REVISTA
TÉCNICO-CIENTÍFICA
CEJAM
Transformando a vida das pessoas por meio da comunicação científica

OPEN ACCESS

Reflection Article

Authorship

Isaac de Souza Faria[1*]
ORCID: https://orcid.org/0009-0001-6434-334X

***Corresponding:** isaacshj@gmail.com

Institution

[1]Secretaria Municipal de Habitação (Cohab-SP), São Paulo, SP, Brazil.

How to cite this article • Copyright©

Faria IS. Health as a Human Right: Memory, Social Participation, and Transformation in the M'Boi Mirim Region. Rev. Tec. Cient. CEJAM. 2026;5:e202650057. DOI: https://doi.org/10.59229/2764-9806.RTCC.e202650057.

Editors

Submitted	Accepted
09-03-2026	09-08-2026

Health as a Human Right: Memory, Social Participation, and Transformation in the M'Boi Mirim Region

Saúde como Direito humano: Memória, Participação Social e Transformação no Território de M'Boi Mirim

La Salud como Derecho Humano: Memoria, Participación Social y Transformación en el Territorio de M'Boi Mirim

Abstract

Objective: To report the development and implementation of a digital tool to standardize **Objective:** to reflect on the Brazilian Unified Health System (UHS) as a human right, linking its historical construction to transformations experienced in the M'Boi Mirim territory in São Paulo. **Method:** reflection article based on the author's autobiographical memory, the original text about local history, and dialogue with scientific articles on UHS, the Family Health Strategy, social participation, urban violence, and management models**. Results:** the reflection indicates that the right to health became progressively concrete in the territory through the expansion of primary health care, community health workers, popular organization, health councils, and a care network closer to families. The M'Boi Mirim experience also shows that UHS acquires concrete meaning when universality and equity move from normative principles into everyday life. **Conclusion:** understanding UHS as a human right requires recognition of its democratic origin and its daily realization in territories. Local memory shows how public policies, health workers, and social participation can change access conditions and strengthen citizenship.
Descriptors: Unified Health System; Right to Health; Primary Health Care; Social Participation; Family Health.

Resumo

Objetivo: refletir sobre o Sistema Único de Saúde (SUS) como direito humano, articulando sua construção histórica às transformações vividas no território de M'Boi Mirim, na cidade de São Paulo. **Método:** artigo de reflexão construído a partir da memória autobiográfica do autor, do texto-base elaborado sobre a história local e de diálogo com artigos científicos sobre o SUS, a Estratégia Saúde da Família, participação social, violência urbana e modelos de gestão. **Resultados:** a reflexão mostra que a concretização do direito à saúde no território ocorreu de forma progressiva, com ampliação da atenção primária, presença de agentes comunitários, organização popular, conselhos gestores e estruturação de uma rede assistencial mais próxima das famílias. A experiência de M'Boi Mirim também mostra que o SUS ganha sentido concreto quando a universalidade e a equidade deixam o plano normativo e passam a ser vividas nas ruas, nas unidades de saúde e nos espaços de participação comunitária. **Conclusão:** compreender o SUS como direito humano exige reconhecer sua origem democrática e sua realização cotidiana nos territórios. A memória local permite observar que políticas públicas, trabalhadores e participação social podem transformar condições de acesso e fortalecer a cidadania.

Descritores: Sistema Único de Saúde; Direito à Saúde; Atenção Primária à Saúde; Participação Social; Saúde da Família.

