



## THE SOCIAL PARTICIPATION IN THE PUBLIC ADMINISTRATION AND IMPLEMENTATION OF RESOURCES FOR UNIVERSAL PUBLIC HEALTH (SUS) IN PIMENTA BUENO CITY – STATE OF RONDÔNIA (BRAZIL)

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### Abstract

Civil society participation in decisions related to health care policies is a conquest guaranteed in the Federal Constitution of 1988, it is one of fundamental guidelines for the creation of the Single Health System (SUS). The mechanisms of social participation in these decisions are the conferences and boards of health, in all levels of public administration. The health councils are instruments of social control of the activities of the SUS, allowing the population to interfere in the management of the public health system, defending the interests of the collectivity, i.e. the participation of society in the evaluation, modification and definition of health policies to be implemented and developed in the municipality. Check how the municipal council of health participated in the process of implementation and management of resources for the public health in Pimenta Bueno - RO, in the period of 2009 to 2011, is the objective of this work. It is a case study of exploratory and explanatory, addressing qualitative variables. For data collection were used two structured questionnaires, applied to the board of health, and the municipal secretary of health; interview with 07 (seven) of advisers and consultation documents in minutes, legislation, report on budget execution and data contained in the system of public budgets in health (SIOPS). In spite of the tasks of the municipal council of health, they are provided for in the law, as a consultative body, deliberative and inspecting, it was found that the municipal council of health of Pimenta Bueno has acted only as validator that has already been defined by the manager. In spite of the municipal council of health constitute a legal room for discussions of improvement of actions and the health services, the participation and the exercise of social

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control are faceless. These results indicate the need to create mechanisms for linking the council with the society, and training programs for the members.

**Key words:** social Control. Health outlays. SUS.

## 1 INTRODUCTION

The focus of this work is the work of the Municipal Council of Health of the municipality of Pimenta Bueno - RO. This object of study is part of the theme of public management, more specifically in the management of health in Brazil. The current national health system came into being in the context of the Constitution of 1988, with the creation of the Single Health System (SUS), having been regulated at the beginning of the 1990s, by means of laws 8,080 /90 and 8,142 /90. The constitutional text changes the standard of health care in the country, to ensure universal access, equal and free to this service, in a perspective of right of citizenship. In accordance with the rules and regulations of the constitutional text, the law 8,080 /90 had some articles legislation vetoed by the Presidency of the Republic, among which stand out the concerning the social participation by means of conferences and the councils, and the transfer of resources to the states and municipalities. These constitutional provisions would later contemplated by the law 8,142 /90.

To ensure universal access to health care, the 1988 Constitution breaks the mold with a historically constructed to access to health care by way of pension institutions. In Brazil, since the early 1920s, there was no participation of the State in relation to the mechanisms of protection of health, however, in the context of social security benefits. It should be noted that the first pension institutions facing workers in the private sector, which have arisen by state initiative, are the boxes of Retirements and Pensions (CAPs), created in companies from 1923, by determining government and with the support of public resources (MENICUCCI, 2007). Thus, the right to health care has historically a configuration based on bindings labor and professionals, in a segmented manner (MENICUCCI, 2007).

In the 1980s, the process of democratization of the country and the crisis of the health care system, then in force, converge to propitiate a expansion of space for the sanitary movement, movement for a health reform that, since the 1970s, they were guided by the proposal of a new model of health policy for the country, in a perspective of a public health system. The clash that followed in Constituent, Menicucci (2007) highlights the agreement that allowed the service, on the one hand, the demands of the private sector, embodied in the maintenance of the security of private initiative in the participation of health actions and, on the other hand, the proposals of the sanitary movement, which included the requirement of public contract for the additional participation of private initiative in the Public Health System.

Menicucci (2007) highlights, such as fundamental aspects of the constitutional text was approved in 1988, the following characteristics of the new model of health policy: "the adoption of a concept of health as a linkage of social and economic policies and that is not restricted to medical assistance; the establishment of health as a social right universal; the characterization of health actions and services as public relevance; and the creation of a Single System of Health, organized according to the guidelines for decentralization, integral care and participation in society." (MENICUCCI, 2007, p. 193); he ). It is clear from this table that, notwithstanding the preservation of a perspective of segmentation present in dual structure of the new model of health policy, there is a transformation of great scope for health, from the Constitution of 1988, as it recognizes Menicucci (2007).

The laws 8,080 /90 and 8,142 /90 brought the implementation guidelines of the SUS, among which are provided for the decentralization of the health care system, and the management and implementation of health services to be the responsibility of the Union, the States and Municipalities, and the popular participation in the control and management of public health actions, by means of the Health Councils (COHN and Elias, 2003).

According to Silva *et al* (2007), the process of decentralization and managerial executive board of health constitutes the center of sanitary reform developed in Brazil in recent years, but it is facing difficulties due to the lack of experience in professional management of resources. This leads to the need for greater flexibility and autonomy in the financial management of municipal health departments (SMS) and units of

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service providers, which, in turn, requires the professionalization of management. The mechanisms for the management and control of these resources it becomes fundamental, in the context of a public health system structured to meet the Brazilian population and counting with net proceeds of the three spheres of public administration, for their funding.

In this perspective, it becomes relevant to the activity of the health councils as social participation in the control of resources intended for actions and health services, as provided for in the constitutional text and regulated by law 8,142 /90. How was regulated, the application of resources in the area of health presupposes a shared model of governance, in this case the resources for health, with a view to widening the social influence on public policies, in contrast to the centralized models in bureaucratic structures closed. In view of this, a question arises for this thesis: as has been the participation of the Municipal Council of Health, in the management and implementation of the resources intended for public health in Pimenta Bueno - RO, from 2009 to 2011?

It should be emphasized that several authors have dealt with this issue, such as: Ferreira Junior (2008) with the work Social Control: Building a Participative Management in the Public Health System in the municipality of Cacoal - RO, which is studying the participation of society in decisions related to the public health system site; Labra (2006) with the work Health Councils: Visions "macro" and "micro", focusing on the performance of the health councils; Presoto and Westphal (2005) with the work social Participation in the operations of the municipal councils of Bertiooga - SP, which is studying the participation of society in the actions of the State through councils, being these some of the works, among several, that focus on social participation through councils.

