

Popular education in health: principles, challenges and perspectives in the critical reconstruction of the country

Educação popular em saúde: princípios, desafios e perspectivas na reconstrução crítica do país (resumo: p. 15)

Educación popular en salud: principios, desafíos y perspectivas en la reconstrucción crítica del país (resumen: p. 15)

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The text deals with the theoretical-practical approach of Popular Education in Health (PEH), presenting reflections on possible constructions based on the principles of this philosophy. This process of theoretical discussion covers educational processes in health, the mobilizing capacity of social participation and the promotion of transformative human encounters in health services and the possibilities for the present and future of the Brazilian National Health System (SUS). This highlights the importance of social participation in health services, highlighting the community approach as a strategy to enhance work in Primary Health Care and boost health promotion and surveillance. In this way, the paths made possible and guided by the EPS can contribute to the construction of more democratic and emancipatory practices in the SUS.

Keywords: Popular health education. Primary health care. Social mobilization. Community action.



Introduction

The Popular Education in Health (PEH) embodies a theoretical-methodological and ethical-political perspective that directs experiences, making a significant contribution to the historical narrative of policies, actions, and services within the context of the Brazilian National Health System (SUS). The significance of this is notably underscored by its pedagogical proposition, which delineates pathways, alternatives, and tangible opportunities within teaching and learning processes. Consequently, the endeavor is to foster and maintain health through a continuous exercise of learning, constantly dealing with the dynamic, complex, and contradictory manifestations of health in life and in the territory.

The PEH should necessarily align itself with movements and practices aimed at asserting health as a pathway to constructing frameworks of happiness and fostering perspectives, horizons, and environments conducive to wellness. This alignment must take place within a context of territorial affirmation that requires progress towards sustainability and the promotion of health.

Moreover, the PEH has been expressed through various initiatives since the 1970s, enhancing the political dimension and the significant pedagogical power of education in the health field. It proposes alternatives to health education practices that do not provide learning opportunities for those involved. This happens because, historically, there are different educational approaches, focuses, and perspectives; and in the health field, this is particularly true.

The PEH aligns itself with other educational paradigms characterized by their critical, dialogical, and participatory nature. These approaches are not based on the mere transmission of content previously deemed important by someone, but rather foster processes of reflection, curiosity, and a quest for learning and encouraging the development of critical thinking. This implies that individuals seek to learn in a contextually relevant manner, engaging with the content, problematizing it, and reflecting on it in an integrated way to address local issues.

In this way, we can understand mobilization as the focus of the Popular Education in Health. That is, it is an educational approach aimed at instilling in people the desire to comprehend the world; not only to understand it critically, but also to interpret it critically and seek, cooperatively and in solidarity, its continuous improvement in order to overcome its challenges.

Through this perspective, the proposed health education commits to constructing a network woven by the individual autonomously and emancipately, with the support of healthcare professionals. Thus, it fosters the development of a comprehensive health project.

Thus, the Popular Education presupposes the promotion and appreciation of notably active participation by users. Within this framework, there exists no hierarchical structure of command and obedience, or distinction between those who possess knowledge and those who do not. Instead, individuals bring forth diverse forms of knowledge, experiences, and perspectives, requiring collaborative efforts to scrutinize and address the prevailing issues effectively¹.



Contextualizing Popular Education in Health

Since the 1970s, Popular Education in Health (PEH) has been imbuing a diverse array of profound meanings and significances among various social actors, including those affiliated with popular movements, healthcare services, SUS management, health councils, as well as students, educators, and researchers associated with educational and research institutions nationwide. Despite the profound challenges and unprecedented health crisis caused by the Covid-19 pandemic and the way it was managed by the Federal Government at the time, the PEH remained active, dynamic, and relevant in various health practices in different Brazilian municipalities. It guided active, collaborative, and solidarity-oriented actions between healthcare professionals and the population, both playing prominent roles in care processes and in the structuring of local health services amidst the crisis.

