

The 8th Brazilian Congress of Social and Human Sciences in Health: contributions and prospects for publication in Collective Health journals

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The 8th Brazilian Congress of Social and Human Sciences in Health (CBCSHS, in the Portuguese acronym) was held in September 2019 in João Pessoa (Paraíba State), with 2,168 participants. More than 1,900 people registered, and 1,215 papers were presented. This was an increase of more than 100% in the number of participants compared to the previous edition, illustrating the continuous expansion of this inter-trans-multidisciplinary field.

With the theme “Equality in differences: the shared construction of the good life and the Unified National Health System”, the 8th CBCSHS found a unique linkage between the concepts developed in the framework of scientific knowledge and the causes defended by social movements. This was the case of shared construction of the good life, a concept that was developed to include the shared construction of knowledge, an emancipatory methodology developed by Popular Health Education¹, and the good life, a term from the worldview of indigenous peoples². The concept of the good life means strengthening community relations with solidarity, based on reciprocity and respect for differences and the diversity of peoples, aimed at building a way of life in which the population’s needs are harmonized with the preservation of life, biodiversity, and equilibrium in all life systems².

The congress also featured discussions on Epistemologies of the South that aim to rethink the world based on knowledge and practices from the Global South (not to be confused with the geographic South), starting with insurgent epistemologies in the critique of knowledge colonialism and epistemicides, assuming that there can be no global justice without cognitive global justice³.

Uniting anti-colonialist causes and critiques of contentism, these conceptual innovations result from intense interaction between members of social movements and researchers (and often people that are both of these). The first question that the congress motto raises is: how can we incorporate such conceptual innovations of a political and epistemological nature in our science journals and events?

For eight years, the CBCSHS editions have included thematic groups in the congress program in order to organize the presentation of papers as in other events in the Social Sciences⁴. There were 29 thematic groups in the program in the 8th CBCSHS, and for the first time the coordinators included graduate students.

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The thematic groups reaffirmed such fundamental agendas as the necessary synergy between social movements and the Brazilian Unified National Health System (SUS) in building and defending the right to health, the shared construction of the SUS, gender equality, and sexual and reproductive rights. The inter-sector perspective appeared strongly in the discussion on the Promotion of Racial Equality, in the discussions on race, gender, and disability, with the order of the day featuring the need to analyze the intersections between various categories that speak of identity expressions and strengths, as well as subjections (on grounds of race, ethnicity, sexuality, and disability). The theme of care also emerged in the recognition of treatment itineraries and intersections in the context of vulnerabilities and from the perspective of plural forms of knowledge and experiences.

An analysis of the scenarios with setbacks and loss of rights due to the imposition of ultra-neoliberal policies and the resistance to them were also constant topics in the thematic groups, featuring the discussion on social and political challenges for dealing with the setbacks to Sexual and Reproductive Rights (abortion, contraception), care in STDs/HIV/AIDS, psychosocial care, and workers' health. Not by chance, the theme of vulnerabilities and health was part of the thematic group with the most papers registered at the 8th CBCSHS. This also featured the discussion on the Defense of the SUS in association with the Good Life Perspective and the obstacles in Brazil's current political and social situation, as well as prospects for confronting such challenges. There was also a strong focus on the discussion on the Health of the Black and Indigenous Populations in a context of vulnerability and racism.

Health inequities were addressed in various thematic groups and workshops in the analysis of life trajectories, habits, and health behaviors, systematic forms of illness, race/color, violence, and interventions and confrontations of their social determinants. The congress focused decisively on regional inequities in science and technology that still characterize science production in Collective Health in Brazil and the need to deconstruct and overcome such models. Decolonization was also a recurrent theme in the discussion on Health Communication (in the study on medias, strategies, and methodologies that favor the decolonization process) and the discussion on the affirmation of emancipatory knowledge and practices in health systems and traditions of cure in Brazil. Concepts such as necropower and environmental racism set the tone of urgency in establishing strategic reflections on macrosocial logics in times of ultra-neoliberalism. This featured studies on populations in extreme vulnerability such as the thematic groups that discussed health in Brazilian prisons and more specifically the health of women inmates, as well as the health of migrants, refugees, homeless, and other vulnerable groups.

Reports of experiences fostered critical thinking on interventions and transmission of lessons from experiences. This modality of presentations accounted for 35% of the 1,215 papers in the congress. Likewise, the results of extension projects and reports of experiences do not always enjoy the same receptiveness as research articles in our science journals.

Finally, feminist, anti-institutionalization, and anti-prohibitionist causes were present in the program activities in the 8th CBCSHS, as well as indigenous leaders, the black movement, and LGBT movement, creating a mosaic of individuals, collectives, and institutions that increasingly sustain concepts immersed in causes. If our science journals and events have become increasingly receptive to interdisciplinary studies and studies on inter-sector policies, it would be appropriate to do the same with the wide range of intersectional approaches that activists participating in the 8th CBCSHS adopted in the round table debates.

The 8th CBCSHS issued a clear message that the epistemological dimension is as central to public health as the political dimension. The congress placed squarely on the agenda the necessary reintegration of participatory methodologies in a profound perspective of ecology of knowledge, involving health professionals, collectives, communities, and social movements, practices that are often viewed with mistrust by more conservative editorial boards.

The emergence and dissemination of new epistemologies that aim to question established scientific practices, promote epistemological plurality, and encourage the production of knowledge emerging and legitimized in the Global South is encouraging, welcome, and necessary. It is important for journals in the Collective Health field to be open to epistemological and methodological innovations and new thematic objects in building knowledge in Collective Health.

Contributors

M. B. B. Silva contributed to the data collection and analysis, final revision of the manuscript, and other stages in preparing the manuscript. S. F. Deslandes and J. A. B. Iriart contributed to the data analysis and final revision of the manuscript.

Additional informations

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