

SOCIAL PARTICIPATION IN HEALTH

The Brazilian National Health Council's contributions to the World Health Organization resolution



**Social Participation in Health:
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contributions to the World Health
Organization resolution**

Saluz
2026



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Preface

CNS Executive Board - 2024-2027

This publication records a unique moment in the history of the Brazilian Unified Health System (SUS) and global public health: the approval, in May 2024, of the Resolution on Social participation for universal health coverage, health and well-being at the 77th World Health Assembly. More than three decades after the institutionalization of social participation in the SUS, the Brazilian experience has become a reference in a world seeking new paradigms of cooperation, governance, and health democracy. For the first time in the 76 years of the World Health Organization (WHO), social participation was explicitly recognized as a structuring element of public health policies.

The current Board of the National Health Council (CNS) and the Brazilian Ministry of Health, together with the signatory countries of the resolution, have taken on the challenge of its implementation on a global scale. At that time, no one could have imagined how much the principles defended in the text would make sense in the global context from 2025 onwards. At the time of its approval, it may not have been possible to fully gauge the scope of the principles stated therein. Today, almost two years later, in a context marked by the weakening of multilateralism, the escalation of conflicts, and the intensification of the climate crisis, the centrality of international cooperation and social participation as pillars of global health becomes even more evident.

Aware of this new scenario and Brazil's leading role in the Americas and the Global South, we present sovereignty as the central theme of the 18th National Health Conference in 2027. Strengthening national and community capacities, without breaking ties of international cooperation, is essential to guaranteeing the right to health in an interdependent world—as the Covid-19 pandemic has undeniably demonstrated.

It is within this context that this publication is situated. It invites us to reflect on the achievements of the SUS and the paths to its continuous improvement, articulating democracy, participation, and global governance. At the same time, it reveals how the Brazilian experience of social participation is being observed, discussed, and incorporated by international actors and institutions, in a dynamic exchange whose horizon is the health and well-being of populations worldwide.

More than ever, the SUS's capacity to foster dialogue, listening, and collective deliberation proves to be not only a national asset but also a concrete contribution to building a more just, resilient, and supportive future. It is up to us to continue affirming health as a right and democracy as its foundation, against all forms of denialism, authoritarianism, and exclusion.

Long live democracy! Long live the SUS! Long live sovereignty!



Presentation

Paulo César Carbonari (Organizer)

The 77th World Health Assembly approved the Resolution on Social Participation for Universal Health Coverage, Health and Well-being¹. Brazil took part in the proposal as one of the supporters and a member of the group of countries that collaborated in its drafting. It was a historic moment of affirmation of one of the fundamental aspects for guaranteeing health as a human right. Once the resolution is approved, the challenges remain.

Brazil's National Health Council (CNS) collaborated intensively with the Brazilian negotiators led by diplomacy (MRE and UN Mission in Geneva) and the international branch of the Ministry of Health (AISA). The country debated the issue in the Executive Table and in its Plenary, sent written suggestions, followed the debates and the vote during the Assembly through a qualified delegation of civil society Presentation from the SUS social justice group.

Over the decades, Brazil has accumulated a great deal of experience in promoting social participation in health and the implementation of social control of the Unified Health System (SUS). In this sense, there are also the challenges of reinforcing

1 See document in Spanish available at: https://apps.who.int/gb/ebwha/pdf_files/WHA77/A77_ACONF3-sp.pdf and in English available at: https://apps.who.int/gb/ebwha/pdf_files/WHA77/A77_ACONF3-en.pdf.

the system of participation and social control by disseminating the resolution throughout the country and cooperating with other countries and the World Health Organization (WHO/PAHO) in implementing it. In this sense, one of the first strategies defined with the CNS Executive Board, while still taking part in the World Assembly, was to produce this publication about the Resolution.

The objectives are quite general and are mainly focused on producing support materials to help tackle the challenges outlined above and, in particular, to spread knowledge of the Resolution in Brazil. This publication brings together short articles signed by participants in the process of drafting the Resolution, covering its conceptual aspects; elements of the process of drafting and deliberating the Resolution; the contribution of the CNS and Brazilian civil society organizations to the Resolution process; and the challenges of implementing the Resolution. This publication also contains the text of the Resolution in its original English version, published by the WHO. A call for contributions was opened

and here are the contributions received. However, these do not exhaust the wealth of the process carried out and the content of the Resolution. They are presented as support material for continuing to reinforce social participation and social control in the fight for the human right to health in Brazil, the Americas and the world.



1. Social participation to guarantee the human right to health: a collective historical achievement

CNS Executive Board - 2021-2024*

* Signed by the following members: Ana Lúcia Marçal Paduello, Fernanda Lou Sans Magano, Fernando Zasso Pigatto (President), Francisca Valda da Silva, Heliana Hemetério dos Santos, Madalena Margarida da Silva Teixeira

It is necessary and challenging to document this achievement of having a Resolution on social participation in health approved at the 77th World Health Assembly, because this was not an isolated moment: it is part of a decades-long struggle.

Brazil has always been a benchmark for the world, especially when it comes to the human right to health. We have a universal system, our national immunization program is over 50 years old and social control is a pillar of the Unified Health System (SUS).

The 8th National Health Conference (1986), the Federal Constitution of 1988, Laws No. 8.080 and No. 8.142 (both of 1990) are some of the aspects that institutionally consolidated citizen participation as a defining factor in the development of public health policies in our country.

The National Health Council (CNS) has always had a strong presence on the international stage and we have reinforced this strategy in the planning of the 2018-2021 and 2021-2024 administrations, as well as implementing the international advocacy project and actions together with movements, organizations and institutions working on human rights issues, especially the Human Right to Health. Before the Covid-19 pandemic, we were already acting nationally and internationally to confront the threats to democracy, and it was in this environment that we convened the 16th National Health Conference (8th+8) in 2017, when we reaffirmed that health and democracy are indivisible. Until the

national stage took place in August 2019, we mobilized Brazilian society to reaffirm the principles of SUS, and this effort is still alive.

The presence of the extreme right in the Government in Brazil and in other parts of the world, aggravating the health crisis with its denialist and anti-science stances, had to be confronted with organization, courage and boldness.

During this period, we helped organize and carried out various activities at the World Social Forum and the Social Forum of Resistance, as well as taking part in other spaces of action in and outside Brazil to denounce what was happening, always highlighting the need for common initiatives and actions, not isolated ones in each country or region of the planet, in order to confront the ongoing civilizational regression.

It was in this context that, on October 5, 2021, the date on which our Federal Constitution turned 33, we launched the 17th National Health Conference, with the theme: Guaranteeing Rights, defending the SUS, Life and Democracy. Tomorrow Will Be Another Day.

In addition to all the actions we took, especially during the Covid-19 pandemic in our country, we showed the strength of social control in confronting the government that was working in favor of the virus, we contributed to the Federal Senate's Pandemic CPI and we formalized complaints in Brazil and with international organizations.

During this period, we also saw the work of other civil society organizations around the world, and it became clear that it was possible to defeat those who were trying to silence the voices of the populations who were already suffering before and were even more exposed, had their rights, especially to health, denied and their lives eliminated.

In 2022, we presented candidates for President of the Republic with proposals for their government programs, pointing to social participation as a way of ensuring improvements for the Brazilian population. After the election of President Lula, the CNS participated for the first time in the transition group for the new administration: we reaffirmed the importance of enhancing spaces for social participation, its reinstatement as a priority for a democratic and popular government, as well as the country's need to return to acting this way on the international stage, as it did before the 2016 coup.

In May 2023, at the invitation of Health Minister Nísia Trindade, we took part in the official Brazilian delegation to the 76th World Health Assembly in Geneva, Switzerland. As part of the official program, the parallel event A Call to Action: Institutionalizing Social Participation was organized by several countries, including Brazil, with the strong encouragement of the Pan American Health Organization, an agency of the World Health Organization (PAHO/WHO).

We would like to quote here the statement made by the PAHO/WHO representative in Brazil, Dr. Socorro Gross: "For the first time at the World Health Assembly we will have a parallel event about social participation, and this has a lot to do with Brazil, it has a lot to do with you, the councilors, the people and the institutions that promote such participation. Because we can't talk about health as a determinant of social construction without including social participation as a fundamental axis in building a resilient health system for and with people"¹.

During our participation in that event, on behalf of Brazil and in close communication with us, Minister Nísia Trindade

1 News published on the CNS website on May 22, 2023

proposed, along with members from other countries, the creation of a working group to draw up a proposal for a resolution on social participation in health, to be presented at the 77th World Health Assembly in 2024.

We followed the drafting of the proposal through the coordination of the international advocacy project, the Executive Board and the CNS Board of Directors, and the draft resolution was presented, debated and improved at an ordinary meeting of the CNS in February 2024. In other words, we actively participated in the construction of the text that was taken to the World Health Assembly.

The passing of the Resolution was an achievement for the people of Brazil and other countries. We believe in a world without borders and with equal rights for everyone, and this Resolution will help people who don't have any form of guaranteed social participation in their countries, and will also contribute to improving social participation in those countries that already have it, such as Brazil.

We know that such an instrument cannot solve all of humanity's problems and we recognize the limitations of international organizations, but this Resolution can certainly make a difference in the fight to guarantee the human right to health. We need to intensify and strengthen the processes of social participation in order to radicalize democracy and conquer rights.

The presence of the official Brazilian delegation and the SUS social control civil society group during the 77th World Health Assembly represented millions of Brazilians, national, state, municipal, regional, district and local health councilors, who make social participation happen every day.

The mobilization we have undertaken over the last year to improve the drafting of the Resolution and to get it approved

was driven by our desire to see more and more of this citizenship strategy implemented in Brazil and around the world, especially in those countries that do not have any form of institutionalized social participation.

Our commitment to the approval of this Resolution further increases the responsibility of Brazilian social control for its implementation, which is why at another parallel event, held during the 77th World Health Assembly, we discussed the need to ensure that this Resolution does not remain only on paper.

The CNS officially participates in the focus group monitoring the implementation of the Resolution within the World Health Organization (WHO), and is also working with the Pan American Health Organization (PAHO) to implement it in the Americas. This debate increasingly needs to spread across countries through the representations of organized civil society, as is our case, and not be restricted to the representations of the countries' Ministries of Health.

At the end of this brief contribution on our historic achievement, which certainly cannot record all the elements that have brought us to this moment, we must thank all the people who in one way or another contributed to it, including those who are no longer with us, but will always be in our memories and in our hearts.

Helping to write history and witnessing the approval of the Resolution on Social Participation in Health during the 77th World Health Assembly was an unparalleled experience, and one that makes us believe more and more that dreaming, fighting and conquering progress - even in an unequal world - was, is and always will be possible. A big hug — with all our SUS-tainable care.



2. Social participation as the origin, structural axis, and structuring element of the Unified Health System

Priscilla Viegas Barreto de Oliveira*

Camila Vicente Bonfim*

Lucia Regina Florentino Souto**

* CNS Councilor

** Members of the Ministry of Health's Social Participation and Diversity Office.

How SUS was built on social participation

The Unified Health System (SUS) was born out of people's struggles for rights and health in the political, economic and social period of the military regime, becoming the most important social reform initiative implemented during the re-democratization process.

The first experiences of health with direct community participation arose from the resistance of the working classes mobilized by the Popular Health Movement (MOPS), supported by the educational concept systematized by Paulo Freire, known as Popular Education, which prompted the emergence of hundreds of community groups. The Brazilian Health Reform Movement (MRSB) also emerged during the search for re-democratization, mobilizing popular and trade union movements, progressive sectors of the churches and their social pastoral groups, health workers' unions, scientific institutions such as the Brazilian Centre for Health Studies (Cebes) and the Brazilian Association of Postgraduate Studies in Collective Health (Abrasco), institutions for managers of popular administrations, such as the National Council of Health Secretaries (Conass) and the National Council of Municipal Secretaries (Conasems), as well as left-wing parties.

With all this social support, the MRSB, based on the concept of the Collective Health field of knowledge, which advocated

breaking away from the hospital-centered model to focus on a model of care geared towards the social determinants of the health-disease process, managed to formulate and defend the proposal to create a system of universal, public and free access at the 8th National Health Conference in 1986. The proposals and guidelines of this conference were fundamental and decisive for the approval and establishment of SUS in the Federal Constitution of 1988, establishing this conference as the true popular constituent of health and the inaugural moment of participatory democracy in the construction of public policies in Brazil.

SUS was later regulated by Law 8080/1990 and Law 8142/1990, enshrining the fight for the construction and participation of the community in the management and control of the system, through joint councils organized at each level of government. At a time when capitalist countries were beginning to focus on public policies, social participation drove the construction of a health policy as a universal right of citizenship and a duty of the State.

Social participation is considered a public management tool which, in SUS, materializes through formal or informal collegiate bodies, allowing, in addition to democratization, co-responsibility between the State and civil society, mediated by spaces for discussion and social control, to make it possible to meet the social demands

The Leading Role of Health Councils

The National Health Council (CNS), created in 1937, is the highest decision-making body in health policy, collegiate and

permanent. However, the functioning of the CNS at the time did not incorporate the needs of the population, being an extremely clerical space, occupied only by management and, later on, by some researchers considered “notable” in the area of health, as observers. The broad participation of civil society, with the strength mainly of the social movements, would only take place after the 8th Conference, a major milestone in the inclusion of the people in the social control of SUS.

The CNS has historically been involved in the fight for public health, with universal, comprehensive and equitable access, including at international level. This was especially evident in the context of the Covid-19 pandemic, in which the Council played an important role in mobilizing for action, confronting the denialist and necropolitical projects underway in the country, which claimed the lives and dreams of 700,000 people.

The CNS provided input to the Pandemic to the Parliamentary Inquiry Commission (CPI), set up by the Federal Senate¹, which concluded that the Federal Government should be held accountable in the 2019-2022 term, for inaction, encouraging the spread of the virus, spreading fake news and attacking science - aspects that culminated in significant numbers of lives lost in the period of various collective subjects.

Faced with this scenario, the CNS, in partnership with the National Human Rights Council (CNDH) and the Articulation for the Monitoring of Human Rights in Brazil (AMDH), which brings together the National Human Rights Movement (MNDH), the Articulation and Dialogue Process (PAD), the ACT Brazil

1 See more at: <https://legis.senado.leg.br/atividade/comissoes/comissao/2441/mna/relatorios>.

Ecumenical Forum (FeAct) and the National Forum for the Defense of the Human Right to Health, submitted an international denouncement of human rights violations caused by the Brazilian government in the context of the Covid-19 pandemic, under the command of the then President of the Republic. The document was presented during the 48th Ordinary Session of the United Nations Human Rights Council (UNHRC), in which the Board and the president of the CNS, Fernando Pigatto, participated remotely².

These actions reaffirm the commitment to the uncompromising defense of social control of SUS, represented by the CNS and the Network of Health Councils in the country, of health as a right of all people and a duty of the Brazilian State.

The Resolution of the 77th World Health Assembly

Once again, we are going through significant changes that impact the health of the global population. The conflict between health projects and models makes it difficult to structure global strategies to deal with new pandemics and climate change. For this reason, it is essential to reaffirm that “health is not a commodity” in an economically unequal world, where the poorest countries still do not guarantee health conditions, such as access to vaccinations, for their whole population.

2 See more at: <https://conselho.saude.gov.br/ultimas-noticias-cns/2071-cns-denuncia-internacionalmente-governo-brasileiro-por-violacao-de-direitos-humanos-durante-pandemia#:~:text=O%20Conselho%20Nacional%20de%20Sa%C3%BAde,da%20pandemia%20da%20Covid%2D19>

With this in mind, the approval of the Resolution on Social Participation in Health at the last edition of the World Health Assembly (WHA) is an alternative for global health. The Resolution calls for civil society to influence decision-making throughout the public health policy cycle, in a transparent manner, and at all levels of health systems.