Within these initiatives, various approaches have been tested and developed so as to conduct education practices in health that prioritize active participation of individuals and a holistic, comprehensive approach to health issues, valuing the impact and centrality of the territory in these matters. In these experiences, the human relationship between healthcare professionals and the population is not normative. The leaders and representatives of the community who participate do not act as mere listeners but as individuals with accumulated knowledge to share. The PEH directs a process that involves understanding the dynamics of the community and acknowledging the prominence of knowledge accumulated in local and community-based popular experiences. Thus, this approach integrates into its discourse the knowledge derived from the technical-scientific perspective of healthcare professionals.

Currently, the knowledge and practices of the PEH, with its active, creative, and socially committed methodologies, continue to underpin the creation and development of community health experiences. Often, they serve as a space for experimentation with different approaches, timelines, and perspectives, where scientific knowledge can be constructively and purposefully interpreted. This allows for a dialogue between popular knowledge and scientific knowledge to result in a meaningful and socially relevant application of science. It is a meaningful application because it is constructive and tailored to the knowledge and experiences, timelines, and specificities of each context, community, and territory. Thus, expanding the meanings of care that enhance not only social participation, but also the democratic culture of the relationship between users and healthcare professionals.

In this context, we understand that Primary Health Care (PHC), in particular, constitutes a strategic and opportune setting for the broad development of the PEH within the SUS, considering the widespread reach and decentralization brought about by the Family Health Strategy (FHS), which fosters the dissemination of various initiatives with a collaborative and participatory perspective. The proximity between health services and the community, promoted by the PHC, effectively enhances Brazilians' capacity for resistance, creativity, and proactivity in seeking confrontations and social alternatives to inequalities. This is due to the FHS's focus not so much on the context in which it operates, but rather how it operates within that context.



Through various initiatives and experiences, the FHS may emerge as the main proposal of an action approach grounded in intentionality, aiming at structuring a comprehensive model of healthcare in the country, centered on integrality. Specifically, care articulated with the practice of Health Promotion, disease prevention, health surveillance, in order to ensure that teams do not limit themselves to immediate care, but prioritize a comprehensive intervention to promote living conditions and dignified social rights for all individuals, with an emphasis on action in the territories. This involves the development of a comprehensive process in which communication and health education play a crucial and fundamental role in the implementation of actions specially tailored to meet the demands of social participation.

The FHS aims to develop comprehensive health promotion initiatives in each territory and through each team, becoming a center of reference and social support so that the community and various institutions present in each territory can receive assistance in building projects to address social, economic, and political issues. Thus, addressing the determinants of the health-disease process, striving towards healthier and more sustainable living conditions.

Popular Education in Health as a Perspective to Conceive and Conduct Actions and Educational Processes in Health

The perspective of Popular Education in Health presents a critical and emancipatory foundation, emphasizing the importance of individuals appropriating knowledge to apply it autonomously in their lives. In this regard, from a pedagogical perspective, this approach is characterized by participatory approaches, using methodologies that promote the recognition that individuals, within their contexts, are constantly experiencing health and grappling with dilemmas, conflicts, ideas, and opinions on a wide range of topics. Health constantly permeates people's lives and their surroundings, including neighborhoods, family, territory, community, city, country, among others. Therefore, in this educational approach, the central point is the variety of feelings, thoughts, and actions of individuals.

Thus, the fundamental pedagogical approach, from the educational perspective of PEH, lies in initiating the health education process by recovering how individuals interpret, reinterpret, and assess their own health, that of others, family, community, and territory. It is essential, therefore, to value people's curiosities and to stimulate them about various topics as well as their dilemmas and aspirations. From these elements, it is necessary to initiate spaces for teaching and learning where people's experiences, their prior knowledge, and their doubts are brought forth in an articulated, dialogical, and respectful manner. Therefore, the dimension of technical and scientific content remains part of the process, but is brought into discussion when it becomes meaningful and useful for individuals, their contexts, and their realities.



