

**For a transformational and counter-hegemonic institutionality:
reflections on the unprecedented viable of the Popular Education in
Health Policy in the Brazilian National Health System (PNEPS-SUS)**

Por uma institucionalidade transformadora e contra-hegemônica: reflexões sobre o inédito viável da Política de Educação Popular em Saúde no Sistema Único de Saúde (PNEPS-SUS)

Por una institucionalidad transformadora y contrahegemónica: reflexiones sobre la viabilidad inédita de la Política de Educación Popular en Salud en el Sistema Brasileño de Salud (PNEPS-SUS)

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It is satisfactory to participate in this collective reflection on the Popular Education in Health (PEH) and the National Policy of Popular Education in Health in the Unified Health System (PNEPS-SUS), built with a lot of affection, participation, and commitment, as well as to experience José Ivo's¹ incitements again.

Reflecting on the PEH is deeply necessary in the face of the current moment of the democracy, in which the working class' rights have been abolished, and relevant policies for health and for the quality of life of populations have been deconstructed. We are experienced a real dismantling of the social welfare State project, complemented by the preaching of a fascist social-political culture that persecutes minorities, stimulates hatred and prejudice, destroys the environment in favor of a project for a few people, a conservative and ultraneoliberal project.



To reflect on the justifications and feasibilities of the PNEPS-SUS within the current context, the first step is the need to rescue and reassert the institutionality that guided us to invest on the inclusion of PEH in the Ministry of Health (MoH). This investment started in 2003 with movements of struggle for the institutional recognition and appreciation of popular education in public health policies in the SUS at the beginning of Luiz Inácio Lula da Silva administration and culminated in the achievement of the PNEPS-SUS in 2013 during Dilma Rousseff administration.

The history and the framework that assisted us in the formulation process of this Policy have never promoted illusions, as the contradictions permeating this investment were known. However, we were aware of us disputing the established space of the public health policy in the federal administration in that popular democratic scenario. When I signal contradictions, I mean that we were certain that we still had a very conservative State, although we had built a favorable correlation of forces to elect a government open to democratization and popular participation, as well as to PEH itself.

As PEH is a field “full of ideology”, according to Paulo Freire, refractory to oppressions, authoritarianisms, and life commoditization, it was evident that we would find resistance in instituting it as public policy, as it opposes the interests of sectors that dominate the political scene².

Our intentionality and conception of public policy in the formulation of the PNEPS indicated it as a device that provides encounters, opening new possibilities for dialog, for listening, and for shared construction, whether among SUS users, popular caregivers, between services and communities, or between public health management and citizens. These spaces are permeated by the PEH political-pedagogical perspective, which aims at critical reading of reality, problematization, and identification of issues that interfere in health social determination. When recognized and used, this perspective ends up changing our ways of acting, managing, caring, etc.

Thus, even if we had governments committed to the construction of a “popular democratic project of society”, to paraphrase the PNEPS-SUS, it was known that the capital forces were still dominating the national public space through the instituted power of the Brazilian elite.

Interests against the real participation of popular power in the definition of national destinations, the choice of which development project to invest in, whether in health, economy, communication, justice, among other sectors, were revealed in the public pursue promoted by the media, fostered by the conservative representations present in the Federal Chamber, and the proposal for the institution of the National Social Participation Policy indicated by the Federal Government in 2014, “centrality of culture in the political praxis for the transformation of the State in search of a society for all, where freedom is not just a right, but a collective experience”^{3,4}.