The document is based on the experience accumulated by the social control of SUS, and the CNS was one of the main organizers of its approval. The contribution of the Ministry of Health's new Social Participation and Diversity Office, which is responsible for articulating and promoting the Ministry's political relations with the different segments of organized civil society, was to endorse the recommendations discussed by the Council in order to propose the Resolution.

The document was proposed at the Assembly by the following countries: Germany, Belgium, Brazil, Cyprus, Colombia, Croatia, Ecuador, Slovakia, Slovenia, Spain, United States of America, Philippines, Finland, France, Georgia, Greece, Guatemala, Netherlands, Ireland, Luxembourg, Moldova, Norway, Kyrgyz Republic, Czech Republic, Sri Lanka, Thailand and Tunisia.

Participatory democracy is proving to be fundamental to guaranteeing individual and social rights, as well as providing decent living conditions for everyone on the planet.



3. World Health Assembly recognizes social participation as a key response to global health and climate crises

Viviane Claudino*

Luiz Filipe Barcelos*

* Members of the National Health Council's Social Communications Department (Ascom/CNS).

The latest edition of the World Health Assembly (WHA), which ended on Saturday, June 1, 2024, in Geneva, showed the need for the 194 UN member States to find new paths for global health. The lack of agreement on a treaty regarding pandemics highlights the clash between health projects and models, and recognizes the need to change the agenda on the subject in a world where extreme climate change is a reality. In this context, an unprecedented Resolution legitimizing social participation in health was approved by all the countries, with the Brazilian delegation playing a leading role in the construction of the text, inspired by the experience of the Unified Health System (SUS) on the subject. The text, approved by consensus¹, suggests that civil society should influence decision-making throughout the public health policy cycle, through participatory governance, which involves various forms of listening to society in a transparent way, at all levels of health systems.

The proposal for a Resolution on Social Participation in Health was presented by 27 countries from the Global North and South, with different income and development levels, showing that this is not the demand and need of poor countries, but an agenda that also interferes with major economic powers,

1 English version available at: https://apps.who.int/gb/ebwha/pdf_files/WHA77/A77_ACONF3-en.pdf. Visited: Jun 3 2024.

such as Germany and the United States (also signatories to the resolution).

A new spectrum of public health will not be possible as long as governments do not listen to local needs, in a bottom-up logic of building healthy territories. This becomes very clear when we see how climate change has impacted on health and how the world needs new public health perspectives. SUS has a lot to contribute here.

This speech, by Fernando Pigatto, president of the National Health Council (CNS) and official delegate to the 77th WHA, reinforces the advances of the Brazilian model in the face of adversity during its 36 years of construction. The document is based on the experience accumulated by the social control of SUS, and the CNS was one of the main organizers of its approval.

In 2023, the group attended the 76th World Health Assembly and launched the idea of creating a resolution that would extend the Brazilian model of social participation to other countries around the world. In Brazil, people's participation in the formulation of public policies is guaranteed in the Federal Constitution and regulated by Law No. 8.142, through the creation of Health Councils and Health Conferences, in the three spheres of government, to influence the decision-making processes, definition and execution of public health policies.

This experience has been debated ever since, and a Working Group to develop and establish the draft text of the resolution was formed together with Brazil's permanent mission in Geneva

New pathways

According to the UN, an estimated 2 billion people face financial difficulties in the world due to out-of-pocket health expenses, including 344 million people living in extreme poverty. Since the launch of the Sustainable Development Goals (SDGs) in 2015, even before the Covid-19 pandemic, the expansion of health service coverage has stagnated and financial protection has deteriorated.

These are not just figures, they represent the daily struggle of thousands of people who are denied their right to health, well-being and dignity. Social participation is key to building equitable resilience and a people-centered health system that puts them at the center of political decisions and programs.

This was said by Dr. Magda Robalo, Guinean president of the Institute for Global Health and Development (IGHD), during a parallel event at the 77th WHA², that discussed the issue in light of the Resolution.

Director General of PAHO/WHO, Brazilian doctor Jarbas Barbosa, also celebrates the recognition given by the Resolution:

I am very pleased to have two countries from the Americas in our member states, Brazil and the United States, supporting this resolution. Brazil has a long history of social participation. I would say that the very construction of SUS was the result of intense social participation at the time of the country's re-democratization. This Resolution recognizes the extremely important role that social movements, organized communities and civil society have played in the area of health over the years.

² See www.youtube.com/live/Ag__i7DS-kU. Visited: Jun 3 2024.

Without the intense participation of social organizations, we wouldn't have universal access to antiretroviral drugs today, for example. We wouldn't have had the power to counter the tobacco industry by approving the Framework Convention on Tobacco Control.

A Resolution for social participation in the world

The text of the Resolution on Social Participation for Universal Health Coverage, Health and Well-being³ reaffirms the principle enshrined in the WHO Constitution: health is one of the fundamental rights of every human being, without distinction of race, religion, political ideology, economic or social condition. It also recalls the political declaration of the high-level meeting of the United Nations General Assembly on Universal Health Coverage, which promotes participatory and inclusive approaches to health governance to achieve universal health coverage, including exploring modalities that enhance a meaningful social approach, with all stakeholders involved, such as local communities and civil society organizations.

3 English version available at: https://apps.who.int/gb/ebwha/pdf_files/WHA77/A77_ACONF3-en.pdf. Visited: Jun 3 2024.



4. Spreading the resolution on social participation approved at the 77th World Health Assembly: the role of the Intersectoral Commissions of Brazil's National Health Council in strengthening participatory governance and social oversight

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After more than three decades, Brazil has become a benchmark for other countries in the institutionalization of participation and social control of public health policies, provided for in the Federal Constitution and federal laws, in which the transfer of funds is linked to the work of Health Councils and Conferences, promoting the decentralization and democratization of social policies (Oliveira; Ianni; Dallari, 2013).

With a consolidated role and a growing international influence, led by the National Health Council (CNS), based on the exchange of experiences with other countries, the social control of the Unified Health System (SUS) in Brazil contributed in an unprecedented way to the approval of the Resolution on Social Participation in Health in the world, during the 77th World Health Assembly in 2024, in order to bring to life a set of initiatives developed over the last few years. The Resolution calls for civil society to influence decision-making throughout the public health policy cycle, in a transparent manner, and at all levels of health systems.

In this context, this article aims to boost the dissemination of the Resolution on Social Participation for Universal Health Coverage and strengthen Brazil's system of social participation and control, through the work carried out by its nationwide Intersectoral Commissions.

The right to health as an essential right

Valuing the right to health is primarily due to its nature as a fundamental human right, considering that health is “[...] one of the main components of life, either as an indispensable prerequisite for its existence, or as an element added to its quality. Health is thus linked to the right to life” (Schwartz, 2001, p. 52).

Since the Universal Declaration of Human Rights of the United Nations (UDHR/UN), of December 10, 1948, the international defense of community participation reached an important milestone in 1978, with the deliberations approved at the Alma-Ata Conference, which encouraged the involvement of different social subjects in health management processes (Gomes; Orfão, 2021).

The *Declaration of Alma-Ata* (1978) outlines the right to health as follows:

I - The Conference strongly reaffirms that health, which is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector.¹

1 *Alma-Ata Declaration*. URSS, 12 de setembro de 1978. The declaration was the result of the International Conference on Primary Health Care, held in Alma-Ata, in the former Soviet Union (USSR), between September 6 and 12, 1978. Available at: https://bvsm.s.saude.gov.br/bvs/publicacoes/declaracao_alma_ata.pdf. Visited: Sep 10 2024

Right to health and social participation in Brazil

In Brazil, social participation has a long track record, marked by intense democratic struggles that began in 1970 with the Health Reform Movement, and a strong presence at the 8th National Health Conference in 1986, a time of broad discussion about the right to health and the need for a universal health model based on social participation (Gomes; Orfão, 2021).

The 8th National Health Conference is a milestone in the history of Brazilian public health and the resulting report laid the foundations for drafting the section on health in the Federal Constitution of 1988 (CF 1988), a milestone in the definition of “health is the right of all and the duty of the state” and the creation of the Brazilian SUS, with the more democratic principles of universality and equity, in line with the process of re-democratization in post-dictatorship Brazil.

The 1988 Federal Constitution has detailed outlines and dedicated an exclusive section to health (articles 196 to 200), giving it the legal density it needs to fulfill this fundamental right, enshrining the fundamental right to health.

As a result, Law 8.080 of 1990² began to regulate health actions and services throughout the country, making health a fundamental human right and reinforcing the duty of the state.

2 Law n. 8.080, de 19 de setembro de 1990. Available at: www.planalto.gov.br/ccivil_03/leis/l8080.htm. Visited: Sep 10 2024.

Among the principles of SUS, participation and social control in health are of great social and political importance, since they guarantee the participation of the population in the process of formulating and controlling public health policies (Rolim; Cruz; Sampaio, 2013).

The participation of civil society in health policies is guaranteed by the Federal Constitution of 1988, more specifically by article 198, which establishes “community participation” as one of the organizing principles of the SUS, reaffirmed in Law n. 8.080 of 1990 and regulated by Law n. 8.142 of 1990³, which deals with community participation in the management of the SUS, considering Health Conferences and Councils as deliberation instances of social participation (Gomes; Orfão, 2021).

The prospect of popular participation in all management levels of SUS is one of the most advanced practices of democracy, which establishes a relationship between the state and society, in dialogue with representatives of society to make decisions about health actions (Rolim; Cruz; Sampaio, 2013).

After more than three decades, Brazil has become a reference for other countries in the institutionalization of participation and social control of public health policies, provided for in federal laws, in which the transfer of funds is linked to the performance of Health Councils and Conferences, promoting the decentralization and democratization of social policies (Oliveira; Ianni; Dallari, 2013).

3 Lei n. 8.142, de 28 de dezembro de 1990. Available at: www.planalto.gov.br/leis/l8142.htm. Visited: Sep 10 2024.

The Resolution on Social Participation for Universal Health Coverage, Health and Well-being, adopted at the 77th World Health Assembly

On May 29, 2024, in Geneva (Switzerland), the 77th World Health Assembly unanimously adopted a Resolution aimed at strengthening, supporting and implementing social participation in health policies and in all processes relating to the health system worldwide.

The document was proposed by Belgium, Brazil, Cyprus, Colombia, Croatia, Ecuador, Slovakia, Slovenia, Finland, France, Georgia, Germany, Greece, Guatemala, the Netherlands, Ireland, Luxembourg, Moldova, Norway, the Kyrgyz Republic, the Czech Republic, Sri Lanka, Thailand, Tunisia and the United States of America; and Brazil was one of the references for this construction by the World Health Organization, due to its history of social participation in public policies, specifically in SUS.

The Resolution highlights the importance of the active participation of civil society and citizens in building more inclusive and efficient health systems, representing a significant step forward in recognizing the crucial role of social participation in health as a fundamental human right and essential for well-being and sustainable development. The Resolution allows for the creation of a safe and conducive environment for participation, respecting the principles of equality, equity and non-discrimination; it therefore highlights the need to promote the participation of all women and people in situations of vulnerability, people with disabilities and indigenous peoples, in health decision-making processes, so that health-related policies and plans respond to their needs throughout their lives.

The importance of people and communities acting as “part of the Primary Health Care approach, which includes the involvement of individuals, families, communities and civil society through their participation in the development and implementation of policies and plans that impact health, in accordance with the provisions of the Astana Declaration,” is characterized as another guideline of the Resolution⁴.

By implementing these guidelines, countries can build health systems that are more resilient, inclusive and responsive to the needs of their populations.

This Resolution is a valuable tool for Brazil, complementing and strengthening the principles already established in its Constitution and driving continuous improvements in the health system. It offers an international validation of the principles of social participation already present in the Brazilian Constitution, reinforcing the importance of these principles and ensuring that they remain a priority in health policies, as well as being an incentive for community engagement by strengthening the role of civil society in the formulation, implementation and monitoring of health policies, empowering citizens and communities to actively participate.

4 New declaration on Primary Health Care, on the occasion of the 40th anniversary of the Alma-Ata Conference, approved at the Global Conference on Primary Health Care, held on October 25 and 26 in Astana, Kazakhstan. The event was organized by the World Health Organization (WHO), with the coordination of the United Nations Children’s Fund (UNICEF).

The contribution of the CNS Intersectoral Commissions to the dissemination of the Resolution on Social Participation approved at the 77th World Health Assembly

The National Health Council (CNS)⁵ is responsible for defending a public, universal and high-quality SUS, mobilizing Brazilian society in defense of the democratic state and the right to health, and participating in the formulation and monitoring of national health policy, strengthening the deliberative nature of social control.

Reinforcing the system of social participation in health in Brazil has been a reaffirmation of the agenda at the Health Conferences and a daily task for the CNS, through its entire structure⁶. The 17th National Health Conference, for example, approved a series of proposals that converge on the guideline of “strengthening the democratic management of health systems and services, respecting and expanding participatory spaces in health systems and services”.

This strengthening took root when the president of the CNS and the Minister of Health signed CNS Resolution No. 714 of July 2, 2023⁷ during the 17th Conference. The resolution, which deals with the Campaign for the Creation of Local Health Coun-

5 The CNS is the highest decision-making body of SUS and is permanent and deliberative. Its mission is to deliberate, supervise, follow up and monitor public health policies.

6 The CNS is organized into a Plenary, which has full and conclusive authority, an Executive Board, a Presidency, Intersectoral Commissions, Working Groups and an Executive Secretariat.

7 Available at: <https://conselho.saude.gov.br/resolucoes-cns/3089-resolucao--n-714-de-02-de-julho-de-2024>. Visited: Sep 10 2024.

cils in Basic Health Units of SUS, considers that the creation of local councils in SUS health units aims to bring the community closer to health services and to planning the activities of the health unit in which this community is served.

In addition to the deliberative role of the CNS Plenary, its Intersectoral Commissions, which have the function of articulating and integrating various policies and sectors, assisting and subsidizing the debates and constructions of the collegiate, in order to contribute to the formulation of Health Policies based on the Brazilian reality, can contribute to the dissemination of the resolution approved at the 77th World Health Assembly and to the dynamic implementation of its guidelines.

Through the work carried out by the Intersectoral Commissions at national level, it is possible to:

Promote coordination between different sectors of government and civil society, ensuring that health policies are integrated with other areas such as education, the environment and social assistance.

Promote the harmonization of actions and strategies between various programs and policies, ensuring that social participation is a priority in all initiatives.

Create spaces for dialog where civil society can actively participate in the formulation, implementation and monitoring of health policies.

Encourage the inclusion of different segments of society, including socio-economically vulnerable populations, ensuring that their voices are heard and factored into health decisions.

Promote or participate in the training of health councilors and community leaders on the importance of social participation and the mechanisms for its effective implementation.

Propose strategies to widely disseminate the Resolution on social participation, using various communication channels to reach a wide and diverse audience.

Continuously monitor the implementation of health policies, evaluating their impact and identifying areas in need of improvement.

Propose recommendations to improve social participation strategies and ensure that they contribute to universal health.

Final words

In a context of advancements in its recent history, even in the face of great inequalities, Brazil has ensured the idea of democracy with the participation of civil society in the control and management of public policies through social control. However, the lack of information and the existence of many interests that prevent society from taking ownership of the rights it has won are factors that hinder the full realization of participation and social control (Rolim; Cruz; Sampaio, 2013). The performance and strengthening of social control effectively depends on the mobilization and protagonism of the social classes, since social control does not belong to the State or civil society. Civil society is a space of class struggle for power, while a moment of the State, when it adheres to the demands of the most vulnerable classes, incorporates the possibility of State control, depending on the correlation of forces between the social segments (Rolim; Cruz; Sampaio, 2013).

Thus, for example, we believe that the CNS, through its structure, representativeness and the capillarity of its ac-

tions, including its various advisory bodies, is in a position to advance and expand its activities so that participatory democracy can be active in practice and so that organized civil society can place Brazil as a world benchmark for good practices in the area of supervision, monitoring and social control in health.

