

Participatory Surveillance in Worker Health in Urban Contexts: Contributions from a Scoping Review

Vigilância Participativa em Saúde do(a) Trabalhador(a) em Contextos Urbanos: Contribuições de uma Revisão de Escopo
Vigilancia Participativa en Salud de Los(as) Trabajadores(as) en Contextos Urbanos: Aportes de una Revisión de Alcance

RESUMO

Objetivo: Analisar práticas nacionais e internacionais de vigilância popular e participativa no campo da Vigilância em Saúde do(a) Trabalhador(a), com foco na inclusão e participação dos(as) trabalhadores(as) e seus representantes em contextos urbanos. **Método:** Revisão de escopo com busca em bases de dados científicas por artigos e pesquisas relacionadas à vigilância popular e participativa em saúde do trabalhador. Foram identificados 1818 estudos, dos quais 20 atenderam aos critérios de inclusão e foram analisados quanto às metodologias adotadas e ao engajamento direto de trabalhadores(as) nos processos de vigilância. **Resultados:** Os estudos selecionados revelam experiências diversas de participação social, incluindo sindicatos e movimentos sociais, no enfrentamento de processos de trabalho que geram adoecimento, mutilações e mortes. As metodologias identificadas variam entre ações de base territorial, mapeamento de riscos com protagonismo popular e produção compartilhada de conhecimento. Observa-se, contudo, que o campo ainda carece de sistematização teórica e consolidação de práticas contínuas. **Conclusão:** A vigilância participativa em saúde do trabalhador em contextos urbanos mostra-se como uma proposta promissora, mas ainda incipiente. A presença de iniciativas pontuais indica mais uma resposta às urgências impostas pelas transformações no mundo do trabalho do que uma política consolidada. O estudo reforça a importância da ampliação e efetivação do controle social como instrumento de defesa da cidadania, dos direitos humanos, da dignidade e dos valores sociais do trabalho.

DESCRITORES: Vigilância em Saúde do Trabalhador; Participação Social; Saúde Pública; Controle Social; Condições de Trabalho.

ABSTRACT

Objective: To analyze national and international practices of popular and participatory surveillance in the field of Workers' Health Surveillance, with a focus on the inclusion and participation of workers and their representatives in urban contexts. **Method:** Scoping review with searches in scientific databases for articles and research related to popular and participatory surveillance in workers' health. A total of 1818 studies were identified, of which 20 met the inclusion criteria and were analyzed regarding the methodologies adopted and the direct engagement of workers in surveillance processes. **Results:** The selected studies reveal diverse experiences of social participation, including unions and social movements, in confronting work processes that cause illness, mutilation, and death. The identified methodologies range from territorial-based actions, risk mapping with popular protagonism, to the co-production of knowledge. However, the field still lacks theoretical systematization and the consolidation of continuous practices. **Conclusion:** Participatory surveillance in workers' health in urban contexts emerges as a promising yet incipient proposal. The presence of isolated initiatives suggests more of a response to urgent challenges imposed by the changing world of work than a consolidated policy. The study reinforces the importance of expanding and implementing social control as a tool to defend citizenship, human rights, dignity, and the social value of work.

DESCRIPTORS: Workers' Health Surveillance; Social Participation; Public Health; Social Control; Working Conditions.

RESUMEN

Objetivo: Analizar prácticas nacionales e internacionales de vigilancia popular y participativa en el campo de la Vigilancia en Salud de los(as) Trabajadores(as), con énfasis en la inclusión y participación de los(as) trabajado-

res(as) y sus representantes en contextos urbanos. **Método:** Revisión de alcance con búsquedas en bases de datos científicas de artículos e investigaciones relacionadas con la vigilancia popular y participativa en salud laboral. Se identificaron 1818 estudios, de los cuales 20 cumplieron con los criterios de inclusión y fueron analizados en cuanto a las metodologías adoptadas y al involucramiento directo de los(as) trabajadores(as) en los procesos de vigilancia. **Resultados:** Los estudios seleccionados revelan experiencias diversas de participación social, incluyendo sindicatos y movimientos sociales, en el enfrentamiento de procesos laborales que generan enfermedades, mutilaciones y muertes. Las metodologías identificadas varían entre acciones con base territorial, mapeo de riesgos con protagonismo popular y producción compartida de conocimiento. Sin embargo, el campo aún carece de sistematización teórica y consolidación de prácticas continuas. **Conclusión:** La vigilancia participativa en salud de los(as) trabajadores(as) en contextos urbanos se presenta como una propuesta prometedora, aunque aún incipiente. La existencia de iniciativas puntuales indica más una respuesta a las urgencias impuestas por las transformaciones del mundo del trabajo que una política consolidada. El estudio refuerza la importancia de ampliar y efectivizar el control social como instrumento de defensa de la ciudadanía, los derechos humanos, la dignidad y los valores sociales del trabajo.

