



THE ACTION OF MUNICIPAL HEALTH COUNCIL: DIAGNOSIS AND ANALYSIS OF INTERFERENCE IN THE SOCIAL PARTICIPATION

ATUAÇÃO DO CONSELHO MUNICIPAL DE SAÚDE: DIAGNÓSTICO E ANÁLISE DE INTERFERÊNCIA NA PARTICIPAÇÃO SOCIAL

LA PRÁCTICA DEL CONSEJO MUNICIPAL DE SALUD: DIAGNÓSTICO Y ANÁLISIS DE LA INTERFERENCIA EN LA PARTICIPACIÓN SOCIAL

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ABSTRACT

Objective: to analyze the actions of the health councilors and users of the family health strategy in the health decisions of a city in the interior of Bahia and identify possible issues which might interfere with in the participation of citizens in decision-making in health. **Method:** this study is a qualitative descriptive exploratory study using semi-structured interviews with six health councilors. The selection criteria for the study were: to be an effective member of the Municipal Health Council (CMS), assiduously attend regular and special meetings of the CMS and agree to sign an Informed Consent (TCLE). The interviews were taped, transcribed and later analyzed through content analysis, in the form of thematic analysis as approved by the Ethics Committee in Research in the nursing area by the Federal University of Pelotas under protocol number 29/2009. **Results:** it was identified, with the findings, dissatisfaction with Municipal Health Council because of absenteeism of members in regular meetings and the lack of periodicity of these, little interest, knowledge and popular participation. **Conclusion:** it is noticed the limitations of local reality, showing that participatory practice only be reached after trespass the social and cultural obstacles to implementation of citizenship. **Descriptors:** family health program; social participation; public policy.

RESUMO

Objetivo: analisar a atuação dos conselheiros de saúde e usuários da Estratégia Saúde da Família nas decisões de saúde de um município do interior da Bahia e identificar possíveis questões que poderiam interferir na participação destes munícipes na tomada de decisões em saúde. **Método:** estudo de caráter qualitativo exploratório-descritivo, realizado por meio de entrevistas semi-estruturadas a seis conselheiros municipais de saúde. Os critérios de seleção para participar do estudo foram: ser membro efetivo do Conselho Municipal de Saúde (CMS), participar assiduamente das reuniões ordinárias e extraordinárias do CMS e aceitar assinar o Termo de Consentimento Livre e Esclarecido (TCLE). As entrevistas foram gravadas, transcritas e posteriormente analisadas por meio da análise de conteúdo, na modalidade de análise temática, após aprovação do Comitê de Ética em Pesquisa na área da Enfermagem da Universidade Federal de Pelotas sob o número de protocolo 29/2009. **Resultados:** identificou-se, com os achados, insatisfação com o Conselho Municipal de Saúde devido ao absenteísmo dos membros nas reuniões ordinárias e a falta de periodicidade destas, além do pouco interesse, conhecimento e participação popular. **Conclusão:** observou-se, portanto, limitações na realidade do local, evidenciando que a prática participativa só poderá ser alcançada após transpassar os entraves sociais e culturais de execução da cidadania. **Descritores:** programa saúde da família; participação social; políticas públicas.

RESUMEN

Objetivo: analizar la actuación de los consejeros de salud y usuarios de la estrategia salud de la familia en las decisiones de salud de una ciudad en el interior de estado de Bahia y identificar los posibles problemas que podría interferir en la participación de las personas munícipes en la tomada de decisiones en salud. **Método:** se trata de un estudio de carácter cualitativo exploratorio-descriptivo, realizado via entrevistas semi-estructuradas a seis consejeros de salud. Los criterios de selección del estudio fueron: ser un miembro eficaz del Consejo Municipal de Salud (CMS), asistir asidumente a las reuniones ordinarias y extraordinarias del CMS y de acuerdo en firmar una declaración de consentimiento informado (TCLE). Las entrevistas fueron grabadas, transcritas y los datos analizados a través del análisis de contenido, en forma de análisis temático conforme aprobación del Comité de Ética em Pesquisa de la area de enfermería por la Universidad Federal de Pelotas bajo el número de protocolo 29/2009. Las entrevistas fueron grabadas, transcritas y los datos analizados. **Resultados:** se identificaron con los resultados, la insatisfacción con lo Consejo Municipal de Salud, debido al ausentismo de los miembros en las reuniones regulares y la falta de periodicidad de éstos, además de la falta de participación de interés, el conocimiento popular. **Conclusión:** no se limita, pues en la realidad del lugar, demostrando que la práctica participativa, solo puede lograrse después de la invasión de propiedad sociales y culturales para la puesta en práctica de la ciudadanía. **Descriptor:** programa de salud familiar; participación social; políticas públicas.