We understand that only with effective popular participation is citizen autonomy feasible, through the protection of the right to health, the development of critical thinking and the strengthening of citizenship, enabling the materialization of a SUS that is accessible, resolute and, above all, consolidated with the strengthening of social control of SUS (Gomes; Orfão, 2021).

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5. From Dandara of Palmares to Geneva: the power of Black women’s social participation in shaping the resolution approved at the 77th World Health Assembly

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The health of the black population has always been central to the agenda of the black movement and the black women's movement. In spaces such as social control, it is essential to insert this debate and ensure that actions are developed to sustain the fights and promote public policies. The aim of this text is to trace the journey of black women from the National Health Council (CNS) to the 77th World Health Assembly (WHA). Divided into two sections, starting with a historical context of activists working to defend the health of the black population, this article narrates the journey and highlights some of the debates that took place leading up to Geneva 2024.

It is impossible to talk about the anti-racist struggle in the CNS without remembering those who came before. In her article "Racism and sexism in Brazilian culture" (1984), Lélia Gonzalez states that racism is an ideological construction that aims to sustain the social and economic benefits of white people. For the author, Brazilian racism is a neurosis acting as a fixation, that thinks of itself as a white society, but in its culture expresses its African heritage, while at the same time imposing invisibility on black people (Gonzalez, 1984). Through an intersectional perspective, it is no different in the health sector, because we cannot look at health without racializing it, without thinking about the conditions of inequality that the population is subjected to in the colony.

And one of the greatest forms of violence against the black population is the myth of racial democracy, which sustains racism by making the specificities of black bodies invisible, hindering their access to health policies.

Jurema Werneck, a former national health councilor (2007-2012) and the first black woman to coordinate a Health Conference, the 14th, already pointed out in 2011 the need for other groups, other people to take an active part in these conferences. Under her coordination, the 14th Health Conference made it possible for other subjects - rural workers, the LGBTQIAPN+ population, the riverside population, quilombolas, indigenous peoples, coconut breakers, the women's movement, the movements for land and housing, the homeless population, the Brazilian elite - to have a voice, ensuring a diverse and equitable space. While the 8th Conference focused on the Unified Health System (SUS), the 14th centered on the diversity that makes up the Brazilian population, based on its social, ethnic and territorial conditions.

For Jurema Werneck (2020), "racism makes black people sicker"; the activist's thinking points to ways of understanding racism and sexism as structural mechanisms in Brazil. She claims:

If we say there's racism in Brazil, it's because there's racism in relationships, in people, in people's history. So you have to adopt a series of mechanisms to prevent the effects of racism from leading to death and suffering. When health management doesn't intervene, that's the institutional rationale. Internalized racism, interpersonal racism. It's the way structural racism wins in the end. It's the way white people live out their privilege (Werneck, 2020).

The repercussions of racism damage the health of the black population, and it's no wonder black people have shorter life spans, whether due to deaths resulting from illnesses, mostly from neglected or poverty-related diseases, or from urban violence - and black youth represent the portion with the most victims. It is essential to think of health in an intersectional way, in which other policies are implemented to guarantee the black population access to a good life.

Affected by neglected diseases or diseases of poverty, the black population arrives at the 19th Health Conference without experiencing any progress in protection, prevention or health care, even with the SUS strategy, Ordinance No. 992/2009, which defined the National Policy for the Integral Health of the Black Population (PNSIPN). This ordinance aims to define care and management guidelines for the black and brown population, highlighting prevalent diseases such as sickle cell disease, hypertension and diabetes. Twelve years after the establishment of the PNSIPN, the black population still has the highest rates of lack of assistance in the SUS, with very high figures for obstetric violence, maternal death, access to medicines, vaccination for Covid-19, among others.

Social control is still a mostly white environment, where there has been minimal progress on anti-racist demands, requiring continuous, sometimes radical, pressure to ensure that other subjects and their peculiarities are at the center of discussion agendas. During the planning for the 2019-2021 term, black councilors presented the need for the CNS to have the anti-racist struggle as the central axis of debates and actions. In practice, this means racializing the debates, focusing on black people and their voices, based on their experiences and struggles in the territories.

The debates on race and racism in Brazil have been intense in various sectors of society, including organized civil society in the various social movements, academia and public management. We can see that this debate is polarized: on the one hand, academic sectors that seek to privilege the concepts of *mestizaje* and racial democracy, as referred to by Lélia Gonzalez (1984), a behavior of denial; on the other hand, groups that point out the need to reflect on the repercussions of racism on black people's physical and mental health. Racist practices promote pain, suffering, illness and death, especially by suicide. For Dr. Jeane Tavares, black people are historically marginalized and vulnerable, which brings irreparable damage to their lives, including death in life (Ocupa Preta, 2021). Structural racism normalizes the difficulties of obtaining a concession, denying the right to citizenship based on skin color.

In addition to Jurema Werneck, we can also highlight other female councilors: Maria do Socorro de Souza, Fernanda Lopes, Simone Cruz, Michely Ribeiro, Maria Inês da Silva Barbosa, Ubiraci Matildes, Heliana Hemeterio dos Santos, Jupiara Castro, Maria Conceição Silva, Michele Seixas, Ana Lúcia Marçal Paduello; also male councilors Wanderlei Gomes (*in memoriam*) and Vanilson Torres. All of them acted and/or act as interlocutors of the racial struggle, from their territories, into social control, bringing to light denunciations of the invisibility of "disposable bodies". According to Altair Lira (CNS, 2011), who holds a master's degree in Collective Health, "despite technological advances, institutional racism and invisibility throughout Brazil's history are fundamental elements in preventing and delaying the black population's access to comprehensive and equitable health rights".

In this sense, the participation of black councilors in the delegation to the 77th World Health Assembly, with the right to speak, was very important, consolidating advocacy in politics, contributing to representativeness and the inclusion of voices with diverse perspectives. Our participation enriched the debate on racism and sexism, given the explicit absence of the issues of violence and death suffered by the black population worldwide, as well as gender issues, which put women at risk of femicide. The participation of black women in decision-making environments around the world, especially in global health, makes it possible to broaden the debate by including our experiences, which have historically been silenced by the racism that structures society. It's no coincidence that the subject of racism isn't clearly stated in the Resolution, because it's a subject that makes people uncomfortable and could prevent it from being approved.

Finally, the participation of black women in the delegations of the World Health Forum reinforces the commitment to equity and social justice, which the CNS has been fighting for, especially in the last two administrations, under the leadership of President Fernando Pigatto, ensuring that our needs, demands and rights are considered and respected in health decisions and policies. Our presence, represented by Heliana Hemeterio, Ana Lucia Paduella and the author of this text, helps to ensure that the anti-racist fight is a daily action on the various fronts on which we operate, helps to combat all forms of discrimination, social and intellectual exclusion, promoting appreciation, respect and dignity.

Our participation reinforces the necessary alliance with non-black anti-racist people so that we can build a society free

from all forms of oppression, with democracy as its principle. Finally, I would like to mention the solidarity, affection and care that were shown as fundamental components among the group, making this intense journey an experience of accumulating knowledge and love.

Let us keep moving on!



6. Challenges for the implementation of the Resolution on social participation in Brazil

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The publication of the Resolution on Social Participation for Universal Health Coverage, Health and Well-being during the 77th World Health Assembly, held in 2024 in Geneva, Switzerland, set Brazil's social control as a global benchmark¹, due to the country's track record on the issue. If, on the one hand, the Resolution has brought support and recognition to social control in Brazilian health, on the other hand there are challenges for the development of new mechanisms that ensure broader social participation in the country.

The Resolution on Social Participation for Universal Health Coverage, Health and Well-being, which was proposed by Belgium, Brazil, Cyprus, Colombia, Croatia, Ecuador, Czech Republic, Estonia, Finland, France, Georgia, Germany, Greece, Guatemala, Ireland, Luxembourg, Moldova, Norway, Slovakia, Slovenia, Sri Lanka, Thailand, Tunisia and the United States of America, reinforced the importance of civil society in decisions related to public health policies.

1 CONSELHO NACIONAL DE SAÚDE. *Brasil se torna referência mundial sobre Participação Social em Saúde*. Brasília, 29 maio 2024. Available at: www.gov.br/conselho-nacional-de-saude/pt-br/assuntos/noticias/2024/maio/brasil-se-tor-na-referencia-mundial-sobre-participacao-social-em-saude. Visited: Aug 14 2024.

Reiterating the importance of empowering people and communities as part of the primary health care approach, which includes the engagement of individuals, families, communities and civil society through their participation in the development and implementation of policies and plans that have an impact on health [...] (WHO, Resolution, 2024).

Social participation in health is an important tool not only for improving the services provided in the area, but also promoting the health and well-being of civil society as a whole. Furthermore, with plural participation, it is possible to create public policies that actually respond to real individual and collective health needs. As such, the Resolution will serve as a guide for countries to improve their means of social participation, as well as inspiring and instructing those nations that do not yet have forms of collaborative participation in civil society.

If, on the one hand, the Resolution has brought support and recognition to social control in Brazilian health, on the other hand there are challenges for the development of new mechanisms that ensure broader social participation in the country. We will focus on these aspects in this article. In order to do this, we will analyze the document and delve deeper into the subject according to the current mechanisms and expertise of social control in health.

Challenges to implementing the *Resolution on Social Participation for Universal Health Coverage, Health and Well-being in Brazil*

What is social participation in health?

The origins of social participation in health go back to the Brazilian democratic process. The importance of civil society collaboration in the formulation of public policies in the area of health was legally included for the first time in the new Federal Constitution of 1988. As can be seen in Article 198:

Health actions and public services integrate a regionalized and hierarchical network and constitute a single system, organized according to the following directives:

- I – decentralization, with a single management in each sphere of government;
- II – full service, priority being given to preventive activities, without prejudice to assistance services;
- III – participation of the community (Brazil, 1988).

A few years later, with Law No. 8.142/1990, community participation in social control in health had its foundations laid with the creation of Health Councils and Health Conferences. According to the Federal Government's Transparency Portal:

Social control of the actions of government leaders and public officials is important to ensure that public resources are well

spent for the benefit of the community. It is the participation of society in monitoring and verifying the actions of public management in the implementation of public policies, evaluating objectives, processes and results.

Thus, the law establishes the criteria for social participation through these two collegiate bodies in the single health system. Health Conferences take place in local, state and national stages, with the participation of various segments of civil society in SUS, with the aim of proposing public health policies. Health Conferences are held every four years:

[...] with the representation of the various social segments, to evaluate the health situation and propose guidelines for the formulation of health policy at the corresponding levels, convened by the Executive Branch or, extraordinarily, by it or by the Health Council (Law n. 8.142/1990).

Regarding the creation of the National Health Council, the law proposes a collegiate body made up of representatives from different spheres: government, service providers, health professionals and users, in order to act

[...] in the formulation of strategies and in the control of the execution of health policy in the corresponding instance, including economic and financial aspects, whose decisions will be ratified by the head of the legally constituted power in each sphere of government (Law 8.142/1990).

It also proposes that the National Council of Health Secretaries (Conass) and the National Council of Municipal Health Secretaries (Conasems) be represented on the Health Council. In the context in which the Constitution and Law No. 8.142/1990 were enacted, the aim was to include social segments that had historically not been included in the country's decision-making in the democratic process.

Other forms of social participation in health

Since then, other bodies have been set up to encourage public participation in social control in health. Information on public hearings, public consultations, public calls and other forms of encouragement to the community population are published on the National Health Council's Platform+Brazil, available on the official website.

In 2023, the National Health Council launched the “*Conselho Local de Saúde – Aqui Tem*” Project (Local Health Council – It's Right Here), through Resolution 714, which proposes a campaign for the creation of Local Health Councils in SUS Basic Health Units. As a result, all health units can and should have a council that can represent the needs of the territory in which they are located to the Municipal Health Council and the Municipal Health Secretariat.

Regarding the composition of the local council, the CNS Resolution proposes:

The Local Councils of Health Units must have an equal composition, according to the following ratio: 50% of the members of the Council must be representatives of users, 25% of representatives of health workers and 25% of representatives of managers and providers of private or non-profit services (CNS, Resolution 714/2023).

Challenges for expanding social participation

With the publication of the *Resolution on Social Participation for Universal Health Coverage, Health and Well-being*, Brazil reaffirms its commitment to popular participation in social control in health, but also takes on the challenge of expanding the channels of social participation. From the Resolution:

social participation, involving all relevant stakeholders, including local communities, health workers and care workers in the health sector, volunteers, civil society organizations and youth in the design, implementation and review of universal health coverage, to systematically inform decisions that affect public health, so that policies, programs and plans better respond to individual and community health needs, while fostering trust in health systems (WHO, Resolution, 2024).

Translated into our Brazilian reality, in order to guarantee and expand social participation, it is first necessary to strengthen the foundations of democracy. Only with a well-established democratic system can progress be made in spaces for dialog with civil society. As in every recent democracy, Brazil also re-

quires constant vigilance in the national democratic process. With regard to social participation, in 2019, Decree No. 9.759² abolished collegiate bodies in the federal public administration. As a result, various spaces for social participation were cancelled. Later, in 2023, the decree was revoked. However, fortunately, because the 1988 Federal Constitution advocates popular participation in health, these spaces were not affected by Decree No. 9.759/2019.

In addition, despite the existence of various places for social participation, as mentioned in this article, there is still an urgent need to publicize these initiatives, in order to create a national culture geared towards community participation, with a priority focus on bringing people with disabilities, people in situations of social vulnerability, the indigenous population, among other minorities who historically have not found mechanisms for extensive social participation, into this collaborative space. As the Resolution itself points out:

Recalling the need to promote the participation of all women and all those in vulnerable and/or marginalized situations including, inter alia, persons with disabilities and Indigenous Peoples, in decision-making processes for health, so that health-related policies and plans respond to their needs across the life-course, as a strategy to achieve the Sustainable Development Goals' promise to reach first those who are furthest behind and advance gender equality (WHO, Resolution, 2024)

2 "Art. 1 This Decree extinguishes and establishes guidelines, rules and limitations for collegiate bodies of the direct, autarchic and foundational federal public administration" (Decree n. 9.759/2019).

Therefore, the challenge is to expand a network of information and communication with civil society about spaces for participation and education so that citizens understand their role as a fundamental agent in social control in health. It is also necessary to think about and revisit current models of social participation, given the increasingly digital world and the decentralization of decision-making. Hybrid models with flexible schedules and locations can help to include and expand the diversity of voices in social participation. With this in mind, social control in health needs to make an effort

to translate this movement into concrete actions so that the SUS that civil society wants is in fact the SUS that it deserves, and one which reflects the real needs of Brazilians.

Final words

The *Resolution on Social Participation for Universal Health Coverage, Health and Well-being* offered an opportunity to rethink the paths that led to the construction not only of SUS, but of social control in health. It is an invitation for civil society to become increasingly aware of the importance of community participation. As pointed out in Article 11 of the document:

Noting further the variety of social participation mechanisms⁴ to facilitate two-way dialogue between governments and people, communities and civil society, that may be implemented either virtually or in-person, and the importance of a combination of relevant mechanisms to achieve broad and meaningful engagement that can improve health and well-being (WHO, Resolution, 2024).

Just like democracy, social participation, at any level, must be a daily commitment in all the efforts involved in social control. In the area of health, the subject of our study, the Unified Health System (SUS) was born out of a social movement in favor of public health, in a major mobilization of various sectors of society.

This historic moment in Brazilian history included in the Constitution an extremely complex and challenging universal health system based on participatory democracy. Perhaps the way forward is to return to the foundations that led to the construction of the largest health system in the world, so that we can find ways to come together and expand our social participation in health.

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7. Hail, oh land of soaring coconut palms, of grassroots struggles and social participation

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Social participation in the deliberation of public policies was never given, much less guaranteed, and can be said to have been achieved through the blood, sweat and tears of many people who were part of social movements, collectives and organizations that took to the streets to mark history and enshrine the Brazilian population's right to have rights in our citizens' constitution.