Another fundamental aspect of this educational method is the attention to avoid mere transmission or repetition of content, as it is crucial to sensitize people to critically analyze issues and problems. With this careful approach, the content serves as a stimulus for reflection, aiding in a more consciously understanding of the topics covered. Thus, critical thinking is fostered in individuals, encouraging them to reflect on health and its manifestations in their territory, social reality, and lives, instead of just memorizing, repeating, and reproducing what is considered appropriate. As a consequence, individuals can discern their educational needs and demands for additional knowledge, aiming to enhance their quality of life and continue pursuing their wellness goals.

Health education, within the critical and emancipatory perspective of PEH, aims to promote in individuals the desire and passion to know more, to be more curious, to study and understand health.

Based on these specificities and foundations, we can understand PEH as a component that can be led by citizens as well as by health professionals. This educational approach is based on the premise that health is part of life, and as such, it is incumbent upon everyone to contribute and work towards its promotion, establishment, and construction. Therefore, we bring citizens to the forefront of the process as actors in educational development, allowing them to contribute to the understanding and intervention in reality by constructing perspectives on the world and its main issues.

In this process of PEH in an educational moment, such as in a round of conversations, for example, it has become clear that an important element is people's participation. Therefore, it is recommended, at all times, to encourage individuals to move away from a passive role, from the mere listener condition. Each individual should be constantly invited for mobilization, in a gradual and respectful manner, being encouraged to contribute with, at least, one word to the conversation. It must be ensured that each individual is gently encouraged to contribute with their own perspective in the dynamics of the round of conversations, sharing some of their experience on the discussed topic or expressing their doubts. Therefore, it is essential to consider strategies that enable, in a welcoming, inclusive, affectionate, and supportive manner, mobilizing participants to move away from a passive stance, consequently promoting the effective construction of a democratic and participatory environment in the dynamics of the round of conversations².

In certain situations, this invitation can be extended through activities that stimulate reflection in response to a question or a thought-provoking element. For instance, it is possible to use illustrations or images where participants are encouraged to provide comments. On the other hand, individuals can also be encouraged to express themselves through drawings, cutouts, figures, illustrations, images, and other visual resources, if they feel more comfortable doing so. The promotion of expression and the breaking of passivity must be accompanied by careful and compassionate investigation by the educator, who needs to understand that, often, the lack of participation is not only due to lack of willingness, but also to personal and historical reasons. It is important to understand that there may be contextualized reasons that need to be overcome, and this is crucial for educators to understand, respect, and analyze.



Mainly, one could argue that Popular Education is defined by its inception, which acknowledges that individuals' learning and knowledge acquisition take place within a context influenced by historical and social factors. Furthermore, this approach emphasizes, in its educational processes, that this historical and social order is shaped by the participation and protagonism of the individuals involved in it. For this purpose, procedures and dynamics marked by elements such as reflection, dialogue, the expression of affection, creativity, and autonomy are employed^{3,4}.

Popular Education in Health: Mobilizing Social Participation and Transformative Human Encounters in Healthcare Services

The fascinating and profound complexity of theories and methodologies in education should not obscure the understanding of a considerably simple fact: education is a human encounter. It constitutes a process that occurs in the encounter with others. Therefore, we would like to emphasize that something that will significantly contribute to our reflection on the PEH is to recognize that education unfolds in every encounter with other individuals, whether with a single other individual or with multiple ones. Thus, the way such encounter unfolds and how we conduct it will effectively determine the perspective of education and health we are developing, and whether it is aligned with the principles of PEH.

The human encounter promoted by the PEH must be essentially educational, aiming to stimulate in participants processes of thought and reflection that, by delving into critical and self-critical analyses, contribute to our ability to deal with uncertainties and seek new opportunities for personal development. It is crucial that we engage in moments of instruction and learning that encourage ourselves to develop a critical understanding of existence and of the world, enabling us to conceive approaches, endeavors, and experiences to enhance this world.

In this context, dialogue is the task of educators committed to establishing human relationships grounded in a progressive and critical educational perspective. Through dialogue, they aim to create a communicative interaction that motivates individuals to question the world and society, critically reflecting on their environment, existing problems, curiosities, doubts, and concerns. Thus, the educator's role in the PEH is to encourage individuals not only to memorize ready-made answers or recite predefined content, but to think critically based on provocative themes and questions. Thinking is considered a fundamental human activity that develops through interaction with other individuals and is mediated by social reality. This process of thinking occurs through dialogue with others about the events and challenges of our concrete social reality.

