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Article

Social participation in health: an analysis of the Brazilian Participatory Multi-Year Plan 2024-2027

Participação social na saúde: uma análise do Plano Plurianual Participativo brasileiro 2024-2027

Participación social en salud: un análisis del Plan Plurianual Participativo Brasileño 2024-2027

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Abstract

Objective: to understand and analyze the process of social participation in health in the formulation of the 2024-2027 Participatory Multi-Year Plan, with an emphasis on the amount of participation and the effective incorporation of proposals in the final report of the Multi-Year Plan. **Methodology:** this was a documentary study that used the database of the Federal Government's "Brasil Participativo" platform. **Results:** significant discrepancies were found in the official documents regarding the number of proposals actually analyzed and their degree of incorporation into the Participatory Multi-Year Plan bill. While one document indicates that 528 proposals were submitted for analysis in the area of health, another document presents 508 as considered. This discrepancy makes it difficult to track and

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understand the decision-making process. The use of the digital mechanism of the 'Brasil Participativo' platform presented notable benefits, such as expanding the reach and democratizing access to participation, overcoming geographical and time barriers. However, challenges remain, especially with regard to equity in digital access and ensuring that the most relevant contributions to public health are prioritized and incorporated in a substantial way. **Conclusion**: the importance of improving social participation mechanisms, ensuring more effective use of the proposals chosen by the population. A multidisciplinary approach, involving legislative adjustments and the promotion of new practices in health system management, is essential to ensure the effectiveness of equitable public policies. This integration is essential for the popular choice to be truly successful and result in tangible improvements in public health.
Keywords: Popular Participation; Public Health; Right to Health; Health Systems; Public Policies.

Resumo

Objetivo: conhecer e analisar o processo de participação social em saúde na formulação do Plano Plurianual Participativo 2024-2027, com ênfase na quantidade de participação e na efetiva incorporação das propostas em seu relatório. **Metodologia:** tratou-se de pesquisa documental, que utilizou a base de dados da plataforma 'Brasil Participativo', do Governo Federal. **Resultados:** foram encontradas divergências significativas nos documentos oficiais referentes ao número de propostas efetivamente analisadas e ao seu grau de incorporação no projeto de lei do Plano Plurianual. Enquanto um documento indica que 528 propostas foram submetidas à análise na área da saúde, outro documento apresenta 508 como consideradas. Essa discrepância dificulta o rastreamento e a compreensão do processo decisório. O uso do mecanismo digital da plataforma 'Brasil Participativo' apresentou benefícios notáveis, como a ampliação do alcance e a democratização do acesso à participação, superando barreiras geográficas e de tempo. Contudo, os desafios persistem, especialmente no que tange à equidade no acesso digital e à garantia de que as contribuições mais relevantes para a saúde pública sejam priorizadas e incorporadas de forma substancial. **Conclusão:** aponta-se a importância de aprimorar os mecanismos de participação social, garantindo um aproveitamento mais eficaz das propostas eleitas pela população. Uma abordagem multidisciplinar, que envolva ajustes legislativos e a promoção de novas práticas na gestão dos sistemas de saúde, é fundamental para assegurar a efetividade das políticas públicas equitativas. Essa integração é essencial para que a escolha popular seja verdadeiramente coroada e resulte em melhorias tangíveis na saúde pública.
Palavras-chave: Participação Social; Saúde Pública; Direito à Saúde; Sistemas de Saúde; Políticas Públicas.

Resumen

Objetivo: conocer y analizar el proceso de participación social en materia de salud en la formulación del Plan Plurianual Participativo 2024-2027, con énfasis en el grado de participación y la incorporación efectiva de las propuestas en el informe final del Plan Plurianual. **Metodología:** se trató de una investigación documental, que utilizó la base de datos de la plataforma «Brasil Participativo», del Gobierno Federal. **Resultados:** se encontraron divergencias significativas en los documentos oficiales relativos al número de propuestas efectivamente analizadas y a su grado de incorporación en el proyecto de ley del Plan Plurianual. Mientras que un documento indica que se sometieron a análisis 528 propuestas en el ámbito de la salud, otro documento presenta 508 como consideradas. Esta discrepancia dificulta el seguimiento y la comprensión del proceso de toma de decisiones. El uso del mecanismo digital de la plataforma «Brasil Participativo» presentó beneficios notables, como la ampliación del alcance y la democratización del acceso a la participación, superando las barreras geográficas y de tiempo. Sin embargo, persisten los retos, especialmente en lo que se refiere a la equidad en el acceso digital y a la garantía de que las contribuciones más relevantes para la salud pública se prioricen y se incorporen de manera sustancial. **Conclusión:** la importancia de mejorar los

