


SOCIAL PARTICIPATION AND LOCAL GOVERNANCE: THE STRATEGIC ROLE OF MUNICIPAL HEALTH COUNCILS IN THE CONTEXT OF THE SUS**PARTICIPAÇÃO SOCIAL E GOVERNANÇA LOCAL: O PAPEL ESTRATÉGICO DOS CONSELHOS MUNICIPAIS DE SAÚDE NO CONTEXTO DO SUS****PARTICIPACIÓN SOCIAL Y GOBERNANZA LOCAL: EL PAPEL ESTRATÉGICO DE LOS CONSEJOS MUNICIPALES DE SALUD EN EL CONTEXTO DEL SUS** <https://doi.org/10.56238/sevened2025.031-002>**Rogério Batista de Souza¹****ABSTRACT**

This article analyzes social participation in the Unified Health System (SUS), focusing on the role of Municipal Health Councils as key bodies for deliberation and social oversight. The qualitative research, with a bibliographic approach, is based on the analysis of academic publications, official documents, and specific legislation addressing the organization of public health in Brazil and the democratic mechanisms of participatory management. Throughout the text, the historical process of consolidation of the SUS, the principles that structure it, and the role that health councils play in ensuring decentralized, universal, and equitable management are discussed. The reflection highlights the importance of the councils as legitimate spaces for coordination between government and civil society, highlighting both their contributions to strengthening public health policies and the obstacles that still limit their effectiveness. Among the main challenges identified are low social representation, the fragility of the technical training of council members, the lack of effective deliberation mechanisms, and the difficulty in coordination between different levels of management. The article also addresses the implications of using information technology in the process of democratic participation, highlighting possibilities and limitations in the current context. The conclusion is that Municipal Health Councils play a strategic role in strengthening participatory democracy, provided they are structured to ensure broad representation, transparency, and technical capacity. Improving these bodies depends on continuous investment in training, public engagement, and the ethical commitment of those involved. Consolidating a fair and inclusive health system necessarily involves valuing social control instruments and building a political culture focused on collective interest.

Keywords: Participation. Public Health. Democratic Management. Social Control. Municipal Councils.

RESUMO

Este artigo tem como objetivo analisar a participação social no Sistema Único de Saúde (SUS), com foco na atuação dos Conselhos Municipais de Saúde como instâncias fundamentais de deliberação e controle social. A pesquisa, de natureza qualitativa e abordagem bibliográfica, fundamenta-se na análise de publicações acadêmicas, documentos oficiais e legislações específicas que tratam da organização da saúde pública no Brasil e dos mecanismos democráticos de gestão participativa. Ao longo do texto, discute-se o processo histórico de consolidação do SUS, os princípios que o estruturam e o papel

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que os conselhos de saúde desempenham na garantia de uma gestão descentralizada, universal e equitativa. A reflexão destaca a importância dos conselhos enquanto espaços legítimos de articulação entre governo e sociedade civil, evidenciando tanto suas contribuições para o fortalecimento das políticas públicas de saúde quanto os obstáculos que ainda limitam sua efetividade. Entre os principais desafios identificados estão a baixa representatividade social, a fragilidade na capacitação técnica dos conselheiros, a ausência de mecanismos eficazes de deliberação e a dificuldade de articulação entre os diferentes níveis de gestão. Também são abordadas as implicações do uso das tecnologias da informação no processo de participação democrática, apontando possibilidades e limitações no contexto atual. Conclui-se que os Conselhos Municipais de Saúde possuem um papel estratégico no fortalecimento da democracia participativa, desde que estruturados de maneira a garantir ampla representatividade, transparência e capacidade técnica. O aprimoramento desses espaços depende de investimentos contínuos em formação, da mobilização da sociedade e do compromisso ético dos envolvidos. A consolidação de um sistema de saúde justo e inclusivo passa, necessariamente, pela valorização de instrumentos de controle social e pela construção de uma cultura política voltada para o interesse coletivo.

Palavras-chave: Participação. Saúde Pública. Gestão Democrática. Controle Social. Conselhos Municipais.