Thus, it is crucial to conceive the PEH as a teaching and learning process in which the contents are selected based on their relevance to individuals in their contexts and experiences, aiming at the continuous humanization of these realities. It is a human encounter with a dimension of teaching and learning, where it is crucial to mobilize, produce, and build, in all participants, the process of mutual learning. This is an



encounter in which individuals not only have the opportunity to review their previous knowledge, but also to share their cognitive accumulations, reflections, and thoughts. Moreover, they have the possibility to reassess their positions, perspectives, and worldviews, discovering new aspects of their experiences and revealing new facets of themselves, of others, and of the surrounding environment.

To teach and learn for what? To live better, in a way that is more conducive to the construction of a society and a life more dignified for all.

In this context, it is appropriate to consider the knowledge, thoughts, actions, and understanding of individuals as essential components of the PEH practices. The primary focus of its formative processes is not so much on health problems per se, but rather on how individuals perceive, interpret, and reinterpret them in their daily lives, aiming at health promotion. Therefore, it will be relevant to consider: what are the thoughts, actions, and constructions of knowledge of individuals regarding health; this involves what they have absorbed from their culture, their social interactions, their inquiries, and their learning processes throughout their lives⁵.

Furthermore, we must position the PEH as one of the means to empower individuals to deal with the complex health situations and their social determinants. This extends beyond the elements mentioned earlier, considering the multifaceted and dynamic contexts presented by health. Education in health must be integrated with health promotion and the pursuit of quality of life and wellness. This requires mobilizing people to build a social, political, and cultural context that allows for the full realization of human potential, including advocating for social and human rights, social justice, economic equality, cultural diversity, and individual empowerment⁵.

Popular Education in Health in the Unified Health System (SUS): Perspectives for the Present and Future

In the past seven years, Brazil has witnessed a concerning series of civilizational regressions in various public policies. It reflects a trend undertaken by some of these policies, which have adopted an approach known as necropolitics. This concept, developed by Achille Mbembe⁶, describes the exercise of state power and public policies in the systematic creation of conditions that lead to the death of socially excluded and marginalized groups. These conditions are often generated through the promotion and accentuation of the abandonment and vulnerability of these individuals, leading them to face situations of conflict, homicide, and suicide⁷.

In Brazil, during the period from 2016 to 2022, the State, influenced by sectors with neo-fascist, ultra-liberal, and ultra-conservative orientations, implemented policies characterized as necropolitical. These policies were marked by actions and omissions that particularly affected indigenous peoples, black communities, *quilombola* communities, Romani population, LGBTQIAP+ individuals, homeless people, among other vulnerable groups^{8,9}.



During this period, the Popular Education movement, through its actors, organizations, and practices, remained strongly committed to advocating for a scientific and technological approach in public policies. This entailed a profound engagement in the exercise of human critical thinking, aiming at the production of knowledge, ideas, perspectives, and products geared towards the unconditional promotion of the humanization of women and men, as well as the tackling of all forms of social determination and impediments to human action and the pursuit of people's happiness.

As highlighted by authors such as Hallal^{10,11}, Morel¹² and Fleury⁹, during the aforementioned period, there was a systematic assault from certain social sectors against science and actions of popular social movements, aiming to promote conservatism and neoliberalism. This resulted in the weakening of the social and human structure, with the implementation and promotion of policies of death. In this context, the Popular Education intensified its struggles, both in terms of social, political, and pedagogical action, and in its close articulation with an increasingly relevant and crucial scientific approach. This articulation stands out as opposed to practices that are against the preservation of human life.

During the Covid-19 pandemic, the creative capacity and unwavering commitment of popular educators and their practices to promote enduring social and political construction became evident. This occurred by means of a dialogue between scientific and technical knowledge and the knowledge derived from the experiences and life circumstances of the popular classes. This interaction substantially contributed to the development of meaningful experiences, spaces for debate, and advocacy for public policies aimed at fostering a culturally diverse, politically egalitarian, economically just, and socially inclusive society¹³.

