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COMMUNITY PARTICIPATION IN THE UNIFIED HEALTH SYSTEM: AN INTEGRATIVE LITERATURE REVIEW

A participação comunitária no sistema único de saúde: revisão integrativa da literatura

La participación de la comunidad en el Sistema Único de Salud: revisión integrativa de la literatura

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ABSTRACT

Objective: To review, in the literature, the community participation in the Unified Health System. **Methods:** The literature search was performed by three independent researchers in the electronic databases Brazilian Nursing Database (BDENF), Latin American and Caribbean Center on Health Sciences Information (LILACS), and Scientific Electronic Library Online (SciELO), using the keywords: "community participation", "Unified Health System" and "health". Data was collected from August to October 2016, with the following eligibility criteria: full-text publications released in national journals in the period from 1988 to 2016, with no language restrictions. **Results:** After applying the eligibility and exclusion criteria, 28 articles remained, which addressed two thematic categories, namely, "Community participation in Primary Health Care" and "The different paths of community participation". **Conclusion:** The study gave visibility to the scientific literature about the community participation and it can be inferred that it showed increased practical incorporation into different fields of collective health, with emphasis on the Family Health Units and Municipal Health Councils.

Descriptors: Community Participation; Unified Health System; Public Policies; Public Health; Health Councils; Primary Health Care.

RESUMO

***Objetivo**: Revisar, na literatura, a participação comunitária no Sistema Único de Saúde. **Métodos**: A busca bibliográfica foi realizada por três examinadores independentes nas bases de dados eletrônicas Banco de Dados de Enfermagem (BDENF), Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS) e (Scientific Electronic Library Online (SciELO), com os descritores: "participação comunitária", "Sistema Único de Saúde" e "saúde". Os dados foram coletados de agosto a outubro de 2016, tendo os seguintes critérios de elegibilidade: publicações completas em periódicos científicos publicadas entre o período de 1988 e 2016, sem restrição de idioma. **Resultados**: Após aplicados os critérios de elegibilidade e exclusão, restaram 28 artigos, que desvelaram-se em duas categorias temáticas, a saber: "A participação comunitária na Atenção Primária à Saúde" e "Os diferentes caminhos da participação comunitária". **Conclusão**: O estudo deu visibilidade à produção científica acerca da participação comunitária e pôde-se inferir que apresentou crescente incorporação prática em diferentes campos da saúde coletiva, com destaque às Unidades de Saúde da Família e aos Conselhos de Saúde.*

***Descritores**: Participação Comunitária; Sistema Único de Saúde; Políticas Públicas; Saúde Pública; Conselhos de Saúde; Atenção Primária à Saúde.*

RESUMEN

***Objetivo:** Revisar en la literatura la participación de la comunidad en el Sistema Único de Salud. **Métodos:** La búsqueda bibliográfica ha sido realizada por tres examinadores independientes en las bases de datos electrónicas BDENF (Banco de Datos de Enfermería), LILACS (Literatura Latino-Americana y del Caribe en Ciencias de la Salud) y SciELO (Scientific Electronic Library Online) con los descriptores: "Participación comunitaria", "Sistema Único de Salud" y "Salud". Se recogieron los datos entre agosto y octubre de 2016 con los siguientes criterios de elegibilidad: publicaciones completas en periódicos científicos entre 1988 y 2016 sin restricciones de idiomas. **Resultados:** Tras*

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la aplicación de los criterios de elegibilidad y exclusión restaron 28 artículos que revelaron dos categorías temáticas: "La participación de la comunidad en la Atención Primaria de Salud" y "Los distintos caminos de la participación de la comunidad". ***Conclusión:*** *El estudio ha dado visibilidad para la producción científica sobre la participación de la comunidad y se puede inferir que la misma presentó mayor incorporación práctica en distintos campos de la salud colectiva en especial en las Unidades de Salud de la Familia y en los Consejos de Salud.*

Descriptores: *Participación Comunitaria; Sistema Único de Salud; Políticas Públicas; Salud Pública; Consejos de Salud; Atención Primaria de Salud.*

INTRODUCTION

Community participation in public health was disseminated in developing countries in the early 1970s and is considered a key strategy to improve access to health services in the most vulnerable sectors of the population. This was legitimized in 1978 at the International Conference on Primary Health Care held in Alma Ata, Soviet Union, which addressed Primary Health Care and aimed at the fullest attainment of health by all the peoples of the world by the year 2000[1].