Pernambuco, one of Brazil's 26 states, has a long history of fighting for rights. Bathed by the Atlantic Ocean, located in the northeast of the country, it borders five states in the region: Paraíba, Ceará, Alagoas, Bahia and Piauí. It was Brazil's first economic center, but it was in the revolutions that the state's history was most prominent. Stage of the Guararapes Battles, which triggered the Pernambuco Insurrection, unfolding in the Mascates' War, the Pernambuco Revolution, the Equator Confederation and the Praieira Revolution¹. It is also worth highlighting, considering culture as a political element, the wealth of Pernambuco culture, which can be seen in various manifestations: capoeira, coco, frevo, maracatu.... the Armorial Movement and Mangubeat.

1 See more at: www.folhape.com.br/noticias/de-quantas-revoltas-e-feito-pernambuco/19976/. Visited: Aug 16 2024.

In the social control of the Unified Health System (SUS) in the state, and it couldn't be any different, the Pernambuco State Health Council (CES-PE) reflects - and is reflected by - all this history of struggles. Created in 1993², its competencies, according to the Law, are:

I - to take part in formulating, monitoring, controlling and evaluating the implementation of the State Health Policy, in accordance with the principles and guidelines of the Unified Health System (SUS); II - to propose and approve guidelines for drawing up the State Health Plan, based on the epidemiological profile and the population's need for health actions and services;

III - to evaluate and approve the care model proposed for the state, in accordance with SUS guidelines;

IV - to analyze, approve and monitor the budget proposal for the state's health sector, as well as to supervise the application of the resources of the bodies that make up SUS;

V - to control and supervise the administration of the State Health Fund;

VI - to ensure the participation of society in the management, monitoring and evaluation of SUS;

VII - to decide on the human resources policy for all SUS workers in the state of Pernambuco, in line with the guidelines of the National Human Resources Policy and in harmony with the state's personnel policy;

2 Lei Estadual n. 1.1018/1993, revogada e atualizada pela Lei Estadual n. 1.2297/2002. Available at: <https://legis.alepe.pe.gov.br/texto.aspx?tiponorma=1&numero=12297&complemento=0&ano=2002&tipo=&url=>. Visited: Aug 16 2024.

- VIII - to provide the population with full access to all information on the state's health sector, including the SUS financing structure;
- IX - to convene and organize the State Health Conference every two years;
- X - to examine municipalization processes that do not meet the requirements of SUS and decide on irregularities in the management and implementation of SUS;
- XI - to assess and decide on the incorporation or exclusion of complementary health services from SUS, exercising broad supervision over them;
- XII - to monitor and evaluate the process of scientific and technological development in the health area;
- XIII - to promote and encourage coordination and integration between sectors directly or indirectly linked to health;
- XIV - to invite technicians, entities and bodies to participate in its meetings, with a view to contributing to and expressing an opinion on health-related issues;
- XVI - to draw up and approve its Internal Regulations.

The CES-PE has played the fundamental role of monitoring, debating and deciding on the use of public health investment, but beyond this primary function of analyzing accounts and producing management reports, it fulfills the primarily political role of influencing health policy, from the perspective of the right of all people, based on the demands of the population, families and territories.

Considering this commitment, CES-PE could not fail to be present at the great activity proposed by the National Health Council (CNS) at the 77th World Health Assembly (77th WHA), in Geneva, which proposed to debate, with a high possibility

of approval, a resolution to be incorporated worldwide (by the Member States) that brings social participation as a requirement of any and all public policies, with Brazil, primarily SUS, as a great example in this regard.

The strength of social control with popular participation lies in its capillarization. Since CES-PE is part of a network of SUS Councils, we were very honored and proud to be able to represent this great network, since we were the only State Health Council present at the activity in Geneva. It is also a source of pride to know that the Brazilian delegation was one of the largest delegations and that this active participation made a big difference in the debates that culminated in the adoption of the Resolution.

These were rich moments in which it was possible to follow the entire construction and commitment of the Brazilian Permanent Mission in Geneva, as well as the plural and diverse debates promoted by organized civil society entities, through events parallel to the 77th WHA.

All this experience was shared at the 569th Ordinary Meeting of the CES-PE on June 14, 2024. Other councilors and participants in the meeting were very encouraged by the approval of the Resolution and the developments that had already been agreed upon during their stay in Geneva - since the action plan for the Resolution will be drawn up with the participation of the countries and coordinated by the WHO.

On the occasion, other initiatives that are directly linked to the implementation of the Resolution were also reinforced, such as the “*Conselho Local de Saúde – Aqui Tem*” Project (Local Health Council – Right Here) campaign, stimulated by the CNS. We also evaluated the wisdom of the CNS's decision to convene

councils and organizations for this collective advocacy body, and the need to share and call for contributions in this area.

We believe that the approved Resolution calls for even greater commitment and responsibility to the social control of SUS through popular participation, in which the voices of those who live and work in and with SUS on a daily basis are not silenced, but in fact echoed with a view to acceptance, reflection and action. SUS is made up of people for people. And it is on the strength of this bond, this eye-to-eye, this system as the materialization of a project for society that we will concretely transform realities.

Here we breathe Fight!



8. Social participation in health: Progress made and future prospects for advancing public health demands in Brazil's National Congress after the approval of the Social Participation in Health Resolution at the 77th World Health Assembly

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In late May 2024, Brazil became a world reference in terms of social participation in public health. This was achieved with the unanimous approval of the Resolution on Social Participation in Health¹ by the countries that make up the World Health Organization (WHO), during the 77th World Health Assembly, which took place in Switzerland. The document reaffirms the importance of empowering representatives of civil society for the development of public primary care policies in the area, through the prompt participation of collectives and representative bodies that have direct knowledge of the social demands of the countries involved.

The involvement of civil society in the development of public policies in the health sector is one of Brazil's main achievements in recent decades, and it happens mainly through the National Health Council (CNS), a body directly linked to the Ministry of Health². Since it was set up, one of the duties of the CNS councilors has been to supervise, accompany and monitor public health policies in their various spheres, taking the population's demands directly to the public authorities. In this way, its councilors play a fundamental role in maintaining the

1 See: https://efaidnbmnnnibpcajpcglclefindmkaj/https://conselho.saude.gov.br/images/noticias/2024/06_-_junho/A77_ACONF3-sp.pdf. Visited: Jul 20 2024.

2 See: <https://conselho.saude.gov.br/historico-cns>. Visited: Jul 20 2024.

active participation of civil society organizations collaborating in the development of public health policies in the country.

In addition to improving the quality of standards and legislation that will be carried out by member states once implemented, the Resolution on Social Participation leads the WHO to solidify the work that has been done for years by social control in defense of the Unified Health System (SUS) and public health in Brazil, particularly in the wake of the Covid-19 pandemic, which led more than 700,000³ dead in Brazil alone. The numbers of the tragedy reached a peak of more than 3,000 deaths per day in Brazil at the beginning of 2021, in a widespread violation of human rights of access to health denounced since the beginning by social control agents linked to the National Health Council.

In this sense, the text of the Resolution approved during the 77th World Health Assembly, which was drawn up with the incisive support of the CNS, amplifies to other countries the actions taken by the CNS with the Brazilian National Congress and the Federal Government, turning the example of Brazilian social participation into a reference for the world of how civil society can act in the development of healthy and emergency public policies, so important for the quality of the population's health.

3 See: www.gov.br/saude/pt-br/assuntos/noticias/2023/marco/brasil-chega-a-mar-ca-de-700-mil-mortes-por-covid-19. Visited: Jul 20 2024.

Advocacy for social control in health on the National Congress: what has been done and what still needs to be enhanced

In the months immediately following the start of the Covid-19 pandemic in 2020, the CNS pursued the goal of bringing the organization's core group closer to political agents in Brazil's National Congress, whose actions could strengthen social control in Brazilian public health, thus mitigating the damage caused by the pandemic. This is how the influence of social control agents in Brazilian public health collaborated in a series of legal, legislative and social developments, which ended up resulting in actions taken by CNS members with the public authorities.

The political movement of social control agents linked to the CNS together with the National Congress during the Covid-19 pandemic took place more intensively from 2021, as soon as the Parliamentary Commission of Inquiry (CPI) was installed in the Federal Senate, following a determination by the Federal Supreme Court (STF). The Covid-19 Parliamentary Commission of Inquiry put public health at the center of the country's political discussions, in the midst of the catastrophe that was decimating the population. Already in the first days of the collegiate body's work, the CNS was willing to help the group with all that was necessary to find those responsible for the measures that were not carried out, and that could have mitigated the damage caused by the pandemic in Brazil.

In addition to the increasing number of deaths, the morose vaccination process caused extreme concern for organizations linked to social control, especially the CNS. Based on information gathered by the Covid-19 CPI, which had the support

of the CNS in several of its investigations, it was possible to demonstrate that the Brazilian Federal Government, then under the management of Jair Bolsonaro, failed to acquire vaccines, as well as to inform and encourage immunization, which had immediate effects on the rise in deaths in the country⁴.

To the senators who were part of the Pandemic CPI, the CNS leadership shared a series of documents and recommendations that had been made by the National Health Council since the beginning of the critical period of the disease, but ignored by the Ministry of Health at the time. The report, titled “Contribution of the National Health Council to the CPI on the Covid-19 Pandemic”⁵, was the first to be made available to the senators and, from that moment, it began to be used by the members of the committee as a basis for the questions asked during their testimonies.

CNS representatives also made the *Manifesto in Defense of Life, SUS and Democracy*⁶ available to the members of the Covid-19 CPI. The document was submitted with the participation of members of the Frente pela Vida (Front for Life) group, an initiative formed by 14 scientific health and bioethics organizations and the CNS, in a demonstration of the importance of social control of health in drawing up and monitoring the public policies needed in Brazil.

4 See: <https://conselho.saude.gov.br/ultimas-noticias-cns/2028-frente-pela-vida-e-cns-encaminham-carta-a-cpi-da-covid-19-exigindo-responsabilizacao-de-culpados>. Visited: Jul 20 2024.

5 See: <https://conselho.saude.gov.br/ultimas-noticias-cns/1745-senado-federal-cns-entrega-relatorio-com-documentos-que-contribuem-com-cpi-da-pandemia>. Visited: Jul 20 2024

6 See: http://efaidnbmnnnibpajpcgiclfefindmkaj/https://conselho.saude.gov.br/images/noticias/CARTA_DO_CNS_-_EM_DEFESA_DA_VIDA_DA_DEMOCRACIA_E_DO_SUS.pdf. Visited: Jul 20 2024.

Despite all the mobilization that served as a guide for the construction of the text of the Resolution on Social Participation, in the assessment of social control agents, the actions that followed as a result of the Pandemic CPI and the Pandemic Observatory, which was set up afterwards, still need greater political attention from the entities that make up the structure of the National Congress. Hence the need to maintain and expand the actions of social control of health in the Brazilian Parliament, especially by planning policy advocacy strategies, which serve the interests of national and international third sector organizations, social movements, the media and social actors⁷ who are part of political and social control groups, such as the CNS.

Just as the term is new in academic research, its interdisciplinary characteristics still sometimes place advocacy itself in the shadows of actions that have sometimes occupied obscure spaces in Brazilian politics. Despite the antagonisms that may arise through ignorance of the role of advocacy, there needs to be a broad understanding that health actions are built through the implementation of public policies, which in turn are woven into the constitutional guarantee. When the inspection, follow-up and monitoring of public health policies can interfere in different areas of society, social control opens up the debate on the residual way of doing politics (Bobbio, 1986, p. 71), showing the huge political weight of groups, as was the case of the National Health Council in the construction of the denouncement document entitled *Denouncement of*

7 See: <https://revista.esmesc.org.br/re/article/view/176>. Visited: Jul 20 2024

*Violations of the Rights to Life and Health in the context of the Covid-19 pandemic in Brazil*⁸.

Public agents' response to demands, in this sense, will depend on the ability of social groups to maintain intense mobilization around their demands and, therefore, robust advocacy work is fundamental to achieving results (Libardoni, 2000, p. 02). The multitude of voices and, consequently, the quality of the content are key to opening the doors against a monopoly that is still centered on the apparatuses that work most intensely with political agents. According to this view, administrative power, in terms of carrying out laws passed by Parliament, is linked to effective social power, forming a counter-current that is now directed by communicative power. It is the social movements, forces that make up an important part of the CNS structure, that are the players reacting to bureaucratization. They are responsible for capturing the social problems that resonate in the private spheres and transforming them into issues of general interest in the political public sphere (Ramos et al., 2007, p. 134).

Given that politics is not a space in which everyone is invited to participate, the CNS has a fundamental role to play in finding ways to keep its social players informed and active in relation to the issues being dealt with in the Brazilian Parliament, as well as to build paths that expand national and international social control actions in the health area. Without work from these perspectives, Brazilian health tends to suffer losses that weaken social control.

8 See: <https://fase1.dhsaude.org/>. Visited: Jul 20 2024.

Effects on the Resolution on Social Participation in Health of the denouncement made by CNS and other entities during the Covid-19 pandemic

In 2023, the same year that the World Health Organization (WHO) declared the end of the Covid-19⁹ pandemic, the CNS began an International Strategic Action Plan, aimed at making CNS actions linked to combating the pandemic an instrument for strengthening social control in health internationally. The plan called for the denouncement made by the CNS and other Brazilian organizations of violations of human rights to health by the Brazilian government in the context of the Covid-19 pandemic to be amplified, in order to continue and reinforce the work of inspection, follow-up and monitoring of social control of health.

The denouncement-document originated in 2021, and focuses on the irresponsible acts committed by the then Brazilian government in the violation of human rights during the Covid-19 pandemic.

9 See: <https://g1.globo.com/jornal-nacional/noticia/2023/05/05/oms-declara-o-fim-da-emergencia-global-de-covid.ghtml>. Visited: Jul 20 2024.

It was drawn up with the help of the CNS, an organization that continues to work to ensure that the human rights violations observed during the Covid-19 pandemic are exposed and punished, both nationally and internationally. The technical work was carried out by the Maranhão Society for Human Rights (SMDH), together with the Articulation for the Monitoring of Human Rights in Brazil (AMDH). The initiative was the result of an agreement with the Pan American Health Organization (PAHO). In addition to the CNS, the National Human Rights Council (CNDH) also acted as an interlocutor.

The document was composed of an analysis by the health authorities, whose investigations identified multiple violations of the rights to health and life of millions of Brazilians, and which were committed by the Federal administration of the time, in the face of inertia calculated to jeopardize the fight against the pandemic. According to the text, the omission of the Brazilian state in confronting the pandemic, under the leadership of Jair Bolsonaro, resulted in a mortality rate 4 to 5 times higher than those recorded in the world average. In practical terms, the data shows that one in every five deaths caused by the disease in Brazil could have been avoided if the country had made rapid progress in implementing public policies to combat the disease.

In this scenario, one of the objectives of the imputation was to provide information to support the evidence for liability regarding the damage caused by the pandemic. The study shows that the harm caused by Covid-19 affected particularly vulnerable groups, such as health workers, indigenous peoples and traditional communities, the elderly and women, particularly black women, Afro-descendants, especially quilombolas,

gays, lesbians, transsexuals, homeless people, poor urban communities, rural workers, the prison population, among other communities that are in some degree of social vulnerability.

It is important to note that, although the Covid-19 pandemic has subsided in the country, deaths related to the disease continue to be recorded, as do the numbers of infections, which rose again in the second half of 2023. These figures strengthened the National Health Council to have a direct influence on the drafting of the Resolution on Social Participation in Health, approved during the World Health Assembly held in Geneva, Switzerland, in May 2024.