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INTRODUCTION

In Brazilian society, a historical review shows us that in the 1970's the struggle for democracy and popular participation in government decisions comes with more intensity since internal problems as the concentration of power, the great harm done to population's health and crisis international affect the dictatorial regime in force.¹⁻²

In this context, the 70's and 80's were marked by the emergence of various social movements, including in the health field. But the emergence of the *Movimento Popular de Saúde* (MOPS) occurred in order to meet the specific movements and fight for a cause that was only the search for improvements to the living conditions of the population.³

The creation of MOPS was driven by the desire to improve health and living conditions of the population through popular participation in decisions about government policies.³

In this sense, there was the creation and dissemination of the *Conselhos Municipais de Saúde* (CMS). The CMSs are parts of democratization, which is one of the elements that characterize the *Sistema Único de Saúde* (SUS), act as a collegiate with permanent and deliberative character, and must regularly make decisions, and monitor, inspect and control the health policy proposing suggestions for improvement.⁴ One of the criteria for municipalities to participate in the allocation of funds is the existence of the Councils and the proper functioning of them occurring by means of evidenced semiannual meeting minutes.¹

Unfortunately, several factors such as political interference in the choice of directors, excluding a significant portion of the population in developing plans and guidelines for prioritization of resource allocation, greater power of influence of organized groups and lack of governance of local management can contribute to the not consolidate popular participation traversing from small municipal political interests to the neoliberal policies that we lived in the past decades.⁵

The compromised performance of the CMSs is a form of verification of their power and the practice of actions that go against cronyism and nepotism, and the exchange of favors and support among the politicians, and allow greater examination of public spending on health.⁵

The CMSs work in healthcare management and necessarily, from the Law 8142 of 1990; its formation is equal, comprising representatives of users of health services (50%), health workers (25%), and providers of public and private services (25%). Each of these segments can nominate and elect their representatives, moreover, should have the power of argument and dialogue in order to define actions for the welfare of the community in general, passing him/her the problems to be solved.⁶

The law gives to CMSs the powers to act in the formulation of strategies and control the implementation of health policies. Therefore, the CMSs should recognize the typical management skills, which are: planning, budgeting, scheduling, regulation, direction / management, operation / execution and monitoring / evaluation.⁶

The strengthening of social participation in health field arose from the aim to create the SUS; in its institutionalization, in its guidelines and principles and also the drafting of laws and health policies that offered support to the reorganization of primary care in our country. A good example of this reorganization of the health policy was the creation of the *Estratégia de Saúde da Família* (ESF) a program with national scope.⁷

The contribution of health to citizenship is a major step towards building equitable health practices, which have as springboard the full social participation, through which people have the freedom to express themselves about their needs, be heard by professionals and managers, and through this relationship among equals to be possible the qualification and strengthening of the ESF for the transformation of care model in a model that cultivates and promotes health, and, above all, accepted and legitimized by the user / families and communities.⁷

The community is the reason for the existence of the ESF and need to be identified as the subject able to assess and intervene by modifying the health system which is inserted, thereby strengthening the democratic to health. The opening for the analysis of the health system by the user favors the humanization of the service acceptance and exercise of vision and perception of the actors involved.⁸⁻⁹

The justificatory for performance this study is in the essence of the stimulus and motivation of user participation in health decisions in the ESF, since appears on the stage of health policies the needing of

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user/family evaluations about health programs. This fact indicates the need for research to produce knowledge that may be useful for managers, professionals, users, and counselors in order to consolidate the comprehensive care and social participation.