Before the creation of Brazil's National Health System, also known as the Unified Health System (*Sistema Único de Saúde – SUS*), the need to expand population coverage led to the creation of the Integrated Health Actions (*Ações Integradas de Saúde – AIS*) in 1983 in order to reduce citizens' exclusion from health care[2]. This context led to the decentralization of health planning and administration and to the creation of state, regional and municipal commissions that enabled a better access to health services by users[2].

Therefore, community participation in Brazil precedes the creation of SUS. It started with the social movements and the Sanitary Reform in the 1970s and 1980s, whose motto was "health is democracy"[3]. These social movements were led by intellectuals, health professionals, and trade union activists who crossed the boundaries of the progressive church as they represented the organized civil society in the struggle for the redemocratization of health.

This fact culminated in the 8th National Health Conference in 1986, which was considered a milestone in our history. For the first time, the population could participate in these discussions and their proposals were included in the Federal Constitution of 1988, Law No. 8.080/90 and Law No. 8.142/90, which are considered the Organic Health Laws[4-7].

In Brazil, community participation is advocated in all spheres of government and in health councils. It is considered – along with the decentralization of management and comprehensive care – a guideline for the actions taken by public health services[5-7].

The participation corresponds to an active process of resocialization in which the individual acquires a civic culture of his own. Thus, in a democratic society that values the interaction and integration of community participation, there is a tendency for individuals to act as active actors with a view to promoting common values and interests, concretizing a measure of the effective exercise of the rights of political citizenship[8].

In this context, health promotion fosters community mobilization by breaking the individualistic characteristic of modern societies, strengthening partnerships and working intersectorally in favor of the shared accountability in health care[9].

Thus, participation is relevant and influential in the field of public health and public policies at all levels of the federation because it improves management quality, expands equity and access to services, preserves universality, and improves health care[10]. Given the above, this study aims to review, in the literature, the community participation in the Unified Health System.

METHODS

This is an integrative literature review conducted according to the method established by Ganong[11], which involves six steps: selecting hypothesis for the review, sampling, categorization of studies, analysis of results, presentation and discussion of results, and presentation of the review.

Three independent assessors participated in the study. Searches were made in the following databases: Nursing Database (*Banco de Dados de Enfermagem – BDENF*), Latin American and Caribbean Center on Health Sciences Information (LILACS), and Scientific Electronic Library Online (SciELO). The descriptors used were: "community participation", "Unified Health System" and "health" in the period from August to October 2016.

Eligibility criteria were: full publications in scientific journals, regardless of language, and publications covering the period from 1988 to 2016. Exclusion criteria were: literature review articles, dissertations, theses, book chapters, articles that did not address community participation as the main theme, and duplicates in the databases.

The initial sample had 240 articles: 223 were found in the LILACS database, eight in the SciELO, and nine in the BDENF. After applying the eligibility and exclusion criteria, only 28 articles were included (figure 1). Data were systematized using an author-development instrument that included the title, year, authors, objectives and results of the publications.

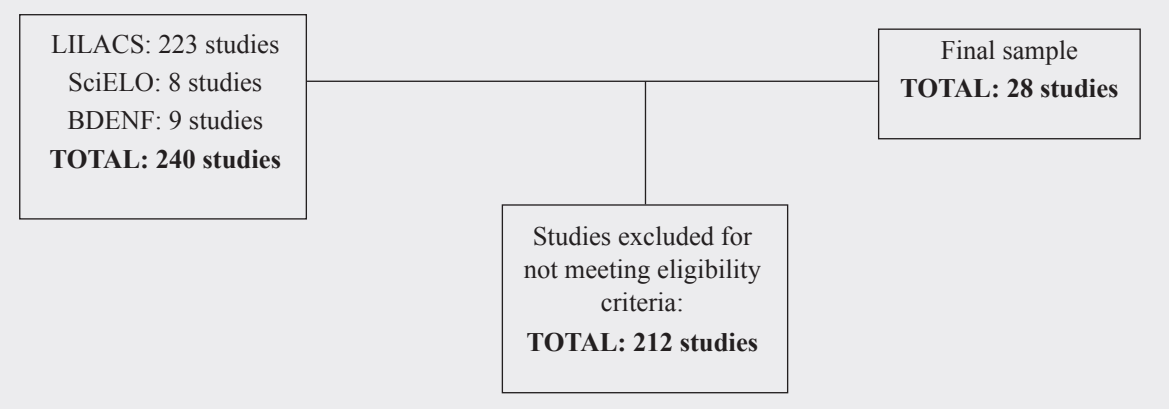

Figure 1 - Flowchart of the constitution of the sample of studies focused on Community participation in the Unified Health System in the period from 1988 to 2016.