mecanismos de participación social, garantizando un aprovechamiento más eficaz de las propuestas elegidas por la población. Un enfoque multidisciplinario, que implique ajustes legislativos y la promoción de nuevas prácticas en la gestión de los sistemas de salud, es fundamental para garantizar la eficacia de las políticas públicas equitativas. Esta integración es esencial para que la elección popular se vea verdaderamente coronada y dé lugar a mejoras tangibles en la salud pública.
Palabras clave: Participación Popular; Salud Pública; Derecho a la Salud; Sistemas de Salud; Políticas Públicas.

Introduction

In Brazil, the normative basis for the public budget was established by Law Nº. 4,320, of March 17, 1964[1], originally enacted as an ordinary law, but incorporated into the Federal Constitution of 1988[2] (CF/88) with the status of a complementary law. However, it was only after the enactment of CF/88 that the budgetary structure was fully consolidated, largely due to the reforms of the Brazilian State in the 1990s. This period was marked by several innovations in the field of planning and public budgeting, which strengthened the integration between the budgetary process and government planning[3].

In addition to being a planning tool, the public budget also has a normative character and plays a fundamental role in guaranteeing rights. It reflects government priorities in line with the needs of society, and it is essential that its preparation incorporates participatory mechanisms that allow the population to influence the definition of public policies. Thus, the resources collected through taxes, fees, and contributions are directed to finance essential actions and services, such as health, security, and education, reinforcing the commitment to public management that responds to social demands[4].

Social participation in health care is at the origins of the Brazilian Health Reform (RSB) and in the design, institutionalization, and implementation of the Unified Health System (SUS)[5]. A recent example of this participation was seen in the development of the 2024-2027 Multi-Year Plan (PPA)[6].

The Multi-Year Plan is one of three laws that make up the federal budget cycle, alongside the Budget Guidelines Law (LDO) and the Annual Budget Law (LOA), all of which are initiatives of the Executive Branch. The PPA establishes the major priorities and goals for public investment for a four-year period, covering areas such as health, education, sanitation, and transportation.

The PPA is the instrument through which the Executive Branch will conduct the planning and management of the Public Administration for the subsequent four years, identifying priorities and major investments. The Multi-Year Plan will define the physical and financial goals for the purpose of detailing the annual budgets. Thus, the PPA is a medium-term plan, which must be carried out by law[7,8].

The 1988 Constitution[2] stipulates that national, regional, and sectoral plans and programs must be prepared in accordance with the PPA (Art. 165, § 4), which includes the Fiscal Budgets and State-Owned Enterprise Budgets (Art. 165, § 7). The PPA is voted on in the first year of the new legislature and takes effect in the second year of the term. Both the PPA and the LOA for the following year must be sent to the Legislative Branch by August 31, pursuant to item I, § 2 of art. 35 of the Transitional Constitutional Provisions Act[2].

The responsibility for preparing the PPA is not exclusive to the Federal Government. The federal pact allows states, the Federal District, and municipalities to prepare their own Multi-Year Plans, respecting their constitutional powers. Once the technical and decision-making work has been

completed, the PPA bill is sent for debate and, in the case of the Federal Government, approved as law by the National Congress.

For the period from 2024 to 2027, overall spending is estimated to reach R$ 13.3 trillion, considering both budgetary and non-budgetary resources[9,10].

The National Health Council (CNS) played a key role in the preparation of the 2024-2027 PPA. In 2023, it promoted the stages that preceded and accompanied the public consultation on the plan, providing tools for improving the public health policies submitted to a vote[11,12,13] with the aim of ensuring the inclusion of the proposals resulting from the 17th National Health Conference.

The 2024-2027 PPA stood out for incorporating innovative mechanisms for social participation. Three instances of participation were created: the Inter-Council Forum, which brought together a wide range of national public policy councils; the 26 state plenary sessions and one district plenary session, which mobilized more than 32,000 people; and the digital platform 'Brasil Participativo' (Participatory Brazil), which allowed people to submit proposals and vote on priority programs and proposals for their region[14].