DESCRIPTORES: Vigilancia en Salud de los Trabajadores; Participación Social; Salud Pública; Control Social; Condiciones de Trabajo.

RECEIVED: 06/03/2025 APPROVED: 07/10/2025

How to cite this article: AOliveira CF, Ribeiro ALC, Silva KO, Cintra M, Lucca SR, Bandini M. Participatory Surveillance in Worker Health in Urban Contexts: Contributions form a Scoping Review. *Saúde Coletiva (Brazilian Edition)* [Internet]. 2026 [cited year month day];17(106):19674-19697. Available from: DOI: 10.36489/saudecoletiva.2026v17i106p19674-19697



Cathana Freitas Oliveira

Doctorate in Public Health, State University of Campinas
ORCID: <https://orcid.org/0000-0003-0723-9519>



Abner Luiz da Costa Ribeiro

Master's Degree in History Teaching - State University of Campinas
ORCID: <https://orcid.org/0009-0002-3196-1173>



Karine de Oliveira Silva

Occupational Physician - State University of Campinas
ORCID: <https://orcid.org/0009-0008-6560-9868>



Marília Cintra

Master's Degree in Public Health, State University of Campinas
ORCID: <https://orcid.org/0000-0002-9327-3539>



Sergio Roberto de Lucca

Doctorate in Public Health, State University of Campinas
ORCID: <https://orcid.org/0000-0001-6023-0949>



Marcia Bandini

Doctorate in Public Health, State University of Campinas
ORCID: <https://orcid.org/0000-0003-2899-090X>

INTRODUCTION

In November 2023, the National Health Council (CNS) convened the 5th National Conference on Workers' Health (5th CNSTT) in Brazil, with the theme "Workers' Health as a Human Right," organized around three axes: (1) National Policy on Workers' Health; (2) New labor relations and workers' health; and (3) Popular participation in workers' health for social control¹. This is a conference of great importance for

our field, given that more than a decade has passed since the 4th CNSTT, held in 2014.

There is much in store for us in August 2025. During the eleven years that Brazil waited for a new CNSTT, the country underwent profound changes following the legal-media-parliamentary coup², which paved the way for a series of attacks on workers' rights, including the legalization of rampant outsourcing³; two counter-reforms, one labor⁴ and another on social security⁵;

the rise of the extreme right in the executive branch; the transformation of working people into "killable bodies" during the pandemic, when the government bet on a herd immunity strategy, admitting deaths for the sake of supposed economic growth⁶; and elections marred by violent acts that threatened democracy, culminating in an attempted coup, which was denounced by the Federal Supreme Court (STF)⁷.

In the face of all these threats and losses of rights, it is essential to discuss

Scoping Review

Oliveira CF, Ribeiro ALC, Silva KO, Cintra M, Lucca SR, Bandini M
Participatory Surveillance in Worker Health in Urban Contexts: Contributions from a Scoping Review

ways of improving popular participation with a view to more effective social control, not only in terms of community participation in the management of the Unified Health System (SUS), as guaranteed by law since 1990⁸, but also in a broader sense, encompassing different social actors in order to guarantee the health of workers as a non-negotiable human right.

The central role of work in the social determination of health is well known. Between 2007 and 2022, the SUS treated almost 3 million cases of work-related diseases and injuries (DART), according to data from the Ministry of Health's Notifiable Diseases Information System (SINAN). Most of the notifications, 52.9%, were serious work accidents. The survey also points out that 26.8% of notifications were generated by exposure to biological material; 12.2% due to accidents with venomous animals; and 3.7% due to repetitive strain injuries (RSI) or work-related musculoskeletal disorders (WMSD)⁽⁹⁾.

