

# Interview with Fernando Pigatto – President of National Health Council (06/25/2021)

*Entrevista com Fernando Pigatto – Presidente do Conselho Nacional de Saúde (25/06/2021)*

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**ABSTRACT** *Interview with Fernando Pigatto, President of National Health Council (CNS), carried out remotely, on 25/06/2021, when the country reached the mark of 500,000 deaths from the COVID-19 pandemic. The interviewers aimed, through open questions, to collect information that would: i) present the performance of the CNS in the pandemic context, in special its challenges and advances; and ii) promote the interviewee's reflection on fundamental aspects of democracy and social participation, especially the relationship between the Council and civil society and political society, the role of CNS in the decision-making process of health policies (actor and/or arena?), and the Council-Conference interaction.*

**KEYWORDS** *Social participation. COVID-19. Public policy.*

**RESUMO** *Entrevista realizada com Fernando Pigatto, atual presidente do Conselho Nacional de Saúde (CNS), por via remota, em 25 de junho de 2021, quando o País chegava a 500 mil mortos pela pandemia de Covid-19. Nela, os entrevistadores objetivaram, por meio de perguntas abertas, levantar informações que: i) apresentassem a atuação do CNS no contexto pandêmico, em especial, seus desafios e avanços; e ii) promovessem a reflexão do entrevistado sobre aspectos fundamentais da democracia e da participação social, sobretudo a relação do Conselho com a sociedade civil e a sociedade política, o papel do CNS no processo decisório das políticas de saúde (ator e/ou arena?) e a interação Conselho-Conferência.*

**PALAVRAS-CHAVE** *Participação social. Covid-19. Políticas públicas.*

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**FERNANDO PIGATTO, GAUCHO FROM** Rosário do Sul, began his social and political activities in the youth group of the grassroots ecclesial communities and never stopped: students movement; association of rural producers; Workers' Party; Youth Social Consortium; association of residents of the Primavera neighborhood; National Confederation of Residents' Associations; National Council of Cities; and National Council of Health (CNS), for which he was elected President in 2018 and re-elected in 2021, assuming the role of leading the CNS in the most serious historical moment for Brazilian public health.

This interview was conducted remotely on June 25, 2021, when the country reached 500,000 deaths from the COVID-19 pandemic. In it, the interviewers aimed, through open questions, to gather information that: i) presented the performance of the CNS in the pandemic context, in particular, its challenges and advances; and ii) promoted the interviewee's reflection on fundamental aspects of democracy<sup>1</sup> and social participation<sup>2</sup>, especially the relationship of the Council with civil society and political society, the role of the CNS in the decision-making process of health policies (actor and/or arena?) and Council-Conference interaction.

**(MRM)** How has the National Council of Health acted in the face of the COVID-19 pandemic?

The CNS has always been recognized as one of the most active in Brazil. When a pandemic arrives, the CNS ends up having an even greater visibility, because the pandemic is a health issue, the very theme that the Council deals with!

We were already in a growing affirmation of the role of the CNS. When, in 2016, there was a coup in the country (and today it is confirmed that this happened!), we started a fight, a resistance to not lose constitutional rights that were – and continue being! – being withdrawn.

The CNS acted to prevent the approval of what we called the 'PEC of death', which

today is Constitutional Amendment 95 (EC 95). We played an important role in the fight for Amendment No. 29, for the 'Health+10'... an intense fight to strengthen the Unified Health System (SUS)! But the SUS continued to be attacked, for example, by Ordinance No. 2,979, which attacked the financing model of our primary care.

In 2019, we were in the process of a National Conference, the 16th, called '8th+8'. In it, there was a very strong strengthening of social control! It has been a long time since there was a Conference with so much mobilization! From free conferences, to municipal conferences and state conferences in all states. It was a struggle for the Conference to be held during a government that does not like participation, that does not tolerate social control.

In January 2020, already knowing that the 'epidemic' – there was still no talk of a pandemic – would arrive in Brazil, the CNS Board of Directors met with the representative of the Pan American Health Organization (PAHO), Dr. Socorro Gross, with Dr. Nísia Trindade, President of the Oswaldo Cruz Foundation (FIOCRUZ), and with the National Secretary for Health Surveillance, Dr. Wanderson.