Bardin's[12] content analysis technique was used as a qualitative methodological strategy to systematically organize knowledge production. The discussion was based on the theoretical framework of the "Theory of Participatory Democracy"[13,14].

RESULTS

After analyzing the articles found, 28 articles were included, 21 of which were indexed in LILACS, 4 in SciELO and 3 in BDENF. There was a higher percentage of articles published in 2011 (14.3%) and 2012 (14.3%), and the region most represented by the publications was the Southeast (85.7%). The qualitative method was predominant (85.7%).

The chart below presents a summary of the 28 articles[15-29,31-43] on community participation included in the sample (Chart I).

Chart I - Characteristics of the selected articles by author, year of publication, objectives and main results.

Authors	Year	Objectives	Results
Fernandes, Monteiro[15]	1997	To encourage the debate about the reorganization of relations between the State and civil society through the presentation of an experience developed in a health center managed by a local entity.	It presents the advantages of decentralization, autonomy, social control and community development, bringing community and health teams closer together in producing more effective actions.
Coura-Filho[16]	1998	To evaluate the specific indicators of schistosomiasis in the control program in Taquaraçu de Minas, Minas Gerais, developed in the primary health care network between 1985 and 1995 with the participation of the population in the definition, management and execution of the adopted actions.	The population of Taquaraçu de Minas had an active participation in actions for the control of schistosomiasis between 1985 and 1995, promoting a significant reduction in the prevalence and intensity of infection in this population.
Vázques et al.[17]	2003	To analyze different aspects of the implementation of social participation policies in health services in Brazil.	There was little similarity between the conceptions of users and community leaders about social participation in relation to the public health policy approach.

Arantes et al.[18]	2007	To analyze the conceptions about social control and to identify the actions directed to the participation and social control in the SUS among nurses who work in primary health care centers.	The nurses reported that actions were taken to promote social participation, such as inviting the population and employees to participate in the councils.
Pestana, Vargas, Cunha[19]	2007	To discuss the contradictions that emerged in the decision-making process of the management council and analyze the action of this council in solving problems of the community.	The management council of the Primary Health Center did not represent an effective possibility of popular participation, presenting political, economic, social and cultural problems.
Camargo-Borges, Mishima[20]	2009	To treat social participation as a fundamental resource for sustaining primary care in SUS.	The study revealed the existence of links between the community and the health center that created a space for joint work and listening between the parties.
Carlos et al.[21]	2009	To identify the contradictions existing in the process of choosing the health programs offered in the Family Health Centers.	The population is not invited to comment on the services offered in the Family Health Center, a fact that may hinder the knowledge of the actual health needs of the population.
Soratto, Witt, Faria[22]	2010	To build a process of popular participation and social control in health within the territory of a Family Health Strategy.	The construction of participatory spaces does not guarantee the participation of the population and social control. The study shows that dialog is an effective tool to foster and seek new paths of participation.
Longhi, Canton[23]	2011	To present the contradictions of the concept of citizenship found in studies carried out with users of a health center in São Paulo and the obstacles to popular participation in SUS.	Popular participation emerges as a collective movement in search of solutions to problems.
Ribeiro, Nascimento[24]	2011	To understand the meaning of the social representation of the subjects in the construction of local health councils (CLS) and discuss the obstacles, achievements and possibilities of an effective council.	There was a gap between legislation and the practice of social control in the work process of the health teams in Feira de Santana, Bahia.
Bispo-Júnior, Martins[25]	2012	To analyze the work of CLS as instruments of social participation within the Family Health Strategy.	The main obstacle to the work of the local councils is the population's little interest. Although there is support from managers, this is not enough to promote social mobilization.
Martins, Santos[26]	2012	To identify nurses' opinions about their work in the CLS.	Nurses' work as councilors is considered important since there have been improvements in the health conditions of the community and in the services provided by the primary care center.
Quintanilha, Sodré, Dalbello-Araujo[27]	2013	To map rhizomatic participation movements that emerge from the actions of users in the routine of six health centers in the Municipality of Vitória, Espírito Santo.	Rhizomatic participation is characterized as movements that create, invent and produce new modes of existence which are not restricted only to health councils and conferences.

