**ORIGINAL ARTICLES**

# National Health Conferences: study on the adherence of communication policy proposals to the principles of public communication

Conferências Nacionais de Saúde: estudo sobre aderência de propostas de política de comunicação aos princípios de comunicação pública

Conferencias Nacionales de Salud: estudio sobre la adhesión de las propuestas de política de comunicación a los principios de la comunicación pública

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**ABSTRACT**

This article presents the preliminary results of an investigation into the adherence of proposals to create a communication policy for the Unified Health System (SUS), according to the principles of public communication. These proposals were discussed at the National Health Conferences held between 2003 and 2019. The study evaluated documents and in-depth interviews with key sources working with social control who had also participated in these conferences. Theoretical contributions related to public communication and health communication were also sought to support the discussion on the creation of a communication policy for SUS. The results showed that conference proposals were not clearly rooted in principles of public communication, and the non-adherence of the federal government to the agenda, even during governments aligned with democratic ideals, principles of social participation, and acting in the public interest.

**Keywords:** Communication Policy; Public Communication; National Health Conferences; Civic Participation; Unified Health System.

## RESUMO

Este artigo apresenta resultados preliminares de uma investigação sobre a aderência de propostas de criação de uma política de comunicação aos princípios de comunicação pública no Sistema Único de Saúde. As proposições foram discutidas no âmbito das Conferências Nacionais de Saúde realizadas entre 2003 e 2019. O estudo abrangeu a avaliação de documentos e entrevistas em profundidade com fontes-chave com atuação no controle social e que participaram das conferências. Buscaram-se também subsídios teóricos que tratam das temáticas da comunicação pública e da comunicação em saúde para embasar a discussão sobre a elaboração de uma política de comunicação voltada para o SUS. Observa-se falta de ancoragem clara das propostas das conferências com relação aos princípios da comunicação pública, bem como a não adesão do governo federal à pauta, mesmo nas gestões afinadas com ideais democráticos, princípios de participação social e atuação no interesse público.

**Palavras-chave:** Política de comunicação; Comunicação pública; Conferências Nacionais de Saúde; Controle social; Sistema Único de Saúde.

## RESUMEN

Este artículo presenta resultados preliminares de una investigación sobre la adhesión de las propuestas de creación de una política de comunicación del Sistema Único de Salud a los principios de la comunicación pública. Las proposiciones fueron discutidas en las Conferencias Nacionales de Salud, entre 2003 y 2019. El estudio abarcó la evaluación de documentos y entrevistas en profundidad con fuentes que trabajan en el control social y con participación en las conferencias. Se buscaron subsidios teóricos que tratan de los temas de comunicación pública y comunicación y salud para apoyar la discusión sobre la elaboración de una política de comunicación dirigida al SUS. Hay una falta de anclaje de las propuestas de la conferencia en principios de comunicación pública, así como la falta de adhesión del gobierno federal, incluso en gestiones en sintonía con los ideales democráticos, principios de participación y acción social centrado en el interés público.

**Palabras clave:** Política de comunicación; Comunicación publica; Conferencias Nacionales de Salud; Control social; Sistema Único de Salud.

## INTRODUCTION

The National Health Conferences (NHCs) evolved from a closed, bureaucratic activity aimed at supporting the government in gaining knowledge about the state of health in the country, towards social control of the public health system, with the participation of society.

Communication was not always widely discussed in these forums. It grew in importance over the course of the conferences, coming to occupy space in the debates and deliberations. In addition to its use as a tool and means of supporting the promotion of health actions, the debate also began to include proposals on communication policies.

It is a process that is committed to promoting open management, and qualifying the channels, means and resources that enable communication of public interest. The issue began to gain ground at conferences in 1992, during the 9th edition. This 'turning point' in the debate can be attributed to the emphasis placed on the issue at the 8th NHC (Brazil, 1986), which defended the freedom and free organization and expression of society, as well as guaranteeing access to information.

The concept of public communication, previously associated with the notion of government communication, which was in force during the dictatorships, has undergone transformations because of various events: the end of censorship; the country's re-democratization process; the transformation of the role of the state; the consolidation of the 1988 Federal Constitution (FC) (Brazil, 1988) and the Consumer Protection Code (CDC); the actions of social movements and technological development. These and other factors have established a system of participation and pressure that has led to the creation of mechanisms to meet citizens' demands for information in their relationship with the state and public institutions (Duarte, 2011).

Since 2003, coinciding with the rise of left-wing governments in Brazil, some of the provisions of the 1988 Constitution have been complied with, such as complying with the precepts set out in Article 5 of the Magna Carta regarding transparency, access to information of public/collective interest, citizen interaction with public bodies through ombudsmen and the promotion of citizenship and democracy. After the start of Luiz Inácio Lula da Silva's first presidential term, in 2003, "[...] the concept of public communication, in the sense of information for citizens, began to be mentioned frequently and ended up gaining status" (Brandão, 2007, p. 11, own translation).

