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EDUCATION BY WORK FOR HEALTH PROGRAM: O CONTROL SOCIAL AT THE UNITED HEALTH SYSTEM

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Abstract: To recognize at weaknesses nowadays experienced fur social control of the Unified Health System (SUS), the health education initiative and permanent education on the subject through the Education Program for. health Work- Interprofessional (PET Health) in a Basic Health Unit of the Federal District. It came to the understanding that the unity is not the adequate place for complaints; the access to the mechanisms in control Social no are bureaucratic and may occur via smartphone; The participation at the control Social potentiates The resoluteness From problems and the contribution active of the community us health advice is more efficient than just complaints, as it is the population that must say the most realistic way to solve the problems that presents. The professionals expressed that they will know how to direct their patients to the correct flow of manifestation of their complaints, seeking to correct failures and strengthen the system. social control not from SUS (Unified Health Systyem) must remain a bureaucratized tool, a space for disputes strictly institutional and capitulated by political figures to satisfy of the neoliberal policies of the bourgeois State, but it must once again be a space for action of the vulnerable community, of social minorities and of all those and those that envision the conception of an egalitarian State and the maintenance of the health universal public. This is a descriptive, report-type study. experience, which aims to reflect on the experience of an education program in health, in the form of a waiting room, and an education program permanent.
Keywords: Unified health system; social control; primary care to health; education in health; education interprofessional.

INTRODUCTION

The Unified Health System (SUS) emerges as a decentralized strategy for the warning and caution the health, by having per base you Principles and at guidelines in universality, equity, completeness and participation of the community, indicating that it must act in the formulation and control of public health policies. For effective social participation in the management of the health, it is fundamental what if implement mechanisms in mobilization from many different subjects related to SUS, strengthening the full citizenship.

This process included health in the Federal Constitution from 1988, innovating in the decentralization of management - with the expansion of social participation in the public health policy - and in the execution of health actions. With this, they are settled down mechanisms in control Social, lined for the co-responsibility of the government and society on the direction of the SUS. The Constitutional text was detailed in the Organic Health Laws (LOS): Laws nº 8,080, from 19 in September in nineteen ninety, and no. 8,142, in 28 in December in 1990.[1]

Social control is the ability of organized society to act in public policies, together with the State in the struggle for the realization of rights, needs and interests, what only they can to be conquered collectively. there is, therefore, what control Social if constitutes on one democratic mechanism so that the population can fight for the realization from your rights.[2]

At policies in adjustment economic and the focusing of policies social resulted in the underfunding of health, leading to social control to the permanent debate and negotiation about the financing of system. Advices and at conferences in health were displaced in their papers originals in formulation of guidelines policies and in monitoring from software and goals Sanitary. In this condition, the role of decision-making of instances in participation Social, with

debate and articulation strategic in defense from principles of SUS.[3]

Recognizing at weaknesses nowadays experienced fur control social, intensified within the periphery, educational actions were designed on the subject through the Education Program for Work in Health-Interprofessionality (PET Health). In this approach, the following contents pertinent to control Social: historic, policies and Software, instruments of control Social at the SUS and rights and duties of user.

This objective study, specifically, to describe he experience at driving from Law Suit educational and reflect about of the contribution of these actions to the formation of knowledge about the control Social in SUS.

A BRIEF HISTORIC OF CONTROL SOCIAL NO SUS

The start of debates on a new system of health in Brazil coalesced the social movements organized around of the structuring of the sanitary remodeling.[3]

In 1963, the 3rd National Health Conference (CNS) embraces the concept of social determination, modifying the bases of health education and imposing the social debate about public health.[3]

In 1975, for the first time, in the 5th CNS, social participation is included in the debates Brazilians about health, when populations marginal participated of proposals for The health in its segments.[3]

In 1976, the Brazilian Center for Health Studies was created, which systematization of the debate, denounces the commercialization of health and proposes the creation of SUS with funding and participation Social guaranteed, as materialization of the right inalienable to health.[3]

In 1978, a Conference established change at the concept of health and the focus on primary care, also included the idea of participation Social at the health planning.[3]