A major factor in increasing social participation was the implementation of the 'Brasil Participativo' platform, a digital space created by the Federal Government to promote the direct engagement of the population in the formulation and improvement of public policies. Developed based on free software and supported by institutions such as Dataprev, the Decidim-Brasil community, the Ministry of Management and Innovation in Public Services (MGI), and the Universidade de Brasilia (UnB), the platform allows citizens to present ideas, discuss, and vote on priority proposals for the country. Managed by the National Secretariat for Social Participation of the General Secretariat of the Presidency of the Republic (SNPS/SGPR), the tool offers a democratic and inclusive environment in which the voice of Brazilians directly influences government decisions, strengthening the construction of a more just and egalitarian Brazil[15].

In its first digital initiative, between May 11 and July 16, 2023, the 'Brasil Participativo' platform stood out as the Federal Government's largest digital participation experience, with more than 4 million visits and the participation of 1,419,729 people, who voted on 1,529,826 proposals[14,16].

Social participation, whether through face-to-face plenary sessions or the use of new information and communication technologies (ICT) for digital consultation[17], greatly contributed to greater social participation experienced in the PPA 2024-2027[14].

In this study, we adopted the concept of "social participation" defined by Viana, Cavalcanti, and Cabral, who describe it as "a mechanism purposely designed to include segments that, in the sphere of society (or the market), in their daily lives, are excluded from opportunities for choice" (pp. 234-235)[18].

Social participation in the process of constructing the PPA 2024-2027 still needs to be explored in greater depth in academic studies. To date, only one scientific study[19] has addressed the topic, but with a specific focus on physical practices and activities within the scope of the Unified Health System.

For this reason, the objective was set to understand and analyze the process of social participation in the use of the 'Brasil Participativo' digital platform in health, in the formulation of the 2024-2027 Participatory Multi-Year Plan (PPA), with an emphasis on the amount of participation and the effective incorporation of proposals in the final PPA report.

Methodology

This was an exploratory, document-based study with a quantitative and qualitative approach, using content analysis techniques. The methodology followed the guidelines of Bardin[20], which allow for the combination of quantitative and qualitative data, providing a richer and more comprehensive analysis of the results.

Documents and reports available on the Federal Government's digital participation platform 'Brasil Participativo' were analyzed. The files analyzed are products of the third instance of participation, corresponding to digital participation through the Brasil Participativo platform, issued between April 18 and August 31, 2023, and were extracted from the web address: https://brasilparticipativo.presidencia.gov.br/processes/programas/f/83/ [21].The analysis covered five documents: a) Platform report sent to ministrie[14] ;b) Report on Social Participation in the PPA 2024-2027[16] ;c) the presentation of the Participatory PPA entitled 'Government planning with the digital fingerprint of the Brazilian people[22] ;d) the presidential message sent to the National Congress[23] ;and e) National Congress Bill No. 28/2023, entitled 'Bill (PL) with contributions from the people'[24].

The results are organized into three parts: (1) most voted proposals in the area of health; (2) comparison of the analyses of the proposals in the documents 'Social Participation Report'[14] in contrast to the second most voted ministry in the PPA, together with the ministry that obtained the most effectiveness in terms of the number of proposals accepted in the Bill[24] and 'Final proposals with indication of incorporation and attribute'[25,26]; and (3) highlighting of the proposals that were effectively analyzed.

As this is a documentary research with publicly available data, it was not necessary to submit it to the Research Ethics Committee, as provided for in Resolution No. 510, of April 7, 2016, of the CNS[27].

Results and discussion

The analysis focused on the third stage of social participation in the 2024-2027 Multi-Year Plan (PPA), which took place from April 18 to August 31, 2023, using the Brasil Participativo digital platform. This stage represented a significant advance, allowing civil society to prioritize and propose government programs directly. Unlike previous models, which were limited to in-person events and technical forums, this digital approach broadened the scope of participation.

However, the results indicate that, despite the greater coverage provided by the digital medium, important challenges remain. Issues such as equity in access to the platform and the effective incorporation of contributions into the final PPA document still need to be improved. Previous studies have already pointed out that social participation in health, a right enshrined in the 1988 Constitution, faces structural barriers, digital inequalities, and limitations in deliberative capacity[28].