Given the importance of communication within government and at state level, to what extent has this issue been reflected in the NHC's proposals? Were the proposals to create a communication policy for the Unified Health System (SUS) found in the last five conference reports, covering the period from 2003 to 2019, based on public communication principles?

The initial hypothesis was that, although agents of social control were committed to proposing the creation of a communication policy within the SUS, the proposals were not evidently rooted in public communication principles.

The study began with a bibliographical survey of SUS's communication policy, which revealed the need for a data check based on the conference reports, which in turn led to an investigation into public communication and concepts that relate the fields of communication and health. In addition to bibliographic and documentary analysis, the investigation included listening to key sources within agents of social control who had participated in the conferences.

## METHODOLOGICAL ASPECTS

The survey began with database searches in sources such as the Revista Eletrônica de Comunicação, Informação e Inovação em Saúde (Reciis), Google Scholar and SciElo Brazil, among others. The keywords used were: "public communication and SUS", "communication policy and SUS" and "communication and SUS". The selection of materials was based on titles and abstracts, and only works that were directly related to the research interest were considered. After this phase, twenty texts were included in the data check.

The analysis of the materials indicated the need for a survey of NHCs. A selection of the last five reports was chosen, from the 12th to the 16th edition (2003 to 2019). This selection was determined by the need to delimit

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a scope of study that could adequately answer the research question, within a not too extensive historical period. Authors and key sources were also used to identify the contextual elements of these conferences.

The study is empirical in nature, in which contact with the chosen situation under observation is a prerequisite for understanding the subject, seeking out new elements about the object of research. According to Figaro, "[...] empirical research mobilizes different methodological tools for cutting, sample composition and selection with the aim of producing diverse data and elements from which to carry out analysis and interpretation on a broader basis and in confrontation with the information" (2014, p. 130, own translation).

This perspective is reinforced by Braga (2011), for whom empirical research must meet the requirement of organizing and systematizing concrete elements found in the investigated environment and where the starting point is the researcher's vision.

It is also a qualitative and exploratory study that seeks to "[...] become familiar with the phenomenon or gain a new understanding of it [...]" (Selltiz; Wrightsman; Cook, 1967, p. 59, own translation). The study encompasses two methods indicated by Selltiz, Wrightsman and Cook (1967) – bibliographical research and interviews with key sources – both combined with documentary analysis.

It is understood that the bibliographic survey is "[...] a critical path, closely related to the question to be answered [...]" (Laville; Dionne, 1999, p. 113, own translation), while document analysis is understood to be a procedure that fulfills the dual roles of method and technique. "Method because it presupposes the angle chosen as the basis of an investigation. Technique because it is a resource that complements other ways of obtaining data, such as interviews and questionnaires" (Moreira, 2005, p. 272, own translation).

The choice of in-depth[1] interviews[2] reflects the objective of getting close to key sources that could provide information to help understand a situation or the structure of a problem (Duarte, 2005).

The key sources were contacted and interviewed in December 2022 via videoconference. There were three interviews in the initial phase of the research. They are:

1. Key source 1: Doctoral degree in Public Health Policy from Fiocruz, Master's in Bioethics from the University of Brasília (UnB), specialist in Public Health and medical graduate from the Federal University of Paraná (UFP), professor of the Professional Master's in Public Health Policy at Fiocruz and coordinator of the Medical Residency Commission. They took part in the 8th NHC (1986), as a manager, and in the 9th (1992), 10th (1996) and 13th (2007) editions.

2. Key source 2: Doctoral degree in Health Sciences Education from the Federal University of the State of Rio de Janeiro (Unirio), Master's in Social Policy from the University of Brasília (UnB), graduated in Philosophy and History from the Catholic University of Pernambuco, lecturer-researcher in Collective Health at Fiocruz and former president of the National Health Council (2013-2015). They took part in the 12th (2003), 13th (2007), 14th (2012), 15th (2015) and 16th (2019) editions of the NHCs as a councilor, representing the National Confederation of Rural Workers and Family Farmers (Contag).

3. Key source 3: Graduated in Environmental Management from the North Paraná University (Unopar), member of the National Health Council, health councilor since 2014, as a representative of the National Confederation of Residents' Associations (Conam), with a history of political participation, beginning with youth groups from grassroots ecclesial communities and the student movement. They were active in the Residents' Associations movement in Rio Grande do Sul and in the National Cities Council.

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[1] The interviewees participated by signing an Informed Consent Form (ICF), as well as an authorization to record the interviews.

[2] Regarding this procedure, it should be noted that this work was not required to be submitted to a Research Ethics Committee (CEP) by the Postgraduate Program in Communication at the Faculty of Communication of the University of Brasilia (PPG/FAC/UnB), as it considered the nature of the sample to be small and controlled.

## A FIELD OF CONFLICT: COMMUNICATION AND HEALTH

Even after the adoption of an expanded concept of health, characterized by the understanding of health as the result of various conditions – for example, access to food, housing, work, education, among others (Brazil, 1986) – the field of public health suffered, and still suffers, from neoliberal influence. The logic of which involves weakening public policies and favors a view of health as a market niche (as a commodity, not as a right), which results in a dispute for territory, with continuous attacks on the health budget (reduced participation in the sharing of public funds) and makes it difficult to strengthen the SUS.