In addition to the growing number of deaths, the morose vaccination process also caused extreme concern for organizations linked to social control, especially the CNS. Based on information gathered by the Covid-19 CPI, which had the support of the CNS in several of its investigations, it was possible to demonstrate that the Brazilian Federal Government, then under the management of Jair Bolsonaro, failed to acquire vaccines, as well as to inform and encourage immunization, which had immediate effects on the rise in deaths in the country¹⁰. The concern that situations like this should not happen again is also highlighted in the Resolution on Social Participation in Health approved by the WHO.

10 See: <https://conselho.saude.gov.br/ultimas-noticias-cns/2028-frente-pela-vida-e-cns-encaminham-carta-a-cpi-da-covid-19-exigindo-responsabilizacao-de-culpados>. Visited: Jul 20 2024.

The Resolution also reiterates the importance of the role of people and communities as part of the Primary Health Care approach, which includes the involvement of individuals, families, communities and civil society through their participation in the development and implementation of policies and plans that impact health, in accordance with the provisions of the *Astana Declaration*¹¹, in an aspect that was also highlighted by the denouncement document presented by the CNS and other entities linked to social control.

The Resolution, which was unanimously approved by the 77th World Health Assembly, also sheds light on one of the agendas most defended by social control agents in health in Brazil: the defense of the participation of women, indigenous people, black people and people in situations of social vulnerability in the construction of public policies in the area of health, “so that the decisions taken correspond to their needs throughout their lives,” the Resolution highlights in its sixth paragraph.

Conclusion

In addition to serving as recognition of the actions already carried out by social control agents linked to the CNS, the unanimous approval of the Resolution on Social Participation in Health¹² by the countries that make up the WHO, during the

11 See: www.who.int/publications/i/item/WHO-HIS-SDS-2018.61. Visited: Jul 20 2024.

12 See: http://efaidnbnmnnibpcajpcgJcIefindmkaj/https://conselho.saude.gov.br/images/noticias/2024/06_-_junho/A77_ACONF3-sp.pdf. Visited: Jul 20 2024.

77th World Health Assembly, which took place in Switzerland, serves as a springboard for new mobilizations by health social control players in Brazil.

It is in this scenario, in which the defense of projects dealing with public health is a consensus among the members of the CNS, as well as among Brazilian and international society, that the monitoring of agendas contemplating the interests of the CNS and, above all, international actions need to go hand in hand so that they can collaborate with the objectives pursued by the WHO. For the next six years, at the three World Health Assemblies that follow (2026, 2028 and 2030), it will be up to the countries that make up the WHO to report on the progress being made towards the full implementation of the terms that structure the Resolution. Although Brazil is leaps and bounds ahead of other countries in terms of the involvement of representatives of civil society in the construction of public primary care policies in health, through the prompt participation of collectives and representative organizations that have direct knowledge of the social demands of the countries involved, Brazil's work is not over. On the contrary, the movement in Brazil shows that the more social participation is expanded, providing the necessary structure for action and respect for social control agents representing different spheres of society, the more consistent the public policies developed are.

The document approved by the 77th World Health Assembly emphasizes how necessary it is for members to maintain the participation of women, people in vulnerable situations, as well as indigenous peoples in the construction of public health policies, one of the defenses already instituted by the CNS, but which needs to be sustained in a national scenario of

preserving and strengthening the structure of the Democratic Rule of Law, without any turbulence in this regard. Without a strong democracy, the actions of social control in health and other areas necessary for the global structure are shaken, causing irreparable damage to society as a whole. The mission of all social control players, which we had the opportunity to actively participate in at the 77th World Health Assembly, is to strengthen democracy, since only with a solid democracy will civil society participate in the construction of public policies.

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9. Social Participation and human rights: inseparable pillars

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Direct social participation and human rights are inseparable assets. Assets are material things necessary for the production, reproduction, maintenance and development of people's lives. This is a complex whole which, if not made possible or available, will compromise the substantial fulfillment of life. Being inseparable, one fulfills the others and the others fulfill themselves with it - or, rights would not be fulfilled without participation. This is the core of this reflection.

We present some *basic tenets* for guaranteeing this Indisociability. They serve as a background guide for the text: 1) direct participation is indissociable from human rights - human rights are realized with direct participation, not by representation or by proxy; 2) each human rights subject is unique, irreplaceable and unrepresentable in the realization of human rights - the radicality of singularity as part of the complexity of the demands of universality and interdependence; 3) the demands of redistribution and recognition of human rights cannot be realized without participation; 4) it is necessary to analyze the quality of the conditions for participation in democratic realities, their intensity and breadth, considering the relationship between direct participation and representation; 5) the quality of democracies is related to the way they deal with divergences, antagonisms, conflicts, dissent. What follows seeks to comment, albeit in a general way, on these tenets.

Human rights and participation are under intense attack today, resulting in setbacks, although there are paths of resistance. Adam Przeworski, in *Crises of Democracy* (2019), points out that there is a “stealth authoritarianism” that sometimes gets tougher and at other times loosens up, but which is eroding democracy, using loopholes that are destroying the democratic foundations in society and institutions. It feeds a “narrative of blockage” that produces “cancellation of the future”, increasingly denying or neglecting advanced protection for human suffering and resulting in abandonment and lack of care: “life loses its horizon dimension and becomes trapped in the individual management of survival” (Martins, 2021), in a kind of permanent politics of sadness and the promotion of sadness, feeding the affections of hatred and fear (Chauí, 2021).

The inversion of rights for the affirmation of “owners” and the “business model” (Dardot; Laval, 2016) turns subjects of rights into “consumers” of products and services or simply into ‘nobody’, because they don’t have “purchasing power”... what should belong to the people is kidnapped from them and formalized in the state and the market, distancing them from human rights. That’s why not all of them are “mouths worth hearing”, and there is selectivity as to what kind of hearing is given to each speech! Bureaucratized ears are certainly not open to the voices of those in need (Carbonari, 2021).

Talking about “democratic interaction” between the state and civil society (in itself an abstraction that doesn’t take into account the diversity, the forces in dispute and the complexity of the formation, agendas, causes and demands that make it up) already denotes a very questionable separation in terms of human rights. Now, if rights have been “hijacked” from society

and the subjects of rights and transferred to institutions and companies - with the former even captured by the latter - the result is that the civil society pole is already weakened in the interaction (if it exists at all) and becomes the 'controlled' one, losing the strength to be an agent of "social and public control". Although there is porosity and openness to the influence of civil society, the openings are more willing to welcome "acceptable demands" than to welcome suffering, which produces "epistemic injustice" (Fricker, 2023) and sometimes "epistemicide" (Grosfoguel, 2016) by disregarding the "speech of the subjects", which, as a rule, is hardly systematized into precise forms of demand and is even less likely to produce 'evidence' capable of producing "evidence-based policies"¹.

The struggles for recognition (affirmation of difference) and redistribution (pursuit of equality) (Fraser, 2006), placed as competing, irreconcilable opposites in modern Western culture, lead to the strengthening of outlets that have contradictorily been "used" by contemporary liberalism to legitimize itself, since by promoting meritocracy, it would be providing a solution that values difference and throws equality into individual responsibility - in today's ultra-conservative version, it dispenses with both in a total *laissez-faire* manner. The failure of public policy to focus on redistribution and recognition goes against all the struggles that, strictly speaking, require both to be carried out in order to make human rights a reality and, in this way, weakens the struggles for equality of position/

1 For a critical study of this topic, see the debates in *Public policies and the use of evidence in Brazil: concepts, methods, contexts and practices* (2022), particularly the first chapter, which maps out the various models.

condition and equality of opportunity and the agendas of social movements and struggles, demobilizing society and disqualifying participation. The greater intensity of the struggles for redistribution and recognition increases the demands and the need to qualify and expand participation. If there is no possibility of progress on these issues, all that remains is to impose law and order, criminalize, demoralize, remove organizations from spaces of participation, emptying their power of influence and their ability to formulate demands for policy guidance, criminalizing human rights defenders, grassroots leaders and social movements.

The dynamics of trolling also contribute to dismantling participation as a central element of democratic life, as Rodrigo Nunes suggests. It consists of "introducing 'polemical' and 'controversial' ideas into the public debate in a disqualified manner or with a certain critical distance, always maintaining the doubt as to whether it is a joke or for real" (Singer, 2021). It's a kind of permanent role-playing game, in which fantasy and reality mix, confusing everything and everyone. The post-truth environment and the strong presence of fake news strengthen this dynamic, which weakens the trust capable of generating a "common sense" favorable to solidarity and participation. Unfortunately, much of politics - including necropolitics (Mbembe, 2018) - has lent itself to the promotion of death ("Viva la muerte!")², "brutalism" (Mbembe, 2022) and the spread of sadness. The quality and intensity of democracy must always be

2 Expressed by General Millán Astray in 1936 to Rector Unamuno at the University of Salamanca. See the analysis of its importance from a necrophiliac perspective in *The Heart of Man* (Fromm, 1965).

taken into account. There are several studies that show that the intensity of democracy is getting lower and lower, sometimes to an extremely low level: “we live in politically democratic and socially fascist societies”, since “the second decade of the millennium is dominated, perhaps as never before, by the monopoly of a conception of democracy of such low intensity that it is easily confused with anti-democracy”, as suggested by Boaventura de Sousa Santos (2016)³.

He goes on to say that [...] extractive capitalism obtains better conditions for profitability in dictatorial political systems or very low-intensity democracies (quasi-one-party systems), in which it is easier for the elites to corrupt themselves through their involvement in the privatization of concessions and extractive incomes. No profession of faith in democracy is therefore to be expected from extractive capitalism, especially since, being global, it does not recognize problems of political legitimacy.

Participation with human rights requires, as Chantal Mouffe (2021) suggests, plurality and not confusing diversity with polarization⁴. It is constitutive of human rights and participation and requires working critically with consensual conceptions of democracy. Positions of this kind “[...] omit[s] what is fundamental in politics, which is the ineradicable character of conflict. Democracy is about recognizing difference, the pluralism of voices and the fact that these voices cannot be harmonized.” In this sense, we have to confront a form of inclusion that actually makes it a condition for certain people to participate, “but without the right to speak”.

3 We recently debated the subject of democracy (Carbonari, 2024).

4 We dealt with this issue in our article “The dialectics of polarization” (2024)

The production of subjectivity is fundamental in the process of affirming and realizing human rights as a broad and deeply participatory dynamics. Subjectivities are formed in participation, so that democracy and participation are enhanced as they are lived and experienced by the subjects in their daily lives: it is by participating that one learns to participate. And there are no participatory subjectivities unless their right to participate is fully realized in their concrete life, in materiality, as an asset. So too human rights.

It is never too much to remember what Paulo Freire (2000, p. 27) suggests in his *Second Letter, about the right and duty to change the world*:

The future does not make us. It is we who remake ourselves in the struggle to do so. It is in this sense that I only speak of subjectivity among beings who, being unfinished, have become capable of knowing themselves to be unfinished, among beings who have become capable of going beyond determination, thus reduced to conditioning, and who, assuming themselves to be objects, because conditioned, have been able to risk being subjects, because not determined.

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Resolution WHA77.2.

Social participation for universal health coverage, health and well-being*

* WHA77.2. English version available https://apps.who.int/gb/ebwha/pdf_files/WHA77/A77_R2-en.pdf. Proposed by: Belgium, Brazil, Cyprus, Colombia, Croatia, Ecuador, Finland, France, Georgia, Germany, Greece, Guatemala, Ireland, Kyrgyzstan, Luxembourg, Moldova, the Netherlands (Holland), Norway, Slovakia, Slovenia, Spain, Sri Lanka, Thailand, Tunisia and the United States of America. Sponsored by: Brazil, Slovenia, France, Norway, Thailand.

77^a World Health Assembly

After examining the Director General's consolidated report reaffirming the principle enshrined in the WHO Constitution of the enjoyment of the highest attainable standard of health as one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition¹; Sustainable Development Goal target 16.7 to ensure responsive, inclusive, participatory and representative decision-making at all levels²; and the importance of creating a safe and enabling environment for participation for universal health coverage respecting principles of equality, equity and non-discrimination³;

Recalling the 2023 United Nations General Assembly's political declaration of the high-level meeting on universal health coverage,³ which promotes participatory, inclusive approaches to health governance for universal health coverage, including by exploring modalities for enhancing a meaningful whole-of-so-

1 Documento A77/4.

2 Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels: SDG Target 16.7 "Ensure responsive, inclusive, participatory and representative decision-making at all levels" [website]. New York: United Nations (https://sdgs.un.org/goals/goal16#targets_and_indicators, accessed 10 January 2024).

3 Ver a Resolução 78/4 da Assembleia Geral.

ciety approach and social participation, involving all relevant stakeholders, including local communities, health workers and care workers in the health sector, volunteers, civil society organizations and youth in the design, implementation and review of universal health coverage, to systematically inform decisions that affect public health, so that policies, programs and plans better respond to individual and community health needs, while fostering trust in health systems;

Reiterating the importance of empowering people and communities as part of the primary health care approach, which includes the engagement of individuals, families, communities and civil society through their participation in the development and implementation of policies and plans that have an impact on health, as per the Declaration of Astana⁴, welcomed by the Health Assembly in resolution WHA72.2 (2019) and building on the Declaration of Alma-Ata (1978)⁵;

Deeply concerned about the exacerbation of inequities within and between countries, due to the coronavirus disease (COVID-19) pandemic, climate change and conflicts, along with inadequate progress to address all determinants of health equity and well-being⁶, as well as the structural factors that affect these⁷, and recalling the Rio Political Declaration on Social

4 *Declaration of Astana. Astana: Global Conference on Primary Health Care. 2018.* (<https://www.who.int/publications/i/item/WHO-HIS-SDS-2018.61>, accessed 10 November 2023)..

5 Declaration of Alma-Ata. Alma-Ata: International Conference on Primary Health Care, Alma-Ata, USSR, 6–12 September 1978 (<https://www.who.int/publications/i/item/WHO-EURO-1978-3938-43697-61471>, accessed 10 November 2023).

6 Including, but not restricted to, social, commercial, economic and cultural determinants..

7 Structural factors relate to the governance and policy frameworks and cultural norms that produce the social determinants of health.

Determinants of Health (2011)⁸, that identifies promoting participation in policy-making and implementation as one of five key action areas to address health inequities, and pledges to promote and enhance inclusive and transparent decision-making, implementation and accountability for health and health governance at all levels, including through public participation, and to empower the role of communities and strengthen civil society contribution to policy-making and implementation by adopting measures to enable their effective participation;

Recalling the need to promote the participation of all women⁹ and all those in vulnerable and/or marginalized¹⁰ situations including, inter alia, persons with disabilities¹¹ and Indigenous Peoples¹², in decision-making processes for health, so that health-related policies and plans respond to their needs across the life-course, as a strategy to achieve the Sustainable Development Goals' promise to reach first those who are furthest behind and advance gender equality¹³;

Noting the importance of long-term, sustained community engagement to ensure trust and effective public health interventions¹⁴, and expressing concern at the erosion of trust,

8 *Rio Political Declaration on Social Determinants of Health. Rio de Janeiro: World Conference on Social Determinants of Health. 2011 (<https://www.who.int/publications/m/item/rio-political-declaration-on-social-determinants-ofhealth>, accessed 10 November 2023).*

9 See United Nations General Assembly resolution 58/142 (2003).

10 This wording is in line with the wording used in United Nations General Assembly resolution 76/136 (2021) on promoting social integration through social inclusion: "people who belong to vulnerable or marginalized groups or are in vulnerable or marginalized situations".