It is worth noting that the ESF has shown significant results in markers and health indicators, including taking priority in resource mobilization to be understood as the deployment scenario of the *Política Nacional da Atenção Básica* (PNAB) and for having a direct link with the motivation and supporting the social participation and control at the local level.¹⁰

OBJECTIVES

- To analyze the performance of health counselors and users of the Family Health Strategy (*Estratégia de Saúde da Família - ESF*) in the health decisions of a municipality in the interior of Bahia/BA - Brazil.
- To identify potential questions that could interfere with the participation of citizens in decision-making in health.

METHOD

This present study is a cropping of a Term Paper about nursing entitled "*A Participação Social Na Estratégia de Saúde da Família*" or (Social Participation in Family Health Strategy), developed in a municipality in the state of Bahia/BA - Brazil. It is characterized by being an exploratory and descriptive study with qualitative approach. These approaches emphasize different dimensions of the object of evaluation, in a complementary way, provides different axes for the trials, allowing a greater wealth of knowledge of how services are working.¹¹

The participants of this study were six municipal counselors of health, among them, the president of CMS which was also the municipal secretary of health's chairman. The selection criteria for the study were: to be an effective member of CMS, assiduously attend regular and special meetings of the CMS and agree to sign the Free Informed Consent Form (FICF).

Data collection was performed during July-August 2010, through semi-structured interviews that were taped, transcribed and analyzed through content analysis, in the form of thematic analysis, based on the objectives, with pre-analysis, exploration and codification of the material, processing and interpretation of results.¹¹

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The study met the guidelines and standards regulated by Resolution 196/96, of the Brazilian National Health Council - *Conselho Nacional de Saúde* - for research involving humans. Initially, there was prior contact with the Municipal Secretary of Health and the president of CMS requesting authorization to conduct the study. After agreement, the work was sent to the Ethics Committee in Research in Nursing from Federal University of Pelotas - *Comitê de Ética em Pesquisa na área da Enfermagem da Universidade Federal de Pelotas* (CEP-FEN-UFPEL) and approved under protocol nº 29/2009.

RESULTS

The CMS had his first formation in 1998, according to respondents. Members reported that the agency had difficulty to its functioning because of the low social participation. The final formation of the CMS was in 2008, and its end would be in April 2010, because the term lasts two years. However, the interviews occurred in the period from January to August 2010, and by the end of them the choice of new members had not yet occurred.

According to respondents, the council was composed of 16 members and respected the law, agreeing with the resolution 333/2003 of the Brazilian National Health Council in relation to parity.

This council had its formation by trade unions (one rural and one urban), representatives of users, rural and urban associations, representative of the Catholic Church and other churches, representatives of health professionals (one representative of the class of agents, one representative of class of nursing, one representative of the medical class, one representative of the other categories of health). In the representation of management there was: the Municipal Secretary of Health, which is a permanent member, and one representative of the Municipal Secretary of Finance. The chairman of the council was the representative of the class of nursing and the vice president represented the class of users, the first and second secretaries who were part of the board.

In speeches of municipal councilors, we can get an idea of how and when the formation of the CMS occurred, and how was made the choice of its members.

Since then (1998) it has always worked with great difficulty because it depends heavily on the participation of people is what else

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has a problem [...] Because the question of how members, we always made parity in order to always have people, so that entire population to stay somehow represented. (CM1)

It is a selection process; the entity is called, meets and chooses its representatives at a meeting with the council. (CM2)

The council, I'm not quite sure, but I believe it already has more than eight years of founded. As for training it is composed of 50% which represents the users and the other 50% is an indication of the mayor or public officials who have organized category or they that are not organized categories, they meet and choose between them. (CM3)

I think it was created in 1997. Two years ago I attend, but do not remember when it started. About the choice, the entities make an election, indicate the name and register in the minutes, send to the council and then to the secretary of health. (CM5)

When asked about the election of new members for the term of 2010/2012, and why they were not performed, because the term 2008/2010 had expired, some reports from counselors showed relevant information, for example, dissatisfaction of some municipal counselors in relation to the not organized categories that had no board seat.