Resumen

Objetivos: reflexionar sobre el Sistema Único de Salud (SUS) brasileño como derecho humano, articulando su construcción histórica con las transformaciones vividas en el territorio de M'Boi Mirim, en São Paulo. **Método:** artículo de reflexión basado en la memoria autobiográfica del autor, en el texto original sobre la historia local y en el diálogo con artículos científicos sobre el SUS, la Estrategia Salud de la Familia, participación social, violencia urbana y modelos de gestión. **Resultados:** la reflexión indica que el derecho a la salud se concretó progresivamente en el territorio mediante la expansión de la atención primaria, la presencia de agentes comunitarios, la organización popular, los consejos de salud y una red asistencial más cercana a las familias. La experiencia de M'Boi Mirim muestra que el SUS adquiere sentido concreto cuando universalidad y equidad pasan al cotidiano de la población. **Conclusión:** comprender el SUS como derecho humano exige reconocer su origen democrático y su realización diaria en los territorios. La memoria local permite observar cómo las políticas públicas, los trabajadores y la participación social pueden modificar las condiciones de acceso y fortalecer la ciudadanía.

Descriptores: Sistema Único de Salud; Derecho a la Salud; Atención Primaria de Salud; Participación Social; Salud de la Familia.

INTRODUCTION

The Brazilian Unified Health System (UHS) is one of the greatest social achievements of Brazilian democracy, the result of decades of struggles to build a health model that recognizes healthcare as a right for all and not as a privilege for the few. Before its creation, access to care was marked by inequality and was largely tied to Social Security, leaving millions of Brazilians dependent on limited public services, philanthropic institutions, or their own resources. The literature on the development of the Brazilian health system confirms this shift from a segmented model to a system guided by the universality of the right to health[1-2].

In the early 20th century, health policies focused primarily on combating epidemics and protecting cities. In 1923, the Eloy Chaves Law established the Retirement and Pension Funds, initiating a model of social protection linked to specific professional categories. Decades later, in 1977, the National Institute of Social Security Medical Assistance (INAMPS) was created, responsible for social security medical care, but still far from a truly universal system. This historical trajectory helps explain why the Brazilian Health Reform was a political and social change, and not merely an administrative one[1,3].

It was during the 1970s and 1980s that the Health Reform Movement gained momentum, bringing together health professionals, researchers, intellectuals, and social movements that advocated for a profound change in the way the State addressed public health. In 1986, the 8th National Health Conference became a milestone in this transformation by affirming health as a citizen's right and a responsibility of the State. Studies on the Conference show that universality was discussed in direct connection with the expanded concept of health and with the country's redemocratization[3-4].

This struggle achieved its greatest victory in the 1988 Federal Constitution, which established, in Article 196, that health is a right of all and a duty of the State. Articles 196 through 200 laid the foundations for the UHS, which were subsequently regulated by Laws No. 8,080 and No. 8,142 of 1990. From that point on, Brazil began to build a system based on universality, comprehensiveness, equity, decentralization, and social participation. These principles transformed the relationship between citizenship, access, and public responsibility for health[2,5].

More than just a public policy, the UHS represents a historic shift in the relationship between the State and the citizen. It is present in vaccination, primary care, public health surveillance, transplants, highly complex treatments, and countless other initiatives that we often fail to notice in our daily lives. Primary Health Care (PHC), organized on a territorial basis and linked to a universal system, is directly related to the realization of the right to health and the reduction of inequalities in access[6].

That said, the objective of this scientific paper is to reflect on the UHS as a human right, linking its historical development to the transformations experienced in the M'Boi Mirim region, with an emphasis on community mobilization, the expansion of the Family Health Program, and the alignment of public services with the population's needs.

METHOD

Type of Study and Setting

This is a reflective article based on the author's autobiographical memories and the content of texts on the UHS as a human right. The reflection centers on the historical development of the UHS and its implementation in the M'Boi Mirim region, with an emphasis on the author's personal experiences, grassroots mobilization, and the changes observed in the local health network.

To foster a dialogue between local experience and scientific knowledge, we drew upon scientific articles related to the history of the UHS, health care reform, the right to health, PHC, the Family Health Strategy, community health workers, social participation, urban violence, and health care management models. The literature selection was intentional rather than systematic, guided by thematic relevance to the manuscript's content and the existence of verifiable scientific publications.

Since this is an autobiographical reflection—involving no data collection from participants, no intervention, no access to medical records, and no use of personally identifiable information from third parties—it was not submitted to a Research Ethics Committee. The references were used to provide context and support the reflection, without turning the article into a literature review.