In February, we held our regular monthly meeting (the last in person) precisely to discuss how Brazil would face the 'epidemic'. The main table of this meeting was coordinated by me, by Wanderson, FIOCRUZ and PAHO. From this meeting, we activated our Intersectoral Commissions and Technical Chambers. We created a 'COVID-19 Monitoring Committee' with the Coordination of Users, Health Workers, Management and Service Providers.

This Committee was created in April, but as of February, we have published dozens of recommendations, motions, technical opinions, open letters, public notes, lives, training projects, campaigns... Considering the Council's deliberations, from the beginning of 2020 to May 2021, we have already publicly positioned ourselves more than 150 times! That means a CNS statement every three days!

**(MRM)** Is all this material public?

Everything! It's on the CNS website, on our social media... open to all those who want to take a look at what we produced during this period. It is important to say that, in the 2020 management report, we had an average of two CNS activities per day! Our press office carried out a survey that the CNS was cited or used as a reference by the national press approximately 1,500 times.

Our actions are directed to the Executive, Legislative and Judiciary Powers, to Universities, but especially to civil society! We seek – already in our 2019 strategic planning – to ‘burst the bubble’! So the CNS could dialogue more and more beyond the SUS! It is necessary to break barriers!

We believe that we managed to ‘burst this bubble’ and become a reference even in the traditional press. Unfortunately, this happened because of a pandemic that has claimed hundreds and thousands of lives and affected millions of people.

The CNS contributed directly to the ‘CPI (Parliamentary Commission of Inquiry) of the Pandemic’, of the Senate. We mobilized for the CPI to be installed! When Senator Randolfe Rodrigues began collecting signatures, our parliamentary aide articulated with the Senate technicians and we had a virtual meeting with Senators, at the beginning of March 2021, and we positioned ourselves in favor! We mobilized society for the installation of the CPI. We went to the President of the Senate to demand the installation of the CPI and we went to the STF (Supreme Federal Court) to sensitize the Justices so that, if the President of the Senate did not install it, the Supreme Court would!

We sent to the CPI, on May 18, 2021, a report with all our documents about the pandemic. We are in a permanent meeting and created a working group with the Board of Directors of the CNS and the advisors of the Council and the Senate. We meet permanently with Senators to be able to act, not only waiting for the approval of our request to participate in

the CPI, but also directly subsidizing the CPI, in which the CNS has already been mentioned several times.

**(MRM)** Talk about this Report that the CNS sent to the CPI

It is a report with all our deliberations on the subject. A kind of CNS dossier to subsidize the CPI. Since we have a government that does not respect social control, almost all of what was deliberate was not taken into account! This made the pandemic worse!

We know that if our deliberations were taken into account by the federal government and the Ministry of Health (MS), we would have avoided hundreds of thousands of deaths, millions of people would not be infected and the pandemic would not have the effects it is having on our country.

In April 2020, we articulated with other civil society organizations the constitution of the ‘Front for Life’, with people who work not only in the health area, but in education, science and technology, environment, communication, law... we created a ‘National Plan to Combat COVID-19’, which was presented to the National Congress and the MS, in July 2020.

**(KS)** Both in the Board of Directors and in the plenary of the CNS, there is representation of the MS. When you say that the CNS has prepared a Plan and a dossier for the CPI, MS representatives know this. What does this represent?

Even without the attention of the MS and the federal government, we chose to dialogue directly with society. In this process, we noticed the advance of the recognition of the CNS by society and the strengthening of the network of councils (state, municipal and local). This Report is already serving as a basis for proving the government’s responsibilities and negligence.

We saw the beginning of a better understanding, on the part of society, of what the

CNS is. Many institutions and actors thought that we are an organ of the Ministry! All this was very important because we started to have more autonomy of action.

There are issues that reach a consensus in the CNS, but there are issues that the government knows is a minority, and that bothers them! The repercussions of our decisions had much more external force – influencing the behavior of many people in relation to the pandemic – than in government bodies.

We are not recognized by the federal government, specially after the changes in the Ministry. The Minister who stayed in the government the longest did not know who we were and, when he found out, he continued to fail to comply with the provisions of the Constitution, Law No. 8,080 and Law No. 8,142. But we went ahead, invoking the MP (Public Prosecutor's Office), the Public Defender's Office, the STF, the Court of Auditors, the CGU (Comptroller General of the Union). We didn't wait for the government.

