS health policies in accordance with the governmental sphere, based on transparency and supervision of actions. Therefore, a study that involves Health Councils in itself already has great relevance, given that the health area is one of the most sensitive to the citizens.

The justification for a study on these institutions of participation/representation is given because Brazil has a highly complex health system that needs an active supervision of society to avoid

opportunistic behavior and the existence of personal interests, to the detriment of the public interest. Therefore, the importance of opening to dialogue with society in fields of negotiation and agreement between the various actors involved in the decision-making and inspection process of health policies is revealed, ensuring social control.

To this end, the question "How is the internal regiment of the Teresina-PI CMS based on its organization, composition and structure?" was defined as a research problem, since a proper understanding of documents that regulate the functioning of institutions of participation/representation in health is necessary, being relevant the analysis of official documents, such as the bylaws, to guide their representatives and encourage social control in Health Councils.

Based on the briefly exposed, this study aimed to analyze, through internal regulations, the organization, composition and structure of the Teresina-PI CMS.

## METHODS

This is a descriptive and exploratory study with a qualitative approach of the case study type carried out at the CMS in Teresina, capital of Piauí. The present study is a fragment of the dissertation entitled "Control and Inspection of Services and Public Expenses by the Municipal Health Council of Teresina-PI: a case study", presented in 2021 to the Graduate Program in Political Science at the Federal University of Piauí.

The option for the Teresina-PI CMS is based on three reasons: i) the instance has a high level of structural and functional organization within the state of Piauí; ii) the municipality where the Council is located is the one that most invests in health per citizen in Brazil, according to a survey carried out by the Federal Council of Medicine; iii) and the capital stands out as a health center in the country, according to the Brazilian Institute of Geography and Statistics (IBGE - Instituto Brasileiro de Geogra-

fia e Estatística).

The Teresina-PI CMS has a higher level of structural and functional organization within the state of Piauí, also taking into account the development as an institutional space, since it was conceived first than the others in the state of

**The Council needs to base its activities on the proper development and monitoring of SUS health policies in accordance with the governmental sphere, based on transparency and supervision of actions.**

Piauí, in 1991, through Municipal Law No. 2,046, with the support of various segments and social movements, supported by the Pro-Council Commission.

The qualitative technique used in this study concerns documental research, explored through content analysis. The

research benefited from documents such as Municipal Law No. 4,027, of 2010, which deals with the reorganization of the Council; and its internal regulations, voted on at the 174th ordinary meeting of the CMS in Teresina-PI, on November 23rd, 2010.

As much as such documents are in the public domain, it was difficult to find them on the internet, given the precarious publication of normative acts of the Council, without the existence of a website of its own. Thus, it was necessary to attend the Teresina-PI CMS to collect such official instruments in the first half of 2021.

Bardin's content analysis<sup>3</sup> is organized around three subsequent stages: pre-analysis, with a fluctuating reading of the documents; exploration of the material, with choice of coding units (cuts); and treatment of the results obtained, phase in which the interpretation of the raw findings takes place in order to make them meaningful and valid.

Data only began to be collected after the authorization of the research project by the Research Ethics Committee (CEP) of the Federal University of Piauí, under Certificate of Presentation of Ethical Appreciation (CAAE) No. 37116520.9.0000.5214 and Opinion No. 4,380,288.

## RESULTS AND DISCUSSION

The internal regulations of a Council regulate the matters inherent to the institution. In it, the rules that dictate the functioning and organization of the Health Council are clarified. It is an instrument provided for in § 5 of article 1 of Law No. 8,142, of 1990. The regiment must be prepared and amended by the corresponding CMS itself, according to the Resolution of the National Health Council (CNS - Conselho Nacional de Saúde) No. 453, of 2012. CMS of Teresina-PI had its bylaws reformulated at the 174th ordinary meeting, held on November 23rd, 2010.

The Teresina-PI CMS is a collegiate

body, deliberative and of a permanent nature, with composition and powers established by Municipal Law No. 4,027, of 2010, linked to the FMS of Teresina, which must provide the necessary infrastructure for its operation, in accordance with the provisions established in Federal Laws No. 8,080 and 8,142, both of 1990. The studied Council works according to its internal regulations and legislation, which has the general operating rules explained in Table 1 below.