Therefore, numerous experiences were undertaken, drawing inspiration from Freirean pedagogy, emphasizing the pursuit and collective, solidarity-driven, and political construction of alternatives for resistance and civilizational advancement. This was achieved through the promotion of practices, projects, and initiatives of community action, the establishment of collective spaces for health discussions in services, engagement in activities and processes of popular health surveillance, as well as the mobilization of rigorous studies and research on the Brazilian social reality. These initiatives aimed to point out paths for overcoming the crisis brought about the pandemic and the "pandemonium" imposed by the State during such period. All of this was carried out with a commitment to promoting the foundations and necessary conditions for a life with dignity, happiness, completeness, solidarity, and fraternity, ensuring social and human rights in a broad and unrestricted manner, especially for those who face or have faced processes of social exclusion and vulnerability.

In a new current scenario, where all people are invited and mobilized for the country's reconstruction, the Popular Education remains significantly relevant. In this case, not only to resist, but also to propose paths of reconstruction, new ideas, and actions that contribute to the advancement of society in the pursuit of social and human rights and in the fight against inequalities. Therefore, the Popular Education aims to unconditionally promote wellness for all individuals.



Despite the victory of a democratic and popular project in the 2022 elections — which brought new prospects for the national public agenda and the possibility of emancipatory public policies, as well as the reconstruction of several policies that had been disfigured and dismantled in the previous six years — it is crucial to highlight that we still face considerable challenges in the Brazilian social field. Conservative thinking and far-right behaviors continue to influence the scenario, mindsets, and actions of individuals. Thus, despite the desire — and deservedness — of many protagonists in the democratic and popular field to unwind, it is necessary to constantly dedicate attention and, above all, to contribute critically and proactively to the current reconstruction process.

At this moment, we observe a proliferation of perspectives, proposals, and expectations regarding the national public agenda, especially in light of the government's call for increased participation from the Brazilian population. However, it is necessary to emphasize that we still face challenges in the democratic and popular spheres.

To carry out this reconstruction, it is essential to consider politics as an act of caring for people, as a way to resist fascism. Politics, understood as care, entails being a practice ultimately aimed at the common interest. In the current context, despite recent changes, some neo-Pentecostal religions continue to support an anti-democratic politics, also influencing social media. Given the demonization of politics by the far-right, it is essential to rebuild, alongside the population, a broader understanding of this issue, promoting dialogue among different perspectives and the construction of agreements for projects and actions that ensure a dignified life for all.

Secondly, it is important to attend to culture in its ethical and political dimensions, transcending the notion of culture solely as art or craftsmanship. Instead, it is crucial to embrace an understanding of culture that encompasses the ways of life thinking, and acting of individuals and their collectives. It is imperative to reassert the cultural dimension with the people because, as Paulo Freire articulated, envisioning social change requires the acknowledgment of cultures and immersion in the cultural milieu of the people.

A third consideration lies in the realm of people's emotional health, as this area has been neglected, and the Popular Education can play a significant role in this regard. The Brazilian society remains clearly divided into large blocs. It is crucial to learn how to manage the tensions, disputes, and conflicts that arise in the interactions among the various actors. In our view, the democratic and popular field has not been paying sufficient attention to this emotional dimension. Inspired by the work of Paulo Freire², particularly in the category of lovingness, it is essential to begin with an emotional education experience to promote emotional health, which will consequently result in the development of emotional intelligence.

Clearly, Paulo Freire did not discuss emotional intelligence. However, drawing from his humanistic and profoundly loving work, it is pertinent to reflect on the need for educational processes in Popular Education to incorporate discussions regarding individuals' management of their emotional dimension. This can be achieved through strategies such as Integrative and Popular Care Practices, like meditation, reflexology, and reiki, which foster self-awareness and reflective silence, enabling individuals to explore other dimensions of themselves, including the spiritual.