Busana et al.[28]	2015	To analyze the limits and potentialities of popular participation in CLS through Paulo Freire's Research Itinerary.	There is a need to understand the roles of councilors and local health councils to strengthen health promotion.
Lima, Galimbertti[29]	2016	To analyze the meanings attributed to social participation in health by community leaders and Family Health Strategy professionals in Vila União, Sobral, Ceará.	Community participation was key in the construction of SUS; however, it is necessary to reflect on the incorporation of health debates into the daily practices of the Family Health Strategy.
Pessoto, Nascimento, Heimann[31]	2001	To explain how the decentralized management of health services led to the adoption of structures and practices aimed at the participation of the community in the administration of health.	The field of popular participation is vast and has expanded due to the increase in the number of health councils and the qualification of the councilors.
Oliveira[32]	2004	To understand how different social actors present in health councils act and interact.	Information, policies, processes and communication resources made available by the councils, preferably dialogical ones, are needed and important for the democratic exercise of social control and popular participation in SUS.
Morita, Guimarães, Muzio[33]	2006	To analyze the participation of the segments that make up the Municipal Health Council of Botucatu and, specifically, the representativeness of the councilors.	The most active councilors recognize the municipal health council as a solid entity integrated into the SUS administration.
Erdmann et al.[34]	2008	To disseminate information in order to encourage SUS users' critical/reflexive thinking about the meaning of citizenship built in the Health User's Rights Charter and the concept of popular participation.	A process of inclusion of participation is needed for the strengthening of citizenship.
Martins et al.[35]	2008	To discuss the main dilemmas on social participation in Brazil.	The challenge of building citizenship requires broad participation of the population in common projects in which different social actors take responsibilities.
Cotta et al.[36]	2010	To train the councilors of the municipality of Viçosa, Minas Gerais, in order to sensitize them to the fullest and conscious exercise of their role in social control.	Workshops focused on sensitizing health councilors to overcome the role of passive viewers and become protagonists in building a universal and equitable health system.
Batista, Melo[37]	2011	To understand how different actors have been able to absorb and guarantee the community the right to participate in decision making in public health policy.	The municipality of Ipatinga, Minas Gerais, has an important democratic history marked by the creation of the health council.
Cotta et al.[38]	2011	To analyze the experience of social control in a health council in a small municipality.	According to the authors, participatory management in SUS was not consolidated as an effective practice.
Severo, Ros[39]	2012	To learn the conception of participation in the social control of SUS by the members of the National Health Collective of the Landless Workers' Movement and to discuss the strategies adopted to do so.	Social control does not necessarily mean engaging in the institutionalized spheres of participation, but rather making the political struggle outside the State.

Souza et al.[40]	2012	To analyze the profile of the health councilors of the Municipality of Jequié and to identify councilors' knowledge of their function.	By acting as a councilor, the subject contributes to the development of health services and to the consolidation and improvement of SUS. There is a need to intensify training actions.
Rocha et al.[41]	2013	To analyze health councilors' knowledge of their roles in supervising the public budget.	Councilors mentioned their roles in monitoring and evaluating the budget for an adequate allocation of resources to health.
Silva, Pedroso, Zucchi[42]	2013	To analyze the role of the ombudsman agency and its contribution to the management of public health according to SUS users and councilors.	The health ombudsman agency is a channel that amplifies voice of users and ensures the right to express opinions on public policies, being an important instrument of social control.
Barbosa et al.[43]	2015	To systematize the experience of popular education.	The permanent forum for popular health education is an open space capable of promoting dialog, empowerment and collective knowledge.

The thematic content analysis[12] yielded two categories related to community participation in SUS: "Community participation in Primary Health Care" and "The different paths of community participation".

