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SOCIAL PARTICIPATION: THE LIMITS AND POSSIBILITIES OF COLLECTIVE CONSTRUCTION IN THE UNIFIED HEALTH SYSTEM, BRAZIL

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Summary

Collective constructions take place in different spaces, in the context of the State, we have instances of social participation, standardized in social policies as potential places to strengthen the Unified Health System – SUS. This article seeks to present a research project that aims to understand and rethink the limits and possibilities of social participation in the SUS based on the thought of Floreal Antonio Ferrara. To this end, a bibliographic review was carried out in Marxist journals and critical tradition with a view to understanding the term "social participation", as well as seeking to explore the limits and

possibilities of this institutionalized field in health policy, based on the thought of Floreal Antonio Ferrara. We intend to critically explain the term "social participation" and its similars to promote a critical discussion about the limits and institutional possibilities of this practice, as well as to rethink it.

Keywords: Social participation; Unified Health System; Floreal Antonio Ferrara; State; Marxist tradition.

<p>PARTICIPAÇÃO SOCIAL: OS LIMITES E AS POSSIBILIDADES DA CONSTRUÇÃO COLETIVA NO SISTEMA ÚNICO DE SAÚDE, BRASIL</p> <p>Resumo: As construções coletivas se dão em diferentes espaços, no contexto do Estado, temos as instâncias de participação social, normatizadas nas políticas sociais como locais em potência para fortalecer o Sistema Único de Saúde – SUS. Este artigo busca apresentar um projeto de pesquisa que visa compreender e repensar os limites e possibilidades da participação social no SUS com respaldo no pensamento de Floreal Antonio Ferrara. Para tal foi realizada uma revisão bibliográfica em revistas marxistas e de tradição crítica com vistas a compreender o termo “participação social”, assim como, buscou-se explorar limites e possibilidades deste campo institucionalizado na política de saúde, com respaldo no pensamento de Floreal Antonio Ferrara. Pretendemos explicitar criticamente o termo “participação social” e seus semelhantes para promover uma discussão crítica sobre os limites e possibilidades institucionais desta prática, bem como, repensá-la.</p> <p>Descritores: Participação social; Sistema único de saúde; Floreal</p>	<p>SOCIAL PARTICIPATION: THE LIMITS AND POSSIBILITIES OF COLLECTIVE CONSTRUCTION IN THE <i>SISTEMA ÚNICO DE SAÚDE</i>, BRAZIL</p> <p>Abstract: Collective constructions take place in different spaces, in the context of the State, we have instances of social participation, standardized in social policies as potential places to strengthen the <i>Sistema Único de Saúde</i> – SUS. This article seeks to present a research project that aims to understand and rethink the limits and possibilities of social participation in the SUS, supported by the thoughts of Floreal Antonio Ferrara. To this end, a bibliographical review was carried out in Marxist and critical tradition magazines with a view to understanding the term “social participation”, as well as seeking to explore limits and possibilities of this institutionalized field in health policy, supported by the thought of Floreal Antonio Ferrara. We intend to critically explain the term “social participation” and its similar terms to promote a critical discussion about the institutional limits and possibilities of this practice, as well as rethinking it.</p>
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Antonio Ferrara; Estado; Tradição marxista.	Descriptors: Social participation; Unified health system; Floreal Antonio Ferrara; State; Marxist tradition.
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INTRODUCTION

Social participation is regulated in the Unified Health System (SUS) through the Organic Health Law, under No. 8,142/901.¹ It emerges as an integral part of the Brazilian health movement and is legitimized in the Federal Constitution of 1982 as one of the principles of the SUS.^{2,3} Institutionally inaugurated through the VIII National Health Conference of 1963, social participation, broadly speaking, refers to the possibility of health policy users participating in deliberative instances of the SUS, composing the decision-making of the unified system. It is important to highlight the advance that this achievement represents for the construction of democracy in Brazilian institutions, however, it cannot be forgotten that despite having been implemented due to the tension of progressive forces, this management logic faces great challenges after its regulation with the Federal Constitution of 1988, given the new capitalist wave in its neoliberal phase that undermined and undermines a large part of the civilizational achievements in health within the State. The contextual political limits and challenges of the SUS remind us that the State is always at the service of the bourgeois logic of sociability, it is in the face of this that we see the privatist health project standing out, to the detriment of the health reform project.