Thus, the line of this thematic references, was built the objective of research of this thesis, which is to check how the Municipal Council of Health has participated in the process of implementation and management of resources for public health in the municipality of Pimenta Bueno - RO, considering the period from 2009 to 2011.

For the completion of this work was made documentary research in the municipal health department and the municipal council of health, the municipality in question, as well as the implementation of a structured questionnaire to the municipal secretary of health and to the members of the municipal council of health, identified R1 to R12 which consisted questions mixed, which sought information of financial variables, gender, socioeconomic level and knowledge related to SUS. The research was also, with the completion of an interview with the directors, identified as: E1 to E7, being placed first letter of segment represented by (U - user, T - Worker and G - manager). This research - documentary and by means of the questionnaire and the interview - provided information that allowed the analysis of the performance of the Council in the management of the resources directed to the public health of the city.

## **2 THEORETICAL FOUNDATION**

This training will be presented the main sources of resources intended for the financing of public health in Brazil, as well as administration and application of these resources with the participation and control of society by means of municipal health councils.

### **2.1 Sources Of Funding For The Public Health**

The public health system, in Brazil, account, basically, with three sources of resources, first the resources transferred by federal, state and municipal administration, originating in taxes and contributions paid by the company; second private expenditure, having as a source families; third private expenditure, having as a source companies, and they are responsible for providing private plans to their employees. The families, in turn, perform direct payments to providers of health care services (WINTER, 2009).

In relation to the distribution of public resources for health, the Organic Law of Health (LOS) 8,080, September 19, 1990, establishes in its Article 35 that 50% of the funds allocated to the states and

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municipalities should be distributed according to the ratio of their population division, regardless of any previous procedure. In law 8,142, of December 28, 1990, is willing that the federal resources, as defined by population criterion, should be transferred in the form of automatic and regular, since each one of governmental spheres conte with a Special Fund of Health (FES) or Municipal Fund of Health (FMS), a Council of Health, a Multi-year Plan for Health, the counterpart of resources for health in the budget and a commission to develop a Career Plan, jobs and wages for the people in the industry.

As Levcovitz, Lima and Machado (2001), neither of the two laws fails to define specifically the financing of SUS, nor as to the amounts and sources of income to be allocated to the sector, nor regarding the criteria, mechanisms and financial flows intergovernmental.

With the guarantee of access to public health services for the population as a whole (universalization), there was a significant increase in spending, and to be guaranteed this right, were not provided for the sources of funds that would finance these expenditures. What if initially envisaged was that health services would be funded by all through the taxes paid by the people. The main aspect observed in public health is that the SUS, in spite of having guaranteed citizenship to millions of Brazilians, who were previously excluded from the health care system, not came together with the sources of funding needed to consolidate their basic principles, namely: universality of access, integrated care, decentralization and equity (DAIAN, 2007).

Initially, when the deployment of (SUS), the financing of public health was done by means of taxes and social contributions of two budgets, the general budget of the European union (an OGU) and the Social Security Budget (OSS). Even with the forecast, in art. 198, para. 1), the CF 1988, that the financing of health would be done by the three levels of government, there was no clear definition of participation of sources. Until 1993, the health care, because it is a social right, received resources from the ministry of social welfare, however, under the claim of fiscal constraints and to increase the costs of such a ministry, the resources from the payroll, such as social integration program (PIS), contribution to the financing of the social security system (COFINS) and social contribution on net income (Provision for income taxes) will no longer be passed on to the Ministry of Health, causing a reduction in the resources for financing of health (DAIAN, 2007). Still, second Daian (2007), the interruption in the transfer of these resources has generated instability, making the health more dependent in relation to the resources of the National Treasury.

The problems of financing of health care in Brazil follow throughout the 1990s, and the lack of financial resources for the health sector has led to the search for a solution, which should be related to the linking of the budgetary resources of the three spheres of power (MENDES and MARQUES, 2009). Faced with the need to establish stable sources of funds for financing of health, led to the Proposal of Constitutional Amendment (PEC) 29, which provides for the participation of the three entities of the federation, the Union, the States and Municipalities, where the pass-through to health would be done in accordance with a percentage of the revenue from each one (MANSUR, 2001). The PEC 29 took seven years irrefutable in the national congress to be approved in August 2000. It should be noted that the first proposals for constitutional amendments (PECS) to ensure a destination of stable resources to SUS dating back to 1993. All PECS had as common point linking percentage of government revenue of the three levels of government or the social security budget to the health system, which motivated by the veto of the economic area of the government (MENICUCCI, 2007).

The approval of PEC 29 resulted in the definition of that States and Municipalities should spend at least 7% of their revenue to the health, and that these percentages should reach, in 2004, to 12% of the revenue from Member States and 15% of the revenue of the Municipalities. AND for the Union, the percentage would be of at least 5% in relation to the budget committed in the previous year, and for the next

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few periods should be corrected by the variation of the nominal GDP (MENDES and MARQUES, 2009; ANDRADE, 2007).

The approval of PEC 29 not meant the resolution of problems related to resources for health. With the macroeconomic policy of the governments President Fernando Henrique Cardoso and LULA guided in the generation of a surplus, it was not intended for the percentage of the budget for the health, time that the Union used fireworks to use the resources allocated to the Ministry of Health, for the financing of actions that are not related to the financing of health care, as is the case in which the resources of the ministry have been used to pay for the sheet of your inactive personnel, for example. During all the years of the first Lula government the economic team tried to enter expenses that are not considered health outlays in the budget of the Ministry of Health (MENDES and MARQUES, 2009; CASTRO and CARDOSO JR, 2002).