In fact, social control and government has always been a difficult relationship, even in governments that have a better understanding of what social control is. Council autonomy is always a point of disagreement! Often, those in management do not accept very well what comes from social control.

Evidently the situation today is different, since we know that there are enemies of social control in the government, people that criminalize social movements, unlike democratic and popular governments, which respect what civil society represents, even if they do not carry out everything that is deliberated by the CNS.

We respect the government's space in the CNS, whether in the Board of Directors, in the Plenary, in the Intersectoral Commissions and in the Technical Chambers, but we are not concerned with what the management would think, or if the things we say and do could lead to reprisals! Dialogue is important, mutual respect is important, but we don't 'achicamos' (gaucho saying of the truco game,

which means not being intimidated) in the face of what someone in the government will think.

We had, for example, a TED (Decentralized Execution Term) with FIOCRUZ, on the feedback from the 16th National Health Conference, which was supposed to be signed in 2019. We received a message from Minister Mandetta's chief of staff saying that he was not going to sign because we had behaved very badly. In 2020, again, it was not signed! If it is not signed in 2021, we will see it as negative. But we are looking for another way to do it!

It is not because there was some kind of threat, veiled or explicit, that the CNS stopped. Today we participated in a 'Special Commission for Social Participation' within the scope of the National Human Rights Council, which discusses Ordinance No. 9,759, which, at the beginning of the year, extinguished more than 600 collegiate bodies at the federal level. And we stood against this ordinance by putting together a document for international organizations about what this government is and how it deals with social control.

The federal government was unable to close the CNS, but it cut 30% of the budget for the National Health Conference in 2019. The TED with FIOCRUZ was a CNS resource that was not used, about 30% of our budget! Not spending, not responding, not responding to requests for information... are ways of weakening the CNS.

We suffer these attacks, retaliation, but we do not lower our heads, and we continue to face this government that, in addition to everything, has been practicing genocide in our country.

**(MRM)** Have the counselors representing the Executive Branch taken their proposals on dealing with the pandemic to the CNS?

Every time the Minister changes, we talk to whoever enters, we take the report from the National Health Conference and say that we are going to continue our fight, but that we want to dialogue with the management, which

is part of the Council. As managers are a minority and do not prioritize this space, there are few policy proposals they forward.

However, there are representatives of the MS and other federal government agencies, in addition to representatives of CONASS (National Council of Health Secretaries) and CONASEMS (National Council of Municipal Health Secretaries), who work a lot in the CNS. We have a member of the Board of Directors who represents MS and is very active. In some Intersectoral Committees, we have a more effective presence of management. At COFIN (Funding Committee), management participates in all meetings, provides counterpoints, participates in debates and presents positions. This MS representative on the Board of Directors always says “*we are a minority, if we are absent from the debate, what we think may not be taken into account*”.

I believe that these constant changes in the MS get in the way, but we have always worked with the importance of the management actively participating in the Council’s spaces! We never operated differently. This also strengthens the CNS.

Management refusing to participate, moving away from the Council, not being in the spaces, weakens the debate! The spirit of those who made the legislation is for everyone to be there to contribute to the debates. And when there is no consensus, vote! And when you vote, the majority wins and you have to comply!

The CNS has not held regular meetings. We debate at the Board of Directors, in the Committee to combat COVID-19, in the Intersectoral Commissions, in the Technical Chambers, in the Working Groups, in the forums and in the spaces of sectors. And we build positions that, when not by consensus, are by majority.

Our deliberations have taken place in extraordinary meetings, which are subsequent to what we send as *ad referendum*. I, as President of the CNS, sign the decisions *ad referendum*. Before the pandemic, we held debates, we took

them to the plenary, which decided, and the President signed. Now, there is an even greater requirement to deepen the debate: signing a decision *ad referendum* and then not having a full referendum would be a big problem!

All the resolutions, recommendations and motions that we made *ad referendum* of the plenary were approved by a large majority of votes, most of them by consensus, unanimously and some of them with opposing votes of the government and private providers.