I think so, that the council is now with a pending question, the question of election, is that the term has ended and we decided it would have to do a notice of the next election and was stuck through the question of which entities would be convoked. There are some entities that were being invited and that the directors believe that the current form of choice is still not adequately kind, the male nurses, the female nurses did not have an advanced category, and then how they report the information? The president of the council is searching in the internet as it is made the election of the city council and then decided that we know who will be next representations, if it continues or gets moved and then replaced so that has not yet made a new election [...]. It's more a matter of organizing it, did you understand, about the doctors who participate in the council, but does not have an organization. (CM3)

According to the rules of the municipal council of health approached in this study, the meetings were monthly, totaling 12 meetings. Regarding the number of absences, the loss of three consecutive meetings or five interspersed throughout the year, are reasons for the detachment of the member. Commenting about the number of absences and punishment as a result of them, some

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counselors pointed out to the failure of the regiment.

We caught in the beginning of the year; make a calendar with all meeting dates and deliver for each counselor. We only have a duty to advice when it is extraordinary, there just because of that staff do not come much. There are two doctors who represent, but legally they can no longer participate because it has more than a year they do not come. But, we did not make the request for deletion. (CM1)

I think it's in three years, but it does not follow to the letter as it should be. (CM3)

After three absences the council will send a letter communicating the fact to the organization. (CM5)

From what was reported during the interviews, one of the complaints was not ordinary regular meetings due to lack of quorum. Since the minimum number of institutions to be represented, there were nine, it means, the minimum quorum to have the meeting, would be nine performances, as approved by the Internal Regiment. The following statements also suggest that the lack of quorum for these meetings would be resultant from the absence of further notice to the schedule set at the beginning of the year.

[...] Is a regular meeting, and the extraordinary, whenever you need, although this regular meeting it has not happened very often, so sometimes we are one, two months without meeting, a quorum is not present, because we decided in the regiment did not have to tell since the day and time is established, just as the regiment is [...] to have the meeting has to have at least half plus one, then it would be at least nine people, nine counselors. In fact, nine institutions? (CM1)

The meetings are monthly, but some do not give quorum, some have seven people, but the quorum is nine people there occasionally has not meeting, because it is not happening for lack of quorum. (CM3)

During the research, we found that CMS had the dates and times of regular meetings monthly pre-determined annually and publicized through a radio station in town, but the agency did not have its own office for the meetings. According to counselors, meetings were performed in their own Municipal Health Department of the municipality.

The local government had proposed the creation of the "House of Councils" in which all the councils would work. This proposal, according to reports from members, failed to materialize due to lack of structure of the

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setting. Below, we can note it in statements that demonstrate the absence of a proper headquarter of the council.

There is a project of the mayor to build the house of the council, where all councils are going to meet there. Already have a worker, some equipment, only it is depending on a suitable location. [...] Sometimes the citizen wants to make a complaint, but he is afraid to come to the office to make a complaint against the secretary to the council and sometimes not even know who are the counselors, do not have a fixed location to do anything. So, that the idea of house of councils had been emerged, for all councils to operate in the same place. (CM1)

Our headquarters is in the health department. We do not have our own headquarters. (CM4)

When asked about the existence of places where people could make complaints, suggestions or complaints, the respondents said it would be possible to report by health workers, counselors, on the radio, or in the Department of Health.

The own agents, they receive the complaint; especially those related to church and associations, are the ones who bring complaints. Now comes also to us because sometimes the person is poorly served in a particular unit, for example, then he comes in the office to make a complaint and then we take that complaint and also leads to the council. (CM1)

We take it to the radios and meetings and directly to those work in health, and even to counselors. (CM6)

The same radios used for complaints, criticisms and suggestions of the population, were those also used by CMS to promote the scheduling of the dates of meetings. When asked about the extent of the radio which broadcast the program "Councils in Action" (promoted the role, functions and dates of council meetings), some respondents reported that the station did not have a range greater than 10 km and that the other radios, which had a longer range, the program was not to broadcast. The following statements clarify the fact above:

It has a radio program, which is called "the Councils in Action". This program is for all, not just for health issues, and then each day has a council that the president or any member goes to speak. So I think it's a way you're always touting the role of advice for people [...]. But then, on several occasions in meetings, even at other times we go to the radio also talk about another subject, we took the opportunity to also talk a little bit of role that people have in health.