The 392,575 DARTs reported to Sinan in 2022 reveal a growing trend in notifications, perhaps as a sign of improvement in Worker Health Surveillance (Visatt). However, underreporting in the SUS is evident when comparing SINAN records with Work Accident Reports (CAT) for Social Security, which totaled 612,920 cases in 2022. That said, we need to seek better ways and, perhaps, new paths to uncover work-related illness and death in Brazil.

This is the case with Participatory and Popular Surveillance (VPP), a concept still under development, understood as the adoption of innovative practices and mechanisms capable of effecting popular participation, based on the construction of shared knowledge about the health of the population, the creation of spaces that expand and focus on the needs and desires of the population by listening to citizen users and the general population, reformulating the concept and dynamics, trans-

forming them into sources of privileged information to foster public health policy. The leading role of communities and social movements in a given territory may involve different degrees of interaction with the State, academia, and experts, provided that they recognize popular knowledge and engage in participatory processes of a dialogical nature⁽¹¹⁾.

Community participation is one of the principles of the National Health Surveillance Policy (PNVS) ⁽¹²⁾, published in 2018, as a "way to increase their autonomy, emancipation, and involvement in building health awareness, in the organization and orientation of health services and in the exercise of social control," which can contribute to health promotion, prevention of morbidity and mortality, and reduction of risks and vulnerabilities in the working population through the integration of actions that intervene in diseases and health conditions and their determinants resulting from development models, production processes, and work.

Community surveillance practices occur in different populations (rural areas, forests, suburbs) which, in the absence of public authorities, establish forms of action and organization to fight for decent health care. These experiences have popular protagonism as their main vector for mobilization and social transformation. There are various ways in which territories create tools of resistance to strengthen themselves as a collective in order to face difficulties⁽¹¹⁾. During the COVID-19 pandemic, for example, VPP enabled new forms of popular action and disease monitoring⁽¹³⁾.

Despite the practices that have been described in the literature, there are still many barriers to achieving a Visatt that truly reveals the profile of illness and death among workers in our country, so that preventive and corrective actions can be properly taken. Among these, we cite the lack of knowledge among many health professionals and

services regarding the legal requirement for compulsory notification of DARTs; the difficulty of accessing the Sinan system, which is restricted to a few health services; the lack of integration between systems such as the Electronic Citizen Record (PEC) of the-SUS system, used in Primary Health Care (PHC), and Sinan itself; the growing outsourcing of health services in Brazil, often far removed from health surveillance practices; the low adherence of PHC to the Visatt guidelines contained in the Basic Care Handbook (CAB) on Worker Health¹⁵; the low national coverage of the Reference Centers for Workers' Health (Cerest), as open spaces for social control; and the insufficiency of the Intersectoral Commissions for Workers' Health (Cist), as possibilities for greater social participation.

In this context, our study sought to identify national and international practices on popular and participatory surveillance in the field of Visatt, in order to achieve the following objectives: (1) to identify evidence in the field of Brazilian public health that can be related to the theme of popular and participatory surveillance involving workers; (2) to identify the main characteristics or factors related to the concept of participatory or popular or community surveillance at the international and national levels; and (3) to describe the main working methodologies in participatory or popular or community surveillance that directly address the inclusion and participation of workers in urban contexts.

METHOD

We opted for a scoping review to map the literature in the field of interest of this study. This type of review has gained prominence worldwide, with notable growth since 2018, to gather various types of evidence on this topic, anticipate potentialities, and support researchers, health workers, policymakers, among other social actors. In this way, the scope review can identi-

fy emerging evidence when scientific production is recent and/or incipient, examine how research is being conducted in consolidated areas, or point out existing gaps⁽¹⁶⁾. To this end, the guidelines of *the Joanna Briggs Institute (JBI)*⁽¹⁷⁾ were followed.