RESUMEN

Este artículo tiene como objetivo analizar la participación social en el Sistema Único de Salud (SUS), con énfasis en la actuación de los Consejos Municipales de Salud como instancias fundamentales de deliberación y control social. La investigación, de naturaleza cualitativa y enfoque bibliográfico, se fundamenta en el análisis de publicaciones académicas, documentos oficiales y legislaciones específicas que abordan la organización de la salud pública en Brasil y los mecanismos democráticos de gestión participativa. A lo largo del texto, se discute el proceso histórico de consolidación del SUS, los principios que lo estructuran y el papel que desempeñan los consejos de salud en la garantía de una gestión descentralizada, universal y equitativa. La reflexión destaca la importancia de los consejos como espacios legítimos de articulación entre el gobierno y la sociedad civil, evidenciando tanto sus contribuciones al fortalecimiento de las políticas públicas de salud como los obstáculos que aún limitan su efectividad. Entre los principales desafíos identificados se encuentran la baja representatividad social, la fragilidad en la capacitación técnica de los consejeros, la ausencia de mecanismos eficaces de deliberación y la dificultad de articulación entre los distintos niveles de gestión. También se abordan las implicaciones del uso de las tecnologías de la información en el proceso de participación democrática, señalando posibilidades y limitaciones en el contexto actual. Se concluye que los Consejos Municipales de Salud tienen un papel estratégico en el fortalecimiento de la democracia participativa, siempre que estén estructurados de manera que garanticen una amplia representatividad, transparencia y capacidad técnica. El perfeccionamiento de estos espacios depende de inversiones continuas en formación, de la movilización social y del compromiso ético de los involucrados. La consolidación de un sistema de salud justo e inclusivo pasa, necesariamente, por la valorización de los instrumentos de control social y por la construcción de una cultura política orientada al interés colectivo.

Palabras clave: Participación. Salud Pública. Gestión Democrática. Control Social. Consejos Municipales.

1 INTRODUCTION

Public health in Brazil is governed by fundamental principles and guidelines that aim to guarantee the universal, integral, and equitable right to health, as established in the Federal Constitution of 1988. The Unified Health System (SUS), created from this legal framework, has consolidated itself as one of the largest public health systems in the world, structured based on three main pillars: decentralization, comprehensiveness, and social participation.

This last element, which ensures the participation of society in the decision-making processes and in the control of public health policies, is operationalized through formal instances, such as the Health Conferences and the Health Councils, which operate at the national, state and municipal levels.

At the municipal level, the Municipal Health Councils (CMS) play a strategic role. They are responsible for promoting integration between public managers, health workers and the population, functioning as legitimate spaces for democratic articulation and social control.

In these instances, civil society has the opportunity to play a leading role in the formulation, deliberation, monitoring and evaluation of public health policies. However, the effectiveness and impact of these Councils depend directly on their ability to integrate with local society, ensuring representativeness and social mobilization around health issues.

Despite their importance, the Municipal Health Councils face numerous adversities that compromise their full performance. At the structural level, councils often suffer from the precariousness of financial and material resources, in addition to the lack of adequate infrastructure to hold meetings and activities. In addition, it is observed that the insufficient training of its members can limit the understanding of the attributions and potentialities of the CMS, weakening the performance of deliberative and supervisory functions.

On the social level, the challenge of involving the population in the council's activities is equally relevant, especially in contexts marked by social inequalities, low education and disbelief in public institutions. This distance between society and the councils is aggravated by non-transparent political practices and by the resistance of some public managers to accept social control as a legitimate mechanism for monitoring and directing health policies.

On the other hand, there are also numerous opportunities that can be explored to strengthen the integration between CMS and society. The democratization of access to information, driven by the expansion of digital technologies, opens up new possibilities for communication and social participation in health.

Virtual platforms, social networks, and participatory management applications can bring the population closer to decision-making processes, allowing for greater transparency

and engagement. In addition, social movements, non-governmental organizations (NGOs) and other civil society initiatives have played relevant roles in promoting popular health education, fostering awareness of health rights and the role of Municipal Councils as instruments of active citizenship.

In this sense, understanding the factors that hinder and promote integration between Municipal Health Councils and society is essential to strengthen the SUS as a participatory and inclusive public system. The main objective of this study is to analyze the adversities that compromise the performance of the Municipal Health Councils, while seeking to identify and explore opportunities that can increase the representativeness and effectiveness of these bodies.

The premise is that qualified social participation is one of the fundamental pillars for the consolidation of a health system that meets the real needs of the population, especially in a scenario marked by economic restrictions, increased social demands, and changes in public management models.

