

The 17th: a Conference committed to Democracy and Health

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DOI: 10.1590/0103-11042023138001

THE 17TH NATIONAL HEALTH CONFERENCE (CNS), held from July 2 to 5, 2023, was yet another “act of invention of democracy”¹ in Brazil. The CNS continues to represent the challenges and potential of one of the oldest mottos of the Brazilian Sanitary Reform (RSB), and which permeates the creation of the Brazilian Center for Health Studies (Cebes): Health is Democracy and Democracy is Health.

The National Health Conferences emerged as a State planning instrument in 1941. Then, their composition reflected the technocratic and vertical perspective of the idea of health: a meeting formed essentially by public health specialists, mostly physicians, who would define the guidelines of the major programs of the Brazilian State for the sector, with special focus on the field of infectious and contagious diseases, to which public health was then restricted.

This model would only be changed with a new political conception of health, which emerged in Brazilian society from the 1970s onwards, when grassroots movements, academia, workers and managers came together to question the vertical and technocratic concept of health and think of it as something that involves different fields of life and that must be treated in a political way. This movement, called RSB, had its apex at the 8th CNS, in 1986, and resists until today.

The RSB proposal presented in 1979², still in the context of the dictatorship, contributed to the 8th CNS, in which the segment of users of public health services, represented by multiple popular and union organizations, was present and constituted half of the total number of the delegation, whose proposals were systematized in a small and very powerful report with three themes: health as a right, reformulation of the national health system, and financing.

The 8th CNS produced important political results, such as the Sanitary Amendment, which was incorporated by the National Constituent Assembly into the new Constitution of 1988, giving rise to the health chapter, which recognized health as a right and created the Unified Health System (SUS). However, more than simply for its results, the 8th CNS can also be understood for its process.

For the first time in the history of Brazilian health, thousands of people from all corners of the country mobilized solely to discuss what kind of health we want and what model of health system is best suited for that. More than simply expanding interest in the discussion, the 8th CNS broke with the technocratic model and was the result of the popular desire to assert their right to health.

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Its echo clearly expresses that the RSB project is not simply an administrative reform project, but rather a political project to reconfigure the relationship between State and society and to open paths for structural changes in favor of the common good. For that reason, this same reform can never be taken as a finished project, and spaces such as Conferences, never as instances that end in themselves.

The Conferences reflect one of the central elements of the spirit of the Sanitary Reform: the role of democracy in the project of affirming the right to health, based on the construction of a “health awareness” and the change in the living conditions and health situation of the population Brazilian, thus configuring what Arouca called a “civilizing project”³⁽³⁵⁻⁴²⁾. We are talking here about a democratic idea that goes far beyond the liberal instances of representative democracy and that includes the real possibility of people defining their collective destiny and, in this case, determining the course of their health, including what is meant by health.

Marilena Chaui¹ illustrates this idea of democracy as an act of subversion, a constant struggle for more rights, which must be torn away from political reality. Thus, the strength of the Conferences is not simply in their formal character, but in their ability to serve as an instrument for mobilizing the right to health and engendering the major issues of their time in the political discussion.

Held between the 2nd and 5th of July 2023, the 17th CNS fulfilled such a role. As the first edition of the CNS after the electoral defeat of the conservatism that has occupied the federal executive since 2016, the 17th CNS comprised, above all, a space for fraternization and reconciliation for the resumption of the directionality of the national health policy and the Brazilian State in a perspective democratic.

As Fleury⁴ points out, the presence of 4,000 elected delegates in its various preliminary stages made the 17th CNS the “diversity conference”, which brought together a

phenomenon in dimensions and diversity, coloring corridors and rooms with headdresses, afro-religious clothing, professionals and counselors wrapped in state and municipal flags, in addition to the significant participation of people with disabilities, transvestites, and transgenders⁴.

It should also be noted that the 17th CNS marked the support of the various social actors in health, gathered there, under the management of Minister Nísia Trindade, in view of the news published about the supposed negotiation of the Ministry in the midst of the game of political-partisan interests.