The team consisted of four researchers and one supervisor. To develop the research question, we used the PCC (population, concept, and context) model. To select the study population, we considered different terms used in the sociology of work, such as “workers, working class, and strugglers,” a term coined by Brazilian sociologist Jessé Souza to refer to a specific segment of the Brazilian population that, despite facing adverse conditions and precariousness, struggles daily for survival with dignity and resilience. Popular and/or participatory and/or community surveillance were considered similar concepts, given the diversity of published texts on the subject. As context, the research team chose to expand the review to international scenarios, in addition to Brazil, focusing on urban contexts due to their higher density of workers and their social, union, and associative representations. Finally, the research question that guided the scope review was defined as “what are the national and international experiences of popular and/or participatory and/or community surveillance in worker health published in the scientific literature?”

In an initial exploratory stage, we conducted a search using the descriptors “Popular and Participatory Surveillance” OR “Worker Health Surveillance” AND “union participation” OR “social participation.” This first search returned a very small number of documents, which led us to broaden the search strategy with the following combination: “Community Participation” OR “Community-Based Participatory Research” OR “Social Participation” OR “Health Education” AND “Public Health Surveillance” OR “Popular Health Surveillance” OR “Worker

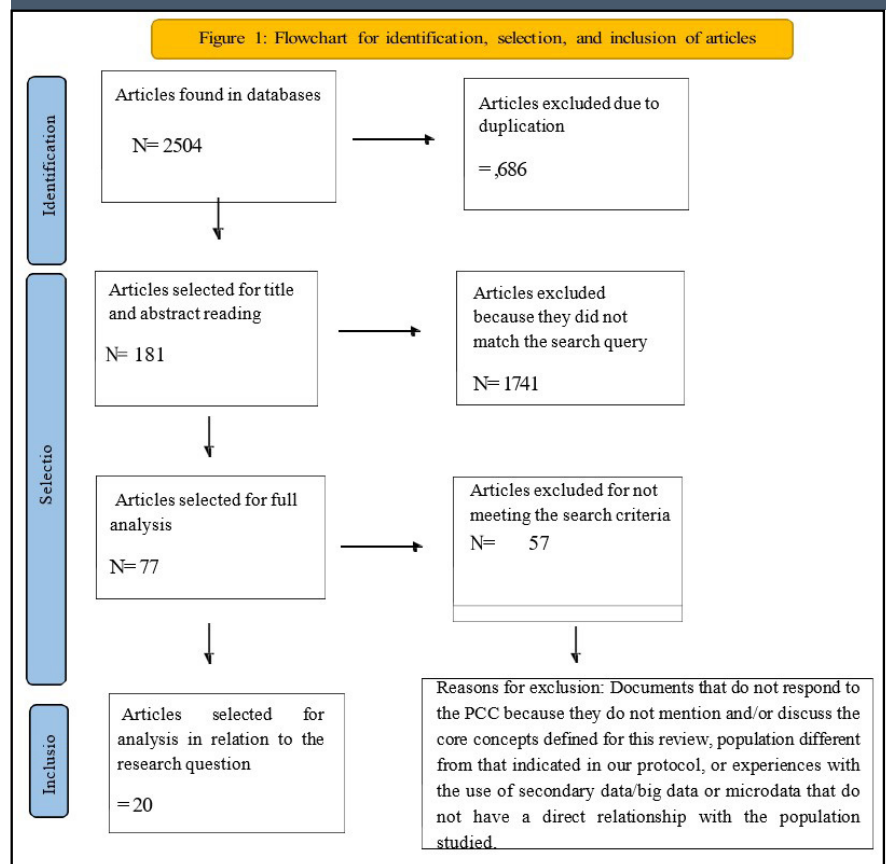
Health Surveillance” and their respective cognates in the selected languages.

Articles in Portuguese, Spanish, English, Italian, and French were searched. Articles in Italian and French were analyzed using translation tools; articles in Portuguese, Spanish, and English were read in their original versions. This strategy aimed to increase the number of articles and documents published and of interest to our study.

There was no time limit for the publication of articles, but the most recent search took place on February 2, 2024. The following databases were selected as sources of information: PUBMED, PUBMED PMC, *Scopus*, *BVS*, *Proquest Thesis*, *EBSCOHOST*, *BDTD Cochrane Library*, *Web of Science*, *Embase*, and *BVS/Bireme*.