Therefore, addressing this dimension of sacred awareness within us is a way to connect and engage in dialogue with others about a renewed ethic, aiming to guide both the emotional and spiritual aspects of our lives. This encompasses the exploration of alternatives to exclusive and ultraconservative religious experiences that have been increasingly prevalent in our nation in recent years. It is valid to consider that the democratic and popular field has lost much of its engagement, openness, and coexistence at the grassroots level, precisely due to its tacit refusal to discuss these more metaphysical and abstract elements.

Based on the considerations presented here, it is essential for the practice of Popular Education not only to organize the grassroots and conduct educational processes in support of political struggle and the guarantee of rights, but also to ensure policies for the democratic State. This requires the reestablishment of deeper connections with people, which, in turn, implies learning or relearning to deal with emotional and spiritual dimensions.

As another relevant perspective for contemplating the PEH in the present and future, we emphasize that it must always go along with social participation, enabling the exercise of citizenship and empowerment of citizens and their movements, collectives, and organizations. Participating is a formative exercise for citizens who actively and committedly engage in the dynamics of their social realities, adopting a proactive and critical stance towards problems, seeking to confront and overcome them, and contributing to the construction of a public agenda. It is, in essence, about engaging in order to take part in the decision-making process regarding social and collective aspects of people's lives and communities.

Social participation aims to promote the proactive, critical, and protagonistic engagement of citizens in formulating, implementing, and monitoring state public policies, with the aim of addressing social issues. The dimension of action for the citizen lies in the realm of execution and doing. Each adult must choose an occupation, whether as a freelancer, employee, public servant, entrepreneur, or manager, assuming a role in society through the exercise of their function.

The commitment of each individual is to perform their role well, whether it be the simplest or the most complex of activities. There are, as known, other executive activities that go beyond or are transversal to the main role, such as taking on a social leadership role or playing the role of an educator, often starting with one's own children, and simultaneously contributing to culture. Society is formed through the interdependence of individual actions, and all individuals depend on and rely on each other's professional and personal commitment¹⁴.

Participation is essential to ensure health as a right, not only because it is guaranteed in the Federal Constitution, but also due to the ethical commitment to integrate health as a priority action in the public sphere. This contributes to promoting the recognition, implementation, and full promotion of human rights through social and governmental policies.



A significant aspect of the potential of social participation as a component of health practices lies in its emphasis on applying the constitutional principle of community participation to guide the management of health policies. Therefore, the participatory construction of the service is not an individual choice of the workers and managers of a specific Basic Health Unit, nor is it a favor granted to anyone. It simply involves applying a constitutional principle and a fundamental theoretical-methodological and political orientation to the very concept of Primary Health Care. Furthermore, cultivating the culture of social participation in the routine of services means promoting its dissemination to broader instances and spaces, such as the management of the Municipal Health Department, the State Health Department, and the Ministry of Health.

Thus, the processes of PEH have the potential to promote procedures, dynamics, experiences, and teaching methods aimed at mobilizing people, encouraging their participation in public policies and in the public sphere in general. This helps cultivate among individuals an understanding of health as a human and social right.

Conclusions

In contemporary times, where the triumph of democracy in 2022 still coexists with antidemocratic, fascist, and ultraconservative movements in Brazilian society, the PEH still teaches us the need to cultivate democratic practices and experiences in the daily routine of services. To participate is a verb that is conjugated and learned through action. All democratic and participatory intentions expressed in our institutional framework will be of little value if we do not engage in promoting spaces of democratic participation in services, across all areas and social relationships in our Basic Health Units. Participation needs to go beyond the establishment of formal instances and spaces, such as councils and conferences. It must seek to integrate other activities and experiences into our services so that we can incorporate it into our daily lives.

Another important challenge of EPS in the current management of the SUS is to create opportunities and strategies to include, in a leading role, the knowledge and interests of the community in guiding the actions of health services. There is little point in working in health units in the territories to achieve positive impacts on local health, if we become aware of popular care practices and community leaders, and yet restrict our activities to technical services. On the contrary, it is necessary to constantly seek, recognize, value, and include community protagonists in shaping health actions in the territory.