This is the result of knowing how to be a majority or a minority. Normally, those in government are used to being the majority, they have the ‘pen in their hand’... so it is good, it is educational, that those in management are sometimes a minority, even to learn to respect the minority.

**(KS)** Talk about ‘Committee to Combat COVID-19’. Is there any overlap with the CNS?

By law, we are occasional collaborators. Before the pandemic, the CNS held an ordinary monthly face-to-face meeting (two days) and a monthly meeting of the Board of Directors (two days). Those who participated in the Technical Committee and Chamber gave a little more of their contribution.

When the pandemic arrived, we saw that we would not be able, as a Board of Directors, to coordinate this process with our eight components. We needed to create a space that, even though it was not part of the Council’s official structure, could deepen the debates and dialogue with the different sectors.

We created, therefore, this Committee, which has the participation of the Board of Directors of the Council, of the Executive Secretary, of the CNS Public Relations (communication is strategic!) and of the representation of the segments: the coordination of FENTAS (Forums of Workers and Workers in Health) and ForSus (Forum of Users of the SUS), the representation of management in the three spheres and that of service providers. There are about 30 people.



This Committee acts as an auxiliary space of dialogue for the Board of Directors, seeking speed in matters related to the pandemic. The Committee holds periodic meetings to align actions and strategies; forward guidelines; articulate with counselors, commissions and the council network; analyze studies; mobilize... many actions that we have carried out pass through this space: the 'lives' are discussed in the Committee. Meetings with the external public are discussed in the Committee.

On July 1, 2021, we will have a meeting with associations of families of victims of COVID-19. We called, within the scope of the Committee, the coordinations of the commissions, of the chambers of the forums to discuss. From there, guidelines will emerge for the commissions, the technical chambers, and the working groups.

We discussed, for example, the attacks on women that have worsened even more in the period of the pandemic. A topic that we consider important for the CISMU (Intersectoral Commission on Women's Health) to discuss and present to the plenary of the Council.

This has ensured the dialogue between the commissions and technical chambers. There are agendas in which three, four commissions and technical chambers meet. From this process, a public note or open letter emerges.

This is how the CNS managed, in our opinion, to speed up the decision-making process and democratize the discussions and deliberations. As a consequence of a greater in-depth debate! In a moment of pandemic, we discovered a form of action built collectively and that has given very important results!

**(MRM)** All this action and struggle of the CNS, currently and historically, must be valued. But there is always a question pending: what are the successes of this fight?

First, I believe that there are things that we cannot measure. Yesterday, Pedro Halal and Jurema Werneck were at the CPI of the Pandemic. They presented the studies on

preventable deaths in the pandemic: in the Halal study, about 80% of deaths could have been avoided! If everything had happened the way it should, we would have more than 400,000 lives preserved, plus millions of people who wouldn't be infected! In Jurema's analysis, from March 2020 to March 2021, we could have avoided more than 100,000 deaths.

But there is no study, at least that I am aware of, that shows how many lives were saved by the actions of the CNS. It is not possible to measure what the actions of the CNS have generated in terms of lives preserved. If we had not directly influenced people, organizations, councils, entities, segments (in addition to what was recommended for the executive, judiciary and legislative!), how many more would have fallen ill and died? We are not able to have, in numbers, how many lives saved!

If you are going to evaluate the cold calculation of what we recommended for MS and it did not do, it would frustrate us! Wow, we deliberated so much and it was useless, because MS did not do what we decided! We decided to buy vaccine, they didn't! We didn't recommend the use of chloroquine, it's there recommending... you have to buy masks and distribute them to the population... they did not buy it!

If we stayed in our little closed world, only sending documents by SEI (Federal Government Electronic Information System), I think we would be frustrated! But no! We did things to mobilize society, to impact people's lives! To preserve people's lives! But this we cannot quantify!

I believe this is the impact. The valuation that we need to have is this. We'll have an assessment of that up front. We will see the impact of the CPI on the accountability of those who did not take a stand. In the analysis of the performance of the 'Front for Life', of what we produced, of the 'National Confrontation Plan' that we delivered to the Executive, the National Congress and the Judiciary.

The president of Conass, Calos Lula, said that the 'Plan' that we presented was helpful

for the health secretaries. Conasems said it would help the municipal secretariats. We interfered at the base, strengthening the councils themselves to participate in the crisis or confrontation committees – because we are not on the National Committee!