The data mapping process was carried out using the Rayyan web application¹⁹ with an initial inclusion of 2,504 articles and documents. After excluding duplicates, 1,818 articles and documents remained in Rayyan for reading titles and abstracts. The selection of texts for full reading was based on the PCC method, considering the research question, resulting in 77 articles. The texts read in full were discussed during 10 team meetings to select those that met the eligibility criteria for describing experiences in popular/participatory/community surveillance in national and international urban contexts, involving workers/activists, or similar. This resulted in 20 articles that were included in the scope review, as shown in Figure 1.

Figure 1: Flowchart, according to the criteria of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA)



Source: Authors, 2025

Scoping Review

Oliveira CF, Ribeiro ALC, Silva KO, Cintra M, Lucca SR, Bandini M
Participatory Surveillance in Worker Health in Urban Contexts: Contributions from a Scoping Review

The scope review was registered in the Open Science Framework with protocol registration number DOI 10.17605/OSF.IO/H2F3M.

RESULTS AND DISCUSSION

Given the low number of studies involving the population of interest (workers, the working class, and strugglers), it was necessary to broaden the scope in search of similar experiences, even involving other social

actors, to identify theories and practices that could answer our research question, even if only partially. With the expansion of the population, we were able to read 77 articles in their entirety, of which 20 were selected. Of these, qualitative studies predominate (14 studies), followed by mixed designs (qualitative/quantitative) with five studies, and only one quantitative study. Among the methods used, intervention studies stand out (8), one with intervention and con-

trol groups, three using a web-based tool, one using a telephone tool, and three with workshops aimed at encouraging participatory surveillance. Next, we have literature reviews (4), participant observation studies (3), document analysis (2), essays and opinion articles (2), action research (2), and participatory research (1). A summary of the selected studies is presented in Table 1.

Table 1 – Summary of studies selected for the scope review, according to title, year of publication, type of study, methods, location, experience, critical notes, key concepts, and theoretical bases.

| Study title/year of publication | Type of study/methods | Location/experience | Critical notes | Key concepts and theoretical bases |
|--|--|--|--|---|
| Análise da Trajetória do Controle Social em Saúde do Trabalhador no Estado do Rio de Janeiro (2009) ²⁰ | Qualitative Analysis of meeting minutes, documents, and reports from the Occupational Health Program of the State of Rio de Janeiro (RJ). | Brazil Analyzes the trajectories of social control in Rio de Janeiro, focusing on the participation of urban workers in health surveillance within spaces officially dedicated to social control, such as the State Health Council. | It is concluded that the State Council of Workers' Health of Rio de Janeiro represented a significant experience of social participation in the planning, management, and development of public policies for workers' health. | Workers' Health, Health Councils, Social Control. |
| Using Public Health and Community Partnerships to Reduce Density of Alcohol Outlets (2013) ²¹ | Qualitative Documentary analysis of policies, qualitative interviews, literature review, policy advocacy, and community mobilization. | United States Highlights the importance of community mobilization and policy advocacy in reducing the density of alcohol outlets and emphasizes the need for partnerships between community coalitions and public health agencies to achieve significant changes in alcohol policies at local and state levels. | There is a need for continuous monitoring and evaluation of implemented policies to ensure their long-term effectiveness. | Alcohol use policies, community mobilization, advocacy, land-use regulation, effects of alcohol on the community, and harm reduction. |
| Web-based participatory surveillance of infectious diseases: the InfluenzaNet participatory surveillance experience (2014) ²² | Mixed (quantitative/qualitative) Use of a web-based tool for data collection in different European countries to rapidly identify public health emergencies. | 10 European Community countries Describes issues related to the development and implementation of a flexible and easily accessible web-based tool capable of meeting the needs of different countries for data collection during a public health emergency. | This is an interesting study of participatory surveillance with continental scope, demonstrating population involvement in health surveillance policies. | Communicable diseases, influenza-like illnesses, internet, participatory surveillance. |
| Estrategias de articulación entre Atención Primaria y Vigilancia en Salud y la interfaz entre los sujetos (2015) ²³ | Qualitative Participant observation with field diary production. Institutional Analysis of the data. | Argentina Describes the articulation between Health Surveillance and Primary Health Care (PHC) and the mechanisms used in these processes. | It highlights the importance of an external perspective to reflect on work processes and suggests that building a "navigation chart" is not an easy task, as it exposes researchers to fears, insecurities, and the turbulence of the field. | Health Surveillance, Primary Health Care (PHC), Institutional Analysis, articulation, participant observation. |
| Manifestações de Sofrimento: Dilemas e Desafios para a Vigilância em Saúde do Trabalhador (2015) ²⁴ | Qualitative Essay analyzing workers' suffering and Occupational Health Surveillance (Visat) practices. | Brazil Provides a critical analysis of the challenges and dilemmas related to the integration of mental health into Occupational Health Surveillance (Visat), proposing new strategies to address workers' suffering. | It criticizes the need to break away from pathologization frameworks in order to develop new theoretical and practical foundations that go beyond the collection and recording of mental health issues. | Occupational Health Surveillance (Visat), suffering, mental health, psychosocial aspects, work organization. |