To achieve this objective, the thesis proposes a critical and multidimensional approach, based on theoretical references on participatory governance, social control and public health policies. Concrete experiences of Municipal Health Councils that have been successful in overcoming barriers and promoting integration with society will be analyzed, seeking to extract lessons and good practices that can be replicated in other contexts.

The study also considers the impacts of regional and socioeconomic inequalities on the dynamics of the councils' performance, recognizing that the strengthening of these spaces requires strategies adapted to the specificities of each municipality.

Throughout this research, it is expected to contribute to the debate on the role of Municipal Health Councils as instruments of social transformation, proposing ways to overcome existing challenges and explore the potential of these instances.

Ultimately, strengthening social control in the SUS not only ensures greater transparency and accountability in public management, but also promotes more active citizenship and a fairer society, in line with the democratic principles that underpin the Brazilian health system.

2 METHODOLOGY

This study is characterized as qualitative research, with a bibliographic approach, whose main objective is to analyze social participation in the Unified Health System (SUS), with emphasis on the functioning and potential of the Municipal Health Councils.

The choice for bibliographic research is justified by the need to gather, interpret and discuss concepts, experiences and theoretical reflections already consolidated on the subject, allowing a deep understanding of the relationships between public management, social control and participatory democracy in the context of Brazilian public health.

Academic books, scientific articles, theses, dissertations and official documents that deal with public health in Brazil, the history of creation and consolidation of the SUS, and the role played by the health councils as deliberative bodies were used as sources of analysis.

The selection of the material considered, primarily, publications from the last ten years, with the exception of classic works and fundamental legislation for the contextualization of the object of study. Institutional documents of the Ministry of Health, resolutions of the National Health Council and the Internal Regulations of the Municipal Councils were also analyzed to support the understanding of the regulations that guide the performance of these collegiate bodies.

The treatment of bibliographic data followed a qualitative, descriptive and interpretative analysis, in order to identify convergences, tensions and gaps present in scientific and normative productions. This analysis sought to highlight how municipal councils operate as mechanisms of articulation between the public power and civil society, and what are the main challenges faced in the process of consolidating participatory management within the scope of the SUS.

The research was organized into thematic axes, defined from the exploratory reading and the survey of the central categories of the study: historical evolution of public health in Brazil, structure and functioning of health councils, effectiveness of social participation and interrelations between public management, social control and information technologies. From these axes, it was possible to build a critical reflection on the limits and potentialities of the performance of the Municipal Health Councils, in the light of the democratic principles that govern the public health system in the country.

3 RESULTS AND DISCUSSION

Public Health in Brazil was structured over many years, following the various historical and social transformations that marked the country's evolution. From the colonial period, through the imperial era and the impact of the arrival of immigrants, Brazilian public health has faced complex structural and contextual challenges. The implementation of vaccination

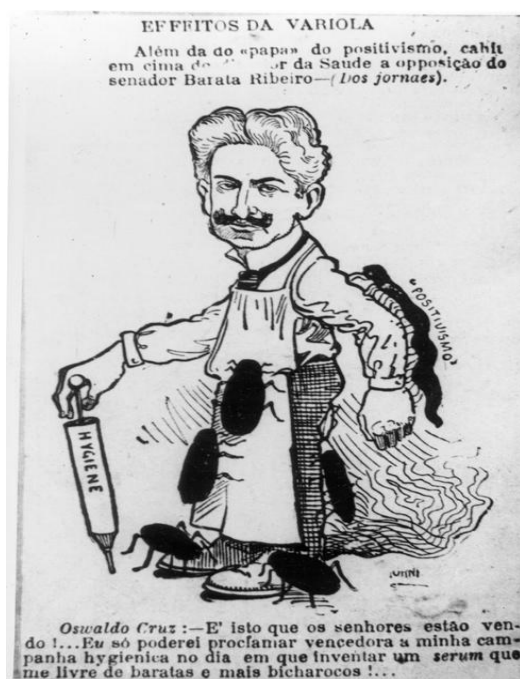
campaigns, such as those promoted by Oswaldo Cruz, played a crucial role in combating the epidemics that ravaged the country.

However, throughout history, Brazil still faced serious problems in the sector, such as weakness in basic sanitation, growing inequality in access to health, and the strengthening of private medicine, which deepened disparities in care for the population.