11 See Resolution WHA74.8 (2021).

12 See Resolution WHA76.16 (2023).

13 See United Nations General Assembly resolution 70/1 (2015).

14 See Resolution WHA73.8 (2020)

particularly during the COVID-19 pandemic, as well as the negative impacts of health-related misinformation, disinformation, hate speech and stigmatization, on multiple media platforms, on people's physical and mental health, recalling the political declaration of the General Assembly high-level meeting on pandemic prevention, preparedness and response¹⁵; Acknowledging WHO's efforts to strengthen its own engagement with civil society at headquarters, regional and country office levels, including through initiatives such as the WHO Civil Society Commission, the WHO Youth Council,

Civil Society Organizations-WHO Director-General's Dialogues and Ad Hoc Task Team on WHO-Civil Society Engagement, which are complementary to social participation in decision-making for health within countries;

Noting the WHO definition of social participation as empowering people, communities and civil society through inclusive participation in decision-making processes that affect health across the policy cycle and at all levels of the system^{16,17};

Noting also WHO's efforts to develop practical technical guidance on social participation;¹⁸

15 See Resolution 78/3 (2023) of the United Nations General Assembly.

16 *Social participation for universal health coverage: Technical paper*. Geneva: World Health Organization; 2023 (<https://iris.who.int/handle/10665/375276>, accessed 1 January 2024).

17 The policy cycle includes situational analysis, priority setting, planning, budgeting, implementation, monitoring, evaluation and review of progress, at local, sub-national and national levels. See *Strategizing national health in the 21st century: A handbook*. Geneva: World Health Organization; 2016 (<https://www.who.int/publications/i/item/9789241549745>, accessed 10 November 2023).

18 *Voice, agency, empowerment – handbook on social participation for universal health coverage*. Geneva: World Health Organization; 2021 (<https://www.who.int/publications/i/item/9789240027794>, accessed 10 November 2023).

Noting further the variety of social participation mechanisms¹⁹ to facilitate two-way dialogue between governments and people, communities and civil society, that may be implemented either virtually or in-person, and the importance of a combination of relevant mechanisms to achieve broad and meaningful engagement that can improve health and well-being;

Recognizing that empowering people, communities and civil society for equitable, diverse and inclusive participation involves strengthening their capacities to meaningfully engage, financing their participation, valuing lived and living experiences, and addressing power imbalances in the design of the participatory space;

Noting the need to prevent, manage and mitigate conflicts of interest to uphold the integrity of social participation through legitimate representation and ensure that private and personal interests do not override public health goals;

Noting also that public policies and legislation may help to implement, fund and sustain social participation for health and well-being, promote transparency, and facilitate the inclusive, equitable and diverse representation of the population;

Noting further the importance of the monitoring and evaluation of social participation within countries, including the

19 A participatory space is one where people come together physically or virtually to interact. The term “social participation mechanism” encompasses various modalities, techniques, instruments and methods used by organizers to foster communication and debate in a participatory space. See *Voice, agency, empowerment – handbook on social participation for universal health coverage*. Geneva: World Health Organization; 2021 (<https://www.who.int/publications/i/item/9789240027794>, accessed 10 November 2023).

quality of engagement, whose interests are represented, and whether, how, and to what extent the recommendations influence higher-level decisions that affect health and well-being;

Underlining the importance of implementing, strengthening and sustaining regular and meaningful social participation in health-related decisions across the system to foster mutual respect and trust, which can be leveraged during health emergencies and other crises with health impact as part of a whole-of-society approach for strengthened trust, preparedness, response and resilience²⁰;

Acknowledging the important contribution that social participation and robust community health services can make to improved health service delivery, health promotion, health literacy, resilience to health emergencies, effective risk communication and community engagement, tackling vaccine hesitancy, addressing the social determinants of health, fostering healthy aging, accelerating the health-related Sustainable Development Goals, and advancing gender equality, health equity and fairness,

20 See, inter alia, resolutions WHA73.1 (2020), WHA73.8 (2020) and United Nations General Assembly Human Rights Council resolution 48/2 and United Nations General Assembly resolution 78/3 (2023).

1. URGES (WHO) Member States²¹ to implement, strengthen and sustain regular and meaningful social participation in health-related decisions across the system as appropriate, taking into consideration national context and priorities, through:

- 1.1. strengthening public sector capacities for the design and implementation of meaningful social participation;
 - 1.2. enabling equitable, diverse and inclusive participation with particular focus on promoting the voices of all those in vulnerable and/or marginalized situations;
 - 1.3. striving to ensure that social participation influences transparent decision-making for health across the policy cycle, at all levels of the system;
 - 1.4. implementing and sustaining regular and transparent social participation using a range of mechanisms supported by public policy and legislation;
 - 1.5. allocating adequate and sustainable public sector resources in support of effective social participation;
 - 1.6. facilitating capacity strengthening for civil society to enable diverse, equitable, transparent and inclusive social participation; and
 - 1.7. supporting related research, and piloting projects/ programs and their monitoring and evaluation to promote implementation of social participation;
2. REQUESTS the Director-General:
- 2.1. to advocate for the regular and sustained implementation of meaningful social participation, both within the health sector as well as across other sectors and

21 And, where applicable, regional economic integration organizations.

- multilateral organizations that affect health equity and well-being, as a means to accelerate equitable progress towards universal health coverage, health security and the health-related Sustainable Development Goals;
- 2.2. to develop technical guidance and operational tools for strengthening and sustaining social participation, including monitoring and evaluating implementation within countries, and provide training and technical support upon the request of Member States;
 - 2.3. to document, publish and disseminate Member States' experiences in implementing meaningful social participation through different types of mechanisms, at different stages of the policy cycle, and at different levels of the system;
 - 2.4. to facilitate regular sharing and exchange of Member States' experiences of social participation;
 - 2.5. to harmonize technical support on social participation across WHO divisions and the three levels of the Organization; and
 - 2.6. to report on progress in the implementation of this resolution to the Health Assembly in 2026, 2028 and 2030.

Eighth plenary meeting, June 1, 2024 (A77/VR/8)

Records of participation in the 77th World Health Assembly

Here is a documented record of the participation of the National Health Council (CNS) and the Civil Society Collective in the Social Control of the SUS in the 77th World Health Assembly, held in 2024.

Program of the 77th World Health Assembly



77.ª ASAMBLEA MUNDIAL DE LA SALUD
27 de mayo – 1 de junio de 2024



A77/1
28 de marzo de 2024

Orden del día provisional¹

SESIÓN PLENARIA

1. Apertura de la Asamblea de la Salud
 - 1.1 Establecimiento de la Comisión de Credenciales
 - 1.2 Elección de Presidente
 - 1.3 Elección de cinco Vicepresidentes y de Presidentes de las comisiones principales, y establecimiento de la Meta de la Asamblea
 - 1.4 Adopción del orden del día y distribución de su contenido entre las comisiones principales
Documento [A77/1](#)
2. Informe del Consejo Ejecutivo sobre sus reuniones 153.ª y 154.ª y sobre su séptima reunión extraordinaria
Documento [A77/2](#)
3. Alocución del Dr. Tedros Adhanom Ghebreyesus, Director General
Documento [A77/3](#)
4. Oradores invitados [si hubiere lugar]
5. Admisión de nuevos Miembros y Miembros Asociados [si hubiere lugar]
6. Consejo Ejecutivo: elección
7. Premios
Documento [A77/INF/1](#)
8. Informes de las comisiones principales
9. Clausura de la Asamblea de la Salud

¹ De conformidad con los artículos 3 y 4 del Reglamento Interior de la Asamblea Mundial de la Salud, el orden del día provisional (con indicación de las siglas de los documentos) se enviará, junto con la convocatoria de la reunión, por lo menos 60 días antes del 27 de mayo de 2024.

Dra resolution on social participation: https://apps.who.int/gb/ebwha/pdf_files/WHA77/A77_1-en.pdf.

Workshop on training and social participation in health: Brazil's experience (May 27 2024)

SIDE EVENT

Training and Social Participation in Health: The Brazilian Experience

Brazil has significant experience with social participation in health, which was consolidated in 1988 with the creation of health councils at the municipal, state, and federal levels. To qualify and strengthen these health councils, the Brazilian National Health Council conducts ongoing training for the leaders operating in these spaces. The event will present and reflect on the Brazilian experience and highlight the challenges to strengthen social participation in health in Brazil and other countries.

05/27/2024 | 6:30 PM to 8:00 PM

Maison des Associations - Rue des Savoises 15, 1205 - Genève

Format: In-person | Language: Portuguese and English

Enrollment link: curtlink.com/j5Bqy



Fórum Direito Humano à Saúde



monitoramento dos direitos humanos Brasil

Side event on social participation in health (May 28, 2024)



MOVING FROM PRINCIPLES TO ACTION ON SOCIAL PARTICIPATION

FOR UHC, HEALTH AND WELL-BEING

 28 MAY 2024 18:00 - 20:00 CET
 Cuisine Lab, Rue Michelle Nicod 2
1202 Geneva, SWITZERLAND

MEMBER STATES



USANA BERANANDA
Ambassador & Permanent Representative of Thailand to the United Nations Office in Geneva



ISABELA CARDOSO
Vice-Minister for Work and Education Management, Brazil



MÓNICA GARCÍA GÓMEZ
Minister of Health, Spain



CATHRINE MARIE LOFTHUS
Secretary General, Ministry of Health and Care Services, Norway



ALI MRABET
Minister of Health, Tunisia



VESNA KERSTIN PETRIČ
Head, Office for Cooperation with WHO, Slovenia



VALENTINA PREVOLNIK RUPEL
Minister of Health, Slovenia



ANTOINE SAINT-DENIS
Director, European and International Affairs, Ministry of Labour, Health and Solidarity, France



MICHELE SUMILAS
Assistant to the Administrator of the Bureau for Planning, Learning and Resource Management, USAID

CIVIL SOCIETY & PARTNERS



INÉS COSTA LOURO
WHO Youth Council



ELIANA MONTEFORTE
WHO Civil Society Commission



MAGDA ROBALO
Co-Chair, UHC2030 Steering Committee



KHUAT THI HIAOANH
Social Participation for Health Engagement, Research and Empowerment (SPHERE)



RISPAH WALUMBE
Civil Society Engagement Mechanism for UHC2030 (CSEM)

WORLD HEALTH ORGANIZATION



HANS HENRI P. KLUGE
WHO Regional Director for Europe (EURO)



RHONDA SEALEY-THOMAS
WHO Assistant Director for the Americas (PAHO)

OTHER SPEAKERS


Suraya Dalil, Director, Special Programme on Primary Health Care, WHO
Josep Figueras, Director, European Observatory on Health Systems and Policies
Kira Koch, Technical Officer, Special Programme on Primary Health Care, WHO
Awad Matara, Director, UHC/Health Systems, WHO Regional Office for the Eastern Mediterranean
Dheepa Rajan, Senior Health Systems Advisor, European Observatory on Health Systems and Policies

REGISTER





Launch of the documentary “Equity” (May 29, 2024)



SHORT FILM, 13MIN, 2024, BRAZIL









The documentary discusses the concept of health equity in Brazil through testimonies from several social leaders and highlights the challenges faced by the Unified Health System. The documentary is presented by the Education and Popular Advisory Center (Centro de Educação e Assessoramento Popular: CEAP) and promoted by the Brazilian National Health Council (CNS). It was created in partnership with the Pan-American Health Organization/World Health Organization (PAHO/WHO) in Brazil and produced by Finish Produtora.

SIDE EVENT

LAUNCH OF THE DOCUMENTARY
05/29/2024
6:30 PM to 8:00 PM

Maison des Associations.
Rue des Savoises 15, 1205 - Genève

Format: In-person
Language: Portuguese and English
Enrollment link: curtlink.com/zZHKU

FINISH        

Draft resolution on social participation



Organización
Mundial de la Salud

77.ª ASAMBLEA MUNDIAL DE LA SALUD
Punto 11.1 del orden del día

A77/A/CONF.13
28 de mayo de 2024

Participación social para la cobertura sanitaria universal, la salud y el bienestar

Proyecto de resolución propuesto por Alemania, Bélgica, el Brasil, Chequia, Chipre, Colombia, Croacia, el Ecuador, Eslovaquia, Eslovenia, España, los Estados Unidos de América, Filipinas, Finlandia, Francia, Georgia, Grecia, Guatemala, Irlanda, Luxemburgo, Noruega, Países Bajos (Reino de los), la República de Moldova, la República Kirguisa, Sri Lanka, Tailandia y Túnez

La 77.ª Asamblea Mundial de la Salud,

(PP1) Habiendo examinado el informe del Director General;¹

(PP2) Reafirmando el principio consagrado en la Constitución de la OMS de que el goce del grado máximo de salud que se pueda lograr es uno de los derechos fundamentales de todo ser humano sin distinción de raza, religión, ideología política o condición económica o social; la meta 16.7 de los Objetivos de Desarrollo Sostenible de garantizar la adopción en todos los niveles de decisiones inclusivas, participativas y representativas que respondan a las necesidades;² y la importancia de crear un entorno seguro y propicio en pro de la participación para la cobertura sanitaria universal, respetando los principios de igualdad, equidad y no discriminación;³

(PP3) Recordando la declaración política de la reunión de alto nivel de la Asamblea General de las Naciones Unidas sobre la cobertura sanitaria universal, de 2023,³ que promueve enfoques participativos e inclusivos de la gobernanza sanitaria para lograr la cobertura sanitaria universal, incluso estudiando modalidades con las que potenciar un enfoque pansocial significativo y la participación social, en las que estén implicadas todas las partes interesadas pertinentes, como las comunidades locales, el personal de salud y asistencial del sector de la salud, los voluntarios, las organizaciones de la sociedad civil y la juventud, para idear, implementar y examinar la cobertura sanitaria universal, con el objeto de fundamentar sistemáticamente las decisiones que afectan a la salud pública para que las políticas, los

Resolution: final text approved



77.ª ASAMBLEA MUNDIAL DE LA SALUD
Punto 11.1 del orden del día

WHA77.2
1 de junio de 2024

Participación social para la cobertura sanitaria universal, la salud y el bienestar

La 77.ª Asamblea Mundial de la Salud,

Habiendo examinado el informe consolidado del Director General;¹

Reafirmando el principio consagrado en la Constitución de la Organización Mundial de la Salud de que el goce del grado máximo de salud que se pueda lograr es uno de los derechos fundamentales de todo ser humano sin distinción de raza, religión, ideología política o condición económica o social; la meta 16.7 de los Objetivos de Desarrollo Sostenible de garantizar la adopción en todos los niveles de decisiones inclusivas, participativas y representativas que respondan a las necesidades;² y la importancia de crear un entorno seguro y propicio en pro de la participación para la cobertura sanitaria universal, en el que se respeten los principios de igualdad, equidad y no discriminación;³

Recordando la declaración política de la reunión de alto nivel de la Asamblea General de las Naciones Unidas sobre la cobertura sanitaria universal de 2023,⁴ que promueve enfoques participativos e inclusivos de la gobernanza de la salud para lograr la cobertura sanitaria universal, en particular mediante el estudio de modalidades con las que potenciar un enfoque pansocial significativo y la participación social, en las que estén implicadas todas las partes interesadas pertinentes, como las comunidades locales, el personal de salud y asistencial del sector de la salud, los voluntarios, las organizaciones de la sociedad civil y la juventud, para idear, implementar y examinar la cobertura sanitaria universal, con el objeto de fundamentar sistemáticamente las decisiones que afectan a la salud pública para que las políticas, los programas y los planes respondan mejor a las necesidades individuales y comunitarias de salud, fomentando al mismo tiempo la confianza en los sistemas de salud;

Reiterando la importancia de empoderar a las personas y a las comunidades como parte del enfoque de la atención primaria de salud, que incluye la implicación de las personas, las familias, las comunidades y la sociedad civil mediante su participación en la elaboración e implementación de políticas y planes que repercutan en la salud, de conformidad con lo dispuesto en la Declaración de Astaná,⁴ que la

¹ Documento A77.4.

² Promover sociedades pacíficas e inclusivas para el desarrollo sostenible, facilitar el acceso a la justicia para todos y construir a todos los niveles instituciones eficaces e inclusivas que rindan cuentas: Meta 16.7 de los ODS, «Garantizar la adopción en todos los niveles de decisiones inclusivas, participativas y representativas que respondan a las necesidades» [sitio web], Naciones Unidas (<https://sdgs.un.org/es/goals/goal16>), consultado el 10 de enero de 2024.