DEVELOPMENT

The UHS as an Achievement of Brazilian Democracy

Its history demonstrates that social rights are not concessions, but achievements built by society. Defending the UHS is defending the very idea that health care should be a right for all and not a privilege for those who can afford it. This understanding takes on new meaning when the focus shifts from national history to a place where social inequalities were experienced in everyday life.

The Embrace That Helped Transform Healthcare in M'Boi Mirim

It was a cloudy day on June 19, 2003, in an open field where the Jardim Ângela Terminal stands today. On that day, adults and children joined hands to form a large symbolic embrace around the site, demanding the construction of the long-dreamed-of and much-needed M'Boi Mirim Hospital.

Even as a child, I still remember that moment and the power of that grassroots mobilization. It was not just a hug for a piece of land, but a hug for the hope of a population that for years had struggled to access healthcare, treatments, and the public services necessary to live with dignity.

At that time, the M'Boi Mirim region—especially Jardim Ângela—bore the burden of profound social inequalities. Incidentally, in 1996, Jardim Ângela was even cited as one of the most violent regions in the world. Subsequent studies on violence in the district highlight the high rate of homicides and the changes observed beginning in the 2000s, linking these changes to living conditions, community mobilization, and public policies[7].

The campaign for the hospital was part of a much broader struggle to transform the area. Healthcare needed to move beyond merely intervening once illness had already set in and instead become a daily presence in families' lives through prevention, monitoring, and close care provided within the communities.

It was during this process that the implementation of the Family Health Program—later consolidated as the Family Health Strategy—represented a significant change for the region. The presence of health teams in communities brought public services closer to families and strengthened primary care, prevention, and follow-up for residents. In Brazil's major cities, the expansion of the Family Health Strategy occurred unevenly, but it transformed the organization of primary care and access to services[8-11].

The construction of the M'Boi Mirim Hospital and the expansion of primary care demonstrate that a city's major transformations also arise from grassroots organizing. That embrace in 2003 remains a symbol of a community that refused to accept the state's absence and showed that, when the population organizes and demands its rights, history can begin to change.

Today, as I look out over the neighborhood and recall that cloudy day, I realize that that embrace represented much more than a symbolic gesture. It was the embrace of an entire community standing up for life, health, and dignity. A story built by many hands, many voices, and, above all, by the hope that the future could be different.

Social Participation and Organization of the Health Network

In this process of structuring the network, the model of Social Health Organizations also gained importance, as they began to work in partnership with the government in the management and delivery of health services. However, this model was not exempt from evaluation by representatives of social participation in the region, who offered critical reflections on the model and used their voices to advocate for improvements in the expansion and organization of the UHS network[12].

The importance of these partnerships within the framework of the UHS must be viewed through the social lens of those living in the territory where Social Health Organizations provide their services. The government remains responsible for policy formulation, financing, oversight, and guaranteeing the right to health, while partner organizations may participate in the management and delivery of services in accordance with contracts and public guidelines. The literature on Social Health Organizations in São Paulo shows that this model requires regulation, monitoring of outcomes, and systemic integration into the public health system[13-14].

There is no doubt that the arrival of Social Health Organizations in our region presented a major challenge and, at the same time, an important mission: to promote health and help make the UHS a reality in a region where, until then, a large portion of the population had limited access to health services. It was a region marked by profound social inequalities and a lack of basic infrastructure, but also by a community that never stopped fighting and organizing to transform its reality.

Looking back at the history of the region that informs this reflection, in 2002 we had only six health clinics. By 2007, that number had risen to twenty. This expansion meant more teams, more professionals, closer ties with families, and the ability to bring care to places where access had previously been limited.

But the challenges were enormous. In addition to a lack of equipment and precarious infrastructure, we faced violence and the absence or inadequacy of basic sanitation. Promoting health in a territory with these characteristics meant understanding that health is not achieved solely within a health facility, but also through decent housing, sanitation, education, safety, nutrition, and adequate living conditions.