During the military regime, there was also the issue of underreporting of data and precarious access to health for a large part of the population. However, the various historical transformations and social movements, especially from the 1980s onwards, brought new perspectives and a more critical understanding of public health in Brazil (Bertolli Filho, 2011).

Figure 1

Smallpox vaccination campaign poster



Source: Fiocruz

From the 8th National Health Conference (CNS) in 1986, Brazil began to experience a period of significant reforms in the sector. The strengthening of public health policies was accompanied by a democratization movement, in which civil society began to participate more actively in the processes of deliberation and social control, ensuring progress in health issues. The creation of the Unified Health System (SUS) became a milestone in this process, implementing a federative, intergovernmental and decentralized system, with the mission of guaranteeing the population the right to health.

The SUS was designed to serve all Brazilians, without discrimination, seeking to provide an effective response to the health needs of the population, especially the most

vulnerable groups. This health model, although progressively structured and advanced, continues to face significant challenges.

Among these challenges, the limitation of health counselors to perform their functions holistically and efficiently stands out, often without adequate support to fulfill their duties, as indicated in research on the subject.

The Health Council, as a collegiate and deliberative body, has a fundamental role in the design and execution of health policies in Brazil. Its permanent nature and its responsibility to act in the formulation of health strategies make it a crucial instrument in the control and evaluation of public policies in the country.

According to the Ministry of Health (2003), health councils are essential to ensure that the management of the SUS is participatory and democratic, actively involving the various sectors of society. Law No. 8,142/90, which regulates the participation of society in the management of the SUS, establishes that the councils must be composed of representatives from different segments, including health workers, managers, service providers and users, in order to ensure legitimate and equitable representation.

This law also guides that health conferences and councils be present in the three spheres of government: municipal, state and federal, strengthening the decentralization of SUS management and expanding popular participation.

The composition of the health councils is extremely important for these bodies to truly reflect the diversity of society and meet the needs of the population. For this to happen, there must be a balanced and fair representation among the different social groups, as stipulated by Resolution No. 333/03, which determines that the health councils must actively participate in the elaboration of plans that will optimize the control of the execution of health policies. According to the Ministry of Health (1998), the composition of the councils must respect the proportion of 50% of users, and the other 50% must be divided among the other segments represented.

This model seeks to ensure that the demands of the population using the SUS are prioritized and that the other segments do not overload the decisions, maintaining the democratic and participatory character of the councils.

The performance of the councils, when well structured, can be a valuable instrument to ensure compliance with health rights, providing a space for expanding and strengthening social control. As highlighted by Saliba, Nemre Adas et al. (2009), participation in health councils offers citizens the opportunity to influence decisions on public policies, expanding their capacity for dialogue with the Government and creating a direct channel of communication between the State and society. This decision-making space contributes to

the construction of a more inclusive and accessible SUS, which reflects the real needs of the population.

For O'Dwyer and Moysés (1998), the health councils act on two fronts: in the strengthening of public power and in the empowerment of civil society. The work carried out within the scope of these councils can generate significant transformations both in public health management and in the way society engages in issues related to public health.

Active participation in the councils provides the population with the ability to directly influence decisions, which is an important characteristic for the advancement of democracy in the health sector. However, as Wendhausen and Caponi (2002) point out, the nature of the practices of the council participants is a determining factor for the success or failure in the democratization of decisions.

If the dynamics of participation is truly democratic, the councils can become spaces for transformation and effective improvement in the management of health policies. Otherwise, they may continue to reinforce the dynamics of exclusion and inequality, maintaining the status quo.

The National Health Council (CNS), in particular, plays a leadership and coordinating role in the SUS governance process. According to the Ministry of Health (2012), the CNS follows a structure defined by its Internal Regulations, which includes the organization of a Plenary, Presidency, Board of Directors, Executive Secretariat, Intersectoral Commissions and Working Groups.

These structures aim to ensure the efficiency and coordination of the council's activities, ensuring that decisions are made in a structured manner, with the participation of various sectors and with the proper evaluation of public health policies at the national level.

2.1.1 PLENARY OF THE NATIONAL HEALTH COUNCIL – CNS

The Plenary of the National Health Council (CNS) is considered the forum for maximum deliberation in Brazil in relation to public health policies. Its importance is fundamental for the definition and monitoring of the guidelines that guide the management of the Unified Health System (SUS) throughout the national territory. As a space for articulation and democratic debate, the CNS Plenary plays a central role in the formulation of public health policies that meet the diversity and complexity of the country.

