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# The public university in the hinterland of Seridó/RN and the support of the implantation of Local Health Councils

La universidad pública en interior do Seridó/RN y apoyo a la implementación de Consejos Locales de Salud

A universidade pública no Sertão do Seridó/RN e o apoio à implantação de Conselhos Locais de Saúde

## ABSTRACT

**Objective:** to present an account of the experiences of the support actions provided by the Multiprofessional Residency Program in Primary Care in strengthening social control in health in Caicó/Rio Grande do Norte, aiming to create Local Health Councils. **Method:** This is a descriptive, experience report type study. **Results:** It is identified that the strengthening of social control in health in Caicó/RN goes through the participation of health workers and the local population and the support of the University is fundamental for this. **Conclusion:** Limits and potentialities in this university-service relationship are recognized and we hope that this study will contribute to creating new strategies for local overcoming to effect popular participation and social control in the investigated scenario.

**DESCRIPTORS:** Unified Health System; Social Control Formal; Health Councils; Social Participation; Universities.

## RESUMEN

**Objetivo:** apresentar un relato de experiencia de las acciones de apoyo del Programa de Residencia Multiprofesional en Atención Primaria en el fortalecimiento del control social en salud en Caicó/Rio Grande do Norte, con miras a la creación de Consejos Locales de Salud. **Método:** Este es un estudio descriptivo, el tipo de relato de experiencia. **Resultados:** A partir del reconocimiento del control social en salud en Caicó/RN, se identificaron los límites y potencialidades. **Conclusión:** se espera que este estudio contribuya a pensar nuevas estrategias a nivel local con el fin de superar las debilidades que han obstaculizado la participación popular y el ejercicio del control social en el municipio.

**DESCRIPTORES:** Sistema Único de Salud; Control Social Formal; Consejos de Salud; Participación Social; Universidades.

## RESUMO

**Objetivo:** apresentar um relato de experiência das ações de apoio do Programa de Residência Multiprofissional em Atenção Básica no fortalecimento do controle social em saúde em Caicó/Rio Grande do Norte, com vistas à criação de Conselhos Locais de Saúde. **Método:** Trata-se de um estudo descritivo, do tipo relato de experiência. **Resultados:** A partir do reconhecimento do controle social em saúde de Caicó/RN, identifica-se que o seu fortalecimento perpassa pela necessidade da participação de trabalhadores da saúde, gestão e população local e o apoio da Universidade é fundamental para o engajamento desses atores para a consolidação do Sistema Único de Saúde e transformação da realidade. **Conclusão:** Foram identificados os limites e potencialidades nessa relação universidade-serviço e espera-se que esse estudo contribua para que novas estratégias sejam pensadas em nível local a fim de superar as dificuldades da participação popular e o exercício do controle social no cenário investigado.

**DESCRIPTORES:** Sistema Único de Saúde; Controle Social Formal; Conselhos de Saúde; Participação Social; Universidades.

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**INTRODUCTION**

Popular participation in Brazil came from the Sanitary Reform movement in the early 1970s, in which it fought for the universalization of the right and access to health. This discussion, when it arrived on the Brazilian scene, entered the political agenda of social movements and different segments of society, which enabled the construction of the Brazilian Sanitary Reform (Reforma Sanitária Brasileira - RSB) movement.

The 8th National Health Conference (Conferência Nacional de Saúde - CNS), held in 1986, had a significant involvement of the population in the construction of proposals and guidelines for health policy at the national level and for the exercise of popular participation in health policy, culminating afterwards, in the creation of the Unified Health System (SUS) in 1988 and in the legitimation of social control in health.<sup>1</sup>

Health became, then, a citizen's right and duty of the State guaranteed in the Federal Constitution (Constituição Federal - CF) of 1988. Two years after the publication of the CF, Law 8,142 / 1990 was passed, which ensures popular participation in health policy through Conferences and Health Councils, thus ensuring social control at the national, state, municipal and local levels in the formulation, inspection and mobilization of society to strengthen the SUS.<sup>2</sup>

As a result, spaces for social participation in decision-making processes that involve public health have emerged in the country, with the aim of expanding community participation to create more effective instances to meet the demands of the population.<sup>3</sup>