As Fiorelli (2010), the actions of income transfer through social programs, such as the Family Grant, also has been the cause of diversion of resources that should be used to finance healthcare. Good part of the expenditures for the family grant is counted as being from the ministry of health, which has no participation in this program. In the period from 2001 to 2006, the economic team tried to introduce items of expenditure that are not considered expenses in health in the ministry of health (ROCHA and CESAR, 2008).

The same also occurred in some States, where expenditures on health were included expenditure on sanitation, urban housing, water resources, school meals, feeding of prisoners and hospitals of clientele closed, as hospitals that provide care only to servers state. Despite having been pre-established what actions and services could be assigned to health outlays, these distortions were practiced to enable the framework to the Constitutional Amendment (JV) 29 by States (FIORELLI, 2010; MENDES and MARQUES, 2009; CASTRO and CARDOSO JR, 2002).

The conflicts in relation to the allocation of resources for health are still expanding in 2006. According to data from the Information System on Public Budgets in Health (SIOPS) (2005), the budget initial planned by Bill Budget for the ministry of health for the year was R\$ 43.6 billion. With the exception of spending on retirees and pensioners, spent with interest and amortization of the debt, and with the fund to fight poverty, it has been an approximation of the initial allocation provided for the financing of services with health: R\$ 40 billion were spent in the period, in accordance with the criteria laid down by the Law of Budget Guidelines (LDO). The lack of commitment of the three spheres of government, to comply with what is laid down by the JV 29, demonstrates the existing conflict between the area of health and the economic area, where the area of health, committed to the historical trajectory of SUS and with the social and economic development, is concerned to ensure that the resources for its financing; and the economic area, restricted by policy sighted founded in inflation targets and in the generation of primary surpluses, sees the bindings provided for in EC 29 as an obstacle to the generation of a surplus (ROCHA and CESAR, 2008).

## **2.2 Management and control of Resources**

Until the 1970s the process of the management of social policies, including the health, was centered in the State, this model of management has resulted in a massive expansion of bureaucratic apparatus in the management of these policies, generating a strong centralization of decisions affecting their effectiveness, because the population did not have access to the centers of power to express their desires, which only becomes possible through the decentralized management (Junqueira, 1997). According to Ferreira Jr (2008) the process of management, in the context of health policies, presupposes the creation of mechanisms for listening to the citizen user and the population in general.

The process of decentralization, it is considered as a solution to social problems, because it is supposed that, through him, the transfer of power will be in the context of a changing political,

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administrative, that facilitates the access of the population to the centers of power, and that, therefore, seeks to meet the social demand, because the decentralized organizations can more easily articulate the interests of the excluded, ensuring equality of access, at the same time enables the articulation and implementation of development policies (Junqueira, 1997).

The move toward decentralization has gained prominence in the countries of Latin America in the 1980s, as a means to restructure the State and management of social policies, as a result of the change of authoritarian political regimes. In Brazil, the discussion was based on the perspective of policy, expressing the need to establish a new social contract between the State and the civil society, as well the decentralization passed by discussion of democratization and participation (Junqueira, 1997).

According to Silva *et al* (2007), the process of decentralization and managerial executive board of health is the center of the process of health reform developed in Brazil in recent years, but it is facing difficulties due to the lack of experience in professional management of resources. WHICH leads to the need for greater flexibility and autonomy in the financial management of municipal health departments (SMS) and units of service providers, which, in turn, requires the professionalization of management.

As Couttolenc and Zucchi (1998), the process of decentralization does not solve the problems of the sector, but it creates opportunities and facilitates its operationalization. On the assumption that the financial resources available for the financing of health care services are limited, local managers and service providers have the need and responsibility to use these resources in the best possible way, seeking efficiency and maximizing the impact and quality of services. It is up to each instance if restructure, and empower them to fulfill roles and responsibilities effectively. In the past, precisely until the 1970s, the management of the public health system was extremely centralized, this in all spheres of government.

With the decentralization, the municipal health departments have freedom to manage the financial resources that constitute the health financing. As a result of the decentralization of health, go to the municipalities the control of resources and responsibilities for the results obtained, and, with the constitution of 1988, comes the possibility of social control on the health policies, by means of the health councils (COUTTOLENC and ZUCCHI, 1998; MENDES and SANTOS, 2000; SILVA *et al* 2007).

The management of financial resources is, increasingly, in critical element and essential for the management of health services, and plays an important role in the decision-making process, contributing significantly to the economic viability and financial, in the provision of services and health programs. (MENDES and SANTOS, 2000).

In the case of decentralized management, the society can and must exercise control over the actions of the State. Ferreira Jr (2008) believes that the social control in the SUS is achieved through the participation of the community in the process of management, through the creation of two instances collegiate chapters, the conferences of health and health advice (national Council, state and municipal). The participation and social control, while SUS directives, were achievements resulting from the pressure of social movements health carried out at the time of the Constitution. Was this pressure that allowed the introduction of new models of participation and social control in the formulation, implementation and monitoring of public policies in terms of the health sector (BARTOLOMEI, CARVALHO and DELDUQUE, 2003).

The participation of organized civil society in the councils enables the exercise of control by the society about government policies, formulation and proposed guidelines and establishment of priorities and the means to meet the needs and interests of the various social segments, evaluation of actions and targeting of existing financial resources, such as management process (PRESOTO and WESTPHAL, 2005).

According to Junqueira (1997), in Brazil, private interests still prevail on the collective, and the participation is not possible, necessarily, with the existence of agencies and, theoretically, closes to the people. But, even in these conditions, the decentralization is an important factor to stimulate the participative dynamics by opening channels of communication between the users and the decentralized bodies, allowing, at least, to make their needs to those who have the power to decide.

However, according to Paim and Almeida Filho (1998), it is clear that the democracy won by Brazilian people in the 1980s is not yet sufficient for the society has in fact control over public policies practiced by the State.