The internal regiment of the Teresina-PI CMS aims to organize and establish the rules for its operation. In its article 3, it presents 32 attributions and competences. It uses verbs that directly lead us to understand the nature of the activities associated with the Council. In order to facilitate the analysis of the attributions, Table 1 was created, which exposes the objects of analysis of the regiment, characterizing important points in the performance of the Council studied, considering that essential concepts for the dynamics of social control are found.

The objects of analysis are associated with the inspection of public health policies carried out by the Councils that, according to the study by Silva 4, it should encompass the inspection of public expenditures, the deliberation on the actions carried out, the identification of irregularities in the services and the guarantee of exposure of the actions. In addition to these four objects, the election of councilors and the inspection of services in loco were added to this study, giving greater credit to the analysis. The table in question consists of three columns: the first with the numbering of the items of article 3 of the internal regulations of the CMS of Teresina-PI; the second with the objects of analysis; and the third with the verbs used that characterize the action of each object of analysis.

The Council studied should promote debates encouraging social participation, with a view primarily to improving health services in the municipality. Its purpose is to act in the control and supervision

Table 1. General operating rules for the Teresina-PI CMS. Teresina, Piauí, Brazil, 2021.

| Subsection | General operating rules   |
|------------|---|
| I          | The highest decision-making body is the plenary of the Council  |
| II         | The plenary of the Council will meet ordinarily once a month and extraordinarily, when convened by the president or by a simple majority of its members.  |
| III        | The Teresina-PI CMS will meet extraordinarily to deal with special or urgent matters, when there are:<br>a) Formal convening of the board of directors<br>b) Formal call of half, plus one of its members   |
| IV         | Each full member will be entitled to a single vote in the plenary of the Council  |
| V          | The Teresina-PI CMS meetings will be installed with the presence of a simple majority on the first call and on the second call, half an hour after the first call, with a minimum of 30% plus one of the members who will deliberate by the majority of votes present |
| VI         | The decisions of the Teresina-PI CMS will be embodied in minutes, resolutions, motions or recommendations   |
| VII        | The board of directors of the Council may deliberate ad referendum of the plenary of the Council, informing, at the first opportunity, its decision to the plenary  |

Source: Authors' elaboration based on Article 10 of Municipal Law 4,027, of 2010 (2021).

Table 1. Distribution of analysis objects in the Teresina-PI CMS bylaws. Teresina, Piauí, Brazil, 2021.

| Items of Article 3                        | Analysis object                  | Verbs that characterize the action  |
|---|----------------------------------|---|
| XXVIII                                    | Election of the councilors       | encourage, participate  |
| II, IV, VIII, XIV, XVIII, XXIV, XXIX, XXX | Inspection of public spending    | Proceed, analyze, discuss, approve, act, evaluate, monitor, supervise, manage |
| V, XXVII                                  | Inspection of services in loco   | Supervise, monitor, request, have   |
| IX, XI, XVI                               | Resolutions                      | Deliberate, discuss, elaborate, approve                                       |
| VI  | Identification of irregularities | To examine  |
| XX, XXIII                                 | Exposure of actions performed    | To perfect, spread  |

Source: Authors' elaboration based on Article 3 of the Teresina-PI CMS bylaws (2021).

of the execution of the municipal health policy, including the economic and financial aspects, in the strategies and in the promotion of the process of social control in all its amplitude, in the scope of the public and private sectors with the effective participation of the population in the management of the SUS.

The Health Councils are considered important bodies of social control in the management of the SUS, since, in gene-

ral terms, exist to provide opportunities for society to participate in the formulation and management of public health policies, opening opportunities for more democratic and transparent actions.<sup>5</sup>

The effectiveness of the Councils, however, is put at risk when the agenda focuses on promoting social participation. From this perspective, its commitment to strengthening more democratic actions is hampered by an authoritarian

policy that still persists in the Brazilian State, supported by fragile associative life and resistance, which mainly affects civil society actors. Thus, the mere existence of Councils is not enough to reduce social and economic asymmetries, and those isolated citizens remain excluded from these spaces and without mechanisms to articulate their demands, since the efforts for effective participation remain smaller for citizens who have more resources.<sup>6</sup>

The Councils have an essential strategic importance in the dynamics of reorganizing health care. This process encompasses possibilities, demands and behaviors of all actors involved in the provision of care, from managers to users of the health system. It is expected that the Councils will not only function as instances of social control for accountability, but also be spaces for the expression of demands and perspectives of the various segments that constitute them.