These findings are in line with the literature on participatory budgeting and democratic governance. The discussion emphasizes that simply opening digital channels is not enough to ensure more inclusive decision-making processes[29,30].

Thus, the experience analyzed is a hybrid: on the one hand, the innovation of allowing massive participation via the internet; on the other, the challenge of translating these interactions into concrete budgetary decisions, especially in the field of health. The integration of the proposals from the 17th National Health Conference into the digital stage reveals potential for consolidating interactive practices, but requires systematic monitoring to assess the extent to which these suggestions

materialize in budget execution. A summary showing the percentages and quantities recorded, for example, the proportion of proposals by thematic area or the absorption rate in the final PPA, can make this assessment clearer to the reader and highlight the real impact of popular participation.

The process of social participation through the digital platform 'Brasil Participativo' in the preparation of the PPA 2024-2027 involved 1,419,729 participants, who registered 1,529,826 votes on 8,254 proposals[14,16]. Once this phase was completed and the public consultation closed, the 50 proposals with the highest number of votes overall and the 20 most voted proposals for each of the 38 ministries were selected, totaling 760 proposals. These were forwarded to the respective ministries with the recommendation to evaluate their inclusion in the PPA or suggest another appropriate course of action.

Of the more than 1.5 million votes, the results showed that the health portfolio stood out as the most voted by participants, representing 30.52% of the choices, with a total of 283,362 votes among the 50 most voted proposals. It should be noted that among the 50 most voted proposals, nine were related to health, reflecting the high degree of social interest in the topic.

The 20 most voted proposals in the area of health accounted for practically all the votes cast for health, totaling 306,711 votes. These 20 items corresponded to 99.99% of the total votes received by all health proposals, which totaled 306,740 votes.

By arithmetic calculation, it can be seen that the proposals outside the group of the 20 most voted received only 29 votes, leaving at least 1,176 proposals without any votes. These 29 votes could have been distributed among one or up to 29 isolated proposals. Thus, the number of proposals without votes ranges from 1,176 to 1,204, and the supporting documentation does not detail this distribution[14].

Table 1, extracted from the Participatory Brazil Platform Report'[14], presents the list of the 20 most voted proposals in the area of Health, but does not include five other proposals in the same area, as the supporting documents for the research, 'Participatory Brazil Platform Report'[14], 'Report on Social Participation in the PPA 2024-2027' [16], 307 Incorporated Proposals'[25], and PPA Feedback on Proposals Evaluated within the Scope of the PPA'[26] and PPA Feedback 508 Proposals Evaluated within the Scope of the PPA'[26], do not provide accurate information on the votes received by these proposals.

These five proposals mainly dealt with improvements in working conditions and remuneration for health professionals, palliative care policies, strengthening family health teams (ESF), and expanding the Farmácia Viva program. The total of over 306,000 votes shows the population's preference for strengthening the Unified Health System (SUS), as shown in Table 1.

Table 1. List of the 20 most voted proposals in the area of Health - 'Report of the Participatory Brazil Platform 2023

Position	Proposal	Number of votes
1	Technical qualification and professional development of Community Health Agents (ACS) and Community Health Educators (ACE) to expand health services in the Unified Health System (SUS).	95,731
2	Increase in the minimum wage for nurses.	92,502

3	Compliance with minimum wages for all dental professionals throughout the country.	52,840
4	Implement the National Palliative Care Policy integrated with the RAS and as a component of Primary Health Care, with guaranteed funding.	11,419
5	Approval of PEC 14.	8,407
6	New UFPel Teaching Hospital.	7,408
7	Create a federal, regional, cross-border hospital, 100% SUS networked, to provide medium/high complexity healthcare on the border, in Uruguaiana.	6,902
8	Inclusion of a nutritionist in the basic ESF team.	4,651
9	Construction of the UFT University Hospital.	3,502
10	Regulation of naturopathic practitioners, expansion of their inclusion in the Unified Health System (SUS), and creation of naturopathy courses at public universities.	2,924
11	30-hour Nursing Law and equalization of the minimum wage to this workload.	2,723
12	Build the Diagnosis and Therapy Support Center at Conceição Hospital.	2,440
13	Build the Critical and Surgical Patient Care Center at Conceição Hospital.	2,418
14	Build and/or renovate two Primary Health Care Units at Conceição Hospital.	2,298
15	Restructure the Health, Labor, and Social Security Career referred to in Article 1 of Law 11,355/2006, with the introduction of additional qualifications.	2,290
16	Hazard pay for EBSERH professionals applied to the base salary.	2,115
17	"Cannabis sativa" in public health policy - SUS/PICs-Farmácia Viva.	1,638
18	Strengthen physical practices and activities in primary health care in the SUS.	1,531
19	Creation of the SUS Federal Audit Career to strengthen the control, evaluation, and inspection of health actions and services and their resources.	1,488
20	Dentist at School.	1,459

Source: Directorate of Digital Participation and Network Communication (SNPS/SGPR).