In this context, communication was molded over time and acquired a campaigning, instrumental and transferential nature, something that is still noticeable today. According to Araújo and Cardoso (2009), in the first decades of the last century, communication in the health field was based on campaigning and behaviorist theories (establishing a causal and automatic relationship between stimulus and response).

After the Second World War, the two-stream model of communication came into play, introducing a new element – the figure of the mediator. This model "[...] gave a fundamental role to community leaders, who were considered 'key links' in the search for greater harmony between the provider (authorities) and the receiver (population)" (Araújo; Cardoso, 2009, own translation). However, this has not changed the model of one-way communication, which takes place from one party to another and is transferential in nature. In the case of health, the transmission of information, commands, and guidelines from the government to the population.

In the 1960s, Freirian theories brought new elements to the debate on communication, introducing "[...] a historical, cultural, humanistic and dialogical perspective, where including the population's knowledge and perceptions of their own health reality became essential" (Araújo; Cardoso, 2009, own translation).

This debate ceased during the military dictatorship that began in 1964. For Araújo and Cardoso (2009), during this period (which lasted until 1985), communication was in step with the movement towards the commercialization of health, driven by the military governments, which fostered a health model centered on private hospitals financed with public funds, whereby the information transference model, based on advertising, became progressively more sophisticated.

Araújo and Cardoso (2009) also argued that since the 1980s, during the process of re-democratization of the Brazilian state, with the adoption of the expanded concept of health and the inclusion of agents of social control in the debate, there have been changes in perspectives in the communication field. It began to incorporate demands for the right of access to information and communication, people's participation and spaces for discussion and promotion of health in the hegemonic media. However, they ran up against neoliberal walls and their predilection for the advertising-based communication model. According to the authors,

> [...] in most governmental and non-governmental institutions, the advertising model and its variations are gaining ground, along the lines advocated by neoliberalism. [...] Thus, through these approaches – social marketing in health is a good example – the right to communication, as a correlate of the right to health, is replaced by the right of the consumer, the citizen is treated as a 'client' and the old persuasive formula for the adoption of habits and measures advocated by health institutions is reissued (Araújo; Cardoso, 2009, own translation).

In contrast to the advertising approach, "[...] the development of the SUS has called for a different model of communication, one that nurtures practices that are more consistent with the broader vision of health and with the proposals for decentralization, participation and social control" (Cardoso, 2005, p. 22, own translation). This transformational project requires facing up to the neoliberal component, which permeates all areas of society, constituting a network of power relations led by representatives of the dominant classes – financial and political. As part of neoliberal rationality, the exercise of this power interferes in the way the world operates, namely in the state and in the conduct of public policies (or lack

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thereof). The veto or hindrance to the development of social policies, such as public health, bears the marks of norms, of rules and the rationalization of practices that guide the conduct adopted by the state in relation to society, being a reason of state, as Foucault (2008) points out:

> [...] the reason of state is precisely a practice, or rather a rationalization of a practice [...]. The art of governing must therefore establish its rules and rationalize its ways of doing things, setting itself the goal [...]. To govern according to the principle of the reason of the state is to ensure that the state can become solid and permanent [...] (Foucault, 2008, p. 6, own translation).

In this way, in the neoliberal context, the reason for the state is related to the social and political project. "Understanding neoliberalism *politically* presupposes understanding the nature of the social and political project that it has represented and promoted since the 1930s" (Dardot; Laval, 2016, p. 8, emphasis added, own translation). In this environment, the state and the economic and political elites present social policies purely in the dimension of concession and assistance, "[...] with the widespread commercialization of social rights, which come to be seen as goods and services" (Gasparotto; Grossi; Vieira, 2014, p. 16, own translation).

For these reasons, the communication component tends to follow the same logic dictated by neoliberal rationality, compromising the discussion and implementation of public communication actions.

## PUBLIC COMMUNICATION AS A COUNTERPOINT TO NEOLIBERALISM

The concept that informs the analysis in this article is public communication, from the perspective of Frenchman Pierre Zémor (1995), one of the leading references in Brazilian studies on the subject. For the author, public communication is located in the public space, therefore in a place that allows citizens to follow the circulation of information with transparency, being both users and decision-makers in relation to public services. This means that government communication processes aimed at society should not be content with practices common to the marketing of consumer products or companies in the communications market. Communication cannot be dissociated from the purposes of public institutions and the relationship with the right of access to information in the public interest (Zémor, 1995).

In line with Zémor's thinking (1995), Kunsch (2012) defends the centrality of citizens in the context of public communication: "[...] it is necessary to adopt the true meaning of state public communication, which is that of the public interest. Public authorities have an obligation to be accountable to society and citizens [...]" (Kunsch, 2012, p. 15, own translation). Duarte (2011) states that public communication: "[...] refers to the interaction and flow of information linked to issues of collective interest [...] The existence of public resources or public interest characterizes the need to meet the requirements of public communication" (Duarte, 2011, p. 5, 6, own translation).