By bringing together representatives of different segments of society – such as health managers, workers in the area, service providers and users – the Plenary is configured as a plural environment, in which decisions on public policies are made in a participatory manner, considering the reality of different regions and the most diverse interests.

The functioning of the Plenary is governed by an Internal Regulation, a set of rules that establishes how meetings should be conducted and deliberations should be carried out. Strict compliance with these rules is crucial to ensure that decision-making processes are transparent, ethical, and effective, as well as to ensure that deliberations follow democratic principles.

Transparency in CNS meetings is vital for citizens and society as a whole to trust the decision-making process and the results of the health policies implemented. The Internal Regulations aim to ensure that all participants, regardless of their origin or area of expertise, can express themselves equitably and have their points of view taken into account during discussions.

Article 11 of the CNS Rules of Procedure details the specific competencies and attributions of the Plenary, which have a direct impact on the elaboration and execution of public health policies in Brazil. The main responsibilities of the Plenary include:

Propose guidelines for the formulation and implementation of the National Health Policy: This implies defining the strategies and directions for public health in Brazil, ensuring that the policies adopted are aligned with the principles of the SUS, such as universality, integrality, and equity.

Monitor, evaluate and supervise the budget and financial execution of the health sector: The Plenary is responsible for ensuring that the resources allocated to health are applied in an efficient and transparent manner, monitoring the achievement of the established goals and ensuring that investments reach the populations that most need care.

Deliberate on relevant topics related to public health, health surveillance and SUS management: The Plenary is a space for discussion and decision on crucial issues for the SUS, such as the management of medicines, the organization of health units, disease control and public health actions in general.

Approve resolutions that guide the planning and execution of health actions at the national level: The resolutions of the Plenary have the power to guide the implementation of policies at all levels of government, and are therefore fundamental for the operationalization of the SUS.

Monitor the execution of approved policies, ensuring their consonance with the principles and guidelines of the SUS: The Plenary has the role of evaluating the implementation of public health policies and ensuring that they remain aligned with the objectives of the SUS, adjusting them whenever necessary to better serve the population.

These competencies give the Plenary a decisive role in the governance of the SUS, with the power to directly influence the way public health is organized and executed in Brazil.

The decisions of the Plenary are made in a collegiate manner, that is, the deliberations involve the participation of all its members, with the objective of ensuring that the resulting public policies are as representative as possible. The search for consensus is a striking feature of the CNS deliberations, allowing decisions to be made in a consensual manner, which strengthens dialogue and cooperation between the different sectors involved in the management of the SUS.

While consensus is the preferred form of decision-making, the Plenary can also adopt other mechanisms, such as voting, if it is not possible to reach an agreement among the members. However, the emphasis on consensus seeks to promote greater harmony and cooperation among the representatives of the various segments of society, so that the decisions adopted are widely accepted and effective in the implementation of public health policies.

This decision-making process allows the CNS to act as a true democratic body of social control, in which different perspectives are respected and integrated, contributing to a fairer and more inclusive Unified Health System.

Thus, the CNS Plenary represents a central instance in strengthening social participation and improving public health management in Brazil. Its work is vital to ensure that health policies are formulated in a democratic and transparent manner, always with the aim of meeting the needs of the population, especially the most vulnerable communities.

By providing a space where civil society can deliberate and directly influence health policies, the CNS contributes to the construction of a more effective, accessible, and equitable SUS for all.

2.2 EFFECTIVENESS OF DEMOCRATIC PARTICIPATION

The Internal Regulations of the Municipal Health Councils is a set of rules and guidelines that organizes the functioning of these councils, including the convening of meetings, the composition of members, the definition of the agenda of the meetings and the evaluation of the efficiency of the councilors.

The effectiveness of this structure depends on strict adherence to the principles established in these Regulations, as highlighted by authors such as Jorge and Ventura (2012), who emphasize the importance of board members being aware of these regulations, as this directly contributes to the training and improvement of their functions. In order for a counselor to be able to perform his activities competently, it is necessary that he understands the processes involved in the planning, execution and evaluation of health policies, which implies the application of principles of impartiality, justice and responsibility in his actions.