It is based on the idea that the State cannot be taken as something external to capital, especially the current effects of the dynamics of contemporary capitalism and its crisis with frontal attacks on social rights. It is considered that the State/Capital relationship must be understood by its organic aspect. This means understanding that there is no separation between the State and capital and that the relations between them are not only relations of exteriority.⁴⁽⁹⁾

Spaces for social participation are increasingly co-opted by conservative, neo-fascist and pro-capitalist social segments, fostered by public-private partnerships that have dominated the Brazilian health scenario since the birth of the SUS, making the possibilities of a progressive political direction that actually makes the collective management of social health policy unfeasible.

In this way, we recognize the abysmal distance from what was drawn by the legal frameworks – within the dictates of the bourgeois State – and what is actually effective in the daily life of popular participation in health institutions.

In view of this perspective, we aim to rescue in a master's research inserted in the Collective Health Program of the Federal University of São Paulo – PPGSC⁵ the thought of the Argentine Marxist sanitarian, Floreal Antonio Ferrara,⁶ on social participation in health. Aiming to rethink the limits and institutional possibilities of this practice in the SUS. This Latin American author, in his work entitled "*Teoría Política y Salud - tomo tercero - Las desdichas de la Atención de la Salud*", published in 1995 in the province of Buenos Aires/Argentina,⁷ in addition to resuming the main concepts and approaches of social participation in health from a critical Marxist perspective, presents a scenario of practical possibilities for its exercise in the face of the political-economic conjuncture that Argentina found itself in in the middle of the of the 1980s. In summary, through a literature review, we sought to understand the term "social participation", as well as to explore the limits and possibilities of this institutionalized practice in the SUS, in the current Brazilian scenario. Finally, we emphasize that the discussions presented in this article are a preview of a master's research that is still in progress.

DEVELOPMENT OF THE TEXT

Floreal Antonio Ferrara, born on June 7, 1924, was an important Argentine health activist, politician and sanitarian, as well as a socialist and Peronist. He was born in Punta-Alta, a province just south of Buenos Aires, the son of a Yugoslav anarchist carpenter and a Spanish housewife. He graduated in Medicine from the Universidad Nacional de La Plata in 1950, became a specialist in Cardiology in 1953 and in Social Medicine in 1964.⁶ Throughout his career, he has published several relevant publications to guide the imbrication of politics and health, as well as demarcating health as a result and an integral part of capitalist social relations.

In addition, he received several recognitions related to the academic area and the institutional practices exercised. He served as Minister of Health twice in the Province of Buenos Aires, the first time in 1973 and the second time between 1987 and 1988, a period

in which he was concerned with structuring and even idealizing health practices combined with a broad and critical perspective.

During his last tenure as Minister of Health, he built the so-called Home Outpatient Health Care (ATAMDOS),⁶ a public health system that understood the need to decentralize disease care in the hospital sphere in order to migrate care practices to a comprehensive perspective in outpatient and home care, with a focus on health promotion and disease prevention. Formed by a multiprofessional team, ATAMDOS was composed of doctors, nurses, psychologists, social workers, biochemists and dental surgeons who are responsible for the care of families in a given territorial area. The way this health practice was organized was revolutionary, as not only the technicians built the daily practices of health management, but also the users and patients of the territory, composing what we know in Brazilian social policies as social control of institutional spaces. Workers and patients met to compose assemblies, appoint administrative councils, while financial management was also conducted by health service users. In this way, this system worked on the concept of co-responsibility of the subjects over public goods and services.

Floreal died at the age of 85, having dedicated his life to teaching and to the political and social struggle in the field of health.⁶ It is in this context that Floreal Antonio Ferrara begins to be rescued, albeit in an incipient way, by scholars of the Marxist tradition in his country of origin, Argentina, and also in Brazil. In Argentina, we can already find websites that compile his works and trajectory,⁸ as well as the "*Escuela de Gobierno en Salud Floreal Ferrara*",⁹ an institutional space in the health sector of the province of Buenos Aires aimed at continuing education at secondary, technical and higher levels.

And it is based on his trajectory and the emergence of repoliticizing the collective management of health in Brazil, that we rescue this forgotten Latin American Marxist thinker, in order to foster a critical discussion on the construction of social participation, aiming to understand the limits and possibilities of this practice in the institutional field.