In the beginning, the CNS was part of the COE (Committee on Emergency Operations), which was activated by the federal government to face the pandemic. Our focal point was the Executive Secretary, Marco. Pazuello joined and ended with the COE, but that didn't stop us from continuing to support state and municipal councils to participate in local committees.

Our performance in the 2020 elections, with the 'Commitment Letter' that we sent out to the candidates for City Halls and City Councils: not all candidacies signed nor all those that signed had electoral success, but those candidacies that signed and won the elections fulfilled the commitments of the Letter. This means that the CNS influenced the health policies of these municipalities.

The influence of what the CNS does is often not possible to quantify in numbers. In practice, when we expand the scope of action, when it is not restricted to the '*susês*', we start to see that people who had no relationship with the SUS, engage! The 'Front for Life' itself is an example! And we have research that shows that the SUS is being defended and recognized more than it was before the pandemic.

I saw an advertisement from Sintrajufe-RS (Union of Workers of the Federal Judiciary) against the proposal for administrative reform, and the example was the harmful effects of the reform on SUS! SUS has become an even more recognized reference by society! And it's no longer something just for health personnel! And the CNS contributed to that! When the Council gives an interview on 'Fantástico', on TV Bandeirantes, on SBT, on CNN, it contributes to this! Before, we couldn't occupy these spaces!

The contribution that the CNS has given has been reflected in reality, in people's daily lives.

**(KS)** Did the CNS participate in the elaboration of the National Immunization Plan?

Since we started to discuss the National Plan to face the pandemic, we took the position, through Cives (Commission for Surveillance and Health) and Cectaf (Commission for Pharmaceutical Assistance), that, first, there was no remedy for COVID-19, and second, that the way to face the pandemic, in addition to non-pharmacological ones, was the vaccine.

We adhere to several vaccine campaigns. We positioned ourselves several times. The National Plan of the 'Front for Life' talks about it! We participate in movements with Abong (Brazilian Association of NGOs) with the forum for democracy...

But we were not called to contribute to the PNI, as a National Plan for the operationalization of vaccination against COVID-19. This plan was only presented by the government because the STF, under pressure from society, forced it. It was presented on December 17, 2020. On that day, we had a meeting of the Board of Directors with the National Secretary for Health Surveillance (Dr. Arnaldo), who was new to the position – he had been in the government for two, three months – and would present the organization chart of its Secretariat to the CNS.

At each meeting of the plenary of CNS, we took a secretariat of the Ministry of Health to talk about their actions and to open agendas with the Council. So, we had this meeting scheduled a month before, and the Secretary presented his plan of action. We thanked, but we said that we were going to discuss the Vaccination Plan that had been released this morning and that we had no contact at all prior to launch!

We made the criticism, we said that we would look into the plan launched and we would position ourselves. We did this at a meeting of the Committee on December 18, 2020. We prepared a recommendation on December 23, making a first assessment of this plan and proposing the inclusion of priority groups that had not been included.

We reinforced that we had to have as many vaccines as possible. The SUS has already vaccinated 3 million people in one day (in the fight against H1N1), so we had to have a large number of doses available to the population. Vaccine for everyone!

We had to mobilize people, make them aware that they had to get the vaccine, because there was a very strong campaign against the vaccine! This changed the way of thinking even of some people in the government. Everyone had to understand that people weren't becoming alligators!

We said that vaccination priorities had to include homeless people, people with disabilities, caregivers of elderly people, non-village indigenous people (because the Plan spoke of indigenous people in the villages)! In addition to others that are detailed in CNS Recommendation No. 073.

In April 2021, we made a very complete technical note! In fact, the CNS advisory has played an incredible role! It has always been recognized as excellent! And who today advises the COVID-19 Monitoring Committee and was responsible for doing all the systematization of our work in the technical note was our dear Maria Eugenia.

**(MRM)** How has been the relationship between the CNS and the other actors in the decision-making process of health policies?

In the CIT (Tripartite Intermanagers Commission), we do not have a seat. The last time I went to the CIT, former minister Mandetta didn't give me the floor. He went to the National Health Conference and said it looked like a sixth-grade class. I had the opportunity to explain to him how social control worked and his lack of respect with thousands of people. The CNS was always invited to participate in the CIT and had the right to speak. As a result of this fact, we have only one person from the technical department who goes to the meeting, takes notes and takes it to the CNS.