According to Brandão (2007), there is a common point between the definitions of public communication: it is a communicative process that establishes connections between the state, government, and society. As such, public communication must embrace the multiple interests at play in society, expanding communication processes beyond the mere transmission of information, as pointed out by Sousa, Geraldes and Paulino (2016).

> Public communication requires more than the informative process, it requires that this process be communicative. [...] Opening channels for dialog, i.e. public communication tools capable of creating multilateral communication flows, is a *sine qua non* condition for effective public communication (Sousa; Geraldes; Paulino, 2016, p. 164, own translation).

The Brazilian Association of Public Communication (ABCPública) also advocates communication associated with citizenship: "It concerns dialog, information and the day-to-day relationship between public

institutions and citizens. It aims to guarantee the exercise of citizenship, access to services and information of public interest, transparency, and accountability" (Medeiros; Chirnev, 2021, p. 10, own translation).

According to ABCPública (Medeiros; Chirnev, 2021), public communication is based on 12 principles: 1) guaranteeing broad access to information; 2) fostering dialogue; 3) encouraging participation; 4) promoting rights and democracy; 5) combating disinformation; 6) listening to society; 7) focusing on citizens; 8) inclusion and plurality; 9) communication as a state policy; 10) guaranteeing impartiality; 11) being guided by ethics; and 12) acting effectively.

The ABCPública principles are the basis for the evaluation of the conference proposals, as they cover aspects of interest to this study.

## CONFERENCES, CONTEXT AND COMMUNICATION

By 2019, sixteen NHCs had been held. According to Ramos *et al.* (2020, p. 10, own translation): "The primary role of conferences is to foster debates that may include matters on the political agenda and also serve as guidance for the government in its activities."

The first point to note is that organized civil society has not always participated in these conferences, which have been held since 1941, when they were instituted by then-president Getúlio Vargas (1882-1954), by means of Law No. 378/1937 (Brazil, 1937). Until the 7th edition, held in 1980, the conferences brought together technicians and people appointed by the government, as key source 1 explained in their testimony.

During the 1980s the sanitarian Sergio Arouca championed the idea of at least half of conference participants being drawn from collective and democratic movements. According to the National Council of Health Secretaries (Conass), "[...] the participatory nature of health system management was a process built up over decades of struggle, with cumulative progress" (Brazil, 2009, p. 49, own translation).

The concept of health adopted in the 8th NHC (Brazil, 1986), which still applies today, refers to "[...] health as a state of complete physical, mental and social well-being, and not merely as the absence of disease or infirmity", as defined by the World Health Organization (WHO) (Brazil, 2020). The concept is also rooted in Article 25 of the Universal Declaration of Human Rights (UDHR), established by the United Nations General Assembly: "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, [...]" (United Nations Brazil, 2020).

Based on this expanded concept of health, the 8th conference argued that, in order to fully exercise the right to health, as a social achievement, there should also be the "[...] right to freedom, free organization and expression [...]" (Brazil, 1986, p. 5, own translation), which refers to Article 19 of the UDHR: "Everyone has the right to freedom of opinion and expression [...]" (United Nations Brazil, 2020).

Since 1992, when the issue was addressed for the first time during the 9th edition of the event in Brasilia (DF), these conferences have recommended the creation of a communication policy. The debate on communication policy was also noted in the report of the 10th edition (1996), which, according to Araújo and Cardoso (2007), took place in a time of struggle for the democratization of health in the country, whose presidency was already under the responsibility of Fernando Henrique Cardoso (1995-2003). The topic also appears in the following document, referring to the 11th edition of the NHC (2001).

Moving on to the subject of this article's analysis, the last five editions of the NHC (12th/2003 to 16th/2019) all addressed continuing to defend health as a right for all and as a state responsibility. This was the central theme of the 12th NHC (2003). This edition brought, for the first time, an exclusive central theme of health communication and information (pillar 10), representing an important milestone in the history of conferences. Also found in other central pillars, communication was treated as a transversal theme in this edition. In the introduction to the tenth theme, communication is presented

as a field that cannot be reduced to its technological means but regarded in terms of constructing and transforming meanings (Brazil, 2004).

In its general guidelines on communication and information in health, the report of the 12th NHC, in 2003, proposed that the National Health Council and the Ministry of Health (MoH) define strategies for the development and implementation of "articulated policies for information, communication and permanent and popular education in health, in the three spheres of government [...]" (Brazil, 2004, p. 162, own translation). It also proposed holding the 1st National Conference on Information, Communication and Popular Education in Health and guaranteeing specific funding for health communication actions and for information, computerization, and education projects. Furthermore, it recommended: "Intensifying awareness-raising strategies, such as campaigns and other measures, about the importance of community health workers and other health professionals in SUS's information and communication policy" (Brazil, 2004, p. 167, own translation). There were also specific recommendations for the communication and health field:

> Ensure budgetary resources to enable and implement the National Public Communication Network, in accordance with the recommendation of the 11th and 12th National Health Conferences, as the materialization of a broad, plural, horizontal and decentralized communication policy that strengthens social networks and movements (Brazil, 2004, p. 174, own translation).