When looking at the number of proposals on the topic of health in the 2024-2027 PPA bill, it can be seen that 1,225 proposals were received[14]. This number rivals that of the Ministry of Education (MEC) among all proposals received by ministries and agencies[14].

Although the MEC received a similar volume of proposals to the Ministry of Health (MS) on the Brasil Participativo platform, it only received 190,000 votes, corresponding to 52.85% of the total directed to the MS. This disparity in voting, even with an equal number of proposals, raises important questions about the factors that influence civil society engagement and prioritization in different ministerial areas. The relevance of this comparison lies in understanding whether there is a lower perception of urgency or public interest in certain areas, or whether other factors, such as communication and the way proposals are presented, play a crucial role in mobilizing citizens.

Additionally, Table 2 of the Brasil Participativo platform's report for the 2024-2027 PPA details not only the 20 most voted proposals on health, but also 22 other proposals from different ministries and agencies related to health issues. A notable example is the proposal regarding the minimum wage for nurses, which appeared in three different ministry: Development, Industry, Trade, and Services; Planning and Budget; and the Secretariat of Social Communication of the Presidency of the Republic. This duplication of mentions, organized by numbering from 1 to 22 according to the document 'Brazil Platform Report'[14], without an explicit hierarchy between them, illustrates the intersectorality of health policies and the need for an integrated approach in considering social demands.

Tabela 1. List of 22 health proposals linked to other ministries

	Proposal	Ministry/agency
1	Oral health assistant.	Attorney General's Office
2	Retirement for nursing professionals.	Attorney General's Office
3	Nursing professionals throughout Brazil.	Attorney General's Office
4	Fight for nursing	Attorney General's Office
5	Creation of a stem cell therapy laboratory.	Ministry of Science, Technology, and Innovation
6	Administrative and financial autonomy through budgetary allocation to Health Councils.	Federal Comptroller General.
7	Programs aimed at providing people with physical disabilities with mechanical devices such as prosthetic legs throughout Brazil.	Federal Comptroller General.
8	Ordinance 400, November 16, 2009.	Ministry of Defense.
9	Council of Beauticians.	Ministry of Defense.
10	Unified Health System for Animals (SUS ANIMAL).	Ministry of Agrarian Development and Family Farming.
11	Precarious employment of Health Agents and Endemic Disease Control Agents.	Ministry of Management and Innovation in Public Services.

12	Creation of the Federal Council and Regional Councils for Aesthetics and Cosmetology (URGENT Law 13.643/2018).	Ministry of Development, Industry, Trade, and Services.
13	Creation of the Federal and State Councils for Aesthetics.	Ministry of Development, Industry, Trade, and Services.
14	Three minimum wages.	Ministry of Development, Industry, Trade, and Services.
15	Federal Council for Aesthetics and Cosmetics.	Ministry of Development, Industry, Trade, and Services.
16	Nursing wage floor.	Ministry of Development, Industry, Trade, and Services.
17	Regulation of natural and handmade cosmetics.	Ministry of Development, Industry, Trade, and Services.
18	Strengthening health workers in the SUS.	Ministry of Mines and Energy.
19	Minimum wage for nursing.	Ministry of Planning and Budget.
20	Creation of Basic Health Units Indigenous-UBSI.	Ministry of Indigenous Peoples.
21	On autistic children, education, safety, and health.	Secretariat of Social Communication of the Presidency of the Republic.
22	Minimum wage for nurses.	Social Communication Secretariat of the Presidency of the Republic.

Source: Directorate of Digital Participation and Network Communication (SNPS/SGPR).