CNS has always had a great relationship

with Conass and Conasems. Conass is represented on the Board of Directors by its Executive Secretary, Jurandir Frutuoso. In this moment of a pandemic, the approximation was even greater. All those deliberations that I mentioned before and that the Ministry does not consider, repercutated in states and municipalities through Conass and Conasems.

I really wanted to highlight the role of Conass and Conasems! In addition to being part of the council, they actively participate in various spaces and political articulations in the National Congress and in sectors of society, in the sense of demanding from the federal government, of denouncing it for being absent from the national coordination of the fight against the pandemic.

We have always advocated for the MS to coordinate the fight against the pandemic in Brazil. We were never in favor of parallel structures! In all CNS deliberations, we reaffirm the importance of having a national coordination led by the MS, with the participation of the various management bodies, the Legislative Power, the Judiciary and with the participation of social control, the scientific community and the universities.

**(MRM)** Do you consider that the CNS is an institution in which the decision-making process of health policies is deliberate, is it a collective actor that disputes with other actors the decision-making process of health policies, or both?

Both! I believe that the biggest challenge was always this! The Council has a predominance of civil society. The 50% of users and the 25% that represent health workers are an expression of the majority of civil society. But the CNS cannot replace other spaces, other organizations. The Council is not an entity, although it has entities; it is not a movement, although it has movements within it; it is not a central, it is not a confederation, it is not a federation... no matter how many representations there are within it.



We should not desire to replace the role of these organs. This is the challenge of people who are part of the movement and sometimes go to councils and stop playing the role of the movement and become professionals. That was a criticism that has always been there!

The council cannot replace the role of the party! And there are a lot of people who confuse it! Councils are plural! I participate in an entity that I consider one of the most plural there is, the National Confederation of Residents' Associations! In neighborhood associations, there is plurality! Left, right, center, extremes!

The councils are spaces in an institutional structure, because they are within the system, which, by the way, was the debate that we had in the city council. The CNS was not extinguished because it is in an official, legal structure. It has supervisory and decision-making power.

We have a criticism, more at the municipal level, of councils that simply ratify the policy implemented or defined by the management. And we need, more and more, to strengthen the autonomy, including budgetary, of Brazilian social control!

This space of social control needs to become, more and more, a space of popular power! It needs, regardless of who is in power, that its deliberations are followed. I am a supporter of radical, direct, participatory democracy, combined with representative democracy, combined with all the institutional spaces that we need to preserve. But we need to move forward.

This is a challenge for the debate of the electoral process! The CNS, as well as fulfilling the role of confronting a government that does not respect social control, also plays a decisive role in democratic and popular governments that know the importance of social control.

I'll go ahead, I'll give you a spoiler: we are already discussing and, probably, in the second semester, we will launch the 17th National Health Conference!

We will convene the Conference in 2021 to be held in 2023. And, within it, we will have

an intense debate on the challenges of social control, strengthening the SUS, budget and financing, the pandemic.

No one imagined this pandemic! We left a conference on health surveillance and we didn't say anything about it. We prepare the country to deal with territories, democracy, participation and social control in surveillance and health. But we don't talk about a pandemic! Now, we have experienced the pandemic, and this learning will permeate the next National Health Conference!

**(MRM)** To what extent have the National Health Conferences acted as guides for the performance of the CNS?

Our 'Bible' is the resolution of the Conference! The one in effect is the 16th, the '8th+8'. In the agendas that we have with the Ministers, the document that we deliver is the result of the Conference, its resolutions. We fulfill those resolutions! And you have to have MS approval!

We did this with Mandetta, who was the Minister at the time the Conference was held, and he did not approve the resolutions. With Teich we didn't even have time to get together, his stay at MS was brief. We delivered it to Pazuello too and, now, we had an audience with the new Minister of Health (Marcelo Queiroga) and we took, again, the resolutions of the 16th.

For the result of a Conference to happen, we prioritized a feedback process as early as 2020, but we couldn't do it because it was precisely the TED not signed with FIOCRUZ! We wouldn't be able to do it in person (the original idea) because of the pandemic. We wanted to give feedback to the States, to the Municipalities, to implement what is in the resolutions of the Conference.