DISCUSSION

Community participation in Primary Health Care

This category had a strong representation of the community participation related to local health councils (*Conselhos Locais de Saúde – CLS*), with 15 articles discussing the participatory process in its different settings and contexts, such as the Family Health Center (*Unidades de Saúde da Família – USF*) and the endemic disease control programs[15-29].

The USF are considered favorable micro-spaces for participation because of their closeness to the population and openness to the establishment of close relationships between health professionals and users, which facilitates the discussion of the demands found in the community[15,18-24,28]. On the other hand, another study[30] discusses the proximity of the USF to the community as a triggering factor for vandalism due to a lack of sense of belonging in some users for whom the USF may represent the unwanted presence of the State in a given territory.

In this context, the community is faced with difficulties in recognizing itself as "part" of the development of health policies, which is sometimes hindered by the way in which health services have unequally been structured throughout history. This undermines the promotion of autonomy[29] in such a way that strategies for mobilizing individual and community resources should encourage the autonomy of individuals and communities with the objective of strengthening health promoting and protective factors[9].

Considering Rousseau's Theory of Participatory Democracy, it is assumed that the relationship of institutions with their users may or may not favor participation. With that in mind, health councils are a good example of spaces in which participation may occur[13,14].

The CLS created in the territory of the USF are institutionalized instruments that favor participation since professionals and users have the purpose of discussing and defining local health demands and forms of intervention involving the community[19,24-26,28].

However, some studies point out some adversities in local councils, such as disarticulation between classes, unawareness of the responsibilities of the roles, difficulty in dealing with computers and the internet, lack of problem-solving actions, and incipient levels of community involvement. Many demands have not received the necessary attention on the part of the managers and of the municipal council, causing decay and users' disinterest in this space of participation[19,23,25,28].

The individual's experience in making decisions so that his/her commitment to participate is effective is very important. As a result of participation in decision making, the individuals are taught to distinguish their own desires and learn how to be community citizens, with the CLS being a privileged space for such exercise[14].

In order to do so, it is necessary that councilors representing the organized civil society identify themselves with health demands and be interested in defending the collective good – and not in the search for individual and immediate benefits. This

should avoid a symbolic participation in which programmatic actions proposed by the managers are approved without proper reflection[15-19,21,24,25,28].

Likewise, several studies[15,17-19,22,24] have emphasized the importance of recognizing the population as the main focus in the participatory process, as well as its status as a social actor who has his/her own knowledge of the reality in which he/she is inserted, so that satisfactory changes can happen. They also point out that the diversity of knowledge and the creativity of the population is allied to popular education since it is an important strategy for expanding access to health information and for actions to control endemic diseases through changes in the behaviors of individuals[15- 17].

Another article emphasizes a new form of participation, namely rhizomatic participation, which is understood as resistance movements that fabricate, innovate, and discover new modes of existence. There is no pre-established configuration of the occurrence of these movements. They occur in the daily life of the services and users play an important role in vocalizing their desires and demonstrating what they want and expect from managers[29].

The daily exercise of citizenship, through the different forms of participation, materializes health as a universal right and constitutes a tool for controlling public policies[15,20,21]. However, it should be considered that institutionalized means of participation in health care do not guarantee citizenship[15,21,24,25,27]. In this instance, an ideal situation would be the absence of organized groups; rather, there should be only individuals, because unorganized individuals would be united by a common ideal, while organized groups may have particular interests[14].

Otherwise, there should be as many groups or associations as possible in situations in which the organization of such individuals is inevitable based on the principle that particular interests should be put aside in favor of collective interests[13, 14]. In the case of community participation in SUS, these groups are similar to the local councils of the health centers, residents' associations, and the social facilities located in the health territories.

Finally, citizenship, when understood as an action carried out with responsibility in an individual, social and political way, can result in a participatory process. It is at this moment that the citizen realizes that his/her individual and collective interests are interconnected and that he/she learns to be both a public and a private citizen[13,14].

The different paths of community participation

Community participation is a tool of social control, since the population can intervene in the construction of SUS by formulating, executing and evaluating public health policies. Therefore, population control over the state is a strategy to guarantee the right to health and build a democratic society[31-43].

This scenario can be discussed based on the Theory of Participatory Democracy, which considers participation and its control closely-related concepts that are correlated to an individual's freedom[13].