In 1980, the 7th CNS (National Health Council) debated social participation disputing two positions: The understanding functionalist deposited at participation community The expectation of solving the problem of marginalized groups in the process of growth of country, keeping up intact The question of development Social; While the democratic vision understood The participation as instrument of democratization, which seeks new channels of expression and opportunities for confrontation between social groups, aiming to influence the process of continuous change to which life and social development in the country.[3]

The influence of the international situation, internal experiences of the last years, the fall of the military regime and the effervescence of social movements give origin to movement in for the sake in systems nationals in health public, erupting the political project of the Sanitary Reform. In 1986, the 8th CNS takes place, for the first time with popular representation and participation organized, proposing, based on financial, sectoral and administrative reform, health to be considered a universal right resulting from the conditions of life and access to social policies.[3]

In 1988, the Federal Constitution establishes health as a right and, in nineteen ninety, The LOS institutionalizes social participation through advice and health conferences. Law 8080 establishes as SUS principles the universality, completeness and equity; subsystems of the network and you Principles organizational: participation popular, decentralization and regionalization. already the law 8,142 has on funding and participation popular. These laws resulted in policies that structured the control and established their mechanisms and competences in the three spheres of government.[1,3]

THE POLICY IN STRATEGIC MANAGEMENT AND PARTICIPATORY OF SUS

THE Policy National in Management Strategic and participatory at the SUS (PNGEP) guides at actions in government at promotion, qualification and improvement of the management of policies public at the scope of SUS.

Furthermore, it proposes mechanisms for the control and participation of the community in the system.[1]

It is extremely important to strengthen citizenship, protagonism and expand the spaces for listening, debate and collective consolidation of knowledge and practices in order to face the inequities of the system and propose solutions based on the suggestions and demands of those who have the in health.[1]

PNGEP is based on two instances: the evaluation instances and monitoring, which contribute to participatory management with mechanisms continuous what deal with professionals and users, in a Enhancement gradual and constant; are of the audit type - preventive and operational evaluation, Checking if you Law Suit occur properly with base in criteria technical, operational and legal - and ombudsman - a direct channel of dialogue between the citizen and the State; makes it possible information, assessments, criticism and improvement of services and of policies public.[4]

Collegiate bodies are closer to citizens; aim at strengthening of citizenship, giving the opportunity to monitor the actions of governments and demand good public management. These are the councils and conferences of health.[1]

You Advices in Health are regulated for the Resolution CNS 453/2012 and consist of a collegiate, deliberative and permanent instance of the SUS in each sphere of government. They are instituted spaces for the participation of the community in public policies and health administration and work in formulating and proposing strategies and controlling the implementation of policies of health.[5]

It is organized in composition parity in users in relationship to the too much segments, with representatives in entities, institutions and movements representative in users, in entities representative in workers in the health area, the government and entities representing providers in services in health. The occupation in member of Advice It is considered exercise in relevance public, per that ensures dismissal of job. [6] The acting from advices involves two groups responsibility: a health policy-making group, with a proactive, which discusses health needs and sets policy priorities; and another social control group, which monitors and supervises the policies of a deal with the principles of SUS.[6]

Decisions are taken by majority, in monthly meetings open to the public, full of advice if manifests per quite in resolutions, recommendations, motions and others deliberative acts.[6]

The Health Conferences, on the other hand, are the largest deliberative instance of control Social; are ascendant and also have equal composition what covers several segments of the social and health sectors. Your character is quadrennial and purposeful, also acting us levels place, municipal, state and national. At actions must to meet to objective in to produce assessments about The situation in health of the population and, from of this, to define guidelines for the formulation of health policies and programs for the respective sphere of government.[7]

From the implementation of the legislation participatory, other mechanisms of participation were also foreseen, such as the public policy councils, conferences, tables in

dialogue, forums in debate, public audiences, participatory budgets, among others. [1]

RIGHTS AND DUTIES OF THE PERSON USER OF THE HEALTH

The Resolution of Advice National in Health no. 553 lays down you rights and duties of the SUS (Unified Health System) user, which constitute the Charter of the Rights of the Person Health User. The titles are set out below, which, in the resolution, are endowed with in articles more explanatory about the guarantees.[8]

1. Access to ordered and organized goods and services to guarantee the promotion, prevention, protection, treatment and recovery of the health.
2. Right to comprehensive care, to appropriate procedures and in time skillful to resolve your problem of health, of form ethics and humanized.
3. Every person must have their values, culture and rights respected in the relationship with the health services.
4. Everyone has responsibilities and rights so that their treatment and recovery be suitable and without interruption.
5. Everyone has the right to information about health services and several participation mechanisms.
6. Everyone has the right to participate in the Councils and Conferences of Health it's from demand that the managers comply you Principles previous.

