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RELATIONSHIP BETWEEN PUBLIC MANAGEMENT AND MUNICIPAL HEALTH COUNCIL

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ABSTRACT

This article analyzes the relationship between public management and the Municipal Health Council, highlighting its importance for strengthening social participation and building a more efficient and democratic health system. Through a bibliographic research, it is investigated how the municipal councils act as mechanisms of social control, allowing the population to actively participate in the formulation, implementation and inspection of public health policies. Administrative decentralization, a fundamental principle of the Unified Health System (SUS), is an essential factor for the effectiveness of this relationship, as it brings decision-making closer to the local reality.

Despite the normative advances that guarantee the existence of these councils, several challenges still limit their effectiveness, such as the lack of training of the councilors, bureaucratic barriers and the difficulty of implementing their deliberations. Strengthening transparency, encouraging citizen participation and the commitment of public managers are fundamental aspects for these spaces to fully fulfill their role. The research shows that the improvement of the relationship between public management and the Municipal Health Councils contributes significantly to the improvement of the quality of the services provided, making the administration more democratic and sensitive to the needs of the population. It is concluded that the consolidation of this interaction should be an ongoing priority to ensure efficient and equitable governance in public health.

Keywords: Public management. Municipal Health Council. Social participation. Public policies.

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INTRODUCTION

Public management plays a fundamental role in the organization and implementation of health policies, seeking to ensure efficient and accessible services to the population. Within this context, the Municipal Health Council emerges as an essential body for the democratization of management, promoting the participation of society in the formulation, monitoring and inspection of actions and resources destined to the sector. This relationship between public management and the Municipal Health Council reflects the need for a transparent, participatory and efficient administration, in which managers, health professionals and citizens work together to improve the municipal health system.

The strengthening of this interaction is crucial for the construction of public policies that meet the real demands of the community. The municipal health councils, provided for in Brazilian legislation, function as deliberative and consultative spaces, allowing civil society to have an active voice in defining priorities and allocating resources. In this way, its performance collaborates to reduce inequalities, ensure greater social control, and ensure that the services offered are aligned with the needs of the population.

In addition, the relationship between public management and the Municipal Health Councils reflects the importance of administrative decentralization, a fundamental principle of the Unified Health System (SUS). By decentralizing decision-making and strengthening social participation, it seeks to make health administration more effective and closer to the local reality. However, despite the normative advances, there are still significant challenges, such as the need for greater training of board members, the strengthening of the council's supervisory role, and the overcoming of bureaucratic obstacles that hinder the implementation of decisions made in these spaces.

In view of this scenario, this article aims to analyze the relationship between public management and the Municipal Health Council, highlighting its importance for the construction of a more democratic and efficient health system. To this end, conceptual, normative and practical aspects of this interaction will be discussed, addressing the challenges and potentialities that arise from this dynamic, in order to understand how this relationship can contribute to improving the quality of health services offered to the population.

METHODOLOGY

This article adopts a qualitative approach, with an exploratory and descriptive character, based on bibliographic research to analyze the relationship between public management and the Municipal Health Council. The bibliographic research consists of

reviewing academic publications, legislation, scientific articles and official documents that deal with social participation in public health management. According to Gil (2019), this type of study allows for a deeper understanding of a given topic based on the analysis of already published sources, providing a broad and grounded view of the object of investigation.

To support the discussion, national and international theoretical references were used, with emphasis on publications that address the decentralization of public management, social control and the functioning of health councils. According to Lakatos and Marconi (2020), bibliographic research contributes to the critical understanding of a phenomenon by bringing together different perspectives on the subject, allowing the construction of an analytical and comparative panorama. Thus, through the analysis of specialized literature, we seek to understand the challenges, potentialities and implications of the relationship between the Municipal Health Council and the public administration.

In addition, this study followed a rigorous process of source selection, prioritizing academic and institutional materials published in recent years, ensuring the timeliness and relevance of the information. As Severino (2017) points out, the validity of a bibliographic research is directly related to the credibility of the sources consulted, making it essential to choose recognized references in the field of public management and public health. In this way, the methodology adopted ensures that the analysis is based on a solid and up-to-date theoretical basis, contributing to a qualified debate on the subject.