So, we will give the feedback of the 16th in the scope of construction of the 17th. We increasingly need to strengthen these spaces of the Conferences, because we have the

government's own action to weaken Brazilian social control, based on, for example, Decree No. 9,759.

We need to make the population recognize and participate more in the Conference processes. We achieved an important advance from the 15th and the previous Conferences to the 16th, which was to influence the 'National Health Plan'. By doing the 16th at the beginning of August 2019 (it was supposed to be in June or July), we somehow managed to influence the preparation of the National Health Plan.

Although we disapprove of the 2019, 2018 and 2017 annual management reports (now, let's start analyzing the 2020), we are, since 16th, influencing the Annual Health Plans. For the 17th, we want the National Conference to take place until the month of June, to further influence the Multiannual Health Plan, which runs from 2024 to 2027.

**(MRM)** Do you consider that there is some kind of disappointment or disenchantment with the Councils on the part of those who are not participating so actively in the daily life of social control, whether they are users, health professionals, academics or managers?

I believe that, in the history of our country, some expectations were not met and led to some disappointments. The existence of democratic and popular governments that failed to provide the expected response was frustrating

To cite an example: when the National Council of Cities was fighting for us to have an urban development system in the country and this ended up not happening, I felt frustrated. In 2016, some entities left the National Council of Cities as a reaction to the coup. When the Council was dissolved, they repented and had to do self criticism.

We cannot have an oversizing of the CNS. It does not replace a movement, entity, party, union and other civil society organizations. We cannot want to transform councils into these legitimate spaces, which are society acting directly!

The spaces of action of these entities, one of them, are the Councils! But there are other ways for movements, entities, unions, associations, parties... to act.

I am a person who has approached academia in recent years. I was very critical of the academy that did not live with reality, that used those who are from the movement, who are from the council, who are in the daily struggle, on the periphery, often starving, cold, with no way to live... to increase their *curriculum*, their bibliography! As if whoever is at the University knows more than whoever is in the day to day of the fight.

I hit it very hard, because we had this debate there in the discussions of urban development, the issue of traffic and transport, urban planning, housing, sanitation: 'those who know' coming to tell 'those who don't know' what they have to do.

The pandemic, unfortunately, in a painful way, showed that knowledge is complementary and that no one can prejudge. It doesn't give me the right to prejudge someone from the academy if I haven't had the opportunity to do a graduate degree, a master's degree, a doctorate (which, by the way, I'll have to do!). It's not because I didn't have the opportunity that I'm going to despise, attack, be hard on those who are in this space and who, sometimes, are not living the daily life, the reality, but are doing research, a study, an analysis to help advance these spaces.

And those who are in these academic spaces need to put themselves in the place of those who are living the daily life of the movement, of an entity or a space such as social control.

So, really, between expectations and frustrations, there is the challenge of facing a fascist government, which at every moment threatens democracy and institutions, persecutes and criminalizes those who act in the social struggle and executes his genocidal 'death plan'.

This made us rethink some attitudes, thoughts, ways of acting, and this has helped us to advance in the improvement of what we

should understand as what a council space is, what Conferences are, the importance that these spaces have, even if they do not replace either the academy or the social struggle that takes place in other spaces.

**(KS)** How can the greater visibility of SUS at this time of a pandemic be positive for Councils and Conferences?

I believe that, in the same way that a certain disenchantment had been growing (to use that word you used), now, during the pandemic, Brazilian social control has shown its strength!

We strongly believe in our training projects for social control. Not only Councilors, but also training for those in civil society and social movements to increasingly understand the role of social control. We have training focused on pharmaceutical care and surveillance, with 300 national leaders. We have a Project for health workers. And we have the Permanent Education project, the SUS Social Control Workshops.

I argue that training resources for social control need to be expanded. Public funds for training were withdrawn from social control! And we need to have it again! Fund-to-fund transfer of resources for the formation of social control of the SUS, coordinated by the social control itself. By the National Council, by the State Councils, by the Municipal Councils! Not by management!

We are the ones who coordinate the training processes within the scope of the CNS! We coordinate with state and municipal councils, but we can't reach everyone. State and municipal councils must have their own resources for training!