The importance of the 17th CNS can be evidenced through two other aspects. First, as Fidelis⁵ points out, due to the broad process of popular mobilization that it involved, which began in 2021, on October 5, the date on which the Federal Constitution completed 33 years, and, still not finished, if we consider the reverberation of the debates that provided, as well as the dissemination of the first documents with the systematization of its propositions⁶ and preparation of its final report.

This process comprised the holding of 27 State and Federal District Conferences, with regard to the formal municipal and state instances of Social Control in the SUS, and, for the first time, also welcomed the direct contribution of civil society, which sent proposals and indicated delegates through the 99 National Free Conferences, organized by user segments, professional categories, researchers, and social movements throughout the country.

At this point, we cannot fail to mention the performance of the Cebes, which, exercising its role as an organic entity of the sanitary movement, continues to fulfill its commitment to the defense of the RSB, having contributed to the 17th CNS either in its organization,

as a member entity of the CNS, whether in its political mobilization and formulation process through its National Free Conference, with the theme ‘Brazil and the Health We Want!’ inspired by the document in which it laid the foundations for the RSB project and the SUS². In its Free Conference, Cebes proposed a preliminary document⁷, composed of elements from its Thesis, current discussions, and collective reflections, which was appreciated and discussed in nine local free conferences held by its nuclei spread across the different regions of the country, in which they were welcomed contributions that will be consolidated in a final version, in addition to guidelines and proposals that were forwarded to the national stage of the 17th CNS.

A second point about the importance of the 17th CNS concerns the conditions for the possibility of its effective capacity to influence the directions of the National Health Policy in the coming years. Bearing in mind, above all, the complex political situation of current health, after the destruction implemented during six long years of anti-democratic governments, the next National Health Plan (PNS) cannot disregard, more than ever, the multiple challenges to be faced for the implementation of a project to rebuild the SUS and reorient the National Health Policy and other public policies for the realization of social rights.

Thus, consistent with the trajectory of political action that has been developing over the last few years in the face of the health crisis, the National Health Council has demonstrated its commitment so that the propositions of the 17th CNS effectively affect the democratic and constitutional process of formulating national policy health, while advancing the date of its realization and already published, in a short time, a resolution with strategic guidelines for the Pluriannual Plan (PPA) and for the PNS 2024-2027, formulated from the guidelines approved at the 17th CNS and the priorities for public health actions and services⁶.

Furthermore, the 17th CNS also invites us to reflect on what Fleury⁴ called “the predominance of the debate on identity guidelines”, when problematizing the substitution of the notion of equality for that of equity. In this regard, also aligned with the critical-reflexive commitment to which it is also linked, like the author, the Cebes chose to provoke and emphasize, in the debates of the mobilization process of its National Free Conference, the reflection and the proposition of structuring changes of the State and social and economic policies, which affect the social and economic determination of health, in its broadest dimension. Thus, when voting on the guidelines and proposals to be prioritized for the 17th CNS, the Cebes encouraged participants to consider as a prioritization criterion those that could intervene more directly on the central challenges of the organization of our State and society, bearing in mind that the “democratic and socialist horizon that defines, organizes, and guides the Cebes” comprises the “struggles for a healthy living condition”, which “include all movements of struggle against oppression and material exploitation”⁸⁽³¹⁻³²⁾. Therefore, the entity recognizes and validates the pertinence of identity guidelines, but, like Fleury⁴, reflects on the need not to lose sight of equality as an intrinsic value to the notion of law, which is the mainstay of a democratic society.

Faced with the challenges that are imposed on the realization of the right to health in Brazil and democracy, even after the defeat of denialism at the polls, it is necessary to enhance spaces for mobilization and social participation, in addition to those formally constituted, with a view to deepening the discussions around the challenges that affect the realization of rights. Topics such as SUS funding and other essential policies for tackling structural inequalities in Brazilian society, privatization and the inclusion of emerging agendas, such as the use of artificial intelligence in the field of health, need to be included in the RSB agenda.

Collaborators

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