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Because it is as a user is required to monitor, because she is the beneficiary of the service, it does not reach all the villages do not, it has a range of 10 km, if I'm not mistaken in some villages will not [...] has two other radio stations that do not have the program, but they also report. (CM1)

Through the local councils, there are programs of the municipality where they are released on the radio the schedule of all councils. (CM3)

When asked about public participation at council meetings, the counselors stated that the population does not have a way to participate due to their own lack of interest and knowledge about CMS.

Rarely appears someone in the community, although it is disclosed. I think it is actually the same disinterestedness of the population, the population is not very interested in participating in any council, it's not just health, and it's all the councils. I was part the council of social action and there was the same difficulty, same thing, so you can do meeting, calling to one or calling to another, and is missing one in order to have a quorum, so I can not, it thousand one things. So, so I think the real problem of the councils is that popular participation in general has not really happened, despite the fight that was great for that if you get this right, but I think perhaps because the population already has everything today easiest way, she ended up moving away from the fight for his place, for their right to be participating. (CM1)

Yes, but very little, in my assessment I think it's a cultural issue of our region, people, not only from this council, but in other [...] are not that usual to participate. (CM2)

I think people do not understand the role it has on council, because even spoken on radio programs, staff, the priest invites the faithful of church to attend, says that is an open place, but the people also by the question of the council be a local volunteer, I think the people are very much in question, only go there if I win something, I think people still think it. (CM3)

With regard to the needs of the population and development projects by the CMS, it was asked about the existence of some epidemiological and situational verification about health in the municipality. Here are some answers:

We give some suggestions, we actually have developed many projects in our community, but in most cases the projects are already ready [...]. If you develop a project of PSF, sometimes invite health worker to give suggestion, but in most projects the city can get a project done, then the ministry of

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health talk like that, or even the state secretary of health, which has term. Often technicians prepare, those who have more access to the Internet, computing. If it was a matter of mobilizing the people, the people would only suggest that it takes longer. There is still no way a structure formed to hear the views of users and other professionals. Generally use more professionals directly involved with the health department. (CM3)

Usually the vast majority of things have come as a proposal ready, because the money is not so big, usually the money help to pay current expenses and what is left for investment is very low, then the resource is even more to keep operating of all units as well as possible. (CM6)

DISCUSSION

In this work is made an assessment about CMS and also on counselors in order to get points or situations those explicit barriers in relation to social participation, because the questioning on the effectiveness of performance and representation of interests of different social segments in CMS is essential.¹²

Among the skills of the Executive Power, respecting the principles of democracy in the CMS, this power must ensure conditions for effective participation of all segments of society in the evaluation and control of health policies. Thus, it becomes difficult to believe in the embodiment of true participation of society against the non-compliance with legal form of the composition of the CMS, strengthening one category over another.¹²

Regarding to the CMS approached in this study, the non-compliance of the Internal Regiment in relation to the frequent absences of members and lack of frequency of regular meetings for not constitute a quorum can not be derived from the non-commitment of some counselors.¹³In this sense, the non-participation in meetings of the counselors of CMS, is presented as a limitation of this study, because there were difficulties in establishing contact with these members.

The Internal Regiment of each council sets the quorum for the deliberative meetings to address issues such as excused absences and even loss of office. The term is defined in this charter, may not coincide with the mandate of the state or local government, suggesting a period of two years each.⁶

The Internal Regiment has disciplinary character and performs organizational control, essential for structuring the

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discussions and deliberations of the councils. Topics such as nature, purpose, skills and organization of the council should be addressed in the regiment. The construction and approval of this charter shall be performed by the plenary.¹²

Studies in other settings identified that one of the reasons for the emptying of a quorum at meetings would be the downfall of the credibility of councils when the interests of users take long time to be attended.¹³⁻⁴

In the matter of which corresponds to its own headquarters, that council in question had no placement, and performed its meetings at the health department of the city. Questions about infra-structure of councils were also analyzed in a study in Goias and Mato Grosso do Sul (Two other Brazilian states), they identified that although all CMSs have its own headquarters donated by the city administrations, a minority contained technological equipments.¹⁵According to the Counselor's Guide for Council meetings, you need a specific and suitable place for operation with good infra-structure and technological support, such as telephone and computers with internet access.¹⁶

The fact that CMS conduct its meetings in the department of health leads to believe that there is some inhibition by users in making complaints or claims of the services offered by the health department in the physical space of the organ. The councils of health should facilitate the understanding of managers about the suggestions, reportings and complaints by users of health services and should also receive them, record them and forward them to relevant sectors.