Therefore, the perspective on which the institutionalization of this field of practices is based on, originated from knowledge and manners of organizing the popular classes’ life, which is the PEH, not very close to the State’s institutional administration, was never the traditional one. The institutionality that motivated us was not the bureaucratic legalist one, although we do not deny its importance, as it enabled the existence



of official principles and guidelines of the PEH in the legal framework that guides the implementation of the SUS. We did dispute and conquer the institutionalization of the PNEPS-SUS through a legal instrument which allowed its principles to add to those already constitutionally conquered, idealized in the Sanitary Reform Movement. However, our main investment has always been on a fluid and subjective institutionality, considering that its main materialization would be through the dialogical process, convincing or mobilizing actors, whether they are health workers, students, participants in social movements, educators, caregivers, or advisers. This conviction would not be something merely imposing, derived from legal force, but sensitive to the desire, the world view that was wished to convey when embracing such principles, practices, methodologies and intentionalities in daily actions, i.e., when assuming the leading role with the necessary transformation processes indicated in this Policy.

When reflecting on the consequences of the institutionalization stage process experienced until 2014, we identified its contribution to the democratization of access to health and the very space of social control in health. In rescuing historicity, we perceive that the dialog and listening initiative, as well as the approach and recognition of the demands of disadvantaged segments in society, such as the rural, LGBTQI+, and black-skinned populations, were originated in the spaces developed in this construction and formulation processes of PEH in the MoH. This approach was configured in a movement for rights, which was strengthened and ended up being projected in the institutionalization of the Team Promotion Committees, which elaborated the Equality Promotion Policies. Regarding social control, the representation diversity of the civil society democratically promoted in the National Health Council is evident, which expanded to the network of municipal and state councils by accepting representations of these segments historically excluded from the decision-making process and from participation in the SUS. The insertion of the Paulo Freire Tents in the national health conferences starting at the 14th National Health Conference (CNS) also symbolizes how close PEH was and how it was recognized by the space of social control in the search processes for democratization.

It is also perceived how this investment contributed for the democratization of PEH itself. Certainly, this process was built *pari passu* to the development and the achievements of the digital age, which has brought new manners of participation and access to information and knowledge that, although contradictory, cannot be disregarded. It is explicit how much PEH has been spread by being a reference, reaching previously unlikely places if there was not an educator already engaged in the popular education movement. It was not common, as currently experienced, to find an unknown young worker on conversation circles, to bring the PEH framework as basis and inspiration for their practices.

We must also point out the contribution brought by the PNEPS-SUS to the progressive field in the management of the public policies. Having kindness, dialog, and emancipation as guiding principles of the SUS inspires other sectors. Recently, this contribution was evidenced in a lecture presented by the great jurist Zé Geraldo, former-rector of the UNB, at a seminar on democracy and politics in the context of the 16th CNS, when he asserted that he was delighted when he knew the PNEPS-SUS, as he found the most radical and beautiful construction in the context of public policies. His speech instigates us to re-identify our power, to believe in our capacity for transformation and action.



Currently, the PNEPS-SUS is abandoned by the current Ministry of Health management, in which PEH has been restrained, or rather censored and prohibited from appearing as a concept in institutional publications. Even the technical area responsible for its implementation has been eliminated from the ministerial structure. Right now, rethinking this institutional framework is important for us to break barriers, overcome fears and frustrations that this chaotic period may have caused, contributing to stimulate us to continue strengthening our practices and to have hope, instigated by the power of our actions and practices.

Therefore, it seems to me that we must indeed continue defending and promoting the PNEPS-SUS, but through other institutionality forms, more aligned with the process of building the counter-hegemony to which we are historically aligned. This institutionality motivates us to act, to strengthen the organization of our collectives and movements, to intensify our production and systematization of knowledge, whether in instituted spaces of universities, training centers, or together with our movements. In addition, it encourages us to search ways to dialog with the services, workers and users, as well as with municipal and state administrations that identify with PEH.

I believe that the reasons supporting the importance of the PNEPS-SUS in the current scenario are more than evident; its framework points to a project of society and human being opposed to what currently dominates the national public space. Promoting the PNEPS-SUS means defending the democratization of health, of policies, and of social relations.

Conflict of interest

The author have no conflict of interest to declare.

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Editor

Antonio Python Cyrino

Associated editor

Pedro José Santos Carneiro Cruz

Translator

Helena Maria Scherlowski Leal David

Submitted on

07/27/20

Approved on

10/08/20



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