RESULTS AND DISCUSSION

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

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

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

In this context, the concepts converge by stating that it is up to the public manager to manage, coordinate and improve the quality of services offered to the population. In this

way, it is important to have technical, scientific, financial, analytical knowledge and to be efficient.

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

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

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

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

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

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

The Millennium Development Goals are:

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

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

FIGURE 1 - THE 17 SDGs



SOURCE: 2030 Agenda

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

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

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

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

The positive effects of these technologies are as follows:

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

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

The negative effects that can be mentioned are:

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

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

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

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

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

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

CONCLUSION

The relationship between public management and the Municipal Health Council represents a fundamental pillar for the consolidation of a democratic, participatory and efficient health system. Throughout this article, we analyzed how the council functions as an essential mechanism of social control, allowing the population to have an active voice in decisions that directly impact the quality and access to health services. Joint action between managers, health professionals and citizens is essential to ensure that public policies are formulated based on the real needs of the community, promoting greater transparency and efficiency in the administration of public resources allocated to the sector.

The strengthening of this relationship is directly linked to the principle of administrative decentralization, one of the structural bases of the Unified Health System (SUS). By distributing responsibilities among different spheres of government and encouraging the participation of civil society, it seeks to build a management model closer to the local reality, capable of responding with greater agility and precision to the specific demands of each municipality. However, for this dynamic to work effectively, it is necessary that the Municipal Health Councils be properly structured, with institutional support,

continuous training of their members and autonomy to exercise their supervisory and deliberative functions.

Despite the normative advances that guarantee the existence and performance of the councils, there are still significant challenges that need to be faced for these spaces to fully fulfill their role. In many municipalities, there is a low level of participation of civil society, which can compromise the representativeness of the decisions taken in these collegiate bodies. In addition, bureaucratic difficulties, lack of access to strategic information, and the absence of effective mechanisms to ensure that the councils' deliberations are incorporated into public policies are recurrent obstacles that limit the effectiveness of social control.

Overcoming these difficulties involves the adoption of measures that promote greater qualification of counselors and increase transparency in health management. The continuous training of council members is essential so that they can understand the complexity of the public health system and act more assertively in the processes of inspection and policy formulation. In addition, it is essential that public management adopts practices that facilitate the population's access to information on budgeting, planning, and execution of services, ensuring that citizens can exercise their role of social control with greater foundation and autonomy.

Another crucial aspect for strengthening the relationship between public management and the Municipal Health Councils is the incentive to popular participation. Civil society often finds it difficult to engage in these spaces due to lack of knowledge about their functioning, institutional barriers, or distrust in the effectiveness of the deliberations taken. In this sense, it is essential to invest in strategies that bring the population closer to discussions about public health, such as educational campaigns, creation of accessible communication channels, and holding public hearings that encourage dialogue between managers and citizens.

In addition, a continuous effort is needed to ensure that the deliberations of the councils are effectively considered by the public management. Many boards face the frustration of seeing their recommendations ignored or facing bureaucratic obstacles that prevent the implementation of their decisions. To reverse this situation, it is essential that there is a real commitment from managers to value these spaces, promoting an environment of active listening and permanent dialogue with representatives of civil society.

Therefore, the relationship between public management and the Municipal Health Council should be seen as a strategic element for the construction of a fairer, more equitable and efficient health system. Strengthening this interaction not only improves the

quality of management and services provided, but also reinforces the democratic character of health policies, ensuring that decisions are made in a transparent and participatory manner. Although there are challenges to be overcome, improving this relationship represents an essential step towards the consolidation of a public governance model that respects the principles of the SUS and guarantees the fundamental right to health for the entire population.

Thus, it is up to public managers, members of Municipal Health Councils and society as a whole to be committed to strengthening these spaces for social participation. It is necessary to advance in mechanisms that ensure the effectiveness of the decisions made in the councils, expand the strategies for training and involvement of the population, and consolidate more open, accessible, and responsible management practices. Only in this way will it be possible to build a truly inclusive, transparent health system committed to the continuous improvement of the quality of life of citizens.

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