NATIONAL POLICY ABOUT PERMANENT EDUCATION FOR SOCIAL CONTROL

The main objective of this policy is to expand and qualify the participation of the community at formulation, management and control Social of policies public of health. Thus, it aims to act in the promotion of the democratization of the State, in the guarantee of social rights and the participation of the population in the politics of health, reaffirming the character deliberative from advices in health for strengthening of social control in the SUS. For this, it is based on five axes structuring: Social participation; financing of participation and control Social; intersectoriality; health information and communication; legislation of SUS. [4]

METHOD

It is a descriptive study in experience, elaborated in the context of the experiences of the PET- Health: Interprofessionality, of the Ministry of the Health in partnership in between The Faculty in Cinelândia of the University in Brasilia (UnB-FCE) and The School Higher in Sciences of the Health of the Federal District (ESCS DF), during the year 2019. The objective of the PET is to form groups of learning that contribute to the implementation in curriculum changes in line with the National Curriculum Guidelines (DCN) for undergraduate courses in the health area, considering strategies aligned to the Principles of the interprofessional, interdisciplinarity and intersectoriality, as fundamentals of the change in the logic of the formation of the professionals and in the dynamics of health care production; and the qualification of the teaching-service-community integration processes, in an articulated way in between SUS and at institutions in teaching, promoting the education interprofessional and at collaborative practices in health.

The focus of this report is the reflection on the intervention carried out by the group 2 of the PET, in the context of the Basic Health Unit nº1 in the city of Sol Leste, in the Federal District. The capture of reality is an approximation and, never a complete knowledge of it, since it is dynamic and, therefore, need ever to be revisited. That type

in study has as goal bring teaching and the production of health services closer together, seeking the relationship practice – theory – practice. [10]

The activity he was developed per quite in education in health with users subscribed to the UBS, in the waiting room modality. education in health has as goal approach the community from professionals and humanize caution. In general, is based in activities in prevention and health promotion. It is an attribution common to all professionals in the team, constituting a fundamental strategy in the service, as it provides information and enhances discussions and reflections on everyday actions to the maintenance of the health, leading you individuals to be autonomous and protagonists of your own health. [11] Furthermore, it is carried out the leave of demands of users, according to team planning, and must use approaches suited to the needs of this audience. [11] for the activity, it was made and delivered to the users a folder containing you contents aforesaid in form didactic and covering data and contacts from mechanisms of social control of territory.

The waiting room is an environment conducive to the practice of education in health, as it is where the community is initially welcomed and expresses its questions in health. One activity conducted in that space favors conversations, exchanges in experiences, Note and expression, or be, at pluralities emerge through of process interactive, with views the completeness, to development of self care and the constitution of the citizenship. THE implantation in activities in that environment Visa impacts favorably at life of user, mobilizing one opportunity in learning, changing links with the Family Health Unit (USF) and making that moment of wait one contextualization pleasant. [11]

With you professionals, he was carried out education permanent, at modality in exposure dialogued about you same contents. The perspective of the education permanent pops up as a reorganizing principle in all process educational experienced by the workers at the and of the system. It is proposed the overcome at conceptions dominant and at schooled practices, spreading new practices in training and valuing the learning arising from work situations, from the reflections of the collectives that discuss the programs and actions of the system, including the advices locations in social control, spaces in participation popular and democratic and, therefore, of critical reflection on the conduct of the system. This type of educational activity values the situations arising from the Law Suit in job, being possibility in problematization of these contexts that lead the worker to acquire new knowledge. Thus, modify at structures and the processes in job, qualifying them how much to attendance of the demands social, what require interventions technician-operative. [12]

OBJECTIVE

Report The experience experienced at the context of PET Health: Interprofessionality, reflecting on the contribution of educational activities about of control Social at the SUS for enhancement of the participation community in health policy public.