Among the proposals submitted to a vote on the Brasil Participativo platform, the creation of a national minimum wage for nursing stood out as the second most voted, registering 92,502 votes, behind only the proposal for technical qualification and professional recognition of ACS and ACE, which obtained 95,731 votes (Table 1). The relevance of the topic is related to the passage of Bill Nº. 2,564/20[31] at the height of the Covid-19 pandemic, converted into Federal Law No. 14,434/22[32] of August 2022, which established the national minimum wage for nurses, nursing technicians, nursing assistants, and midwives.

The issue, however, proved controversial. In parallel with the aforementioned Law, the National Congress approved Constitutional Amendment No. 124, of July 14, 2022[33] which provides for the mandatory minimum wage for nursing professionals in the federal public service, defining criteria for adjustment and application. In the same year, the Federal Supreme Court (STF) suspended the effects of Federal Law No. 14,434/22, releasing its enforceability only at the end of May 2023[34], a period when online voting on the Brasil Participativo platform was still ongoing.

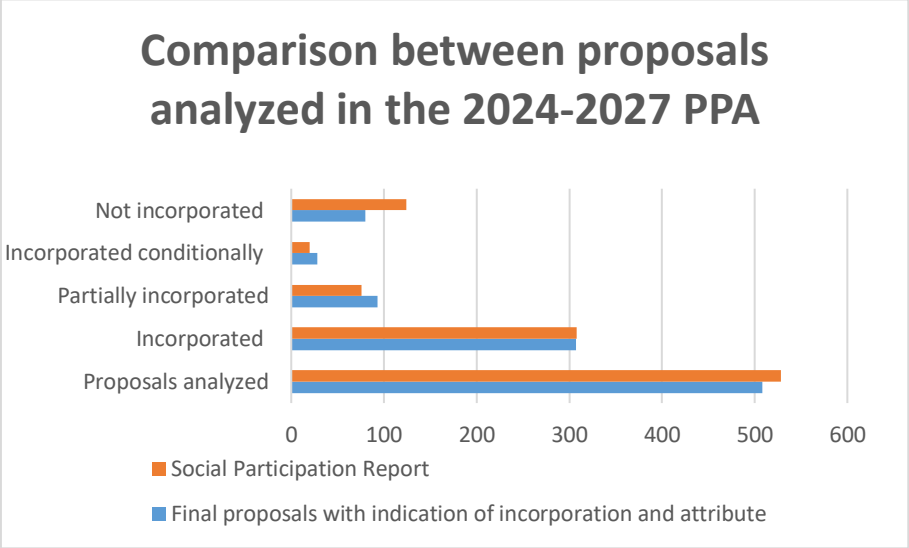
The contributions produced by the General Secretariat of the Presidency of the Republic were considered and systematized by the National Planning Secretariat, appearing in the Social Participation

Report[16] that accompanied the PPA Bill[24]. This systematization covered the issue of the nursing minimum wage, among other priority proposals in the area of health.

During the analysis of the data, a quantitative divergence (Graph 1) was found between the official documents. The Social Participation Report in the PPA 2024-2027 indicates a total of 528 proposals analyzed, of which 308 were approved, 76 were partially approved, 20 were conditionally approved, and 124 were rejected. In contrast, the documents Final proposals with indication of incorporation and attribute[25,26] show only 508 proposals sent to ministries, with 307 fully incorporated, 93 partially incorporated, 28 conditionally incorporated, and 80 not incorporated.

This discrepancy, both in the total number of proposals analyzed and in the incorporation decisions, is a relevant result of the research, highlighting the need for greater transparency and standardization in the consolidation of social contributions in the PPA. Analysis of the metadata of these documents indicates that the PDF files[25] were last modified on April 18, 2024, and the XLS spreadsheets[26] November 30, 2023, while other documents: Presidential Message sent to the National Congress[23] Report on Social Participation in the PPA 2024-2027[16] Bill with Incorporations from the People[24] are dated August 30, 2023, reinforcing the need to pay attention to the temporality of the records used.