However, although the Municipal Health Council is a notable example of a space for popular participation in public management, it has not yet been able to fully implement its democratic proposal. This is largely due to its deliberative nature, which, although essential for decision-making in the field of public health, also brings challenges to the full involvement of society in discussions and deliberations.

The Municipal Health Council seeks to be a point of convergence between public management and the interests of the population, but the effectiveness of this participation depends not only on the voting system or the performance of the council, but also on factors such as political mobilization and the engagement of society in a continuous and dynamic process of articulation.

The combination of government political action and the mobilization of the population is, therefore, a determining factor in achieving the true democratic character of this space.

However, the quality of the participation of the board members still faces significant limitations, and the self-responsibility of the board members is a continuous challenge, as observed by Bezerra (2009). The author argues that the balance between the interests of the population and the political will of the rulers will only be possible when the council achieves credibility as a truly deliberative instance.

To this end, it is essential that the members of the council act with discernment, critically analyzing the proposed actions and offering thoughtful opinions, in order to avoid distorting the discussions and creating biased conceptions. The credibility of the council, according to Bezerra, is closely linked to the ability of its members to fulfill their responsibilities in an ethical and transparent manner, always prioritizing the collective well-being and the real needs of the population.

Therefore, the effectiveness of democratic participation in the Municipal Health Councils requires a constant evaluation of the quality of participation and the commitment of the councilors to transparency and impartiality.

Oliveira (2009), in turn, complements this view by pointing out that the current context is a period of maturation of the dynamics of deliberation and participatory management in public health. According to the author, the improvement of democratic participation in the Health Councils involves understanding the different hierarchical levels and the parallel relationships that exist between the various social and political actors. This is essential for the councilors to be able to establish strategic alliances and direct their actions more effectively, in addition to optimizing communication with specific forums and ensuring adequate and responsive feedback to the demands of the population.

Oliveira also emphasizes that the process of implementing these social practices can be long, often exceeding a generation, due to cultural resistance and the complexity of the political processes involved. The change in the structures of participation and social deliberation is, therefore, a gradual process that requires time, patience and the continuous effort of all involved.

Another relevant aspect pointed out by Oliveira is the direct relationship between the slowness in the resolution of popular demands and the decrease in the credibility of the councils. When the solutions to the problems presented by the population are not resolved efficiently and in the expected time, this can lead to an emptying of the quorum in the meetings, compromising the effectiveness of the council.

The emptying of meetings is a reflection of the frustration of the population and the councilors themselves with the lack of concrete results, which compromises confidence in the process of democratic participation and reduces engagement in the council's actions. This phenomenon reveals the need to improve the processes of response to popular demands, to ensure that the health councils fulfill their function effectively and that the participation of society continues to be relevant and impactful.

Therefore, the effectiveness of democratic participation in Municipal Health Councils depends on several interconnected factors, such as the training of councilors, the credibility of the council, the efficiency in responding to the demands of the population, and the strengthening of the link between public management and society. The transformation of deliberative councils into spaces of true democratic participation requires time, patience, and continuous commitment on the part of all involved, but it is a fundamental step towards building a fairer, more inclusive, and more efficient health system for all citizens.

2.3 RELATIONSHIP BETWEEN PUBLIC MANAGEMENT AND THE MUNICIPAL HEALTH COUNCIL

According to Ferreira (2014), Public Management is a term used broadly to define the set of activities that involve the application of theoretical knowledge of Administration and Management Sciences in the public sector or in the process of interaction with this sector.

Similarly, Nunes and Filho (2019) report that public management is currently marked by a constant of attitudes and illegalities suffered by managers. There have been many cases with scandals and corruption involving the spheres of public power, which makes this scenario quite worrying since it has harmed the country's economy.

Therefore, it is of paramount importance that managers are prepared and qualified to solve the problems and challenges they encounter during the public management process (Martins and Waclawovsky, 2015).

In this context, the concepts converge by stating that it is up to the public manager to manage, coordinate and improve the quality of services offered to the population. In this way, it is important to have technical, scientific, financial, analytical knowledge and to be efficient.

There is a growth in organizational complexity, both due to social pressure for transparency and good use of public resources, and the institutional demand for better results (Ferreira, 2014; Bezerra et al. 2021).