The report also highlighted the need for the federal government to establish actions to create an alternative health communication and information policy, which would be community-based and of interest to health councils (Brazil, 2004).

Although there is no reference to the concept of public communication in the 12th NHC report, its influence can be felt, when, for example, there is an expression of the need to produce reliable information of common interest to society, with an impact on the management and services offered and for the use of social control. These aspects ultimately favor citizen-focused actions. The search for a dialogical communication model, encouraging the sharing of scientific knowledge with society and actions aimed at promoting health and respect for social plurality are also part of public communication principles. It is worth noting that at times there are clamors for the structuring of a policy that also involves the fields of information and information technology, while at other times there is only talk of a communication policy, indicating a possible lack of consensus on which path to take.

The emphasis on communication at the 12th NHC took place against a political backdrop in which the main historical event was the inauguration of Luiz Inácio Lula da Silva as president of Brazil, beginning his first term in office. This had repercussions in the Ministry of Health, with the formation of a team made up of sanitarians, such as the then minister Humberto Costa. According to key source 2, at the time the ministry announced the creation of the Secretariat for Strategic and Participatory Management (SGEP), with the sanitarian Sérgio Arouca as its secretary.

Information and information technology were valued fields at the time of the 12th NHC. Despite being less advanced than in rich countries, the Internet was expanding in Brazil, which can be seen by the increased number of users. The growth seen from 2003 onwards was related to the adoption of public policies for digital inclusion, but also, and above all, to the reduction in inequality seen during President Lula's administration (Prado, 2011).

At the same time as Lula's arrival as president and the development of the internet, the country was facing problems that have (and continue to) characterize the lives of the Brazilian people. In 2003, as in previous and subsequent years, social, racial and gender inequality, as well as unemployment and hunger, were evident. Inflation remained, although the stability of the Real Plan was notable, as pointed out by key source 2. This source said that, in the economic sectors, there was already a flexibilization of labor rights and

a precariousness of labor relations, which led to the trade unions exerting their influence on the conferences. Key source 2 also mentioned that since their first participation in the conferences, the permanent agenda items, within all contexts, were: 1) funding, from constant, reliable and secure sources; and 2) the management model – whether it was possible to outsource state actions to civil society organizations.

At the 13th NHC, held in 2007, whose central theme was "Health and quality of life, state policies and development", communication remained a transversal element, being cited and referenced in the central pillars. Pillar 1 (Challenges for achieving the human right to health in the 21st century: State, society, and development patterns) includes the following recommendations: mandatory inclusion of space reserved for promoting the SUS in the media concession policy; compliance with legislation on advertising and publicity relating to tobacco, the rational use of medicines and alcoholic beverages; the expansion of promoting the SUS in the media; among other topics (Brazil, 2008).

In pillar 2 (Public policies for health and quality of life: the SUS in social security and the pact for health), communication is related to recommendations for campaigns to prevent accidents and work-related illnesses and the development and implementation of "editorial information policies in the three spheres of the SUS [...]" (Brazil, 2008, p. 88, own translation). Pillar 3 (Society's participation in the realization of the human right to health), included a recommendation to create and implement "[...] commissions on communication, information and health informatics in the state and municipal health councils, with the aim of subsidizing them [sic] in the promotion of their activities [...]" (Brazil, 2008, p. 159, own translation).

In addition to actions to strengthen social control, it was also recommended that the federal government structure an "[...] information and communication policy aimed at rural communities, settlements, riverside communities, camps, quilombolas, indigenous peoples, among others [...]" (Brazil, 2008, p. 167, own translation).

Overall, the report of the 13th NHC brought several proposals focused on promoting actions, and they expressed the key role of communication. Although measures to strengthen social control are identified, the concept of public communication is not clearly verified in the proposals.

With the theme "Everyone uses SUS! SUS in social security, public policy, patrimony of the Brazilian people", the 14th NHC, held in 2011, discussed communication in guideline 12 of the report – "Build an information and communication policy that ensures participatory and effective management of the SUS" (Brazil, 2012, p. 73, own translation). Some of the proposals focused on issues related to information systems and technology. Examples of this are recommendations for the improvement, integration and restructuring of information systems; the classification of communication between health services through computerization; the establishment of an information system to link health, social security and social assistance; the guarantee of financial, technical and technological resources for the implementation of the SUS Card; the creation of electronic medical records for users; the implementation of the Telehealth and Telemedicine program (*programa Telessaúde e Telemedicina*); among others (Brazil, 2012).

The proposals also dealt with other fronts: campaigns to promote the actions and services provided by SUS's three management spheres; the creation of a specific radio and television channel to give SUS more visibility; promoting the locations, flows and services provided by the public health network; restricting advertisements for alcoholic beverages and medicines; and the construction of a Strategic Communication Plan, involving the Union, states, and municipalities (Brazil, 2012).