RESULT AND DISCUSSION

THE EXPERIENCE OF ACTIVITIES EDUCATIONAL

The UBS that we had as a practice scenario is located on the periphery of the DF This recrudesce several aspects what characterize The Note of the local reality. Across the country, primary care is in a critical situation, with teams deconstituted, lack in inputs, structures precarious and professional devaluation. In the locality of our scenario, the organization of the Warning primary

suffered serious interferences policies and we accompany the repercussion: unstructured territorialization incompatible with the reality of community; breaking the bonds of the teams with a community used to determined conformation in assistance; overload of teams with accumulation of areas that must receive a new unit instead of being incorporated without planning at already existing.

That conjuncture if alia to profile socioeconomic of the population, custom for the negligence of state at the what tangent to access of the community marginalized at policies public, about everything education, security and health. This implies that it is a people alien to the knowledge of part of their rights and possibilities of popular participation - which makes who are victims of an elitist conduct of public policies, reflecting on the lack in Warranty from principles of access and of the equity esteemed fur SUS.

That is why the decision to conduct educational activities in this community aimed at social control. From the perspective of the subaltern classes, social control must in the sense that they form more and more consensus in civil society in lathe of your project in class, passing of time 'corporate economic' to 'ethical-political', overcoming capitalist rationality and becoming the protagonist of history, effecting an 'intellectual and moral' linked to economic transformations. [2]

Linked to the socioeconomic panorama, we observed that the daily life of the UBS was permeated by a tense routine, with many complaints from users and servers. At majority of times, you users direct to professionals institutional complaints whose resolution is not the domain of those who is in the care - this situation generates conflicts between the team and the patient, weakening bond; wear and tear for you users, what no if feel welcomed and no longer trust the SUS; deterioration of mental health and motivation of the servers, who cannot solve and also suffer in as a result of problematic.

The fraying of relationships between teams and users is a consequence of communication failures, deficiencies in reception skills on the part of of the team and mainly, lack of knowledge in all these actors about the correct flow of forwarding of complaints. It is obvious that these aspects are not isolated factors, but constitute a complex network of causalities that leads both to the problems that are the target of complaints, how much these weaknesses of professionals in the deal with the community.

Thus, we agree that it would be ineffective to form the population without we also turn to repairing the knowledge deficit of the teams about their active role in building the system. the work overload distances professionals from social participation and feeds back a cycle of inefficiency in solving the transversal problems that permeate health public. In addition, it is also common to observe that teams face the claims of the community as something guys – so much When occur informally, how much When happen by the due mechanisms in control Social.

Health education in the waiting room was challenging: it was necessary capture the attention of users already dissatisfied with the waiting circumstances – because the location is outside the unit, due to its size -, with the structure of attendance – one turn what The unity It is surrounded per bars and tables blocking the physical space, given the history of invasions and aggressions of a territory vulnerable The violence urban – and exhausted by the conflicts with the team. The distribution of the pamphlet and the beginning of the dialogue based on it facilitated the first contact, opening space for what you let's approach the leave in questions about as if they felt during The wait, as was attendance, if They were satisfied with the unity, what they

thought from professionals, if their demands were met and if they considered SUS a Good system.

To say what we would like in share information about as improve the system and forward complaints that have been expressed collaborated to settle the shyness of the community, which soon began to carry out their considerations, the most common being the understanding that the blame of weaknesses of system It is of government, what no apply properly the investment from population taxes; and the report that they complain and they fight a lot in the units, but they are never attended to. It was also possible to note the lack of knowledge about the performance of the health categories, since some portrayed dissatisfaction with the referral to nursing, which is explained by the perspective that the resolution of health demands- illness only It is guaranteed fur attendance doctor, consequence of the culture biomedicine encouraged in society. This statement sparked debate among the users themselves, with a majority showing greater satisfaction with the attendance in nursing and reporting if to feel best heard and contemplated.