At the same time, there was a force emerging from the community itself. People organized themselves in churches, associations, social movements, and community spaces to demand their rights. An important example was the work of the Santos Mártires Community, led by Father Crowe, who played a significant role in grassroots organizing and advocating for public policies for the region.

Popular participation was also beginning to gain momentum through the Management Councils, creating spaces for residents themselves to monitor, discuss, and participate in decisions related to health services. Studies conducted in outlying areas of São Paulo, including M'Boi Mirim, demonstrate the relationship between patterns of community mobilization and the functioning of local health councils, with effects on participation and the debate over public policies[12].

The expansion of the network, the work of health professionals, partnerships with reputable institutions, and, above all, community organization formed a crucial combination for transforming the reality of health care in the region. It was not a top-down initiative. It was a process that involved government authorities, health workers, social organizations, churches, community leaders, and residents.

When I look back at this history, I realize that making the UHS a reality in the region meant much more than simply opening health clinics. It was necessary to build relationships, earn the trust of families, and recognize that the population had an understanding of its own problems as well as the capacity to participate in finding solutions. Health care, then, began to be built in collaboration with the community.

Written Rights and Rights Lived Out in the Territory

If, on June 19, 2003, the sky was cloudy as the population came together in a symbolic embrace for a better future for healthcare in the territory, I can say that, in 2026, the skies cleared. Or, better yet, the sun began to shine on a reality built over decades through popular mobilization, public policies, healthcare workers, and the partnerships that helped make the UHS a reality in the territory.

The trajectory of healthcare in M'Boi Mirim demonstrates in practice the achievement of the UHS's fundamental principles. Comprehensive care means understanding that care does not end with a single visit, but involves prevention, diagnosis, treatment, rehabilitation, and health promotion. Equity means recognizing that historically vulnerable communities need policies capable of addressing their inequalities. Decentralization brings management closer to municipalities and local communities, while social participation allows the population to be part of the development of public policies[5,6].

And while the sky was cloudy on that June 19, 2003, today we can look at the region and see a different landscape. An example of this transformation is the Jardim Vera Cruz Health Complex, which brings together various facilities and expands the range of care available to the population. Among them is the Basic Health Unit, which bears the name and legacy of Dr. Fernando Proença de Gouvêa—a figure closely tied to the history of healthcare in the area—as well as the Day Hospital, which provides specialized care, the Dental Specialties Center, and the Emergency Care Unit.

This infrastructure represents a profound change for a population that, for a long time, faced difficulties in accessing health services close to home. What once seemed distant has now become part of daily life in the area. Primary care, emergency care, specialty care, and dental care now form a network that is more attuned to residents' needs.

It is important to recognize that this transformation did not occur in isolation. It is the result of the efforts of government agencies, healthcare workers, social organizations, community leaders, churches, management councils, and, above all, a population that never stopped demanding its rights. The UHS is strengthened when there is institutional commitment and when the community participates, monitors, proposes, and helps shape public policies.

Today, in 2026, I can say that the skies have cleared. Not because all problems have been solved, but because the region has made progress and achieved a much more structured healthcare network. The residents of M'Boi Mirim now experience a more effective presence of the UHS in their daily lives, with facilities, professionals, and services better aligned with their needs.

The UHS has drawn closer to the people, and the people have also begun to play a greater role in shaping the UHS. This is perhaps one of the greatest achievements: understanding that providing health care means caring, preventing, treating, listening, and participating. It means transforming rights enshrined in the Constitution into rights lived out in the community. The continuity of this process depends on preserving the community-based orientation of the Family Health Strategy, public funding, and the network's capacity for coordination—issues that remain central to the scientific debate on primary care[15].

Study Limitations

This reflection is based on autobiographical memory, local experience, and scientific literature, without the intention of producing an exhaustive documentary reconstruction of the history of M'Boi Mirim.