Graph 1. Comparison between proposals analyzed in the PPA 2024-2027



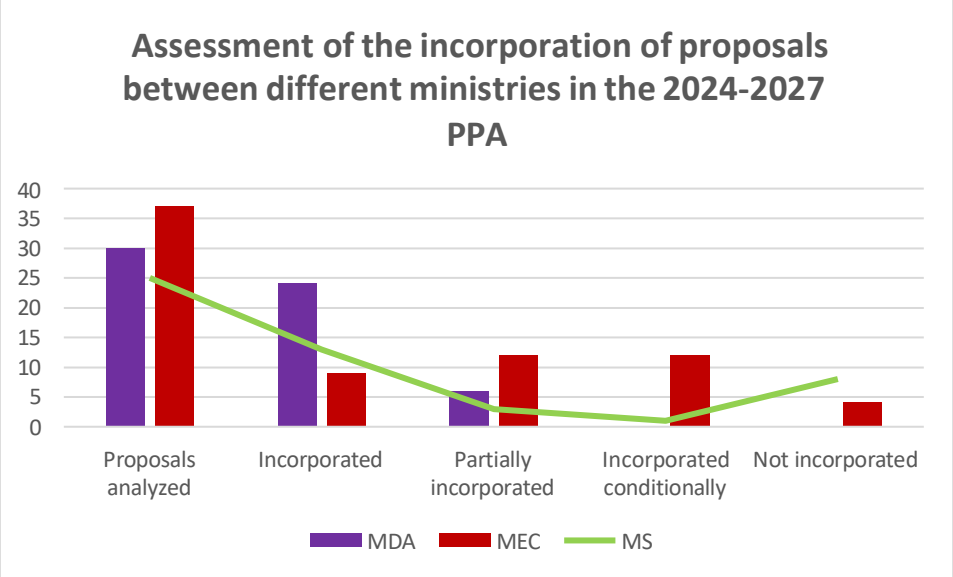
Source: prepared by the authors

Regarding the incorporation of the most voted proposals in the PPA 2024-2027, there was divergence both in the total number of proposals analyzed and in the different categories, with emphasis on contradictions in the proposals that were not incorporated. Despite significant social participation in health issues, the Report on Social Participation in the PPA 2024-2027 indicates that the Ministry of Health incorporated these contributions to a limited extent (Graph 2). Of the 25 proposals in the area analyzed, only 17 were incorporated in full, partially, or with conditions, representing only 4.2% of the total proposals incorporated into the PPA. This index highlights a discrepancy between high social participation in health issues and the effective incorporation of proposals into the final document. The choice of the Ministry of Agrarian Development and Family Agriculture (MDA) as a point of comparison is justified by its significant incorporation rate: 100%

of its proposals analyzed were accepted (24 fully and six partially)[14]. This disparity highlights the difficulty faced by the Ministry of Health in translating social participation into effective policies.

Similarly, as reported above, the Ministry of Education (MEC), selected as an additional counterpoint, presented a more robust incorporation rate compared to health. Of the 37 proposals analyzed for the MEC, only four were not incorporated, with the rest approved at different levels (total, partial, or with conditions). This comparison (Graph 2) with both the MEC and the MDA is relevant because it shows that, even in areas with significant participation, it is possible to have a higher degree of acceptance of proposals than that observed in health, raising questions about the criteria and internal processes that govern the incorporation of social demands.

Graph 2. Evaluation of the incorporation of proposals among different ministries in the PPA 2024-2027



Source: prepared by the authors.

However, when analyzing the final proposal document with the indication of incorporation and attribute[25,26] the number of proposals in the health area is reduced to a total of 21, of which 12 were incorporated, three partially incorporated, one incorporated conditionally, and five not incorporated, leaving a gap in the analysis, as four proposals are not included in the document. In the research, due to the absence and conflict of data between the supporting documents, it is not possible to ascertain whether there were in fact 25, as reported in the Social Participation Report in the PPA 2024-2027[14] or 21 proposals analyzed, according to the document '307 Incorporated Proposals' [25] PPA Feedback 508 Proposals Evaluated within the Scope of the PPA[26] with data for proposals 22 to 25 missing, if they actually exist. By combining the various tabs and filtering the results for the health area of the data spreadsheet, the consolidation presented in Box 1 was obtained, which details the 21 proposals analyzed, including those incorporated, partially incorporated, conditionally incorporated, and not incorporated.