We know that even under intense disputes, social participation is law in SUS¹ recommended from the Social Security chapter and Health Section of the Federal Constitution of 1988.² Among the political divergences around the term (social participation, community participation, or even social control), roughly speaking, it is the

possibility of civil society participating in the decision-making bodies of the health system, deliberating and interfering with collective interests, a fact that means an essential advance for the democratization of institutions in Brazilian society. Social participation has been an important guideline for the development of the SUS, as well as universality and integrality, key concepts of this public structure.

The main way in which social participation is materialized is through health councils and conferences, which have had specific legislation since 1990 in Brazil. These are the legal instruments that guide its practice and development in the daily routine of public health services. According to what is provided for in the Organic Health Law,¹ health councils must be composed of users, managers, public and private providers and health workers, built in a permanent and equal manner. Thus, the participants of the councils have the role of discussing, elaborating and inspecting health services in favor of collective health in each sphere of government. Health conferences, on the other hand, meet every 4 years, also with various social representations, to assess the country's health situation and, based on this, propose guidelines for the construction of health policies in each sphere of government. In this way, the participation of the population is seen as a possibility to democratize power relations in public spaces.

These spaces are considered essential for the effectiveness of an institutional democratic practice and were idealized in a context of social mobilization, however, implemented some time later, already in a scenario of regression of social rights, attacks against workers' organization and, mainly, the emergence of neoliberalism in Brazil, which brought limits and contextual challenges to the democratic construction of the SUS.¹⁰

Even so, aiming at the construction of a collective institutional management, the councils and conferences were implemented in all spheres of government, thus municipal, state and federal.

The breadth of the field of action of the health councils, in addition to being valuable, is extensive. As an example, the institution of health councils meets the legal requirement established for the transfer of state or federal financial resources to the health sector. Its performance and variety of competencies mean that, nowadays, all Brazilian municipalities have a health council.¹¹⁽¹³⁾

Even recognizing the advances that health councils and conferences mean, what is increasingly being observed are the limits, the co-optation of these spaces and the

small possibilities, which reflect the low effectiveness of a de facto collective management.

There is a huge distance between the proposal of social participation thought up by the health movement and, in a way, designed by the legal frameworks and what is actually effective in the Brazilian health system, even if one weighs the understanding that the SUS is a health policy subordinated to the frameworks of the capitalist production system and would not distance itself from a reformist perspective.

It is important to recognize the limits that public policies have, especially in the context of contemporary capitalism, in which the State is increasingly associated with the interests of neoliberal reforms under the dictate of capital of financial dominance. The adoption of restrictive economic policies, processes of liberalization and opening of markets has been frequent in the Brazilian State, with the advance of privatizations, in general and in health in particular, especially throughout the 1990s, 2000s and 2010s.¹²⁽⁹⁾

It is in this context that the institutional spaces of collective construction end, as they are directly influenced by private interests, which are often crossed by the public-private partnerships that dominate the health services of the SUS in the guise of Social Health Organizations (OSS).

It is these conservative and reactionary partnerships that have dominated the management of health equipment since the birth of the SUS and make the progressive political direction of collective spaces unfeasible, making it difficult to articulate and organize the institutional political struggle.¹³ As Carnut and Ianni¹⁴ warn:

There is a loss of the political capacity of the councils and conferences as a space for institutional resistance. Even admitting the limits of parliamentary representative democracy, there is a cantillation in "making up for democratic deficits" in the traditional way of formulating public policies restricted to managers, technicians and government bureaucracy, as well as parliamentarians.¹⁴⁽²⁾

It is in this context that the repoliticization of the debates involving the management and socialization of health services becomes increasingly urgent, and it is essential to politically direct the discussions on what social participation means in the current scenario of predominance of increasingly private interests, dictated by capitalism in its financial era. In addition, it is necessary to understand that these spaces idealized by the

institutionalized movement of Brazilian health reform need to overcome the barriers of the State in search of an organized political popular construction.