### 2.3 Social Control in Health Policies

The expression social control is the holder of a historical burden that can cause contradictory reactions, and can be understood both by the control that the State exerts on the population, as, also, that the members of a nation on the acts of the State. From the beginning of the 20th century until the middle of the 1960s, the social control in health was a synonym of sanitary measures of Status on the society through policies of containment of diseases through combat to some epidemics, such as yellow fever and smallpox, with compulsory vaccination, so coercively, where the State defaulted intervention measures on people and groups (FERREIRA JR, 2008; SILVA *et al*, 2008).

With the sanitary reform started in the 1970s, there was a process of democratization in the decisions relating to public health actions in Brazil, putting in evidence the possibility of control of the company on the State as a way to democratize it, which is incorporated into the Federal Constitution of 1988 (SILVA *et al*, 2008).

The social control in the history of the democratization of health policies is responsible for visibility given to movements of health, by means of denunciations of absences and omissions of installed services, as well as, also, the struggle to build a regular space for the exercise of control on services and the bureaucracy of health management (SPOSATI and LOBO, 1992).

The model of social participation in control over spending on health was designed at a time when the country was experiencing a period of opposition to the regime's authoritarian military government, with a view to the broad popular participation in the process of transition from authoritarianism to democracy, through mobilization of society, the defendant by the needs of housing, health, sanitation and education, movement that was called in the 1970s, as social movements, which had a main role in the process of democratization in the first civil government post-military dictatorship (Gerschman, 2004).

In such a way that the social participation is a new sociability policy, being a field under construction with multiple possibilities, of organization of civil society, through the organizations which are independent of the State, such as the residents' associations, health councils, associations of teachers, group of women, who may or may not be joined to a direct acting to the organs of government control (ASSISI and VILLA, 2003).

The popular participation through the counsel allows users actively solicit and effectively participate in the deployment and management of public services which are beneficiaries (FERREIRA JR, 2008).

THE participation of the community in the decisions of the State is to be one of the guiding principles of the SUS, being created, the Federal Constitution of 1988, mechanisms that enable this participation, which are the already mentioned councils and conferences (PRESOTO and WESTPHAL, 2005).

According to Cotta *et al* (2010), the social control in the SUS is regulated in Law 8,142 /90, which deals with the transfer of financial resources in governmental health area, and on the participation of the community in its management, which should happen by the Health Council on a permanent basis and deliberative, being a collegiate body composed of representatives of government, service providers, health professionals and users of the system. It must also be the parity of the composition of users in relation to the other representatives, i.e. 50% of the total number of directors shall be representatives of users and the other 50% of the components will be representatives of other segments (ASSISI and VILLA, 2003).

In relation to Health Advice Ferreira Jr (2008, p . 26) Says that:

... Are, therefore, internal bodies to the structure of SUS and its deliberations, in general, must be results of negotiations with the executing agencies (Ministry of Health, State Secretariats and Municipal Health), which would have the guiding axes: representativeness of its members, visibility of their propositions, transparency of relations and the linkage with the society. It would be a guarantee of the democratic process and the quality of the actions in the process of institutional management.

Thus, the Health Councils should represent and defend the interests of the company, in order to fulfill the function of inducers of governmental responsibility, which is understood as the quality of the governments to be the height of confidence and expectations of citizens (ASSISI and VILLA, 2003).

### 3 Results and discussion

In the following chapters are presented the characteristics of the object of research, analysis and interpretation of the collected data and finally the final considerations.

#### 3.1 Participation of the Municipal Council of health of the municipality of Pimenta Bueno-RO in the application of the funds intended for public health

The participation of the council in the implementation of the resources of the health policy of the municipality is examined in this work, based on the perception of counselors, and the manager, about health, social control, single health system (SUS) and prospects of work.

As regards the understanding of health, the understanding of advisers was analyzed, based on the definitions of the World Health Organization, which defined health as "a state of complete physical, mental and social and not just the absence of disease", and the definition included in the Federal Constitution of 1988, which defined health as being the "resulting from social and economic policies, as a right of citizenship and the duty of the state, whose actions and services must be provided by a Single Health System".

It is observed that the concept of members of the board of directors, in general, are converging in relation to these definitions, correct answers drawn from questionnaires, which are presented below:

"Is the physical well being psychological and social person". (R2).

"It is a state of complete physical, mental and social, and not merely the absence of disease". (R9).

"It is the right of all, the duty of state guaranteed through social and economic policies for the reduction of the risk of diseases and other health problems. ... State of balance, physiological, psychological, social and economical." (R5, R6 and R11).

"IS the social welfare, economic, psychological, cultural and educational human creature". (R8).

"Equilibrium aspect of physical, mental and spiritual, generating capacity and willingness to work, leisure and socializing in society". (R12).

However, some advisers still understand health as the absence of disease, as answers extracted from the questionnaire and submitted the following:

"Physical Well-being, mental and social with absence of the disease ... " (R1).

"IS absence of diseases". (R7).

The design of the adviser in relation to that health is important to the effectiveness of social control on the actions of the department of health, since their design will influence the discussions and decisions in relation to what is proposed by the secretariat to be voted on by the council (FERREIRA JR, 2008).

With respect to the perception of advisers in relation to social control, it should be emphasized that the first international conference on health promotion, held in the City of Ottawa, in Canada, in 1986, acknowledged, in what became known as the charter of Ottawa, the prerequisites for health, as being: peace, housing, education, income, stable ecosystem, sustainable resources, social justice and equity. Has been conceptualized, still, the health promotion as the process of empowerment of society in a way that it can act in the improvement of their quality of life and health, including a greater participation of the population in the control of this process (LETTER OF OTTAWA, 1986).



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For Ferreira Jr (2008, p . 53), "the prospect of exercising social control, track Municipal Council of Health, is an inducing mechanism for this process", and, in this perspective, the Council must create mechanisms to encourage and strengthen the participation of the citizens as a way to broaden their actions. It should be noted that, if there is to be social control, it is necessary the existence of a participatory democracy and the institutionalization of channels of participation in sectoral councils (GERCHMAN, 2004).