Among the social control channels, local health councils (Conselhos Locais de Saúde - CLS) emerged as a flexible alternative for social participation, created in the 1980s and present themselves as strategic spaces for participatory management in the SUS because they are closer to the community. The CLS enables the approximation with the real needs of users, residents' associations, community councils, social movements, community leaders, among others, and provides the opportunity for society to participate in decision-making processes involving demands of collective interest.<sup>1</sup>

Local Health Councils have become spaces for the promotion of co-responsibility between health professionals, management and the community to carry out public projects and programs and, therefore, they must be valued as a privileged locus, as they enable the community, within their territory, to occupy its leading role in the struggle for the realization of the universal right to health.<sup>4</sup>

And it is within the territory of primary care that health production must be based on the critical and emancipatory reflection of individuals, allowing meetings and promoting spaces in a dialogical way, collabora-

ting in the development of critical awareness and the role of people in their health care.<sup>5</sup>

Thus, the Multicampi School of Medical Sciences (EMCM) of the Federal University of Rio Grande do Norte (UFRN), with emphasis on the Multiprofessional Residency Program in Primary Care (Programa de Residência Multiprofissional em Atenção Básica - PRMAB), presents itself as an alternative capable of promoting change in health care practice and the construction of a new reality based on the search for effective social control in health.<sup>6</sup>

In this sense, this study is justified by the need to recognize the weaknesses and potential of social control in health in Caicó-RN, with the intention of presenting the experiences of this process and serving as a basis for other actors who are looking for effectiveness and qualification the local health system through popular participation. Thus, the objective is to report on the university's actions in support of strengthening social control in health in Caicó-RN, with a view to creating Local Health Councils.

**METHOD**

This is a descriptive study, of the experience report type, based on the theoretical framework of social control in health and built from the experience and collaboration of residents in the extension project "Strengthening social control in Caicó-RN: popular

participation by guarantee of the right to health” of EMCM/UFRN.

The project came about through the involvement of the teaching community, students and multiprofessional residents in health, by identifying the weaknesses of local health services and, in parallel, the recognition of the low participation of the population in health decision-making processes.

The project started its activities in March 2019 and ended in December of the current year. For the development of this proposal, the researchers involved participated assiduously in the meetings of the Municipal Health Council in Caicó-RN during the term of the project to recognize the municipal scenario regarding social control.

The municipality of this study is Caicó/Rio Grande do Norte (RN). It is located in the Seridó Potiguar region, 282 km from Natal (Capital of the State), and is the main city in the region and has an estimated population of 68.222 inhabitants, according to the Brazilian Institute of Geography and Statistics (IBGE) <sup>7</sup>, which makes it the seventh most populous city in RN. In the form of primary care, Caicó/RN has twenty-two UBS and 24 Primary Care Teams (EAB), distributed between urban and rural areas.

With regard to instances of social control, the city until now has only the Municipal Health Council as a formal channel for social control, which has centralized in a single space the discussion of the diverse health demands and needs of the population of Caicó/RN.

The UBS selected for this study to identify how social control in health is presented were those in the João XXIII, Paraíba, Walfredo Gurgel, Boa Passagem and Castelo Branco neighborhoods. As an inclusion criterion, the units that are the setting for the practice of undergraduate medicine in residents of the PRMAB were included, and these are divided into ten professional categories, namely: social workers, psychologists, dentists, nurses, nutritionists, pharmacists, physiotherapists, speech therapists, physical education professionals and veterinarians. And it was adopted as an exclusion criterion, the health units that are not the teachin-

g-learning field of the undergraduate and PRMAB of EMCM/UFRN.

In the spaces and situations present in the daily lives of these units with the users, professionals and managers of the UBS, waiting rooms were held and the health promotion groups worked on the role of the health council and raising awareness to act in this deliberative instance, the need for political engagement of these individuals in decision-making processes and encouraging participation in health conferences. These moments enabled the mapping of the weaknesses and strengths of social control in each territory, helping to raise a situational diagnosis.

