

Editorial

Repercussions of the XII São Paulo's Congress of Public Health

Once again, the Journal "Saúde e Sociedade" allows us to revisit a São Paulo Congress of Public Health through the presentation of a choice of conferences and the presence, in its agenda, of the critical, democratic spirit of our congresses. This time it is the XII Congress, which had as theme for the debates the motto "Health and Rights: Choices to build the National Health System (SUS)".

The call for this congress stated that "it is a time of changes in Brazilian society, when economic growth and the increase in credit and consumption are in the political agenda and in the routine of each citizen". The health sector is not immune to this context.

When the Congress happened - October 2011 - ten months had been gone of new governments and new agendas, in the federal and state spheres. Constitutional Amendment No. 29 had been approved and society discussed how to finance it. Mainstream media's agenda was (and still is) discussing in a systematic way the "handicaps" of SUS. We remembered that there was a growth (and there still is) in the number of health insurance plans' users, and that some management alternatives were being modeled (they still are), as well as different forms of public-private partnerships. Debate was tense and remains that way until now. At the universities and care units there were some movements towards changes in professional training, in the ways research is conducted, in routine practices and care, which persist until now; the question is how to support small changes introduced by public funding. The 14th National Conference on Health declared SUS a national patrimony, and the fight for this desideratum continues!

In this sense, the letter of São Bernardo do Campo, locus of the XII Congress, announced some of the clamors for the continuity of the intense work that has to be done towards the consolidation of SUS as this national patrimony. Above all, (1) health as a

citizenship right, articulated with a social protection agenda, and (2) the defense of life as a decisive principle that will orientate our technical-political choices, since the life of each one, in the context of everyone's life, is worth - not only the lives of some. We reaffirm: (3) our unconditional commitment to a privilege free access to health services, in an opposite stand to the state law that creates a 'double door' favoring the access of private insurance holders to state health care units which are being managed by health social organizations; (4) SUS as a winning ethical-political project for producing active beings that can work towards citizenship and health, defend dignity and liberty, therefore as a social construction that requires permanent commitment of everyone to fight for its continuity; (5) the urgent need of expansion of SUS financing, within the framework of Social Security, as a guarantee of a universal public system. We recognize (6) the management of work and education in health as a strategic agenda for consolidating and developing SUS and (7) the need of incorporating technology, which should be done according to efficiency and efficacy criteria and the perspective of effectiveness in each concrete context, in order to ensure fairness - and not according to market logic. We understand the importance of (8) maintaining macro political struggle articulated and in dialogue with the micro political production of everyday life, and also (9) of supporting local spaces to improve their possibilities of answering to local and regional needs and characteristics, including through policies. We declare (10) the urgency in policy making and organization of care networks that enhance primary health care, putting it in the center of attention (in order to take into account the many dimensions of health), and that actively promote equity, universality and comprehensiveness of care; (11) the need of establishing estate regulatory mechanisms that can defend public, collective interests in the context of the dispute between public and private that goes through health production. It seems to us necessary to assume (12) the urgent ruptures with

dominant models when we make choices in SUS' different agendas, as well as (13) the commitment to the principles of Brazilian Psychiatric Reform, antimanicomial, striving to strengthen a network oriented by the conviction that care is possible only in liberty: a network that rejects therapeutic communities and compulsory hospitalization.

The four main conferences of the Congress depicted a lot of this clamor.

Emerson Merhy explored certain fields of tension that are in operation in the field of health "under the perspectivism that any life is worth and bringing the place of practice as a key point to the effective production of new ways of producing lives". He resorts to authors of micro politics and schizoanalysis, and tries and conduct a reflection about the implications of this "constructive regard".

Rudá Ricci presented a critical analysis of social participation during the Lula government, sketching the differences between social mobilization, social movements and social organizations; he launched the hypothesis that the genuine struggle for rights, conducted in the past by social movements, was in decline, now replaced by "social organizations" competing in the "market" of public resources, which makes the fight for rights a secondary objective.

Helvécio Miranda presented the conference "Technical and political management of SUS: which choices must be made, which must be avoided?" He emphasized that we should avoid, in the health system, a logic in which its units do not communicate, and choose a Healthcare Network integrated by horizontal relationships between the care services. Basic care must be the center of communication; the network must be focused in the health needs of

the population, offering continuous, coordinated, shared and full care. Finally, it should act under the aegis of multidisciplinary care, sharing objectives and commitment to the health outcomes of population, effectiveness and equity.

Luís Cecílio discussed about how not to do more of the same, searching for innovations in the production of care, practices and knowledge. He travelled through five theoretical-practical questions: (1) the chimera of health primary care; (2) the "produced user" and the "producer user"; (3) the disjunction between the time of the managers, the time of the health team and the time of the user; (4) the feeling of strangeness of managers with micro political space in health management; (5) the multiple systems that regulate access and consumption of health services, or the operation of real SUS as a social production. Luis Cecílio makes us put into the agenda the statement and the implications that, like it or not, all rule!

The editors of *Saúde e Sociedade* and São Paulo Association of Public Health have chosen the conferences of Emerson Merhy and Luis Cecílio to be shared in the form of articles with the readers of the Journal. Enjoy yourselves!

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