According to Cotta *et al* (2010), the social control can be defined as achievement of civil society, and should be understood as an instrument of expression of democracy, with the participation of society. This understanding can be found in the response of the majority of Directors (58.33 % ), as described below:

"IS the community participating directly in the actions of the Public Administration with regard to Society (overseeing and intervening when necessary)". (R5).

"Participation and the supervision of the company on the actions of the State, democratically". (R6).

"Company overseeing the administration of departments and bodies". (R7).

"IS the participation of organized civil society in the management of public resources application". (R8 and R9).

"IS the participation of society in such a way as deliberative and controlling the actions of public managers". (R2).

"Bodies/people who are not in power administrative/executive with the power to monitor and change decisions, or better, to participate in the decisions". (R12).

As far as the understanding of advisers on the SUS, are presented answers that demonstrate the vision that is a health system in order to meet all the citizens equally and free, with provision of comprehensive services of health, ranging from simple visits to organ transplantation, under the responsibility of the government, but not working as it should.

"It is one of the best health plans in Brazil, only that this is not happening". (R3).

"SUS is a single health system that society itself pointed as a new model of health care". (R4).

"Equal Rights to all of the care health". (R5).

"That everyone has the right to health". (R7).

" ... The best system that can exist, if well conducted assuming equity". (R8).

"Single health System, and is intended for all citizens, SUS is one of the largest public health system in the world. The SUS covers since the simple outpatient care until the organ transplantation". (R9).

"Health of the federal government for all Brazilians". (R10).

"It is a guarantee that all citizens, without privileges or barriers, must have access to the services of public health ... " (R11).

"Care Model of health in the general population". (R12).

"The reference to health care for the vast majority of the Brazilian population". (R2).

According to these responses, it is evident that the board members understand the SUS as a system that should provide care to all citizens, with free Wi-Fi and direct health services, as a collective right, where the government is responsible for providing universal healthcare and equal to all. Second Liporoni (2006), a health care system with these characteristics is that the Brazilian society needs to have their demand for health services satisfactorily completed and the research showed that the advisers are familiar with these principles.

In relation to the perception of members of the board of directors in respect of their own actions for the Municipal Council of Health, the great majority (91,67 %) 11 (eleven) presented as the main factor of

facilitation for its actions, the democratic process in the discussions in the meetings. It is recalled that, according to Santos Jr (2011), this is the process by which society is inserted in public debates, at the end of the 20th century, it is not to give a voice to excluded, but a mechanism to directly involve the civil society in public decisions.

As difficulty factor for its operations, the main problem is presented by the directors was a low resolution of the Municipal Council of Health of Pimenta Bueno. Talking About, here, to the affirmation of Liporoni (2006), who, in spite of the health councils are spaces of direct participation and effective, mobilization and organization of counter-hegemonic struggle, in this space who often determines the routing is the State.

In relation to the way of working with the Municipal Council of Health of Pimenta Bueno, the majority of members of the Board of Directors, 08 (8) of them (66.67 % ), believes that participates actively in the meetings. The other directors, 01 (a) member of the Board of Directors (8.33 %) believes that their form of participation in the Council is passive, 01 (a) member of the Board of Directors (8.33 %) believes that its business is in the monitoring and supervision of the application of the resources intended for public health in the city. AND 02 (two) directors (16.67 %) presented as active in monitoring and supervision of approved proposals.

It should be highlighted that Wendhausen and Caponi (2002), draw attention to the fact that there is not always this type of participation of members of the board of directors meetings, as often happens only a monologue of government through the speech of the president.

### **3.2 Perception of Advisers in relation to constitutional principles that guide the SUS**

In relation to the perception of members of the board of directors with respect to the action of the council, whether it occurs in accordance with the constitutional principles of decentralization, completeness of assistance and participation of the community in the implementation of SUS in the country, it is observed the following positions of advisers:

07 (7) advisers (58.33 %) are in favorable position and the remaining 05 (five) directors (41.67 %) did not have formed any opinion about, or do not know the principles. However, in view of 07 (seven) advisers (58.33 % ), such principles are being implemented in Pimenta Bueno; 01 (a) councillor believes that is not occurring this implementation, and the other directors attest does not have sufficient knowledge to evaluate the situation in the municipality.

According to Ferreira Jr (2008, p . 55) "greater visibility on the SUS allows advisors to a better condition of participation and collaboration, increasing their capacity to discuss and put forward proposals aimed at improving the system".

In this sense, the lack of knowledge in relation to constitutional principles that guide the SUS, presented by a good part of the advisers 05 (five) or (41.67 %) indicates the need for training of the Council by means of specific courses on the Brazilian national health care system, which could include the role of the board of health as a tool of social control, on the health policies of the municipality of Pimenta Bueno.

The lack of knowledge in relation to the role of the municipal council of health as a forum for social representation in health management is evident in the answers given by advisers, on the way they organize the community's demands for discussion in the council, as presented below:

"We have not yet carried out this task". (R1).

"Demand does not exist. Ignorance of the population". (R2).

"Inviting the community to participate in the meetings with the directors at meetings and together with the other spent the problems and then take the decision mandating with offices the competent body to solve problems". (R3).

"As agent for health pastoral in Pimenta Bueno; we created a team of 5 people, that we work with homeopathy popular in the community and together we seek collective solutions to improve the municipal health through pass through in courses of training, popular health community we knowledge communities". (R4).

"As are presented problems are placed on the agenda of meetings and the

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meetings discussed and if gives the referrals due to each". (R6) ".  
"Gearing them and writing them for plenary discussions the Council". (R8).  
"Inviting the community to a meeting". (R7).  
"Through agenda for discussion and deliberation in the meetings of the CMS".  
(R12)"  
"Gearing them and leading them to be discussed in the meetings of the council"  
(R9).

Two of the board members did not respond to the question, and only 01 (a) of the advisers presented a response that shows an organization of community demands, showing as they arise, to be discussed in the meetings of the council, as presented below:

"Listening to users, noting statements, leading on the agenda to be discussed at meetings of the Council" (R5).