The data collection for this study took place through participant observation and field diary from March to December 2019, the period during which the project was being carried out, in the UBS and in the social control spaces in Caicó/RN, participation in the pre-conferences, 7th Municipal Health Conference of the municipality. The data from the field diary were analyzed by the methodology of the dialogical thematic analysis, in which the identification of recurrent and interconnected themes were classified, making it possible to organize the results through the dynamics of meanings and social interactions.<sup>8</sup>

The information contained here is related to the authors' implications for the observation and conduct of activities. Therefore, this work falls within the conditions provided for in Resolution 510/2016, with regard to health research, as one that aims to deepen situations that emerge spontaneously and contingently in professional practice.<sup>9</sup>

## RESULTS AND DISCUSSION

### Actions to recognize social control in health in Caicó / RN and support strategies for the creation of local health councils

The University, with emphasis on the EMCM/UFRN PRMAB, has been presenting itself as a space for building and valuing innovative practices, ensuring and guaranteeing the citizens' right to participate in the social control of SUS, collabora-

ting in the democratization of power, in the construction of new bases in the State-society relationship and introduction of new political subjects.<sup>10</sup>

The relationship between EMCM/UFRN and the health network emerges as an important strategy for reorienting health education in the SUS, seeking to change the traditional and fragmented health work process, with the permanent encouragement of interprofessional and collaborative practices with Health professionals.<sup>11</sup>

The dialogue between health professionals, the community that uses the services and management is a premise for strengthening the SUS through social control to recognize how the social control of health and the interior of these services and the production of health in these territories are presented.

It is known that social participation in health in Brazil is guaranteed through formal mechanisms, however, it would be a mistake to reduce it only to these spaces, given the counter-reform of the State that since the 1990s has been causing constitutional changes, reduction of the State and setbacks in the implementation of social policies.<sup>12</sup> In the context of the social participation of users in these neighborhoods, there was a relative dissatisfaction with the direction of the local health policy and the need for greater community participation in dialogues for (re)definitions.

In primary care, most subjects who use the services provided in the UBS research setting are SUS dependent. This means that these subjects use public health resources as the only source of assistance and care, but are not satisfied with the way they are organized. Rescuing the role of users in the co-management of SUS is a difficult job and one that must count on the support of many involved. In this sense, health education strategies, with the enhancement of dialogues between users, workers, local management and the university are recommended.<sup>13</sup>

Regarding the health work in these territories, resistance to active participation in social control by some health professionals was noted. There is an understanding that such participation will cause work overload. It is observed that the health care model is still

centered on the disease, with little collaborative practices, with a reduced focus on illness to the detriment of the health promotion and protagonism actions of the subjects.<sup>14</sup>

A considerable part of the professionals are unaware of social control as a right historically conquered, as they had little or no training on social control in SUS, which makes it difficult to incorporate them as part of the health work process.<sup>14</sup>

Some issues were raised and associated with the lack of this clarity, the precariousness of health services and the hopelessness in the local SUS due to the political crisis in the municipality, which has caused frequent changes in the management of the Municipal Health Department, pointed out as a “discouragement in the social participation”.

It is important to recognize that this discontent is legitimate, however it is a mistake to summarize the role of social control in municipal management, which was the responsibility of the multiprofessional residence, in these spaces, to expand access to information, producing, collectively, critical reflections with the citizens, about the social, political and economic reality of the municipality, making them aware of claiming and questioning their demands and needs in health services.<sup>15</sup>

It was observed that another difficulty for participation in social control in the health council pointed out by both professionals and users is the fact that the meetings in the Health Council take place during working hours. A weakness that drew attention is the fact that the presence of professional counselors in the UBS has not been sufficient to guarantee an understanding of social control in these spaces.

It was identified that many professionals and users, especially those who attend daily health promotion groups, are unaware of the role of the council, the dates of ordinary meetings and, in most cases, it is the multi-professional residence that has been provoking this debate.

This study opted to call “invisibility cloak” everything that involves social control in health in Caicó/RN, impairing the community's understanding of the recognition and purpose of the municipal health council, the

role of the citizen in social control, resulting in a low participation of users in this space and, consequently, little commitment to the creation of local councils.

Participation and social control in the daily life of health services in Caicó is still incipient, above all, based on its historical roots of actions of an assistentialist and coronelist character, which contributes to the invisibility and disbelief of the Municipal Health Council and dependence of the population competent bodies and political representatives in accessing services that are rights guaranteed by law.