| | | | | |
|--|--|---|--|---|
| Use of a Nationwide Call Center for Ebola Response and Monitoring During a 3- Day House-to-House Campaign — Sierra Leone (2015) ²⁵ | Mixed (quantitative/qualitative) Implementation of a call center to receive information about Ebola cases through calls made by the population. | Sierra Leone Presents an analytical overview of a public health policy adopted to combat Ebola, with popular participation. | An example of participatory surveillance in which community members use a service provided by the public sector to report deaths and as a means to provide education about Ebola. | Community participation, participatory surveillance. |
| Effectiveness of Community Participation in a Surveillance System Initiative to Prevent Drowning in Thailand (2015) ²⁶ | Quantitative Workshop-based intervention for surveillance activities using a tool provided by the researchers. Control group. | Thailand Evaluates a surveillance system with community participation in preventing drowning-related deaths. | Local knowledge and community participation were considered key to the success of the surveillance system, with increased rescues and reduced deaths. | Community participation, participatory surveillance. |
| Participação social, vigilância em saúde do trabalhador e serviço público (2015) ²⁷ | Qualitative Essay based on the field of critical education and Freirean pedagogy. | Brazil Presents a reflection based on specialized literature, legislation, and national policy to build a participatory and dialogical model of health surveillance, particularly for the federal public service. | It supports the idea that dialogue and participation are the educational foundations of a democratic perspective on occupational health surveillance. | Social participation; occupational health surveillance; federal public service; dialogical education. |
| The Role of Multi- Stakeholder Collaboration and Community Consensus Building in Improving Identification and Early Diagnosis of Autism in Low-Resource Settings (2016) ²⁸ | Qualitative Participatory research based on community involvement and members of the Global Autism Public Health (GAPH) in building consensus for early identification of autism in low-resource settings. | United States Describes GAPH cases as an initiative, in partnership with the community, to facilitate collective collaboration aimed at improving understanding of autism, early diagnosis, and the development of surveillance systems. | The study addresses a Korean community in New York, with activities focused on education, care, training, and awareness of autism to promote participatory surveillance. | Autism; community collaboration; consensus building; health surveillance. |
| Elaboração de um Projeto Pedagógico para qualificação dos Agentes Comunitários de Saúde em Vigilância à Saúde do Trabalhador: a construção compartilhada com os próprios sujeitos (2016) ²⁹ | Qualitative Action research with a focus group involving nurses and community health agents, followed by content analysis to develop a pedagogical training proposal. | Brazil Proposes a pedagogical training project for Community Health Agents (CHA) in Occupational Health Surveillance (Visat), based on the participants' own perceptions. | A refined analytical study on the productive and epidemiological profile regarding Primary Health Care (PHC), presenting a solid guide of topics to be explored with Community Health Agents (CHA), developed by the professionals themselves. | Occupational Health Surveillance; Primary Health Care; Continuing Health Education. |
| Determinants of Participants' Follow-Up and Characterization of Representativeness in Flu Near You (FNY), A Participatory Disease Surveillance System (2017) ³⁰ | Mixed (quantitative/qualitative) Statistical comparisons to assess the representativeness of FNY participants in relation to the general U.S. population, as well as to analyze associations between demographic and behavioral factors and the level of participation in the FNY system. | United States and Canada Evaluates and describes the representativeness of FNY participants compared to U.S. and Canadian data to explore the demographic and behavioral characteristics of frequent FNY users. | Participatory surveillance systems such as FNY can be used and improved as surveillance tools for tracking disease activity, especially in underrepresented populations. | Participatory surveillance, population representativeness, demographic, behavioral and socioeconomic characteristics, Human Development Index (HDI), participation in the surveillance system. Influenza. |