It is concluded that it is important that there is training of members of the board of directors, as is the participation of society by means of advice that provides civil society the exercise of social control on government policies, in the formulation of guidelines, with the establishment of priority actions in the direction of the resources available to the health (PRESOTO and WESTPHAL, 2005). According to Gerschman (2004), the issues on which the Council shall act, even if in accordance with the objectives of the SUS, are not in accordance with the training of advisers. Because they do not have political power, information and or expertise sufficient to position itself in a decisive way in the deliberations of the council.

Even though there is broad understanding on the part of advisers on control and social participation in health council of Pepper Bueno, social control and participation are not occurring in decisions related to spending on public health in the municipality, through the participation of the council. This is evident in the verbalizations of advisers in relation to the question of how is the participation of the society through their representatives "advisers" in the discussions, that is, as the counselors participating in the decisions, as shown below:

"Things happen in a reverse manner, i.e. the manager runs and after consultation". (E1 - U).

"Not participating, because they are not heard. The decisions are taken and are then brought to the plenary session only to be approved. All in accordance with interest of the manager, it is as if we were a blank check which we will be responsible for wrape it after. The society is not heard, the tariffs are of interest to the manager". (E2 - U).

"There is not, only arrives ready to be validated" (E3 - U).

"It is poor to participate in the discussions by lack of knowledge. The participation of the user leaves much to be desired, the user in general is very silent and the representative of the manager is silent for fear. The representative of the workers in general is more involved in discussions of imprint trade union" (E4 - G).

"There is no effective participation, mainly due to lack of knowledge. Generally approves the that was carried out by the manager. There is technical discussion, the questions that occur are made by representatives of the officer". (E5 - G).

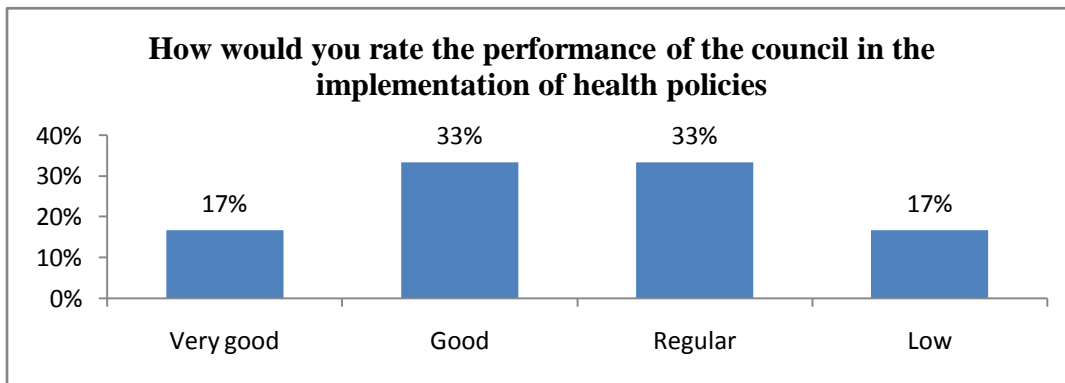
"It's not always the company participates, are placed on the agenda the issues which the manager brings to be passed" (E6 - T).

It is evident that the participation of society by means of the council in decisions related to spending on health in Pimenta Bueno is not occurring, i.e. there is no social participation in decisions about the policies of health in this locality. This conclusion refers to the work of Presoto and Westphal (2005), on social participation in the operations of the municipal councils of Bertioiga - SP, in which the authors came

to the conclusion that it is necessary bureaucracy of the government apparatus in the formulation of public policies, and this is the only way to build a new reality of society.

### 3.3 Perception of members of the board of directors: perspectives of council's operations

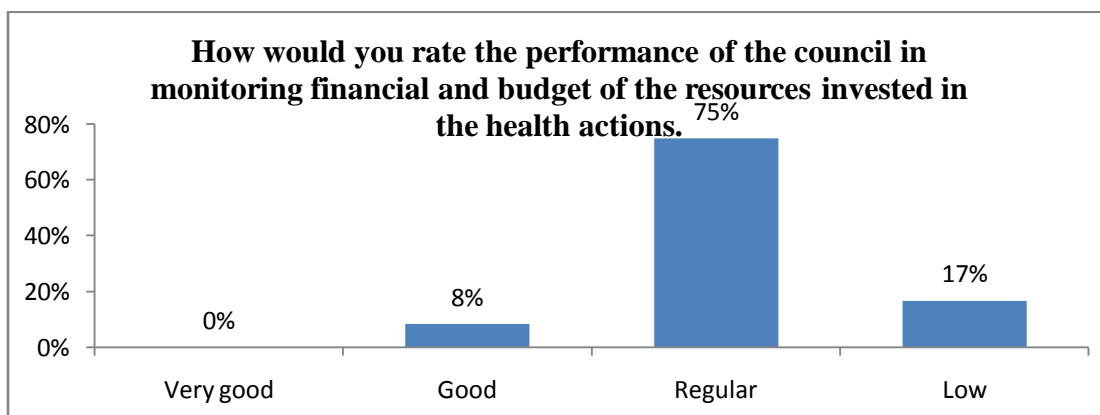
The actuation of the Municipal Council of Health in the implementation of health policies implemented in the municipality is classified by the directors, as follows: 17% classified as very good, 33% classifies as good, 33% classifies as regular, and 17% classifies as being weak participation of the council, as shown in figure 4.



**Figure 4 - Performance of the council in the implementation of policies of municipal health**  
Source: survey Data

This perception shows that the Municipal Council of Health has participated in the implementation of health policies implemented in the municipality of Pimenta Bueno.