There were recommendations that included communication aimed at informing society about the workings and services provided by the SUS, with initiatives designed to provide access to information of public interest. As such, these actions were in line with the principles of public communication in terms of guaranteeing broad access to information and focusing on the citizen but based on promotion strategies.

It is worth noting that guideline 12 of the 14th NHC served as the basis for the drafting of the Ministry of Health's National Health Information and Informatics Policy (PNIIS), instituted by ordinance no.

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589/2015 (Brazil, 2015). This policy resulted from the construction of norms on the use of information and technological measures as a way of promoting access to data by structuring and improving computerized systems. Initially, the policy debate included communication. The question remains as to why the communication area was not incorporated into the document. However, the consolidation of the PNIIS is an example of how conferences have the capacity to encourage the materialization of policies intended to improve the SUS, if they resonate with the interests of the federal government.

In 2011, the year of the 14th NHC, Dilma Rousseff took office for the first time as president of Brazil. Reis and Paim point out that, in the field of health: "The policies presented did not bring significant innovation or explicit commitment to the Brazilian Health Reform (RSB), nor to the SUS."[3] (Reis; Paim, 2018, p. 103). The authors state that private sector participation was actually reinforced during this period.

During Dilma Rousseff's first administration (2011 to 2014), as well as her second (2015 to 2016), which was interrupted by a process that led to her impeachment, "[...] the 'democratic project' (*RSB*) was not prioritized, but only debated and defended by civil society, particularly by entities and institutions linked to the health movement" (Reis; Paim, 2018, p. 109, own translation).

The 15th NHC, held in 2015, with the central theme "Quality public health to take good care of people: the right of the Brazilian people", made several important contributions to the field of communication and health in the SUS, reiterating the inclusion of an exclusive thematic pillar (pillar 6) covering the subject, just as it had at the 12th congress. In addition, references to the field of communication were also made in other thematic pillars.

Pillar 6 (Information, education, and SUS communication policy) was subdivided into four themes: 1) "Information for health education"; 2) "Communication strategies in defense of the SUS"; 3) "Right of access to management information"; and 4) "Popular health education and alternative media". Due to the large volume of contributions identified in the 15th NHC report, totaling 46 items, we opted to select a sample of the most relevant information for this study.

It should be emphasized that pillar 6 of the 15th edition functioned as an extension or continuation of proposals related to Information, Education and Communication (IEC) actions, whose foundations were laid in the 9th and 10th editions of the NHC and which, since then, have become an integral part of health actions now considered essential "[...] inherent to a new paradigm in health care" (Dornelas; Sousa; Mendonça, 2014, p. 275, own translation).

One of the principles of public communication found among the proposals was that of communication as a state policy (guaranteeing resources for the promotion of information and communication policies). In guideline 6.1 of pillar 6 (Information for health education), the report proposes the development and implementation of a "[...] Health Information, Education and Communication Policy [...]" (CNS, 2016) with mechanisms "[...] that favor the protagonism and autonomy of users" (CNS, 2016). In proposal 6.2.10, in the section on communication strategies in defense of the SUS, the delegates voted to establish "[...] a communication policy to promote the SUS as state policy [...]" (CNS, 2016), including a series of actions to be included in this policy. In proposal 6.2.16, there is a recommendation to establish a "[...] National Health Communication Policy in order to coordinate partnerships with the media [...]" (CNS, 2016).

Therefore, in the same thematic pillar, communication is linked to the creation of policies three times. This points to the conference's great interest in state policy-oriented communication, as well as an understanding of its complexity, and suggests an effort by agents of social control to move forward with this proposal.

In addition to the topics centered on the creation of a communication policy or policies for the SUS, the other proposals contain, in essence, the DNA of public communication principles by advocating action in the public interest with a focus on the citizen, as well as ensuring transparency and accountability.

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[3]   The Brazilian Health Reform (RSB) was an important movement in the 20th century, generating significant changes in health policies.

It was therefore possible to identify public communication items in the conference proposals, such as: the guarantee of broad access to information (to the production and dissemination of scientific and technological knowledge to enhance the SUS); the guarantee of resources for the installation of media in areas with difficult access or in isolated areas; the creation of a television channel to promote projects, work plans and accountability; the creation and strengthening of communication channels between health councils; the guarantee of access to information in the management of the SUS for social control and for society in a public and transparent manner; among others.

Another principle found in the proposals is to stimulate social participation by creating a communication portal for users to share their experiences and to promote and engage with all forms of communication to mobilize more participation in public hearings on management accountability. There were also items related to the promotion of rights and democracy – such as the promotion of information to users about their rights and duties, through the media, and about how to use the SUS. In this respect, we can see the public policy of strengthening the SUS, ensuring the democratization of access to health information, facilitating interaction, and promoting education from the perspective of collective and dialogical construction. Another element of the proposals is the development of communication and education strategies to build a positive image of the SUS as a right and an asset of the Brazilian people.

The recommendations also contain elements related to listening to society and the importance of focusing on the citizen, by considering: the implementation and strengthening of the ombudsman service in all instances of the SUS public health services network, to guarantee a strategic and democratic space for communication between users and management; and the optimization of health communication mechanisms, stimulating audiovisual productions based on users' perspectives. Inclusion and plurality were also covered in the report, by means of raising awareness among the various user profiles about rights, social control, health promotion and disease prevention, among other examples.