Regarding these segments and the promotion of social participation in the Councils, Gurza Lavalle explains that it is essential to understand that these bodies have, strictly speaking, a different nature from what the average citizen idealizes as participation. In short, the Councils do not exist for citizen participation. The researcher does not visualize, for example, the independent citizen within the Councils. What can be seen are civil society organizations and collective actors linked and committed to the entities they represent. The individuals who make up these organizations are often leaders with a recognized track record.<sup>7</sup>

The Councils are important for the qualified expression of the demands of the various entities involved. In the Health Councils, for example, there are representatives of social movements, workers, unions, etc. These entities have a notion of what the SUS is, of the debates relevant to the management of the health system. Discussion is important to make politics porous to a diverse chain of interests. The Councils tend to give flights the understanding of policies

that are not those that traditionally dominate politics, which is why they tend to be uncomfortable for City Halls.<sup>7</sup>

The evaluation of exogenous variables related to the Councils, such as the political project of the governors and the local associative process, are fundamental pieces to define not only the democratic capacity of these spaces, but also the criteria that suggest the level of innovation or maintenance of participatory public management.<sup>8,9</sup> Fonseca<sup>10</sup> understands that the assessment of power relations within the instances of participation needs to consider not only endogenous aspects, such as institutional design, but also external aspects that are capable of interfering in people's political behavior, such as those listed by Cunha.<sup>8</sup> Regardless of the institutional design for the analysis of the effectiveness of participation, it is conceivable that political, social and cultural aspects play an important role in the conception and definition of the institutional model.<sup>11</sup>

In addition to the importance of institutional design and the political context for the understanding of participatory bodies such as the Councils<sup>12</sup>, another relevant point that deserves to be highlighted is associated with the participatory and representative nature of the Councils. If such institutions had been created to confer the participation of Civil Society, it was found that only some members of associations that

made decisions for Civil Society worked in them. In this way, several authors<sup>13-15</sup> have these institutions as instances of representation and not of participation.

The Teresina-PI CMS has in its composition members of organized segments of SUS users, health workers and representatives of the Municipal Government and public, private, philanthropic and affiliated health service providers. As provided by law and bylaws, the representation of users must be equal in relation to the set of other segments. According to local specificities, applying the principle of parity, the representations presented in Table 3 can be considered, among others.

CNS Resolution No. 453, of 2012, defines that the number of counselors must be indicated by the plenary of the Council and Health Conferences and must be established in the law of creation or reorganization of the Council. In Teresina, the CMS, respecting the provisions of article 3 of Municipal Law 4,027, of 2010, has its parity and tripartite composition, chosen by direct vote of the representatives of each segment, as shown in Graph 1. Parity representation must be carried out directly, with the representatives of the segments, according to the electoral process. The Municipal Law also establishes that representatives of the Teresina City Hall must be appointed by the Mayor, not having, in this specific case, the choice by right vote

Table 3. Organized segments of SUS users, health workers, Municipal Government and service providers within the Teresina-PI CMS. Teresina, Piauí, Brazil, 2021.

#### Segments represented within the Teresina - PI CMS

|  |  |
|--|--|
| Associations of people with disabilities   | Consumer protection entities   |
| Indigenous entities  | Residents' organizations   |
| Organized social and popular movements   | Environmental entities   |
| Organized women's movements in health  | Religious organizations  |
| Entities of retirees and pensioners  | Scientific community   |
| Entities gathered from unions, union centrals, confederations and federations of urban and rural workers | Employers' entities  |
| Public entities, from university hospitals and field hospitals, research and development                 | Health workers: associations, unions, federations, confederations and class councils |
|  | Entities of health service providers   |
|  | Municipal government   |

Source: elaboration of the authors from the subsection "Composition" of the internal regulations of the CMS of Teresina-PI (2021).