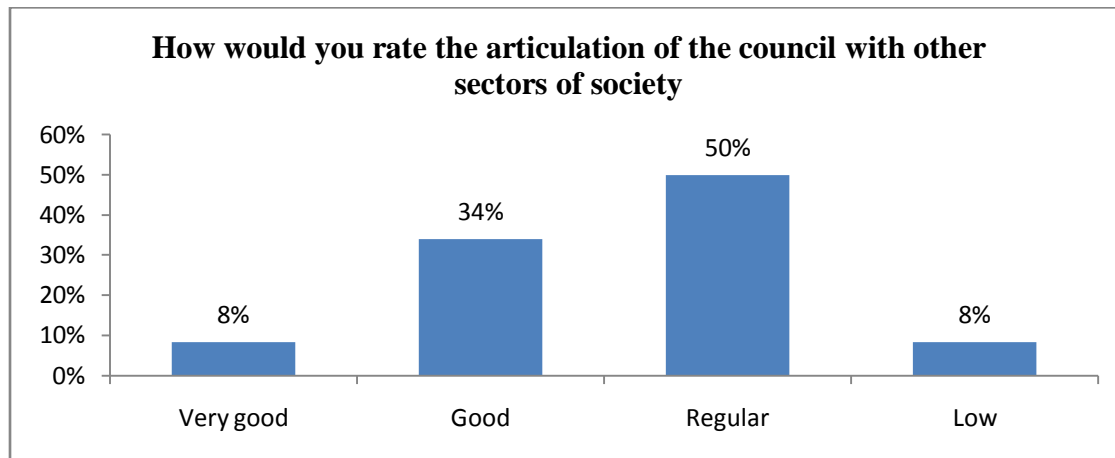
As regards the performance of the Municipal Council of Health surveillance in financial and budget of resources invested in shares of municipal health, this is classified by the directors as follows: 8% are classified as very good, 75% are classified as regular and 17% are classified as weak, as is shown in figure 5.



**Figure 5 - Council's Operations in financial supervision and budgeting of resources invested in stock of health**  
Source: survey Data

These results make it clear that the involvement of the council in monitoring financial and budget of the resources invested in health is not as it should be, because the councilors themselves recognize this situation through their responses, where 75% say that is regular and 17% considers it to be weak.

With regard to the relationship of the Municipal Council of Health with other sectors of society (Municipal Department of Health, Council Chamber, Popular movements and other Advice), this is classified by the directors as follows: 8% classifies as very good, 34% classifies this linkage as good, 50% classifies as regular and 8% are classified as being weak, according to what is shown in figure 6.



**Figure 6 - linkage of the Municipal Council of Health with other sectors of society**  
Source: survey Data

According to Assisi (2003), the linkage of the councils with other sectors of society is essential to strengthen their actions, through the formation of blocks of social forces to meet the interests of society, toward the strengthening of SUS.

The linkage of the Municipal Council of Health with the society and the government is indispensable to participative management. Faced with the perception presented by advisers (where 8% classifies this linkage as very good, 34% as good and 50% rate the articulation of the CMS with other sectors of society such as in regular minimum) it is evident that the social participation in decisions related to spending on health by means of the council should be occurring. But not enough linkage with the various sectors of society, but active participation of the council in decisions related to municipal policies for health. In other words, the nature of this linkage becomes relevant.

### 3.4 Perception of the Manager in relation to the participation of CMS

The search based on the questionnaire with the manager allowed the analysis of the perception of the secretary of health with respect to the participation of the CMS in the application of resources, based on the understanding of the Municipal Secretary of Health, on what is health, social control, SUS, difficulties for its operations as secretary, participation of the Municipal Council of Health in the implementation of health policies implemented in the municipality and financial oversight and budget of resources invested in the health actions of the municipality, implementation of constitutional principles (universality, decentralization of assistance and participation of the community) at the National Health System (SUS) of Pepper Bueno, and the frequency with which the Municipal Council of Health is invited to participate in the decisions regarding the budget of the services of SUS in Pimenta Bueno.

In relation to what is health, the Municipal Secretary of Health believes that these services are offered by the state to the people, regardless of any effort on the part of this, as shown below:

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"A service to the population, independent of any effort or social class which must be provided by the State".

This understanding of what health is very different from the definitions of health presented by the World Health Organization, which defined health as "a state of complete physical, mental and social and not just the absence of disease", and the definition included in the 1988 Federal Constitution that defined health as being the "resulting from social and economic policies, as a right of citizenship and the duty of the state, whose actions and services must be provided by a Single Health System".

This shows that the understanding of the secretary in relation to what is health, it is more focused on the vision of the administrative system of public health, as it is presented in his speech reflects the obligations of the State in relation to health services, and different definitions of the concept of "health" from the perspective of the World Health Organization and the Federal Constitution of 1988.

As regards the social control, the Municipal Secretary of Health believes that is the participation of the Municipal Council of Health assisting the manager in their decision making, as verbalization presented the following:

"IS the help that the Health Council offers the manager in decision-making".

This understanding this according to what is laid down in the law on the participation of the population in the management of health through the Municipal Council of Health, because the Council should participate in the development of health policies to be implemented in the city, assisting and overseeing the actions of the manager (LAW 8,142 / 90).

For Ferreira Jr (2008, p . 67) Control and social participation in the definition and implementation of health policies with the objective of strengthening the SUS, are fundamental rights guaranteed by the Federal Constitution of 1988, which in turn contribute to the expansion of citizenship, "identifying the user of the system as a member of an organized society, with rights and duties, and not simply as a consumer of goods and services".

It should be noted that, at least in legal terms the legislation already ensures the creation of various councils (health, education, security, etc. ) to facilitate the participation of society in the policies of governments. With this the institution of municipal health councils, in almost all Brazilian municipalities, has facilitated the creation of spaces of social participation, which did not exist until then, "to discuss effective ways of action of civil society in the formulation of public policies and strengthening of SUS" (FERREIRA JR, 2008, p . 67).

In relation to the SUS, the Municipal Secretary of Health believes that it is a unified system that provides health services to all citizens, regardless of their place of residence. The Secretary points out that this system of care hinders the planning of the Municipal Secretariat of Health, because the planning is done to meet the local population, but the municipality is required to provide care to people in any location, not receiving financial resources direct for these visits, as verbalization below:

"This health care system to be only hinders the planning of the department of health of the municipality, lack the accounting for visits to other municipalities, i.e. worn-if given people in locations where the municipality does not receive feature. The citizen of another municipality comes, and we cannot deny care and the municipality of Pimenta Bueno does not receive for this, it would be necessary to create a care protocol to identify where the patient was treated and thus passed the resources for the city, despite being the unified system of care, the information are not".