Scoping Review

Oliveira CF, Ribeiro ALC, Silva KO, Cintra M, Lucca SR, Bandini M
Participatory Surveillance in Worker Health in Urban Contexts: Contributions from a Scoping Review

| | | | | |
|---|--|--|--|--|
| Educação, promoção e vigilância em saúde: integração entre saberes e práticas com movimentos sociais camponeses (2017) ³¹ | Qualitative Descriptive study of a technical-institutional project based on social movements, managers, and academia. | Brazil Proposes a methodological theory of educational praxis in health for the emancipation of populations with a history of colonial domination, integrating knowledge and practices among researchers, managers, health workers, and social movements through health surveillance. | Although possible, this approach does not occur without tensions and conflicts. Popular surveillance is still an emerging concept. | Health education. Health equity. Health surveillance. Rural, forest, and water populations. |
| Kampala manifesto: Building community-based One Health approaches to disease surveillance and response—The Ebola Legacy—Lessons from a peer-led capacity-building initiative (2018) ³² | Mixed (quantitative/qualitative) Intervention with workshops, training sessions, analytical matrix tools, and group discussions. | Uganda and Democratic Republic of the Congo Analyzes and proposes local and sustainable solutions for response, control, and recovery from Ebola in affected and non-affected communities. | This represents a call for a broader and more creative approach to the Ebola response, promoting community empowerment and a One Health community-based approach. | Ebola, community, One Health, training, community-based response, collaboration. |
| Community-based surveillance: a scoping review (2019) ³³ | Qualitative Literature review in eight bibliographic databases. | Global Lists terms and definitions used to characterize community-based surveillance (CBS), identifies available guidelines and recommendations, and maps information on past and existing CBS systems across countries. | The study points to the need for standardization of terms and processes related to community-based surveillance (CBS) and highlights the lack of integration of CBS into national health surveillance systems. | Community-based surveillance (CBS), data collection and reporting methods, community participation. |
| Communication and health education in communities experiencing asbestos risk and health impacts in Italy (2019) ³⁴ | Mixed (quantitative/qualitative) Case study using multidisciplinary skills in epidemiology, occupational medicine, social and educational sciences, and review of scientific and grey literature. | Italy Presents an integrated description and analysis of epidemiological studies and communication actions in Italian municipalities affected by asbestos use and its impacts on workers' health, aiming to provide tools to increase community resilience. | Communication strategies from the earliest evidence of health impacts caused by asbestos contribute to health surveillance, especially in communities where asbestos-related health risks have been recently identified. | Asbestos, epidemiological surveillance, communication, stakeholder engagement, resilience. |
| Vigilância em saúde da COVID-19 no Brasil: investigação de contatos pela atenção primária em saúde como estratégia de proteção comunitária (2020) ³⁵ | Qualitative Proposal of flowcharts for active contact tracing of COVID-19 cases, considering social determinants of health (SDH) and social networks. | Brazil Proposes a flowchart to support the organization of Primary Health Care (PHC) service networks in the context of COVID-19, expanding interventions and placing the population at the center of care. | The adoption of a flowchart in PHC can significantly contribute to COVID-19 surveillance, improving the organization of health services and benefiting both affected individuals and the community. | Health surveillance, primary health care, COVID-19, social isolation, contact tracing. |
| Pesquisa-intervenção como mediadora de transformação das condições de saúde dos teleoperadores de Pernambuco (2021) ³⁶ | Qualitative Participant observation, field diary, workshops for action planning, a seminar to discuss teleoperators' health, and application of a structured questionnaire with workers. | Brazil Describes the methodological process of an intervention-research study on the profile of living conditions, work, and illness among teleoperators in the state of Pernambuco. | The intervention-research contributed to strengthening the field of public health while introducing a critical practice committed to the health of the working class. | Workers' Health; Occupational Health Surveillance; Occupational Risks; Health Promotion; Participatory Research. |