In the recognition of social control in health, it was possible to identify that these weaknesses in services are limiting factors for effective popular participation and consolidation of local health policy. However, these findings demonstrate and contribute to reaffirm the need for the creation of local councils so that individuals can guarantee the effectiveness of a public, universal, comprehensive and equitable SUS and that materializes in accordance with the real needs of the population of Caicó/RN.

In the dialogues with the professionals of these services, Permanent Education in Health (Educação Permanente em Saúde - EPS) was considered as a fundamental tool to qualify the knowledge of workers about social control and, consequently, contribute to the discussion of this topic with the community. Thus, it was suggested by most health teams the need for the guarantee of EPS by the municipality, as well as advice from the municipal health council of Caicó/RN.

This relationship between the university and society, with the purpose of political, ethical and theoretical education, aims to qualify citizens' decision-making in an inclusive and conscious way, contributing to the creation of forms of resistance and democratization of the responsibility of the various actors to act in the social control.<sup>15</sup>

EPS is a strategy to transform health care in the direction of integrality and allows the development of managerial, dialogical, democratic, reflective skills, characterized as an educational process that focuses on the needs and problems identified by collectives in the space of micropolitics of

health work, promoting meaningful learning and transformation of practices with a view to comprehensive care.<sup>16</sup>

However, although studies point out that the practice of PHE results in the qualification of care provided to users and workers, it has not yet been implemented in many health services and many studies point to the lack or reduced support of management and the little knowledge on the part of health professionals about the effectiveness of permanent education in APC.<sup>17</sup> This phenomenon is perceived in Caicó/RN from the lack of a Coordinating Nucleus for Permanent Education actions in the municipality.

However, it should be noted here that there are also strengths in these territories that can significantly contribute to the establishment of local councils, such as the presence of community leaders, social movements, community councils, social facilities, community membership in health promotion groups at times both daytime and nighttime, presence of professionals who are also counselors and longitudinal insertion of the multiprofessional residency, graduation and EMCM professors in these territories.

The training and qualification processes have been fundamental strategies to expand the political, ethical and theoretical knowledge of counselors and workers, helping them to understand, improve and improve the exercise of their role in decision-making processes in health policy.<sup>18</sup>

Within the Health Council, there was a need to create a new internal regulation that encourages and legitimizes the creation of local health councils. For this, it is considered important to involve not only EMCM/UFRN, but also other training institutions in the region, as well as users and workers so that social participation can be guaranteed in an expanded way. We argue that it is not enough to institutionalize the CLS, but its effectiveness depends on the engagement of the whole society in this context.

It should be noted here that universities have contributed directly to strengthening social control in health and the defense of SUS, even though this discussion is still incipient in scientific production. An example of this in the local scenario is that

EMCM/UFRN, in 2019, became part of the health council in the Service Providers segment, a great innovation for the social control of the municipality, in which it guarantees and sustains the support of the university in social participation. A space of representation was also conquered in the Users segment, the National Health Residents Forum (Fórum Nacional de Residentes em Saúde - FNRS).

This experience in social control in health in Caicó/RN during 2019 generated benefits in the teaching-learning process of students, residents and teachers who are daily in the municipality's health services, in addition to the exchange of knowledge,

collective learning, qualification of social control and awareness of the population, professionals and managers for the creation of local councils.

## CONCLUSION

EMCM / UFRN, with emphasis on the Multiprofessional Residency Program in Primary Care, has sought to make visible the social function of social control in health, guaranteeing this discussion and empowering the community of health professionals to participate in the deliberative instances.

It is expected to contribute, with this study, to the recognition of social control in

Caicó-RN and from that, new strategies are thought to involve the participation of health workers and the local population for the strengthening of social control in health and participation popular in Caicó-RN.

Ensuring permanent health education to qualify primary care workers to act in social control, changing the CMS meeting times, creating a new internal regulation in the council and involving local universities may be strategies capable of overcoming the limits that have hindered the realization of social participation and the exercise of social control in Caicó-RN and, consequently, contribute to the creation of Local Health Councils. ■

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