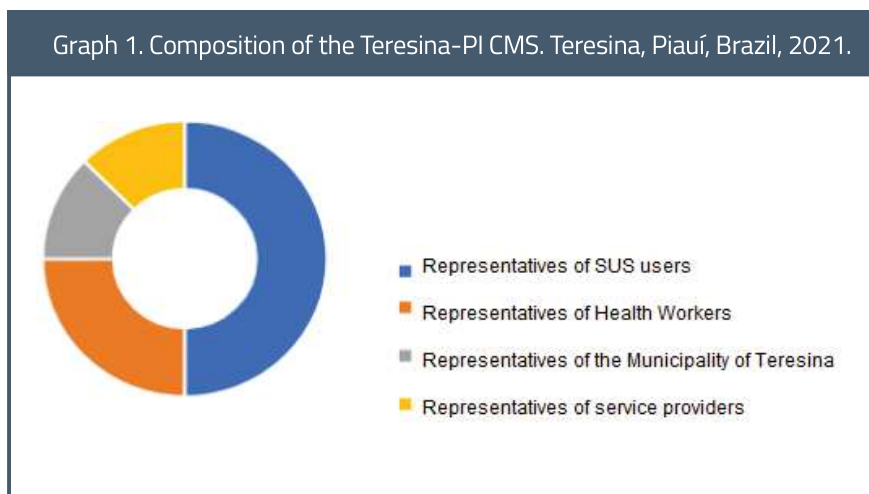
foreseen.

It is recommended by CNS Resolution No. 453, of 2012, that, at each election, the segments of representation of users, workers and service providers, at their discretion, promote the renewal of at least 30% of their representative entities.

Through this recommendation, it is possible to verify the distancing of the segment of government representatives as an actor promoting the renewal of representative entities. Lima and Lima<sup>16</sup> when critically analyzing the resolution, they interpret that this distance could be associated with the reason that the government segment will always be government. Although this argument seems logical, in the dynamics of Health Councils, this part of the recommendation can be viewed from more than one point of view. Even if the government is always the government, this segment can and must cooperate to oxygenate the Councils, allowing the renewal within its own share of representatives and offering possibilities to the various sectors of public health to collaborate for social control.

In short, the minimum amount of entity renewal recommended by the resolution is 30% and characterizes a percentage based on strictly empirical impressions. There are no representative and controlled studies that prove a positive outcome in the dynamics and organization of Health Councils related to this percentage of renewal, nor about the negative repercussions caused by non-renewal. It is necessary to carry out controlled studies to evaluate the renewal process, in which it is possible to consider the regional, state and municipal diversities of the Councils and their councilors, in an attempt to define reliable parameters for renewal. Last but not least, it is important to establish a guarantee of human and financial resources for the continuing education of “novice” counselors, without prejudice to others.<sup>16</sup>

In Teresina-PI, the CMS in its bylaws establishes that the directors will have a



Source: Authors' elaboration based on Article 9 of the Teresina-PI CMS bylaws (2021).

two-year term, with re-appointment. Although this point is also established in a CNS Resolution, reappointment is at the discretion of what is defined in the regiment and varies between municipalities. When the Teresina-PI CMS only states that the director's term of office "can be reappointed", it gives scope for this same member to remain as a director in multiple administrations.

When briefly researching the regulations of the Health Councils of other capitals, it was observed that some have mandatory normative terms for renewal, with the establishment of a single reappointment, for example. These are the cases of the Municipal Health Council of Belo Horizonte 17, which defines that "the director's term of office will be two years, and may be reappointed for another consecutive term. It will be allowed, after the interstice of two years, the return to the Council"; of the Municipal Health Council of Recife<sup>18</sup>, which establishes that "the members of the Municipal Health Council will have a term of office of two years, and may be re-elected or reappointed by their entity only once for an equal period"; and the Municipal Health Council of Porto Velho<sup>19</sup> which determines that "the members of the Council will be appointed by the entities they represent and will be appointed by act of the Municipal Mayor, for a two-

-year term, with the possibility of reappointment for an equal period".