Some local information, such as the evolution of the number of health facilities, the participation of institutions, and the current configuration of facilities, was retained based on the source text and the author's recollection.

These records were not subjected to systematic documentary validation. The reflective nature of the manuscript also does not allow for the establishment of causal relationships between social mobilization, network expansion, and changes in health indicators.

Contributions to Science

The article connects the national history of the UHS with the lived experience in a peripheral area of the city of São Paulo. This perspective allows for a discussion of the right to health based on how it is perceived in daily life—in the distances traveled to access care, the presence of Family Health teams, and community participation.

For the field of public health, this reflection reinforces the value of integrating social memory, territory, and scientific literature in analyzing the realization of rights. It also suggests that future studies could compare local narratives with historical data on coverage, network structure, social participation, and health indicators.

FINAL CONSIDERATIONS

When I look at that child who once faced difficulties accessing healthcare and recall that June 19, 2003, I realize that the occupation of the land represented much more than a demand for a hospital. It was a stand for dignity, for the right to health, and for a different future.

The story of M'Boi Mirim shows that public policies gain momentum when they encounter an organized population willing to participate. The expansion of health centers, the work of Family Health teams, the efforts of community movements, and partnerships in service delivery were all part of the same journey: transforming a community marked by exclusion into one where the right to health could increasingly become a reality.

While the sky was cloudy that day, today we can say that the sun rose to illuminate a story built by many hands. A story that is still being written and that reminds us that the struggle for public, universal, and quality healthcare never ends, because defending the UHS means defending the life, citizenship, and dignity of every person living in this area.

AUTHORS' CONTRIBUTION

Transparency in authors' contributions according to the CRediT Taxonomy.

Conceptualization	Isaac de Souza Faria
Data Curation	Isaac de Souza Faria
Formal Analysis	Isaac de Souza Faria
Funding Acquisition	Not applicable
Investigation	Isaac de Souza Faria
Methodology	Isaac de Souza Faria
Project Administration	Isaac de Souza Faria
Resources	Isaac de Souza Faria
Software	Not applicable
Supervision	Isaac de Souza Faria
Validation	Isaac de Souza Faria
Visualization	Isaac de Souza Faria
Writing - Original Draft Preparation	Isaac de Souza Faria
Writing – Review & Editing	Isaac de Souza Faria

STATEMENTS

Conflicts of interest	Not applicable
Funding	Not applicable
Ethical approval	Not applicable
Acknowledgments	Not applicable
Preprint	Not applicable
Artificial Intelligence	Not applicable

TRANSLATION

The translation of this article was assisted by DeepL Translator artificial intelligence from the original version written in Portuguese (Brazil). The translated version was submitted to the editorial team for curation, consisting of a limited scope editorial review. Translations assisted by artificial intelligence may vary from the native language.

REFERENCES

1. Paim J, Travassos C, Almeida C, Bahia L, Macinko J. The Brazilian health system: history, advances, and challenges. Lancet. 2011;377(9779):1778-1797. doi:10.1016/S0140-6736(11)60054-8. https://doi.org/10.1016/S0140-6736(11)60054-8
2. Castro MC, Massuda A, Almeida G, Menezes-Filho NA, Andrade MV, Noronha KVM, et al. Brazil's unified health system: the first 30 years and prospects for the future. Lancet. 2019;394(10195):345-356. doi:10.1016/S0140-6736(19)31243-7. https://doi.org/10.1016/S0140-6736(19)31243-7