This path of participation and control, in the case of health care, can be understood as the health councils – the main organizations of social control in the municipal sphere. These organizations can have an impact on state and national organizations given the principles and guidelines of the SUS and the provisions of Law No. 8.142/90[31,35,38,40,41].

The Municipal Health Councils (*Conselhos Municipais de Saúde – CMS*) are considered novel spaces where redemocratization is present and has been the focus of discussions since the 1970s and especially after the end of the military dictatorship in Brazil[31]. Since then, the population has been seeking paths of participation and forms of social control other than health councils, such as associations of health professionals or users, public health ombudsmen agencies, public prosecutors' offices, among other organizations[32,42].

A participatory society is capable of promoting changes – either positive or negative – in individuals[14]. Individual actions or interventions must be in accordance with the laws that take into account the general will. Thus, there are rules that regulate and limit what citizens can or should do – the control[44].

Public health ombudsmen agencies are a good example and have the function of monitoring the functioning of the public administration, which is important for investigating complaints and denunciations and monitoring health policies[42].

One of the studies[39] in the present review highlights the influence of the Landless Workers' Movement on the participation in the social control of the SUS, revealing another form of social control: the political struggle through occupation strategies, mobilizations and marches, and not necessarily through attendance to health councils and conferences.

In this instance, there is evidence of the representativeness of councilors associated with unions, mainly related to workers' health and workers with work-related problems[33].

Advances towards this representation, which is classified outside the ideal democratic molds, are highlighted by some studies[33,35] which show the low participation of SUS users in debates during meetings and/or council meetings. Although they were always present, they only observed the discussions and voted when requested without questioning decisions.

It should be noted that the composition of councils must be heterogenous and equal, i.e., they should be composed of "50% of users; 25% of health workers; 25% of representatives of the government and private or non-profit service providers"[45], being a strong tool of social control.

Although parity is recommended, it is noted that only the most active councilors recognize the importance of their role as citizens and of the role of the health council in the municipality and can critically analyze the progress and results achieved[33,35].

On the other hand, it cannot be disregarded that a part of the Brazilian population is marginalized and excluded and has its rights denied, remaining under donation of citizenship by the State when convenient. This happens in some municipalities where parity is disrespected and strongly influenced by party politics[38,40]. It is important to emphasize that the population often has little knowledge of the existence of the councils and are hence unaware of how much they can benefit from a really active council[40].

In order to change such reality and put social control in effect, councilors should recognize their role and their capacity regarding the legal and ideological frameworks of the participation proposed by SUS[36]. Thus, reflexive questions on citizenship and collective rights in health must be raised.

The health councilor must committed to working jointly with different actors, participating in debates and discussions frequently, disclosing the results of the monthly meetings to the population and monitoring public policies[34-36,40,41].

Intrinsically related to the notions of control and freedom, education plays a key role in community participation: "As a result of participating in decision-making, the individual is educated to distinguish between his/her own impulses and desires and learns to be a public as well as a private citizen"[13].

Thus, the role of education in participation relates to the empowerment of individuals or communities with regard to health decision-making[35], which is supported by the recommendations of the National Health Promotion Policy, which encourages the training of leaders and opinion makers[9].

Empowerment is similar to the term "freedom" used by Paulo Freire, i.e., citizens are freed from a socially exclusive situation through education, which is seen as a predisposing factor for the individual to recognize and seek participatory and social control practice[35,38,46].

It is believed that education for social control and the SUS must be integrated into a policy that encourages the transmission of information by services, universities, health managers and the community[43]. Thus, popular education is an allied tool in the construction of SUS, since it is characterized as a space open to the community, capable of promoting dialog, sharing experiences and building collective knowledge[43].

Finally, it can be concluded that social control has a deliberative role in health participation, with spaces protected by current legislation. The councils and other participatory spaces can be found in different loci and are concretized as important instances as they directly affect public health policies in Brazil.

CONCLUSION

The present study gave visibility to the scientific production about community participation in the SUS and it can be inferred from the results that it presented an increasing incorporation in the daily practice of the local and municipal councilors in the field of public health. It revealed different views on this practice with regard to health councils and different modes of participation, both in primary care and in other instances, with the reawakening of citizens' interest.

Therefore, it is a field of research that is open and that needs reflection in its various scenarios with a focus on educational practices on the legal and ideological frameworks of community participation.

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