In light of this, even in the daily organization of health actions and services in our Basic Health Unit, it is essential to nurture and build other perspectives of participatory political culture. Through our attitudes, actions, and initiatives, it is crucial to demonstrate unequivocally that the working class plays a central and active role in the life and social organization of their territory and country.



To achieve this goal, it is essential not only to wait but to act proactively. Participation strengthens and improves through practice. Consequently, it is crucial to invest in creating and developing concrete spaces and instances where the population can play a leading role and adopt a critical, proactive, and active stance regarding the health reality of their territory and the actions offered by the local Basic Health Unit.

It seems crucial to consider that the Popular Education in Health should not only contribute to the organizational and pedagogical processes of the SUS, but also play a crucial role in guiding management, healthcare processes, permanent education, health education, and the development of education for social control and people's participation. This orientation should be based on the principles of humanism, lovingness, emancipation, critical thinking, historicity, and class struggle, as taught by the leading thinkers in the democratic and popular field, notably Paulo Freire, Conceição Paludo, and Carlos Rodrigues Brandão.

The strengthening and dynamism of social participation as an important dimension of Primary Health Care will primarily occur as we strengthen and include the community approach as an essential activity in the daily actions of services provided within the scope of Primary Health Care. This approach is typically characterized as a process of deliberate articulation, construction, and organization of intentional contact and interaction between healthcare professionals and community members, creating spaces and opportunities for dialogue and the exchange of information and experiences. This allows for a comprehensive understanding of the population's issues and demands, crucial for professional action, as well as for establishing local cooperation and relationships.

Therefore, it is necessary to understand the community approach as a crucial strategy to strengthen work in primary health care and to drive both health promotion and health surveillance, especially in a way that they are built with the people from the territory and the community, and not just for the people or despite them. In other words, health promotion and surveillance should be carried out collaboratively with the community, acknowledging that there are various groups and institutions with knowledge and experience in health care and social protection within the community. These groups and institutions are capable of contributing significantly to the healthcare process.



Authors' contribution

All authors actively participated in all stages of preparing the manuscript.

Conflict of interest

The authors have no conflict of interest to declare.

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O texto trata da abordagem teórico-prática da Educação Popular em Saúde (EPS), apresentando reflexões sobre construções possíveis com base nos princípios dessa filosofia. Esse processo de discussão teórica transita pelos processos educativos em saúde; pela capacidade mobilizadora da participação social e promoção de encontros humanos transformadores nos serviços de saúde; e pelas possibilidades para o presente e o futuro do Sistema Único de Saúde (SUS). Tem-se, pois, a importância da participação social nos serviços de saúde, destacando a abordagem comunitária como estratégia para potencializar o trabalho na Atenção Primária à Saúde e dinamizar a promoção e a vigilância em saúde. Desse modo, com os caminhos viabilizados e orientados pela EPS, pode-se contribuir para a construção de práticas mais democráticas e emancipadoras no SUS.

Palavras-chave: Educação popular em saúde. Atenção primária em saúde. Mobilização social. Ação comunitária.

El texto trata del abordaje teórico-práctico de la Educación Popular en Salud (EPS), presentando reflexiones sobre construcciones posibles con base en los principios de esa filosofía. Este proceso de discusión teórica transita por los procesos educativos en salud, por la capacidad movilizadora de la participación social y promoción de encuentros humanos transformadores en los servicios de salud y por las posibilidades para el presente y el futuro del Sistema Brasileño de Salud (SUS). Se ve, por lo tanto, la importancia de la participación social en los servicios de salud, destacando el abordaje comunitario como estrategia para potenciar el trabajo en la Atención Primaria de la Salud y dinamizar la promoción y vigilancia en salud. De ese modo, con los caminos viabilizados y orientados por la EPS es posible contribuir para la construcción de prácticas más democráticas y emancipadoras en el SUS.

Palabras clave: Educación popular en salud. Atención primaria de la salud. Movilización social. Acción comunitaria.