The evaluation shows that the report of the 15th NHC contains, broadly speaking, guidelines and proposals that include principles of public communication, although these principles are not stated or named in the document. Given its many contributions, this edition can be considered one of the most significant in the history of conferences in the field of communication and health. Based on the analysis of the recommendations, the topics could be considered when drawing up a public communication policy for the SUS.

According to key source 3, the 15th NHC was built within a process of strengthening and consolidating the SUS, but the country was already experiencing turbulence on the political scene after the 2014 elections. The aim was to delve deeper into some issues, such as: the quality of services and guaranteed access to health; social participation itself; valuing work and education in health; the issue of financing and the public-private relationship; the discussion on the management of the SUS within the health care model; as well as science, technology and innovation and democratic and popular reforms of the state.

After an edition where communication featured prominently, the 16th NHC (2019), with the central theme of "Democracy and Health", brought fewer contributions related to communication. One proposal was: "Strengthening community participation and agents of social control in the management of the Unified Health System (SUS), improving health councils, ensuring transparency and morality in public management, improving communication between society and managers [...]" (Brazil, 2019, p. 103, own translation).

Other recommendations included: publicity campaigns about the rights of SUS users; the promotion of information about social participation through various channels of the communication systems; the development of strategies to mobilize society to stimulate and strengthen democratic participation in the SUS; ensuring that the charter of rights and duties is revised and promoted; among other topics (Brazil, 2019).

In general, there was a relationship between the 16th edition's proposals for the field of communication and the principles of public communication. For example, they established actions aimed at promoting

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information of public interest with a focus on SUS users, guaranteeing access to information on public health and the functioning of services, as well as mobilizing and encouraging social participation. However, this relationship with the principles of public communication is underlying and not explicit. From a certain point of view, in the 16th NHC (2019), the recommendation to use communication instrumentally, as a tool to promote measures, is more noticeable, while also referring to the commercial and hegemonic model of communication (advertising campaigns).

According to the account of key source 3[4], the 16th NHC was a moment of reaffirmation of the SUS's principles, and was named the 8th + 8, a direct reference to the 8th NHC and the health reform struggle.[5]

It should be noted that, in 2018, Jair Bolsonaro was elected president of Brazil while this conference was being organized. Key source 3's view was that the destruction of the SUS was a pressing issue, given everything that had already been presented in the then candidate's election campaign, including a strong privatizing component. In that moment of confrontation with an anti-democratic government, agents of social control mobilized, regrouping popular forces to support the 16th NHC as a landmark of resistance.

Continuing to refer to the 16th NHC (2019), key source 3 reported that initiatives that should have taken place after this edition did not go ahead because of the pandemic, since the National Health Council had to shift its focus to tackling covid-19.

As regards the political environment, with the impeachment of Dilma Roussef in 2016, interrupting the result of a democratic electoral process, key source 2 commented that there had been an impact on the government's relations with agents of social control. For this key source, Michel Temer's government (2016 to 2018) represented a fracture in the relationship with the councils since it was not open to dialog. This process of fracture preceded a process of effective rupture during Jair Bolsonaro's government (2019 to 2022). In the very first months of the administration, in April 2019, the anti-democratic government published law 9.759/2019[6], which established guidelines, rules and limitations for collegiate bodies in the federal public administration, directly impacting the functioning of public policy councils.

## EVALUATING THE IMPACT OF SOCIAL CONTROL AGENTS ON COMMUNICATION POLICY

According to key source 2[7], from 2003 (Lula's first term) until the end of former President Dilma Rousseff's administration (2016), there was a commitment on the part of the democratic government to establish communication with society. However, they said that in the field of health there is a hegemony of medical discourse as a producer of knowledge. This leads to questions about, for example, the centralization of the authority that controls what is said. For this key source, it is impossible to discuss communication without reflecting on these aspects[8].

This key source also points out that the relationship between the production and communication of knowledge is vertical and prescriptive, as has been seen in the covid-19 pandemic and is materialized in practices that do not encourage the joint construction of strategies that stimulate the emancipation and

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[4]     Interview granted to Ubirajara Rodrigues dos Santos by videoconference through the Zoom platform, Dec. 2022.

[5]     "[...] we reaffirmed there the thematic pillars, which are health as a right, the consolidation of the principles of the SUS and adequate and sufficient funding for the SUS, to face what we already knew was happening and what could be coming, which was specifically an anti-democratic government" (Key Source 3, own translation).

[6]     Repealed by the Lula government on January 1, 2023, through Decree No. 11,371 (Brazil, 2023).

[7]     Interview of Ubirajara Rodrigues dos Santos by videoconference through the Zoom platform, Dec. 2022.