Through the problematization of these narratives, we lead people to the answers to your questions. Collectively, the conclusion was reached that that: the unit is not the proper place for complaints, unless have health council or local ombudsman; access to mechanisms social control are not bureaucratic and can be done via smartphone, which was always in the hands of users, demonstrating the ease of access; everyone's participation in social control enhances resolution From problems, then The collectivization of complaints generates one demand institutional what flame The Warning of the management and he must to be solved; The active community contribution to health councils is more efficient than than just complaints, as it is the population that must say the most realistic way of solving the problems it presents by having ownership over From conditioning and determinants of your health-disease process.

The activity made possible let's examine the consequence of removal of the health councils of the territory, as they have become spaces of dispute institutional, bureaucratized and considerably any less referenced at community. Thus, they failed to educate the population for an active role in the health system, reinforcing the corporate logic that took care of health public and open ways for the commodification feature of system neoliberal.

With you professionals, the education permanent offered, also, rich perceptions and laid bare barriers that so much reflect the scrapping of the system in health how much reinforce. It is notorious the tiredness of the team, unmotivated with work and discredited by the system. part demonstrated not knowing the mechanisms of social control, although he remembered some contact with the theme during the graduation; Other part mentioned knowing, but not feel motivated to participate, justifying being tired of the service and not want to take on one more demand and even feel persecuted when provokes health councils or class entities. It's inevitable also perceive training failures, resulting from the negligence of the management of the network of health in in relation to education permanent and continued.

The placement of the team that bets on the professionals of the future to playing this active role was both exhilarating and uncomfortable. This is because the professionals of the present are responsible for solving the demands of the population and guarantee assertiveness to the SUS. It is known that this process is not isolated,

but permeated by political, social issues and economics that make it dialectical. However, it is important to resume of the contesting sense of health professionals, so that they participate in the control social and incite the community the to do the same.

We ended the activity with the feeling of accomplishment after a time in listening active, welcome of dissatisfactions from professionals, problematization and the team's manifestation that it will now know how to direct their patients to the correct flow of manifestations, seeking to correct the flaws and strengthen the system.

The educational programs guaranteed us the perception that it is valid contribute with system of health. Same against in so many complaints and discouragement, we were spurred on by the purpose of empowering the community and rescue the motivation in professionals tired and devalued, but essential for building the quality of life of a marginalized people and neglected by public policies.

FINAL CONSIDERATIONS

SUS (Health Unified System) is the largest public policy in the world. Because it is universal and yet for assuming popular participation as a backbone, the health system Brazilian it has potentialities odd. However, the opening, since your origin, for neoliberal policies weaken the system, resulting in an intense process of dismantling and scrapping, which aims to favor the large companies and profit to the detriment of the universality of preservation of life.

Social control is essential for the formulation of health policies, for the oversight of the driving of those policies and to combat the undoing of the essence of system in health – being essential for the Warranty of the equity and of access the policy public in health by populations most vulnerable important role in the structuring of the SUS, currently the control mechanisms social are distant from the communities and are not the object of the formation of the professionals working in health, weakening the construction active popular of the system and depriving the SUS of this important tool for building the health public.

At consequences from that are the feedback of process in dismantling of the system and the erosion of relationships between health teams and the community, pervaded for the overload professional and for the lack of the population at the touching the satisfaction in your demands. watching That reality, health education activities and continuing education can make up for the removal of the population's health councils, until it is concluded the resumption of these spaces for the democratic essence.

Although attempts to improve the system consist of a gradual process and crossed by the factors that weaken it - ratifying the struggle in defense of the SUS as a dialectical dynamic inserted in conditions unfavorable materials - it is essential that the people be informed about the social control mechanisms and trained to act in them. The participation social welfare is the most appropriate way to inspect and build equitable not only of health, but of all public policies; it's not just about on one space formal, but he must to be interpreted and used as scenery for promotion of change and control popular of State.

The social control of the SUS must not remain a tool bureaucratized, space of strictly institutional disputes and Protagonism in figures public for the satisfaction of policies neoliberals of state bourgeois, but it must once again be a space for the vulnerable community to act, of social minorities and of all who envision the conception of a egalitarian and the maintenance of health universal public.

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