³ Véase la resolución 78/4 de la Asamblea General.

⁴ Declaración de Astaná, Astaná, Conferencia Mundial sobre Atención Primaria de Salud, 2018 (<https://iris.who.int/bitstream/handle/10665/328128/WHO-HIS-SDS-2018.61-spa.pdf?isAllowed=y&sequence=1>), consultado el 10 de noviembre de 2023.

Full document available at: https://apps.who.int/gb/ebwha/pdf_files/WHA77/A77_R2-sp.pdf.

Approved document on International Health Regulations



Organización
Mundial de la Salud

77.ª ASAMBLEA MUNDIAL DE LA SALUD
Punto 13.3 del orden del día

WHA77.17
1 de junio de 2024

Fortalecimiento de la preparación y respuesta frente a emergencias de salud pública mediante enmiendas específicas al Reglamento Sanitario Internacional (2005)

La 77.ª Asamblea Mundial de la Salud,

Habiendo examinado el informe del Director General;¹

Recordando la resolución WHA58.3 (2005) por la que se adoptó el Reglamento Sanitario Internacional (2005), enmendado posteriormente mediante las resoluciones WHA67.13 (2014) y WHA75.12 (2022);

Recordando también las decisiones EB150(3) (2022) y WHA75(9) (2022);

Reconociendo con agradecimiento la labor del Comité de Examen sobre las enmiendas al Reglamento Sanitario Internacional (2005), convocado por el Director General en aplicación de la decisión WHA75(9) (2022);

Expresando aprecio por la labor del Grupo de Trabajo sobre las Enmiendas al Reglamento Sanitario Internacional (2005) y reconociendo con agradecimiento el liderazgo de su Mesa;

Reconociendo el derecho de los Estados Partes a notificar al Director General recusaciones o reservas, de conformidad con los artículos 59, 61 y 62 del Reglamento Sanitario Internacional (2005), a las enmiendas al Reglamento Sanitario Internacional (2005) que se anexan a la presente resolución.

1. ADOPTA, de conformidad con el artículo 55 del Reglamento Sanitario Internacional (2005), las enmiendas al Reglamento Sanitario Internacional (2005) que se anexan a la presente resolución (a las que se hace referencia en adelante como «Reglamento Sanitario Internacional (2005) enmendado»);

2. DECIDE:

1) con arreglo al párrafo 2 del artículo 54 del Reglamento Sanitario Internacional (2005) enmendado, que la 80.ª Asamblea Mundial de la Salud lleve a cabo un examen del funcionamiento del Reglamento Sanitario Internacional (2005) enmendado;

2) que las enmiendas al modelo de certificado internacional de vacunación o profilaxis que figura en el anexo 6 del Reglamento Sanitario Internacional (2005) enmendado se apliquen solo a los certificados expedidos después de la fecha de entrada en vigor del Reglamento Sanitario Internacional (2005) enmendado;

¹ Documento A77/9.



Reglamento Sanitario Internacional (2005)

TÍTULO I - DEFINICIONES, FINALIDAD Y ALCANCE, PRINCIPIOS, Y AUTORIDADES RESPONSABLES

Artículo 1 Definiciones

1. En la aplicación del presente Reglamento Sanitario Internacional (en adelante el «RSI» o el «Reglamento»):

«aeronave» significa una aeronave que efectúa un viaje internacional;

«aeropuerto» significa todo aeropuerto al que llegan o del que salen vuelos internacionales;

«afectado» significa personas, equipajes, cargas, contenedores, medios de transporte, mercancías, paquetes postales o restos humanos que están infectados o contaminados, o que son portadores de fuentes de infección o contaminación, de modo tal que constituyen un riesgo para la salud pública;

«aislamiento» significa la separación de los demás de personas enfermas o contaminadas o de equipajes, contenedores, medios de transporte, mercancías, paquetes postales afectados, con objeto de prevenir la propagación de una infección y/o contaminación;

«autoridad competente» significa una autoridad responsable de la puesta en práctica y la aplicación de medidas sanitarias con arreglo al presente Reglamento;

«Autoridad Nacional para el RSI» significa la entidad designada o establecida por el Estado Parte a nivel nacional para coordinar la aplicación del presente Reglamento dentro de la jurisdicción del Estado Parte;

«carga» significa mercancías trasladadas en un medio de transporte o en un contenedor;

«Centro Nacional de Enlace para el RSI» significa el centro nacional, designado por cada Estado Parte, con el que se podrá establecer contacto en todo momento para recibir las comunicaciones de los Puntos de Contacto de la OMS para el RSI previstos en el Reglamento;

«contaminación» significa la presencia de cualquier agente o material infeccioso o tóxico en la superficie corporal de una persona o animal, en un producto preparado para el consumo o en otros objetos inanimados, incluidos los medios de transporte, que puede constituir un riesgo para la salud pública;

«contenedor» significa un embalaje para transporte:

a) de material duradero y, por tanto, de resistencia suficiente para permitir su empleo repetido;

Resolution approved on climate change and health proposed by Brazil



77.ª ASAMBLEA MUNDIAL DE LA SALUD
Punto 15.4 del orden del día

WHA77.14
1 de junio de 2024

Cambio climático y salud

La 77.ª Asamblea Mundial de la Salud,

Habiendo examinado el informe consolidado del Director General,¹

Recordando la resolución WHA61.19 (2008) sobre cambio climático y salud y acogiendo con beneplácito la labor realizada hasta la fecha por la OMS para ponerla en aplicación;

Recordando también la resolución WHA68.8 (2015) relativa a la lucha contra el impacto sanitario de la contaminación del aire y la resolución WHA76.17 (2023) relativa a los efectos de los productos químicos, los desechos y la contaminación en la salud humana, en las cuales se reconoce el vínculo existente entre la salud, el medio ambiente y el cambio climático;

Reconociendo que el cambio climático es una de las principales amenazas que pesan sobre la salud pública mundial y tomando nota del urgente llamamiento formulado por el Director General en pro de una acción climática a escala mundial para promover la salud y establecer sistemas de salud sostenibles y resilientes ante el cambio climático;²

Consciente de que las condiciones y fenómenos meteorológicos extremos, cuya frecuencia va en aumento, resultan cada vez más gravosos para el bienestar, los medios de subsistencia y la salud física y mental de las personas, además de amenazar los sistemas y establecimientos de salud; y de que la evolución de la meteorología y el clima hace pesar amenazas sobre la diversidad biológica y los ecosistemas, la seguridad alimentaria, la nutrición, la calidad del aire y un acceso seguro y suficiente a los recursos hídricos y provoca un aumento de las enfermedades transmitidas por los alimentos, el agua y los vectores, poniendo de relieve la necesidad de aplicar rápidamente a mayor escala medidas adaptativas para lograr que los sistemas de salud sean más resilientes ante el clima;

Recordando que los sistemas de salud modernos también contribuyen a la contaminación del medio ambiente y a cerca de un 5% de las emisiones de carbono en el mundo,³ en particular de un extremo a otro de la cadena de suministro, desde la fabricación, compra, distribución y utilización de los productos hasta la generación de desechos y su eliminación, lo que repercute negativamente en la salud; y subrayando la necesidad de adoptar medidas de mitigación y adaptación y de utilizar las nuevas tecnologías para lograr que los sistemas de salud sean más sostenibles desde el punto de vista ambiental, incluida la atención primaria de salud;

Reconociendo que el ritmo y el alcance de las labores de mitigación y adaptación se están viendo superados por las amenazas derivadas del cambio climático, lo que genera una serie de efectos abruptos

¹ Documento A77/4.

² WHO issues urgent call for global climate action to create resilient and sustainable health systems. Ginebra, Organización Mundial de la Salud, 24 de mayo de 2023 (<https://www.who.int/news/item/24-05-2023-who-76-strategic-roundtable-on-health-and-climate>), consultado el 27 de mayo de 2024.

³ Documento EB154/25.

Full document available at: https://apps.who.int/gb/ebwha/pdf_files/WHA77/A77_R14-sp.pdf.

Visuals for the public act during the 77th AMS



Press coverage of participation in the 77th AMS

RFI



rfi Home Podcasts Notícias AO Vivo

França Brasil Europa Américas África Mundo

Em Genebra representando Brasil, Carlos Gadelha defende mais cooperação e menos competição na saúde

O Brasil está participando em Genebra, na Suíça, de mais uma Assembleia Mundial da Saúde, considerada a instância máxima de decisão da OMS (Organização Mundial da Saúde), de onde saem as políticas que devem ser seguidas nos próximos 12 meses no mundo todo. O governo brasileiro é representado pelo secretário de Ciência, Tecnologia e Inovação do Ministério da Saúde, Carlos Gadelha.

Publicado em: 29/05/2024 - 21:30 ⌚ 5 min

Ouvir - 06:05

Atuação Mundial
Academia de Investigações

Available at: www.rfi.fr/br/brasil/20240529-em-genebra-representando-brasil-carlos-gadelha-defende-mais-coopera%C3%A7%C3%A3o-e-menos-competi%C3%A7%C3%A3o-na-sa%C3%BAde.

Live in memory of the victims of Covid-19



Available at: www.instagram.com/reel/C7mHHG31Sg/?igsh=M-WFoMnBvZWNzZ2Y1OQ==.

SAÚDE

Brasil se torna referência mundial sobre Participação Social em Saúde

Foi aprovada por consenso entre os países membros da OMS a resolução sobre participação social na saúde.



Agência Gov | Via CNS

29/05/2024 18:31



Available at: <https://agenciagov.ebc.com.br/noticias/202405/brasil-se-torna-referencia-mundial-sobre-participacao-social-em-saude>.

Ministério da Saúde

gov.br Órgãos do Governo Acesso à Informação Legislação Acessibilidade PT

☰ Ministério da Saúde

🏠 > Assuntos > Notícias > 2024 > Maio > Com apoio do Brasil, OMS aprova resolução de participação social na saúde

AGENDA INTERNACIONAL

Com apoio do Brasil, OMS aprova resolução de participação social na saúde

SUS é referência mundial na participação da sociedade civil para construção de políticas públicas. Recomendação garante que as políticas de saúde sejam receptivas, equitativas e eficazes

Publicado em 29/05/2024 18h29 [f](#) [X](#) [in](#) [v](#) [e](#)



Available at: www.gov.br/saude/pt-br/assuntos/noticias/2024/maio/com-apoio-do-brasil-oms-aprova-resolucao-de-participacao-social-na-saude.



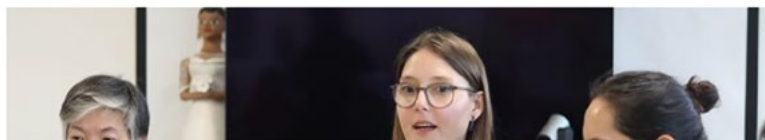
Home > ESTADO > DF

Coletivo do Controle Social do SUS se reúne com OMS, Opas e Comissão de Saúde da Tailândia

Reunião ocorre para traçar métodos de implementação da resolução de Participação Social em Saúde a todos os Estados-membros da OMS.

por  redacao — 31 de maio de 2024 no DF

 0



Available at: <https://susconecta.org.br/coletivo-do-controle-social-do-sus-se-reune-com-oms-opas-e-comissao-de-sau-de-da-tailandia/>.

Le Monde Diplomatique Brasil

The screenshot shows the website's header with the logo 'LE MONDE diplomatique BRASIL' and navigation links: Home, Edições, Online, Especiais, TV Diplô, Podcast, Loja, NEWSLETTER, ACESSAR CONTA, ASSINE. A 'COPIAR' button is visible. The main article is titled 'Participação social é caminho para um mundo em crise sanitária e climática' and is dated 5 de junho de 2024. The text discusses the 194th session of the World Health Assembly (WHA) in Geneva, highlighting the need for global health and climate action. A 'Copiar' button is present next to the text. A Windows watermark is visible in the bottom right corner of the screenshot.

Available at: <https://diplomatique.org.br/participacao-social-e-caminho-para-um-mundo-em-crise-sanitaria-e-climatica/>.

Other publications available at:

<https://conselho.saude.gov.br/ultimas-noticias-cns/3434-brasil-se-torna-referencia-mundial-sobre-participacao-social-em-saude>

<https://conselho.saude.gov.br/ultimas-noticias-cns/3428-77-assembleia-mundial-da-saude-cns-presente-e-na-luta-pela-aprovacao-da-resolucao-sobre-participacao-social-na-saude-e-do-acordo-sobre-pandemias>

<https://www.nesp.unb.br/index.php/noticias/530-delegacao-brasileira-em-genebra-apoia-resolucao-da-oms-sobre-participacao-social>

https://portal.conasems.org.br/orientacoes-tecnicas/noticias/6309_na-suica-conasems-debate-principios-e-diretrizes-do-sus-na-77a-assembleia-mundial-da-saude

<https://www.youtube.com/user/comunicacns>

<https://twitter.com/comunicacns>

<https://agenciagov.ebc.com.br/noticias/202405/com-apoio-do-brasil-oms-aprova-resolucao-de-participacao-social-na-saude>

<https://ceap-rs.org.br/historia-do-sus-emerge-da-participacao-social-e-foi-inspiracao-para-resolucao-aprovada-na-77a-assembleia-mundial-da-saude/>

<https://www.conass.org.br/conass-e-conasems-debatem-alteracoes-climaticas-na-77-a-assembleia-mundial-da-saude/>

<https://ceap-rs.org.br/assembleia-mundial-da-saude-aprova-resolucao-inedita-sobre-a-participacao-social-em-saude/>

<https://site.cfp.org.br/referencia-mundial-oms-aprova-resolucao-que-legitima-participacao-social-na-saude-e-tem-experiencia-brasileira-como-modelo/>

<https://www.gov.br/saude/pt-br/assuntos/noticias/2024/maio/brasil-e-nomeado-para-a-vice-presidencia-de-comite-da-assembleia-mundial-da-saude>

<https://www.gov.br/saude/pt-br/assuntos/noticias/2024/maio/com-apoio-do-brasil-oms-aprova-resolucao-de-participacao-social-na-saude>

https://portal.conasems.org.br/orientacoes-tecnicas/noticias/6307_em-genebra-na-suica-hisham-hamida-representa-o-conasems-em-delegacao-brasileira-na-77a-asm-bleia-mundial-da-saude

<https://www.jornalopcao.com.br/saude/mudancas-climaticas-ameaca-saude-global-alerta-assembleia-mundial-da-saude-609952/>

<https://sinpsi.org/brasil-discute-participacao-e-controle-social-na-assembleia-mundial-da-saude/>

<https://www.conass.org.br/conass-e-conasems-debatem-alteracoes-climaticas-na-77-a-assembleia-mundial-da-saude/>

<https://site.cfp.org.br/referencia-mundial-oms-aprova-resolucao-que-legitima-participacao-social-na-saude-e-tem-experiencia-brasileira-como-modelo/>

<https://www.amrigs.org.br/durante-a-73a-assembleia-mundial-da-saude-paises-devem-adotar-resolucao-para-fortalecer-a-preparacao-para-emergencias-de-saude/>

<https://mndhbrasil.org/a-participacao-social-na-77a-asm-bleia-mundial-da-saude/>

<https://artriterumatoide.blog.br/77a-assembleia-mundial-da-saude-cns-presente-e-na-luta-pela-aprovacao-da-resolucao-sobre-participacao-social-na-saude-e-do-acordo-sobre-pandemias/>

Participant Organizations Websites

The image is a screenshot of the website for the Conselho Nacional de Saúde (CNS), part of the Brazilian Ministry of Health. The header is blue with the CNS logo and the text 'Conselho Nacional de Saúde' and 'MINISTÉRIO DA SAÚDE'. A search bar and social media icons are also present. Below the header, there is a navigation menu and a main banner for the '4ª CONFERÊNCIA NACIONAL DE GESTÃO DO TRABALHO E DA EDUCAÇÃO NA SAÚDE'. The main content area features a news article titled 'Coletivo do Controle Social do SUS se reúne com OMS, Opas e Comissão de Saúde da Tailândia', published on June 24, 2024. The article includes a sub-headline, a publication date, and a small image showing three women in a meeting. A sidebar on the left contains a list of links for various CNS activities and a newsletter sign-up form.