Since 2006, after the implementation of the pact for health, there has been systematization in all the municipalities participating in this pact, in the sense of actions for the fulfillment of public health policies elected as a priority. The main objective of the pact for health was the organization of management and the delimitation of the financial responsibilities of the management levels. However, this structuring would be useless without defined health goals.

In this sense, the pillar pact for life brought the redirection of actions, in order to meet national and international goals regarding the reduction of fundamental health indicators, such as maternal and child mortality. An important reference refers to the millennium goals.

In 2000, UN leaders met to summarize in a document the results of the main conferences held in the 1990s – among them, ECO 92, which took place in Rio de Janeiro.

These goals reflected the main problems to be faced by the world's population, especially the poorest countries. The area of public health in Brazil, from the creation and implementation of the Unified Health System (SUS), provided an opening for the participation of society in the formulation, management, administrative-financial control, monitoring of plans and programs, of public policies in the area of health, a participation that took place through public health conferences, in a broad way thinking about health as a whole.

The Millennium Goals were established in September 2000, during the United Nations Millennium Summit. They are a set of eight global goals that have been agreed upon by all 189 member countries of the United Nations to combat poverty, hunger, disease, illiteracy, environmental degradation and discrimination against women by the year 2015.

The Millennium Development Goals are:

End of hunger and misery; Quality basic education for all; Equality between the sexes and valuing women; Reduce infant mortality; Improve the health of pregnant women; Fight AIDS, malaria and other diseases; Quality of life and respect for the environment; Everyone working for development.

These targets were replaced by the Sustainable Development Goals (SDGs) in 2015, which comprise a set of 17 broader and more ambitious goals to be achieved by 2030.

Figure 2

ACE 17 ODS



Source: 2030 Agenda

Strategically, the public health ombudsman offices were designed so that this control would take place within the institutions with a view to improving the quality of health services, to control the internal functioning of the public administration with the purpose of implementing the principle of justice towards citizens.

The functions of the Health Council are to act in the formulation of strategies and in the control of the execution of the Health Policy in municipalities, including economic and financial aspects.

The dissemination of new information and communication technologies in society, and their growing importance in the democratic participation and productive autonomy of individuals, has exacerbated the relationship between digital and social inclusion (Corvalán, 2018).

Information and communication technologies (ICTs), however, can generate both positive and negative effects, depending on the way they are used.

The positive effects of these technologies are as follows:

1. Access to Information: These tools allow for easier and faster access to information, empowering individuals to make more informed decisions and actively participate in democratic processes.

2. **Civic Participation:** Online platforms and social networks can facilitate citizen participation in public debates, petitions, campaigns, and social movements, strengthening participatory democracy.
3. **Transparency and Accountability:** ICTs enable government transparency, allowing citizens to monitor the actions of governments and demand greater accountability.
4. **Productive Autonomy:** Digital tools can increase work efficiency, facilitate collaboration and communication, and enable more flexible ways of working, contributing to the productive autonomy of individuals.
5. **Inclusion and Diversity:** ICTs – information and communication technologies – can reduce geographical and social barriers, expanding the access of marginalized groups to democratic participation and productive opportunities.

The negative effects that can be mentioned are:

1. **Digital Inequalities:** The lack of equitable access to ICTs can exacerbate social inequalities, limiting the democratic participation and productive autonomy of vulnerable groups.
2. **Disinformation and Manipulation:** The spread of false information and online manipulation can undermine democratic participation, undermining the formation of informed opinion.
3. **Privacy and Surveillance:** The indiscriminate use of personal data and *online* surveillance can threaten the privacy of individuals, limiting their freedom and autonomy.
4. **Polarization and Fragmentation:** ICTs can contribute to political and social polarization, fragmenting society and hindering dialogue and cooperation between different groups.
5. **Technological Dependence:** Over-reliance on ICTs can create vulnerabilities, both in terms of digital security and productive capacity, and can limit the autonomy of individuals.

Regarding the *home office*, many issues are still open to discussion. The work of a health counselor, which involves participation in meetings, discussions, and decisions on public policies, presents some setbacks when carried out in a *home office* regime. Some of them are:

1. **Lack of Personal Interaction:** Face-to-face communication is key to building relationships and trust. The *home office* can make this interaction difficult.
2. **Difficulty in Collaboration:** Teamwork can be impaired, as the exchange of ideas and conflict resolution are more challenging in virtual environments.