Without this, social control is weakened, it stays in the hands of management: if the municipality wants to provide training, it does it... if it doesn't want to, it doesn't! If a municipal administration wants to persecute a councilor who gives an interview against the administration, they will persecute! If a management wants to change a law and the

entire composition of the municipal health council, he goes and change it! He articulates with the City Council and changes it! We have received many complaints about this.

So, we need, more and more, to strengthen and give autonomy to the councils. And this is done with funding and budget from the CNS. We need to radicalize in the democracy that we defend.

Social movements, unions, political parties... also have to bet on training their cadres to value social control even more! Not as the only space, but as one of the spaces of action.

I believe that, in this way, we can move forward and enchant more those people who were there in the 8th, fighting for us to have a real democracy in this country, which can transform it into a more just, fraternal and egalitarian country!

**(MRM)** Thinking about the future, what policies will allow the SUS to reach the desired level of resolution and quality?

We have the challenge of transforming a moment in which the SUS is having great visibility and in which the population's feeling of belonging in relation to the SUS is greater than before the pandemic, into something that reflects on its improvement as a public system!

The ultra-neoliberal, far-right Project, which is here, thinks otherwise: using this visibility and the weaknesses that the system has, saying that they need to be covered by the private sector!

That leaked meeting of the CONSU (Supplementary Health Council), in which the Minister of Economy says he cannot handle the problems because people want to live 100 years, is absurd! This generated a public consultation on changes in the supplementary health system, and the CNS has already positioned itself against it!

This government will continue to try to implement these proposals, which represent the weakening of what is public! Handing over more and more of the Health to the private

Sector. This is a challenge that we have, that of defending the public SUS!

Otherwise, people will have to pay the popular plans of Ricardo Barros, who, when Minister of Health, proposed that people pay R\$50, R\$ 100 per month in a popular plan.

A big challenge is the issue of funding! We have an unfunded SUS! It never had adequate, enough funding. So much so that we had the 'Health +10', the 'EC-29' (which was halted)... we couldn't reach the ideal that was recommended in the 8th.

We need, for example, to revoke Constitutional Amendment No. 95! In the Federal Senate, there is PEC 29, which the CNS is supporting, which proposes a transition in EC 95.

We need to move forward in this financing debate and enter another one: Tax Reform. The CNS defends the taxation of the great fortunes, the super-rich, in order to guarantee the financing of health and education policies – because it is not only the SUS that will have problems after the vaccination is completed, it will be all public policies!

So, we need a tax reform in which who pays the bill is the one who generated the bill! Unfortunately, today, what happens is the opposite: the rich getting richer, extreme poverty increasing and people dying from COVID-19 and from hunger.

The issue of health professionals, who are exhausted from their work in the pandemic!

The breakdown of primary care, with Ordinance No. 2,979; the Social Organizations (OS) throughout Brazil; health units close to the population being transformed into family clinics that keep people away; and Family Health teams with one community agent! The teams are running out of professionals!

We will need to get back to work for the structuring of Family Health teams in Brazil! Strengthen primary care again... Because it's destroyed!

There will still be many unfoldings of the pandemic, especially its sequels. This will be a great challenge for SUS, because it will not be the health plans that will treat the sequels! Physiotherapy, mental health... SUS is already treating!

When we put, on the 16th, the holding of the 'V Conference on Mental Health', the main debates were about Therapeutic Communities, about the attack on the National Mental Health Policy, and the psychiatric reform. Today, the debate of the V Conference, in addition to that, will have to incorporate the effects of COVID-19 on mental health! This will be a great challenge for SUS!

In Santa Maria (city of Rio Grande do Sul), in 2013, there was a fire in the 'Kiss' nightclub, in which 242 people died. An association of victims' relatives was created. To this day, family members of the victims have care in the SUS because of what happened! And young people who were affected and were left with physical and mental health sequelae continue to be served by the SUS.

Now, take into account the more than 500 thousand deaths caused by COVID-19, the millions of Brazilians who were infected by the coronavirus and who may have sequels! It is the SUS that is already attending and that will continue to attend, having to give answers, attend, and welcome these people!

That's why SUS needs to be at the center of debates, government programs, in the 2022 elections!

## Collaborators

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