Governo Federal
Conselho Nacional de Saúde
MINISTÉRIO DA SAÚDE

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PÁGINA INICIAL > ÚLTIMAS NOTÍCIAS > COLETIVO DO CONTROLE SOCIAL DO SUS SE REÚNE COM OMS, OPAS E COMISSÃO DE SAÚDE DA TAILÂNDIA

4ª CONFERÊNCIA NACIONAL DE GESTÃO DO TRABALHO E DA EDUCAÇÃO NA SAÚDE

ETAPAS
Municipal/Regional: até 30/06/24
Estadual/Distrital: 01/05/24 a 30/08/24
Livres: até 30/08/24
Nacional: 10 a 13/12/24

4º CNGTES
5º CNSTT
17º CNS
Conferências
CNS contra Covid
Reuniões Ordinárias
Siacs

INSCREVA-SE NA NEWSLETTER DO CNS

Email*
email@mail.com

Nome

Coletivo do Controle Social do SUS se reúne com OMS, Opas e Comissão de Saúde da Tailândia

Publicado: Segunda, 03 de Junho de 2024, 14h01

Reunião ocorre para traçar métodos de implementação da resolução de Participação Social em Saúde a todos os Estados-membros da OMS.

Available at: <https://conselho.saude.gov.br/ultimas-noticias-cns/3435-coletivo-do-controle-social-do-sus-se-reune-com-oms-opas-e-comissao-de-saude-da-tailandia>.

PÁGINA INICIAL > ÚLTIMAS NOTÍCIAS > BRASIL SE TORNA REFERÊNCIA MUNDIAL SOBRE PARTICIPAÇÃO SOCIAL EM SAÚDE

4^ª CONFERÊNCIA NACIONAL DE GESTÃO DO TRABALHO E DA EDUCAÇÃO NA SAÚDE

ETAPAS
Municipal/Regional: até 30/06/24
Estadual/Distrital: 01/05/24 a 30/08/24
Livres: até 30/08/24
Nacional: 10 a 13/12/24

- 4^ª CNGTES
- 5^ª CNSTT
- 17^ª CNS
- Conferências
- CNS contra Covid
- Reuniões Ordinárias
- Siacs

Brasil se torna referência mundial sobre Participação Social em Saúde

Publicado: Quarta, 29 de Maio de 2024, 16h54

INSCREVA-SE NA NEWSLETTER DO CNS

Email*

Nome



Available at: <https://conselho.saude.gov.br/ultimas-noticias-cns/3434-brasil-se-torna-referencia-mundial-sobre-participacao-social-em-saude>.

40 ANOS CNGTES

4ª CONFERÊNCIA NACIONAL DE GESTÃO DO TRABALHO E DA EDUCAÇÃO NA SAÚDE

ETAPAS
Municipal/Regional: até 30/06/24
Estadual/Distrital: 01/05/24 a 30/08/24
Livres: até 30/08/24
Nacional: 10 a 15/12/24

- 4ª CNGTES
- 5ª CNSTT
- 17ª CNS
- Conferências
- CNS contra Covid
- Reuniões Ordinárias
- Siacs

INSCREVA-SE NA NEWSLETTER DO CNS

Email*

email@mail.com

Nome

Nome completo

Assine

CNS compartilha experiência de formação e participação social na 77ª Assembleia Mundial da Saúde

Publicado: Terça, 28 de Maio de 2024, 13h58



Available at: <https://conselho.saude.gov.br/ultimas-noticias-cns/3432-cns-compartilha-experiencia-de-formacao-e-participacao-social-na-77-assembleia-mundial-da-saude>.



4ª CNGTES

5ª CNSTT

17ª CNS

Conferências

CNS contra Covid

Reuniões Ordinárias

Siacs

INSCREVA-SE NA NEWSLETTER DO CNS

Email*

email@mail.com

Nome

Nome completo

Assine

Delegação brasileira em Genebra apoia resolução da OMS sobre participação social

Publicado: Terça, 28 de Março de 2024, 13h45



Available at: <https://conselho.saude.gov.br/ultimas-noticias-cns/3431-delegacao-brasileira-em-genebra-apoia-resolucao-da-oms-sobre-participacao-social>.

Governo Federal
CNS Conselho Nacional de Saúde
 MINISTÉRIO DA SAÚDE

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PÁGINA INICIAL > ÚLTIMAS NOTÍCIAS > 77ª ASSEMBLEIA MUNDIAL DA SAÚDE: CNS PRESENTE E NA LUTA PELA APROVAÇÃO DA RESOLUÇÃO SOBRE PARTICIPAÇÃO SOCIAL NA SAÚDE E DO ACORDO SOBRE PANDEMIAS

4^ª CONFERÊNCIAS NACIONAIS DE GESTÃO DO TRABALHO E DA EDUCAÇÃO NA SAÚDE

ETAPAS
 Municipal/Regional: até 30/06/24
 Estadual/Distrital: 01/05/24 a 30/08/24
 Livres: até 30/06/24
 Nacional: 10 a 13/02/24

4ª CONGITES
 5ª CNSTT
 17ª CNS
 Conferências
 CNS contra Covid
 Reuniões Ordinárias
 Siacs

77ª Assembleia Mundial da Saúde: CNS presente e na luta pela aprovação da resolução sobre participação social na saúde e do acordo sobre pandemias

Publicado: Sexta, 24 de Maio de 2024, 15h15

INSCREVA-SE NA NEWSLETTER DO CNS

Email*

Nome

Assine



Available at: <https://conselho.saude.gov.br/ultimas-noticias-cns/3428-77-assembleia-mundial-da-saude-cns-presente-e-na-luta-pela-aprovacao-da-resolucao-sobre-participacao-social-na-saude-e-do-acordo-sobre-pandemias>.

Delegação do Coletivo da Sociedade Civil faz balanço de sua participação na 77ª AMS

5 de junho de 2024

37



Available at: <https://mndhbrasil.org/delegacao-do-coletivo-da-sociedade-civil-faz-balanco-de-sua-participacao-na-77a-ams/>.

Coletivo da Sociedade Civil realiza Ato pelas vítimas da Covid-19

5 de junho de 2024

45



Available at: <https://mndhbrasil.org/coletivo-da-sociedade-civil-realiza-ato-pelas-vitimas-da-covid-19/>.

Notícias Gerais

Coletivo da Sociedade Civil discute como implementar a Resolução sobre Participação Social

30 de maio de 2024

169



Available at: <https://mndhbrasil.org/coletivo-da-sociedade-civil-discute-como-implementar-a-resolucao-sobre-participacao-social/>.

Notícias Gerais

A participação social na 77ª Assembleia Mundial da Saúde

27 de maio de 2024

102



Available at: <https://mndhbrasil.org/a-participacao-social-na-77a-assembleia-mundial-da-saude/>.

Home > Notícias > Aprovada Resolução que legitima a Participação Social em Saúde durante 77ª AMS

Notícia

Aprovada Resolução que legitima a Participação Social em Saúde durante 77ª AMS

Por CDHPF - 29 de maio de 2024



Available at: <https://cdhpf.org.br/noticias/aprovada-resolucao-que-legitima-a-participacao-social-em-saude-durante-77a-ams/>.

Assembleia Mundial da Saúde: de volta para casa com conquista histórica

@administrador junho 9, 2024 13:33



Available at: <https://ceap-rs.org.br/assembleia-mundial-da-saude-de-volta-para-casa-com-conquista-historica/>.

História do SUS emerge da participação social e foi inspiração para resolução aprovada na 77ª Assembleia Mundial da Saúde

administrador maio 31, 2024 19:30



Available at: <https://ceap-rs.org.br/historia-do-sus-emerge-da-participacao-social-e-foi-inspiracao-para-resolucao-aprovada-na-77a-assembleia-mundial-da-saude/>.

Assembleia Mundial da Saúde aprova resolução inédita sobre a Participação Social em Saúde

administrador maio 29, 2024 19:14



Available at: <https://ceap-rs.org.br/assembleia-mundial-da-saude-aprova-resolucao-inedita-sobre-a-participacao-social-em-saude/>.

Brasil se torna referência mundial sobre Participação Social em Saúde

© administrador 📅 maio 29, 2024 🕒 18:20



Available at: <https://ceap-rs.org.br/brasil-se-torna-referencia-mundial-sobre-participacao-social-em-saude/>.

77ª Assembleia Mundial da Saúde debate resolução sobre participação social na saúde

© administrador 📅 maio 23, 2024 🕒 11:41



Available at: <https://ceap-rs.org.br/77a-assembleia-mundial-da-saude-debatera-resolucao-sobre-participacao-social-na-saude/>.

Images on Social Media



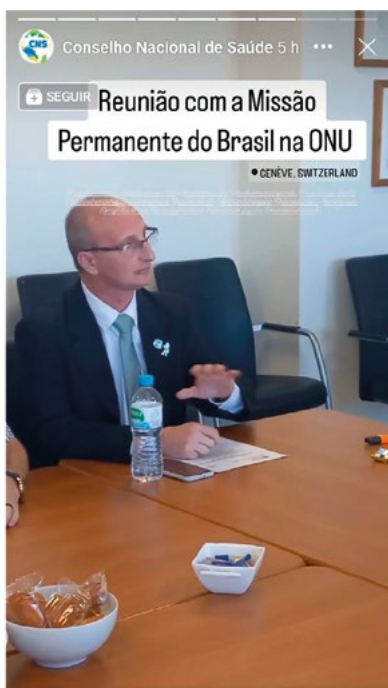






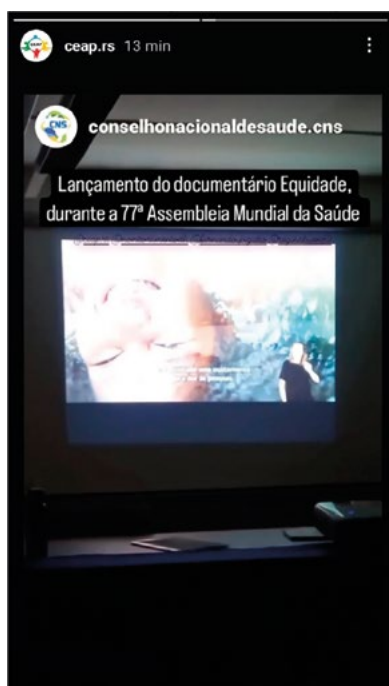




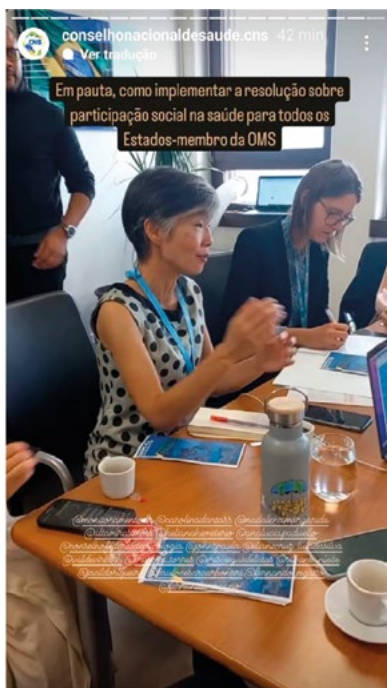
















 **monitoramentodh** 4 h
● Ver tradução

CLIQUE E CONFIRA MAIS DETALHES DA NOSSA AGENDA HOJE EM GENEBRA

 **monitoramentodh**



monitoramentodh Nesta quinta-feira (30), a Delegação do Coletivo da Sociedade Civil do Control...

 **ceap.rs** 6 min
▶ Assistir ao reel completo

 **77ª Assembleia Mundial da Saúde** 2:46
APROVA



a Resolução da Participação Social
Genebra, de 27 de maio a 1º de junho de 2024

@ceap.rs

Resolução sobre participação social na saúde foi aprovada por consenso pelos países membros da OMS na 77ª Assembleia Mundial da Saúde









Short Audiovisual materials

The short videos cover the participation of the Brazilian civil society group during the 77th WHA. They were posted on the channels and social media profiles of the partner organizations and are also available on the project's website, at the links indicated:

1. 77th WHA presentation

Available at: https://dhsaude.org/audiovisual/video_pre_77_assembleia/ .

2. Expectations for the 77th WHA

Available at: <https://dhsaude.org/audiovisual/expectativas--para-a-77a-assembleia-mundial-da-saude/>.

3. Approval of the Resolution on Social Participation in Health at the 77th WHA

Available at: <https://dhsaude.org/audiovisual/77a-assembleia-mundial-da-saude-aprova-resolucao-sobre-participacao-social-em-saude/>.

4. Civil society and social participation at the 77th WHA

Available at: <https://dhsaude.org/audiovisual/brasil-e-participacao-social-na-77a-assembleia-mundial-da-saude/>.

5. Facing pandemics and the climate crisis

Available at: <https://dhsaude.org/audiovisual/direito-humano-a-saude-e-mudancas-climaticas/>.

6. Social representation makes history at the 77th WHA

Available at: <https://dhsaude.org/audiovisual/representacao-social-do-brasil-faz-historia-na-77a-assembleia-mundial-da-saude/>.

Participants from Brazil

Representatives of the National Health Council (CNS) and Brazilian organizations formed the Collective of Civil Society in Social Control of the SUS at the 77th World Health Assembly:
Ana Lúcia da Silva Marçal Paduello – National Health Councilor (Executive Board)

Fernanda Lou Sans Magano – National Health Councilor (Executive Board)

Fernando Zasso Pigatto – National Health Councilor (Executive Board – President)

Francisca Valda da Silva – National Health Councilor (Executive Board)

Heliana Neves Hemetério dos Santos – National Health Councilor (Executive Board)

Madalena Margarida da Silva Teixeira – National Health Councilor (Executive Board)

Ana Carolina Dantas Souza – CNS Executive Secretary

Deise Cristiane R. dos Santos – CNS Technical Assistant

Eliane Cruz – CNS Technical Assistant

Luiz Filipe Barcelos Macêdo – CNS Ascom Technical Assistant

Maria Eugenia Cury – CNS Technical Assistant

Viviane Claudino – CNS Ascom Technical Assistant

Iara Lemos – CNS Legislative Assistant

Altamira Simões dos Santos Souza - National Health Councilor
- Lai Lai Apejo National Network

Jacildo da Siqueira Pinho – National Health Councilor – Contraf

José Augusto Costa - Federal Council of Psychology - adviser to the president

Paula Johns - ACT Health Promotion

Pedro Paulo Bicalho - Federal Council of Psychology - President
Priscila Torres - Bio Red - Advocacy and Communication Coordinator

Silvana Nair Leite – National Health Councilor

Priscila Viégas Barreto de Oliveira – State Health Councilor – Pernambuco

Júlio Cesar Bezerra da Silva – State Health Councilor – Pernambuco

Enéias da Rosa – Articulation for the Monitoring of Human Rights in Brazil (AMDH)

Paulo César Carbonari – Passo Fundo Human Rights Commission/MNDH Brasil

Paulo Lugon Arantes - International Advisor

Valdevir Both - Center for Education and Popular Assistance (CEAP)

Brazil's National Health Council (CNS) collaborated intensively with the Brazilian negotiators led by diplomacy (MRE and UN Mission in Geneva) and the international branch of the Ministry of Health (AISA). The country debated the issue in the Executive Table and in its Plenary, sent written suggestions, followed the debates and the vote during the Assembly through a qualified delegation of civil society). This publication brings together short articles signed by participants in the process of drafting the Resolution, covering its conceptual aspects; elements of the process of drafting and deliberating the Resolution; the contribution of the CNS and Brazilian civil society organizations to the Resolution process; and the challenges of implementing the Resolution.



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