3. Access to Information: Some information can be more easily accessed in face-to-face environments, where documents and data are available for immediate consultation.
4. Community Engagement: Civil society participation can be reduced in virtual meetings, making it difficult to include different voices and perspectives.
5. Technological Challenges: Problems with internet connection, lack of adequate equipment, and difficulties with digital platforms can limit the effectiveness of the work.
6. Difficulty Focusing: The home environment can bring distractions that affect concentration and productivity.
7. Feeling of Isolation: The absence of a collective work environment can lead to feelings of isolation among counselors, affecting motivation and well-being.

These setbacks can impact the effectiveness of the work of health counselors and the implementation of public policies.

Computers, tablets, smartphones and cell phones promote instant communication, the automation of behaviors and procedures, generate innovative forms of extension of the human body, increase all our sense organs, expanding our worldview, thus contributing to scientific advancement in all areas of knowledge (Luna, 2014, p.6).

3 CONCLUSION

The trajectory of public health in Brazil reflects a complex process of advances and challenges that have profoundly marked the development of health policies. From the first records of health care during the colonial period to the consolidation of the Unified Health System, the country has experienced profound political, social and institutional transformations.

These movements not only shaped the profile of the health system, but also revealed society's growing awareness of the importance of its role in decision-making processes. With the redemocratization of the country, the understanding that health should be treated as a universal right, and not as a privilege of the few, has intensified. This understanding has driven the creation of institutional spaces for the participation of civil society, among which the health councils have gained prominence as instruments of dialogue between the State and the population.

In this context, the Municipal Health Councils began to occupy a strategic position in the structure of the SUS, assuming responsibilities that go beyond the mere inspection of government actions. By proposing guidelines, evaluating policies and influencing decisions, these councils contribute to making public health management more transparent, participatory and sensitive to the real needs of the population.

Its regular functioning, with a defined structure and clear rules, is essential for this space to be effective, representative and truly democratic. The balanced composition, the plurality of voices and the active participation of the councilors strengthen the legitimacy of the deliberations, bringing citizens closer to the decisions that directly impact their quality of life.

However, despite their institutional importance, health boards face persistent obstacles that limit their full potential. Among them, the lack of technical training of the councilors, the fragility in deliberative practices, the low mobilization of society and the difficulty of articulation with public managers stand out.

In many cases, the councils work in a bureaucratic manner, without promoting qualified discussions or generating real impact on health policies. This distance between legal functions and practical action weakens social control and compromises the credibility of these bodies before the population. In addition, the lack of interest or lack of knowledge on the part of certain social segments contributes to low representation, which makes it difficult to formulate strategies that express local demands in a legitimate and effective way.

The effectiveness of democratic participation in the councils, therefore, is directly related to the ability of its members to appropriate the available tools, understand the processes of public management and exercise their functions with responsibility and ethical commitment. To this end, it is essential that there is continuous investment in training, technical resources and encouragement of popular participation.

The democratization of health management requires more than formal structures; It requires a dynamic process of citizenship construction, in which the public power recognizes the legitimacy of civil society as an active and critical agent in the planning and monitoring of public policies. The strengthening of this bond between councilors and the community expands the possibilities of social transformation and promotes a more conscious and participatory political culture.

The contemporary challenges of public management, especially those related to technological innovation, digital communication, and the need for quick and efficient responses, require new attitudes on the part of health councils. The adoption of information technologies can enhance transparency and access to information, bringing citizens closer to political decisions and promoting greater accountability.

However, this modernization needs to be accompanied by strategies that ensure digital inclusion, accessibility and training of counselors, so that ICTs do not reproduce or deepen existing inequalities. The proper use of these tools can expand the channels of participation and strengthen society's trust in democratic institutions.

The construction of a fair, efficient and equitable health system inevitably involves the consolidation of mechanisms that ensure active listening to social demands and the integration of different types of knowledge in decision-making processes. The Municipal Health Councils are, in this scenario, fundamental pieces for the SUS to remain faithful to its structuring principles.

Its performance must be continuously rethought, improved and strengthened, with a view to ensuring that Brazilian public health advances towards a truly participatory, plural model guided by the collective interest. The experience accumulated over the last decades reveals that, despite the obstacles, the councils have transformative potential, if they are supported by an ethical political practice, conscious and committed to social justice. The path to this transformation is long, but indispensable for the consolidation of a participatory democracy and a more humane and inclusive health system.

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