[8]     "[...] I can't discuss communication without thinking about the production of knowledge in health, because you communicate knowledge. And who is producing this knowledge? There is considerable predominance of technical-scientific-biomedical knowledge. This is often what determines the Ministry of Health's structures. That's why it's often the Minister of Health who speaks about public health or with the health authority" (Key Source 2, own translation).

autonomy of the community. To counter the model of communication centered on biomedical knowledge, the interviewee defends the debate on the ecology of knowledge, with popular knowledge[9] being valued.

By bringing up the ecology of knowledge as a way of improving communication between health professionals and the population in the territories, key source 2 raises a point that should be considered in the construction of a public communication policy for SUS, while complying with the principle of equity.

Regarding the drafting of a communication policy, key source 3 said it was obvious that the governments from 2016 onwards had no interest in debating, dialoguing, and building actions with society in a participatory way. The interviewee believes that new perspectives must be built and that the NHCs can help advance the debate on a public communication policy for SUS, including at the 17th NHC itself, held in July 2023. For them, a communication policy must be radically democratic and consider the right to communication as part of the right to health and citizenship (Key source 3).

The three key sources agree that communication and defense of the SUS need to go hand in hand. It is inevitable that this communication should be linked to the principles and guidelines of the SUS, as Araújo and Cardoso (2007) point out. And this connection can be seen in the positioning of the people interviewed[10].

For key source 1, disinformation about health is currently a challenge. There is therefore a concern that the information spread in the health field should be factually accurate, fighting against dogmatic beliefs that prevent individuals from accessing information. In fact, the information should stimulate reflection and decision-making on the part of citizens. The interviewee believes that, in public health, communication today is geared towards the promotion of results, along the lines of commercial marketing, which can be an obstacle to the formulation of a policy.

According to key source 2, the lack of progress in proposing a communication policy is linked to the type of power in place. They also said that the policies proposed by a conference are only implemented if they are in line with the government's agenda. For example, the interviewee pointed out that a communication policy could be a key element in communicating with the population at a time when the Ministry of Health is being rebuilt in the new government of Luiz Inácio Lula da Silva – the interview was granted before he took office in January 2023. For them, the ministry needs to have strategies for dialoguing with society, because communicating with agents of social control is not enough, since this communication is carried out with a focus on organized segments of society, and it is necessary to have strategies aimed at the lower classes.

The interviewee also highlighted that a public communication policy would help to reduce fake news and judicialization, which occurs because the user can't obtain assistance they are entitled to or because they don't understand the extent of their rights. In addition, it is important to have a policy that would help society understand the true nature of the SUS as a universal, equitable and comprehensive policy, as well as confronting the negative agenda of the hegemonic press.

In general, the key sources consider it important to discuss the issue of communication in the field of public health and recognize that the creation of a communication policy would contribute to actions to improve the SUS.

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[9]  "[...] technical-scientific knowledge is important, but so is popular knowledge. Popular knowledge, especially from people in the territory. [...] Communication is dialogue and, as in dialogue, you have to recognize the other person's knowledge. It's an exchange. And, for me, the ecology of knowledge helps the professional to value the knowledge that the subject has of their reality, of their health needs, in order to build another knowledge" (Key source 2, own translation).

[10]  In their statement, key source 1 defended: "First of all, public policy has to be universal, whatever it is. It has to be accessible to every citizen of a community, a municipality, a city, a state, and a federal union, as is the case in Brazil. Secondly, it must strive for truth based on the facts and avoid manipulation and the construction of mistaken beliefs about reality" (Key Source 1, own translation).

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## FINAL CONSIDERATIONS

The research has shown that the issue of communication has been included in the context of conferences, with greater or lesser relevance throughout their history. In the specific proposals on communication policies, there are no direct references to the principles of public communication, although these principles are present in an underlying way, for example when they recommend transparency in public administration, social participation, the right of access to information, communication as a right in the field of public health, among others.

Although the discussion of a communication policy is identified several times during the conferences, demonstrating that agents of social control are interested in the issue, the proposals of these forums have not resulted in the construction and implementation of such a policy, not even in fully democratic presidential administrations (Lula and Dilma). This situation was made worse by the governments of Michel Temer and Jair Bolsonaro, who respectively represented a fracture and rupture with agents of social control, making it difficult to advance social agendas.

The positions of conference participants (key sources) reinforced the concern with the debate on dialogic communication that is also more focused on the interests of the population. It is also clear that these sources adhere to the development and implementation of a communication policy in line with the interests and principles of SUS policy.

One of the aspects to be considered when drawing up a communication policy for the SUS is the discussion of ways of overcoming the technical, medical-centered, vertical, and prescriptive discourse, with the summoning of agents who can contribute to the construction of a line of action that values interaction, dialogue, knowledge, and popular knowledge, which is tangentially related to the assumptions of public communication.

It is hoped that agents of social control will take full ownership of the principles of public communication and use the legal basis of the Federal Constitution and the laws that establish the SUS, in the items relating to communication, making these bases explicit and reinforcing them in discussions and proposals during the conferences, strengthening the case for the construction of a communication policy geared towards the SUS and its needs.

It is also suggested that further studies be carried out on the issues presented here, as a preliminary step towards building new support in this field.

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