3. Paim JS. A reforma sanitária brasileira e o Sistema Único de Saúde: dialogando com hipóteses concorrentes. Physis. 2008;18(4):625-644. doi:10.1590/S0103-73312008000400003. https://doi.org/10.1590/S0103-73312008000400003
4. Rosário CA, Baptista TWF, Matta GC. Sentidos da universalidade na VIII Conferência Nacional de Saúde: entre o conceito ampliado de saúde e a ampliação do acesso a serviços de saúde. Saúde Debate. 2020;44(124):17-31. doi:10.1590/0103-1104202012401. https://doi.org/10.1590/0103-1104202012401
5. Souza RR. Políticas e práticas de saúde e equidade. Rev Esc Enferm USP. 2007;41(spe):765-770. doi:10.1590/S0080-62342007000500004. https://doi.org/10.1590/S0080-62342007000500004
6. Giovanella L, Mendonça MHM, Buss PM, Fleury S, Gadelha CAG, Galvão LAC, et al. De Alma-Ata a Astana. Atenção primária à saúde e sistemas universais de saúde: compromisso indissociável e direito humano fundamental. Cad Saude Publica. 2019;35(3):e00012219. doi:10.1590/0102-311X00012219. https://doi.org/10.1590/0102-311X00012219
7. Ruotti C, Regina FL, Almeida JF, Nasser MMS, Peres MFT. A ocorrência de homicídios no município de São Paulo: mutações e tensões a partir das narrativas de moradores e profissionais. Saude Soc. 2017;26(4):999-1014. doi:10.1590/S0104-12902017170254. https://doi.org/10.1590/S0104-12902017170254
8. Costa NR. A Estratégia de Saúde da Família, a atenção primária e o desafio das metrópoles brasileiras. Cien Saude Colet. 2016;21(5):1389-1398. doi:10.1590/1413-81232015215.24842015. https://doi.org/10.1590/1413-81232015215.24842015
9. Pinto LF, Giovanella L. Do Programa à Estratégia Saúde da Família: expansão do acesso e redução das internações por condições sensíveis à atenção básica. Cien Saude Colet. 2018;23(6):1903-1914. doi:10.1590/1413-81232018236.05592018. https://doi.org/10.1590/1413-81232018236.05592018.
10. Giovanella L, Bousquat A, Schenkman S, Almeida PF, Sardinha LMV, Vieira MLFP. Cobertura da Estratégia Saúde da Família no Brasil: o que nos mostram as Pesquisas Nacionais de Saúde 2013 e 2019. Cien Saude Colet. 2021;26(suppl 1):2543-2556. doi:10.1590/1413-81232021266.1.43952020. https://doi.org/10.1590/1413-81232021266.1.43952020
11. Morosini MVGC, Fonseca AF, Vieira-Meyer APGF. Agentes Comunitárias na Estratégia Saúde da Família: 30 anos de resistência e avanços. Cien Saude Colet. 2025;30(12):e08222025. doi:10.1590/1413-812320253012.08222025. https://doi.org/10.1590/1413-812320253012.08222025
12. Coelho VSP, Ferraz A, Fanti F, Ribeiro M. Mobilização e participação: um jogo de soma zero? Um estudo sobre as dinâmicas de conselhos de saúde da cidade de São Paulo. Novos Estud CEBRAP. 2010;(86):121-139. doi:10.1590/S0101-33002010000100007. https://doi.org/10.1590/S0101-33002010000100007
13. Ibañez N, Bittar OJNV, Sá ENC, Yamamoto EK, Almeida MF, Castro CGJ. Organizações sociais de saúde: o modelo do Estado de São Paulo. Cien Saude Colet. 2001;6(2):391-404. doi:10.1590/S1413-81232001000200009. https://doi.org/10.1590/S1413-81232001000200009
14. Coelho VSP, Greve J. As Organizações Sociais de Saúde e o desempenho do SUS: um estudo sobre a atenção básica em São Paulo. Dados. 2016;59(3):867-901. doi:10.1590/00115258201694. https://doi.org/10.1590/00115258201694
15. Giovanella L, Mendonça MHM, Campos EMS, Vilasbôas ALQ, Aquino R, Facchini LA. Thirty years of the Family Health Strategy in the Brazilian Unified National Health System: milestones, advances, setbacks and challenges. Cad Saude Publica. 2026;42:e00206025. doi:10.1590/0102-311XEN206025. https://doi.org/10.1590/0102-311XEN206025.