However, despite the advances of the health movement, the mere occupation of the state apparatus without its "breaking" led to the bureaucratization of the movement and the demobilization of its already small popular base. Therefore, without a totalizing perspective of health as a radical need, and which necessarily permeates an anti-capitalist political position, we are doomed to bureaucratization and the discarding of the demands and needs of the dominated classes.^{15 (272)}

The depoliticization of subjects, fed by institutional spaces, is one of the obstacles to collective practices that can initiate contestations to capitalist social relations. Even if there is no possibility of guaranteeing or achieving societal transformations due to the limited nature of institutional struggles, practices linked to health reform perspectives can awaken and stimulate health political awareness. In this sense, rescuing the origins of the term in the Marxist social tradition to carry out reflections, considering the structural and historical-political totality, has been a fundamental investment to illuminate a critique of these institutionalized social practices and struggles.

Even recognizing the historical difference between the moments of 1980 and the current Brazilian scenario, we agree that the study of the past is only relevant when it is at the service of the present; and, in this sense, thinking historically means thinking politically.¹⁶ For this reason, as much as rescuing Ferrara's work may seem an anachronistic procedure or even unprofitable for thinking about the political-economic conjuncture in which social participation in the SUS finds itself today, Chesnaux¹⁶ also offers us this maxim about the 'political value' of thinking about history. Furthermore, we understand that the current scenario is a propitious moment to requalify the institutionalized forms of social participation, overcoming their limits towards a more radical and repoliticized democratic action.¹⁴

We demarcate that this study is a social research with a qualitative approach and to operationalize the specific objectives of this study we will use three methods of data collection and analysis, thus seeking to achieve the proposed end. The theoretical and methodological framework adopted in this project is in line with the studies referenced in the Marxist social tradition.

At first, in order to understand the category "social participation" in the light of historical-dialectical materialism, we will carry out a systematic critical bibliographic review in academic journals that are established in this field, as it is believed that through this path it becomes possible to advance in the understanding of the mentioned category. Systematic review as a way to search the literature using explicit and reliable methods.¹⁷ The review will be guided by the following question: What does the Marxist scientific literature present about social participation and health? Marxist scientific journals and also journals that contemplate critical thinking were considered for the construction of this study, all in the online modality, which possibly publish and have a relationship with the theme of social participation. In general, for the selection of journals, the title and scope of publication of the journals were previously read, seeking to identify possible proximity to the object of study of this research. The criterion for selecting these journals was based on the critical content presented. At the end of the search, we obtained a total of 100 online platforms of critical content for consultation.

At first, in the tracking phase, we used the Google tool to search the Sucupira Platform, Fundação Coordenação de Aperfeiçoamento de Pessoal de Nível Superior – CAPES and, on the search page of this *website*, the following fields were filled in: "Classification Event" where we checked the option "Classification of journals quadrennium 2017–2020", we also filled in the field "Evaluation Area" with the option "Social Work". From this, a table file in Excel format was generated. A total of 1,134 journals were found and, through the tool's own filter, we selected only the online journals that contained the word "SOCIAL" in their title, thus, 59 national and international journals were left for data analysis. In addition, 38 other Marxist digital platforms that also had the potential to present the studied theme were selected from an exploratory search on Google, given its critical scope. Finally, through an exploratory search on Google, we identified 13 annals of events that had in their scope a proposal to foster discussions from a critical and Marxist perspective.

After excluding the platforms that only publish articles in physical form, 39 national online journals, 48 international online journals and 13 annals of national congresses remained. On the platforms, the following words were used as free terms: "social participation", "social control", "social management", "collective management",

"community participation", "democratic management", "participatory management", "health conference" and "management council", it is important to note that the searches took place in Portuguese, English and Spanish. In addition, the combinations of the primary free terms with the additional "*andsaúde*", "*and SUS*" and "*and Sistema Único de Saúde*" were used as secondary free terms. All primary free terms that identified more than 50 publications were selected for this second stage. At the end of the searches for primary and secondary terms, 2,037 publications were found.

At the time of analysis of these findings, publications that contain an entire volume will be excluded; Tests; Reports; complete dissertations; book summaries and chapters; Interviews. As an excerpt, the abstracts will also be read in order to understand the adequacy of the article to the proposed theoretical discussion.

The articles that correspond to the search, based on the reading of their title, will be selected for prior interpretation of their abstracts, from then on the final selection of the productions that fit the specific theme of the study will take place. To unravel the eligible articles, Critical Content Analysis will be used, since the understanding of the totality of the contents is beyond words, but also includes the understanding of historical, political and cultural contexts.