The ESF and its guidelines show the population as the center of their actions and upon management part should be guided by assessment of tools and a previous epidemiological examination and other health needs of the population. The non-situational diagnosis of the community makes these guidelines of ESF, hard-won, lost its reason putting the community on the fringes of the decisions of the municipality.

The non-recognition of the management about their own duty and the responsibility of the community about their rights, causes local problems are treated in a generalized way, not with specific focus of that population, resulting in a vertical and ineffective health system.

The objectives to be achieved in a space of time, due to planned activities to address health problems, are defined from the

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moment that is made a situational diagnosis of the locality and non-performing epidemiological examinations in the city studied, either by lack of resources or lack of interest, it highlights the lack of integration among health agencies and the population, since it was not considered in the formulation of projects that supply their demands, even though the reason for the ESF.¹⁰

The health councils and organizations represented in their ambit can create polls in strategic points such as health units, neighborhood associations and hospitals, so that users can request information or action and forward complaints and suggestions for appropriate sectors.¹⁷

These spaces bring a significant relevance to the communities, with a view to the involvement of the population not only on specific questions in the health field. The process of building the right to health falls therefore within the little relations among users, professionals and counselors of health, immersed in the meanings that are continually reproduced and reinterpreted.⁷

Regarding the democratization of information, we identified difficulties in disclosing to the public the schedule of meetings and deliberations of the CMS, data that meets similar ones of a study performed in city of Viçosa, Minas Gerais(Brazilian State), in which 44.1% of counselors stated that the health decisions in the CMS are not disclosed to the population.¹²

The councils have a duty to create ways to ensure communication with the society to guarantee the disclosure of their activities and deliberations, because communication has a close relationship with social control, it is the fundament and incentive for participation of society in the process of democratization. Moreover, it is necessary to facilitate the expression of reportings, complaints, suggestions, quetches and other actions in order to strengthen ties with the population.¹⁷

Analyzing the speech of counselors regarding the lack of interest of the population, you can see that they refer to the idea that this attitude of the population would be due to lack of political culture, perhaps caused by a historical process of authoritarianism, colonels, exchange of favors and submission, resulting in non-participation in decisive processes of health.

Other studies performed in different scenarios highlight the presence of factors that hinder participation, among them is included the authoritarianism and the

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asymmetry of power and knowledge:^{1,18}

The social authoritarianism feeds exclusive forms of sociability and reproduces inequality in all levels, including and, especially, in political field an impediment to effective democratization of relations between the State (Executive Power) and society in Bahia/BA - Brazil.^{18:20}

CONCLUSION

This study showed that several factors may influence the participation and social control user / family in health decisions, beyond to identify main local troubles(in Bahia) that need to be addressed in order to advance the democratic process in regional and even national ambit, since exclusionary practices social are present in several regions of Brazil.

The findings of this study may serve as an aid for managers, professionals, users and health counselors to understand and consolidate the social participation of users in the ESF, since the program has a direct link with the users and has the ability to encourage them to participate in health decisions as social actors.

The identification of the limitations of the local reality has shown that participatory practice can only be achieved after trespassing social and cultural barriers for the implementation of citizenship. In this context, we need increasingly that the CMS get closer to each other and give support to Local Health Councils and get closer to the community either. All this effort to strengthen social participation, which was a right won with a lot of fighting, and that is why should be enjoyed by all.

REFERENCES

1. Costa MR. A luta pela reforma sanitária: direitos em saúde. In: Romano JO, Athias R, Antunes M, editores. Olhar crítico sobre participação e cidadania. São Paulo: Ed. Expressão Popular; 2007. p. 133-59.
2. Victora CG, Barreto ML, Leal MC, Monteiro CA, Schmidt MI, Paim J, et al. Health conditions and health-policy innovations in Brazil: the way forward. Lancet [Internet]. =2011 June [cited 2012 Mar 10];377(9782):2042-53. Available from: [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(11\)60055-X/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(11)60055-X/fulltext)
3. Doimo AM, Rodrigues MMA. A formulação da nova política de saúde no Brasil em tempos de democratização: entre uma conduta estatista e uma concepção societal da atuação política.