In a study that aimed to know the councilors who use the SUS of the Municipal Health Council of Belo Horizonte, their social characteristics, as well as their relationship with the base they represent, confirmed that 35.3% of the councilors had three to five terms of office.<sup>20</sup> This finding confirms that the experience and extensive permanence in the Councils lead to a "professionalization" of the counselor in the functions he performs.<sup>21,22</sup>

This "professionalization" of counselors had already been discussed for a long time by Evelina Dagnino. The political scientist explains obstacles to civil society participation in the Councils. These participation challenges are closely linked to a technical requirement of civil society representatives. The activities of the Councils demand specialized technical knowledge that a significant part of the citizens does not have. The consequence of this condition is the dedication of time to acquire the necessary skills. Another result of this condition would occur due to the absence of renewal in the Councils, which would cause successive occupations of the positions of directors by the same qualified people.<sup>23</sup>

Rotation and renewal of councilors are strategies that can contribute to the

potential for inclusion in the Council. The elaboration of clear norms for a robust electoral process is an essential tool in the purpose of legitimizing representation.

The Health Councils exercise their functions through their plenary session. In order to structure the progress of the work, the counselors can be divided into groups to collaborate in commissions, such as monitoring and inspection, SUS budget and financing, communication and society education, among others. There may be other, more specific committees, depending on the institution's needs.<sup>2</sup>

In the Council studied, the commissions and working groups are created and established by its plenary and are intended to articulate policies and programs of interest to the health of the municipality. In it, the commissions have a permanent character and the working groups a temporary character. Furthermore, they can also be sectoral or intersectoral, as defined in Article 41 of the CMS bylaws studied.

Until 2021, the Teresina-PI CMS had 11 committees, namely: Hospital Committee, Projects and Finance Committee, Ethics Committee, Water Quality and Control Committee, Family Health Strategy Control and Assessment Committee, Child and Adolescent Health Committee, Local Council Monitoring Committee, Communication Committee, Intersectoral Worker's Health Committee, Intersectoral Mental Health Committee and Intersectoral Committee for Persons with Disabilities.

As for the regimental structure, the CMS of Teresina-PI has an executive secretariat linked to the office of the president of the FMS, which aims to promote the necessary technical-administrative support to the Council and its commissions and working groups, providing the conditions for the fulfillment of the legal competences expressed in chapters I and II of the bylaws, which deal with their nature and purpose and their competences.

Regarding the physical structure of the analyzed Council, it does not have its own headquarters for the functioning and carrying out of activities. The institution makes use of a space provided by FMS in the Ombudsman of the Central do SUS, located in the South Center of the capital. Previously, the sessions were

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held in the auditorium of the Integrated Health Center Lineu Araújo, an outpatient clinic for medical specialties. The existence of its own space for the Council could bring more comfort to the councilors and extend the opening hours of the instance, which until the date of data collection for this study operated

from Monday to Friday, from 8:00 am to 1:00 pm.

This lack of proper headquarters for Health Councils is seen in other studies.<sup>24,25</sup> This reality shows the dependence of these institutions on the Health Departments, limiting their autonomy for the development of activities. As highlighted by Rocha, Moreira and Bispo Júnior<sup>26</sup>, an adequate physical structure and the existence of technical support are relevant conditions for the actions performed by a Health Council.

## CONCLUSION

The organization, composition and structure of the Health Council studied are shown to be partially adequate, because some challenges were identified, such as the lack of minimum criteria for the reappointment of representatives, which favors the so-called "professionalization" of the counselors; and the lack of adequate physical structure, with the absence of its own headquarters for the instance, which makes the Council work only in the morning shift.

Even with the obstacles highlighted, it can be seen that the Council and its regiment follow a good part of the recommendations defined by CNS Resolution No. 453, of 2012, regarding the analyzed aspects. Ensuring procedures that provide opportunities for rotation and renewal of its representatives can contribute to the capacity for inclusion in the Council. The construction of clear guidelines for a consolidated electoral process is a fundamental resource in the attempt to certify good representation.

As a limitation of this study, the use of documental research only as a technique used for analysis can be cited. As it is part of a dissertation, the organization, composition and structure of the Municipal Health Council of Teresina-PI through analysis of its regiment was a complement to other techniques used in other chapters of the study, such as analysis of minutes and interviews.

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