In fact, this form of identification highlighted by Secretary of Health, to identify which municipality provided care to the citizen in the public health network, has existed since the late 1990s, with the creation of the Card of the SUS. According to Magellan (2010 p. 7), the Card of the SUS "consists in

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registering the citizen in their municipality of residence, with assignment of a numbering of national coverage", and constitutes one of strategic ways to articulate the implementation of care in a decentralized manner, that by means of a computerized system enables the linking of procedures carried out by the Public Health System, to the user, the professional who performed the service, as well as the unit of health care.

Among the main difficulties for its activities, the secretary pointed out the bureaucracy involved in the processes; insufficient resources; low resolving capacity of the network of services; interference of the Municipal Council of Health and political interference in the implementation of the activities of the Municipal Department of Health.

In relation to the actions of the Municipal Council of Health in the implementation of health policies implemented in the municipality the secretary says that is weak, diverging from the design of their own advisers, that was presented in figure 4.

As regards the participation of the Municipal Council of Health surveillance in financial and budget of resources invested in the health actions of the municipality, the secretary says that is weak, highlighting the fact that the council does not have technical capacity sufficient to perform this function, confirming what was submitted by advisers in figure 5.

This fact can also be seen to be made the reading of the minutes of the meetings in the last three years, which shows that the tariffs are not addressed matters related to health policy decisions implemented in the city, or on financial supervision in the secretariat of health of the municipality. This situation is justified, because the answer to the question about the frequency with which the Municipal Council of Health is invited to participate in the decisions regarding the budget and budget execution of SUS services in Pimenta Bueno, the Municipal Secretary of Health says that the council is never invited to participate in these decisions.

As regards the implementation of the constitutional principles of universality of access, decentralization, completeness of assistance and participation of the community in the SUS of Pimenta Bueno, the secretary believes that are being implemented partially.

According to answers of advisers that have been removed from the interviews it is clear that the Municipal Council of Health of Pimenta Bueno only validates what has already been defined by the manager, as shown below:

"He participates in decisions regarding what will be done, but it is not always heard". (E4 - G).

"In the majority only approves what was done". (E5 - G).

"Voting that has already been defined by the manager". (E3 - U).

"Imposition of what has been done". (E7-U).

"Virtually only validates what has been implemented". (E1 - U).

"The Council votes on what has already been done. There is debate as to what has been done, if there is not enough clarity, the manager redoes the documentation, reports better clarified and back to plenary". (E6 - T).

For Liporoni (2006 p. 37), the council of health usually does not decide which policies and actions will be carried out by the Municipal Department of Health, but you can decide whether or not the public interest. It is clear that the training of council it is a requirement that the municipality receives funds from the federal government for funding of health, and that the community should know where and how the money is being applied in health in the context of states and municipalities, supervising and controlling this way is being developed to offer health care". The council should participate with the government decisions, with proposals of actions and programs to solve their health problems.

The analysis of the data shows The Municipal Council of Health did not participate in the process of implementation of the resources expended by the Municipal Department of Health during the period of 2009 to 2011. However in figure 4 was presented by the board members understand that they are participating in the implementation of health policies implemented in the municipality. But it was not possible to identify which was the involvement of the Council in this process.

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## 5 FINAL CONSIDERATIONS

With the democratization process started in the mid 1980s, it was guaranteed that the society to participate in decisions and actions of the State, in relation to policies of education, security, health, among others, by means of representative councils, which are instruments of social participation conquered by social movements, and guaranteed by the 1988 Federal Constitution. The social participation in the policies developed by the State is important, because the public actions have an impact on the lives of citizens in any way, and may be directly or indirectly experienced by society.

If well represented, the society has the capacity to influence the policies developed by the State, making decisions that will bring benefits, taking into account the needs of the population in the locality of operation of the council. Faced with the possibility of participation of society in decisions related to public spending on health care by means of the Municipal Council of Health, sought to check in this study, the social participation in the administration and implementation of the resources intended for public health in Pimenta Bueno in the period of 2009 to 2011.

However, it was found that the Municipal Council of Health of Pimenta Bueno has not participated in the decisions related to health care policies implemented in the municipality, or achieved supervise the expenditures with these actions, running, most of the times, just as validator actions performed by the Municipal Department of Health.

In this way, it can be stated that the process of management and social participation in health outlays in Pimenta Bueno is a collective challenge, involving the municipal government, the Municipal Council of Health and society in general for the construction of a joint agenda that makes it possible to conduct transparent actions of the Municipal Secretary of Health, facilitating the participation of society in decisions related to spending on public health, facilitating the control and monitoring of the resources applied, also allowing the correction of decisions, and the evaluation of the results of municipal management.

Thus, it is necessary that the municipality develop strategies in order to allow the necessary means for the strengthening and operation of the Municipal Council of Health. Among the strategies needed are the creation of a space for its installation and holding meetings, human resources to support its actions, budget own to fund their activities, and above any one of these, is the need for training of members of the board of directors, in order to develop the potential and existing capacity in each one, considering the different social segments represented by them.

In this sense it is important to note the conclusions of Santos Jr (2011, p . 116) When he says that:

The advice service managers need strengthening and clearer definitions of their function, so that they are not only for complaints about the quality of care, but by strengthening its role of co manager service, favoring a greater recognition of health characteristics of the territory by users and health workers, under a zoomed view ...

It is recommended that the Municipal Council of Health of Pimenta Bueno, extend the supervision on the resources spent on health and that create channels of dissemination, enabling the society aware of its existence, approaching its day-to-day and sharing of their decisions, which is in keeping with users and also with other sectors of society, such as: City Hall, Popular Movements, Public Prosecutor and other councils existing in the municipality.

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