The critical content analysis reveals what text is about (Galda, Ash, & Cullinan, 2000). Therefore, the text is not limited to words but can also include any object, such as pictures and other images, that hold meaning for someone or is produced to have meaning (Krippendorff, 2004, p. 19). [...] Thus, the critical content analysis is an appropriate method to utilize while investigating [...] artifacts such as books and pictures as it allows the researcher to look at both text and pictures.¹⁸⁽⁶¹⁾

Critical content analysis consists of the following phases: a) deciding on a research proposal and possible questions, b) selecting and reading the text for analysis, c) delving within a critical theoretical framework and selecting relevant principles, d) exploring the socio-historical and cultural context of the text, e) reading related research studies, f) considering one's own positionality related to the research objective and text, g) examine issues of power throughout the text (closure, agency, and focusing); h) determine the unit of analysis and organize the data analysis, i) engage in the attentive reading of the texts using the analytical tools and theoretical principles, j) revisit the theory and the texts, write theoretical memoranda.¹⁹

Reviewing the content of Marxist studies is a challenge²⁰, but it is believed that this is an important way to answer the research question, unveiling with greater precision the category of social participation in the light of historical-dialectical materialism.

In a second moment, we will continue with the reading of volume three of the work "*Teoría Política y Salud - tomo tercero - Las desdichas de la Atención de la Salud*" developed by Floreal Antonio Ferrara,⁷ carrying out a critical and systematized analysis of this production, resorting to the use of Critical Content Analysis²⁰. Such an analysis recommends points to be identified in the text, helping the reader to unveil the power relations that the writing of a content can, perhaps, mask. The objective is to identify the main points of work⁷ that help in the construction of a reflection on the category "social participation" in the current Brazilian scenario in the face of the advance of the interests of contemporary capitalism.

The process of content analysis does not take place in a neutral way¹⁹. This method recommends some elements, such as selecting and reading texts, performing in-depth reading with the contribution of a critical theory – in this case, Marxism –, selecting fragments of the text, exploring the sociocultural and also historical context of the text. In addition, the aforementioned authors advocate that the researcher's own implication and position in relation to the theme should be considered, examining issues of power relations through the text, determining units of analysis and organizing the information in a systematic way about what the author presents about the construction of the understanding of the concept/category/argument under analysis, which in the case of this study will be that of "social participation".

In the last moment of this research, we hope to unveil the concept of "social participation" in the light of historical-dialectical materialism, based on what we found in the selected articles and with support in the understanding of the theme of the thinker Floreal Antonio Ferrara. From this, we will continue with a qualitative meta-synthesis on the challenges and contradictions posed in the practices of social participation in the SUS. We will analyze and interpret the results of this synthesis in the light of Floreal Antonio Ferrara's thought on the category of social participation.

It is important to highlight that for such an act, the context in which these practices occur will be demarcated, thus resorting to the category of social totality that has as a

corollary, historicity.²¹ Our objective is to stress the limits of institutionalized practice, which has been transfigured in the last 30 years in the SUS, as social participation. In this context, it is intended to think about future ways to reorient the positioning, as well as the practices of social participation in the SUS, since the results of a social research must be relevant to the field of practice and to the solution of problems in practice.²²

In summary, through the critical eye and the Marxist tradition, this research project seeks to rescue the Latin American political thought Floreal Antonio Ferrara to rethink social participation in the SUS in the current Brazilian scenario, embodied by health councils and conferences, unraveling the limits and possibilities of this practice within the State.

FINAL CONSIDERATIONS

To make a more in-depth explanation of the terms "social control and participation" in this context represents a challenge, since we believe that through Marxist social theory, we can elucidate that these categories invariably lead to the construction of a popular health whose role of state tutelage is questioned. In this sense, we intend to unravel the limits and possibilities of collective management practices in health within the State.

Just as Marxist-based studies can bring a better understanding of these categories, Floreal Antonio Ferrara's perception of the theme can promote a critical discussion, thus contributing to the studies proposed by Brazilian public health, at a time when the devastation of budget funds for social policies is increasingly compromised, evidencing the structural crisis of capital, which has been deepening under the aegis of the expansion of neo-fascist thoughts and practices.

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