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Polit e Soc [Internet]. 2003 out [cited 2012 Mar 10]; 2 (3):95-115. Available from: <http://www.periodicos.ufsc.br/index.php/politica/article/view/2022>

4. Fleury S. Brazil's health-care reform: social movements and civil society. The Lancet [Internet]. 2011 May [cited 2012 May 27];377 (9779):1724-25. Available from: [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(11\)60318-8/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(11)60318-8/fulltext)

5. Assis MMA, Villa TCS. O Controle Social e a democratização da informação: um processo em construção. Rev Lat Am Enfermagem [Internet]. 2003 June [cited 2011 Aug 12];11 (3): 376-82. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-11692003000300017

6. Brasil. Ministério da Saúde. Conselho Nacional de Saúde. A Prática do controle social: Conselhos de Saúde e financiamento do SUS. Brasília; 2002.

7. Oliveira MM. Análise da aceitabilidade da Estratégia Saúde da Família [Tese Doutorado]. São Paulo: Escola de Enfermagem, Universidade de São Paulo; 2008.

8. Teixeira CF. Promoção e Vigilância da Saúde no SUS: desafios e perspectivas. Salvador: CEPS/ISC; 2002. Promoção e Vigilância da Saúde; p. 102-25.

9. Paim J, Travassos C, Almeida C, Bahia L, Macinko J. The Brazilian Health System: history advances, and challenges. Lancet [Internet]. 2011 May [cited 2012 May 24];377(9779): 1778-97. Available from: [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(11\)60054-8/fulltext#article_upsell](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(11)60054-8/fulltext#article_upsell)

10. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Avaliação da implantação do programa saúde da família em dez grandes centros urbanos síntese dos principais resultados. Brasília; 2002.

11. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. São Paulo: Hucitec; 2010.

12. Cotta RMM, Cazal MM, Martins PC. Conselho municipal de saúde: (re)pensando a lacuna entre o formato institucional e o espaço de participação social. Cien saúde colet [Internet]. 2010 ago [cited 2012 Feb 10];15(5):2437-45. Available from: <http://www.scielo.org/pdf/csc/v15n5/v15n5a18.pdf>

13. Rodrigues DS, Costa GMC, Celino SDM, Martiniano CS. Conselhos municipais de saúde:

conhecimento de profissionais de equipes de saúde da família. Rev enferm UFPE on line [Internet]. 2011 Oct [cited 2012 Jan 12];5(8):1876-83. Available from: http://www.ufpe.br/revistaenfermagem/index.php/revista/article/view/1842/pdf_647

14. Oliveira ML, Almeida ES. Controle social e gestão participativa em saúde pública em unidades de saúde do município de Campo Grande, MS, 1994-2002. Saude soc [Internet]. 2009 Mar [cited 2012 Jan 23];18(1):141-53. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-12902009000100014

15. Van Stralen CJ, Lima AMD, Sobrinho DF, Saraiva LES, Van Stralen TBS, Belisário SA. Conselhos de saúde: efetividade do controle em municípios de Goiás e Mato Grosso do Sul. Cien Saude Colet [Internet]. 2006 [cited 2012 May 26];11(3):621-32. Available from: <http://www.scielo.org/pdf/csc/v11n3/30978.pdf>

16. Brasil. Ministério da Saúde. Secretaria de Gestão de Investimentos em Saúde. Departamento de Gerenciamento de Investimentos. Guia do conselheiro: curso de capacitação de conselheiros estaduais e municipais de saúde. Brasília; 2002.

17. Brasil. Ministério da Saúde. Plenárias Nacionais de Conselhos de Saúde: Resgate histórico do Controle Social no SUS. Brasília; 2006.

18. Milani CRS. Políticas públicas locais e participação na Bahia: o dilema gestão versus política. Rev Soc [Internet]. 2006 Dec [cited 2010 Dec 15];8(16):180-214. Available from: <http://www.scielo.br/pdf/soc/n16/a08n16.pdf>

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