Box 1. List of proposals analyzed

Incorporated	
1	Technical qualification and professional development of CHWs and ACE for the expansion of health services in the SUS.
2	Expand and finance the RAPS (Regional Public Health System) by strengthening the Anti-Asylum and Anti-Prohibitionist Mental Health Policy based on Harm Reduction.
3	Active racialized clinic in the SUS.
4	Resume the implementation of health policy for rural, forest, and water populations.
5	Implement the National Palliative Care Policy integrated with the RAS and as a component of Primary Health Care, with guaranteed funding.
6	Build the Diagnosis and Therapy Support Center at Conceição Hospital.
7	Build the Critical and Surgical Patient Care Center at Conceição Hospital.
8	Build and/or renovate two primary health care units at Conceição Hospital.
9	Training professionals and providing access to bioidentical and non-hormonal hormone treatments for women in climacteric and menopause at the UBS.
10	Maternal mental health matters.
11	Precarious employment conditions for health workers and endemic disease control agents.
12	Creation of basic indigenous health units (UBSI).
Partially incorporated	
1	Inclusion of nutritionists in the basic ESF team.
2	Creation of a stem cell therapy laboratory.
3	Strengthening physical activities and exercise in primary health care within the SUS.
Conditional incorporation	
1	Holding of Communication Conferences – CONFECOMS.
Not incorporated	
1	Create a federal, regional, cross-border hospital, 100% SUS networked, to provide medium/high complexity healthcare on the border, in Uruguaiana.
2	Awareness about rare diseases and patients in Brazil through a panel linked to an online platform and social media.
3	Connect mothers of rare disease patients in Brazil and the patients themselves through an online platform.
4	Ordinance 400 11/16/2009.
5	More transparency.

Source: prepared by the authors.

Of the 21 proposals analyzed, based on the documents: '307 Incorporated Proposals' and 'PPA Feedback 508 Proposals Evaluated within the Scope of the PPA'[25,26], only those that were incorporated in some way were classified according to their program theme. There was a tendency for most proposals to deal with Primary Health Care, with eight proposals and five proposals related to management, work, education, and digital transformation in health. In contrast, the themes of research, development, innovation, production, and technologies in health; reconstruction, expansion, and deepening of social participation and democracy; and indigenous health were addressed in only one proposal each.

The analysis of the results shows a mismatch between the preferences of the population and the technical response in the PPA drafting process, suggesting that social participation, although expanded, was not fully reflected in the final choices for public health policy. The continuity of this

participatory process in future administrations, with adjustments that increase the integration of the population's demands, may contribute to strengthening the legitimacy of the policies contained in government planning.

The 'Brasil Participativo' platform proved to be an instrument with significant potential for social participation, with the PPA 2024-2027 being an important milestone for public health. The social participation achieved symbolizes a reunion of society with the process of choosing public policies, especially in the area of health, which proved to be a priority for the population.

Final considerations

It is impossible to conceive of universal and collective health for a people without the active participation of society in defining the public policies to be implemented by the government. The centralized decision-making model, with exclusive control by the Legislative and Executive branches, has not prospered and does not meet the growing popular demand for public services and public health policies.

The public consultation held in 2023 for the preparation of the PPA had strong participation from the population. However, it was observed that, in the area of health, the results were less significant than in other ministry. This diagnosis points to the need to establish new criteria and objectives for the next editions of the PPA or for other forms of participation that may emerge in the coming years.

Thus, a discrepancy was observed in the data provided by the Federal Government on the number of proposals effectively analyzed and incorporated. The lack of synchronization and the information gap hinder the principle of transparency and the citizen's ability to monitor. This inconsistency can be attributed to several factors, such as the lack of standardization in data collection and dissemination among different levels of government or the complexity of tracking all contributions, especially those that were not fully incorporated.

The relationship between greater social participation and the effective incorporation of proposals proved to be fragile, highlighting a disconnect between the issues proposed by the population and those effectively included in the PPA law. While society proposed a diversity of issues, the absorption of this data appears to have been selective, suggesting that participation, although expanded, still faces challenges in terms of its deliberative weight. Finally, in addition to the relevance of the topic, it was demonstrated that this scientific gap requires further study in order to improve the institution of social participation in the making of the PPA, ensuring that the voice of society is translated into concrete and transparent actions for the years 2024-2027.

Conflict of interest
The authors declare that there is no conflict of interest.

Authors' contributions
Brasil PC contributed to the conception/design of the article, analysis and interpretation of data, writing, critical review of its content, and approval of the final version. Costa JRC contributed to the conception/design of the article, writing, critical review, and approval of its content, and approval of the final version. Alves SMC contributed to the critical review of the article and approval of the final version. Silva JR contributed to the conception/design of the article, writing of the article, critical review of its content, and approval of the final version.

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