| | | | | |
|--|--|--|--|---|
| <p>Processo de trabalho na vigilância em saúde no Brasil: uma scoping review (2021)³⁷</p> | <p>Qualitative Scoping review.</p> | <p>Brazil In a sample of 38 studies, analyzes the work process of professionals who perform health surveillance actions in Brazil.</p> | <p>The decentralization of services requires joint actions by surveillance and care workers, based on territorial approaches and intersectoral actions with social participation.</p> | <p>Public health surveillance; primary health care; workflow; Unified Health System.</p> |
| <p>Práticas de Vigilância popular em saúde: revisão de escopo (2023)³⁸</p> | <p>Qualitative Scoping review.</p> | <p>Brazil The study aims to identify practices of Popular Health Surveillance in Brazil described in the scientific literature.</p> | <p>It concludes that Popular Surveillance has three overlapping dimensions: as a movement, as a practice, and as popular knowledge, in an ongoing process of construction.</p> | <p>Community participation; health surveillance; Public Health; popular health surveillance.</p> |
| <p>Vigilância Popular da Saúde, Ambiente e Trabalho (VPSAT): uma revisão integrativa da literatura (2023)³⁹</p> | <p>Qualitative Integrative review using the descriptors: community participation, health surveillance, health monitoring, environmental health, and occupational health, involving five databases.</p> | <p>Brazil Identifies concepts, experiences, methods, and techniques in popular surveillance of health, environment, and work at national and international levels.</p> | <p>It highlights the strong involvement of communities in popular surveillance projects to generate greater awareness, knowledge, capacity to face challenges, infrastructure, and influence through partnerships between the community, health services, and research institutions.</p> | <p>Community Participation; Community-Based Participatory Research; Environmental Health; Occupational Health; Health Surveillance.</p> |
| <p>Vigilância Popular da Saúde, Ambiente e Trabalho (VPSAT): uma revisão integrativa da literatura (2023)³⁹</p> | <p>Qualitative Integrative review using the descriptors: community participation, health surveillance, health monitoring, environmental health, and occupational health, involving five databases.</p> | <p>Brazil Identifies concepts, experiences, methods, and techniques in popular surveillance of health, environment, and work at national and international levels.</p> | <p>It highlights the strong involvement of communities in popular surveillance projects to generate greater awareness, knowledge, capacity to face challenges, infrastructure, and influence through partnerships between the community, health services, and research institutions.</p> | <p>Community Participation; Community-Based Participatory Research; Environmental Health; Occupational Health; Health Surveillance.</p> |
| <p>Práticas de Vigilância popular em saúde: revisão de escopo (2023)³⁸</p> | <p>Qualitative Scoping review.</p> | <p>Brazil The study aims to identify practices of Popular Health Surveillance in Brazil described in the scientific literature.</p> | <p>It concludes that Popular Surveillance has three overlapping dimensions: as a movement, as a practice, and as popular knowledge, in an ongoing process of construction.</p> | <p>Community participation; health surveillance; Public Health; popular health surveillance.</p> |
| <p>Vigilância Popular da Saúde, Ambiente e Trabalho (VPSAT): uma revisão integrativa da literatura (2023)³⁹</p> | <p>Qualitative Integrative review using the descriptors: community participation, health surveillance, health monitoring, environmental health, and occupational health, involving five databases.</p> | <p>Brazil Identifies concepts, experiences, methods, and techniques in popular surveillance of health, environment, and work at national and international levels.</p> | <p>It highlights the strong involvement of communities in popular surveillance projects to generate greater awareness, knowledge, capacity to face challenges, infrastructure, and influence through partnerships between the community, health services, and research institutions.</p> | <p>Community Participation; Community-Based Participatory Research; Environmental Health; Occupational Health; Health Surveillance.</p> |

Source: Authors, 2025.

Half of the selected articles/documents are from studies conducted in Brazil (10), followed by the United States (with three studies, one of which includes Canada), the European Community (with two studies, one specifically in Italy and the other involving countries such as the Netherlands, Belgium, Portugal, Italy, the

United Kingdom, France, Sweden, Spain, Ireland, and Denmark), West Africa (with two studies involving Sierra Leone, Uganda, and the Democratic Republic of Congo), a single study involving a Latin American country other than Brazil (Argentina), Asia (one study in Thailand), and one global study.

The temporal distribution of the

selected studies begins in 2009 (1), followed by 2013 (1), 2014 (1), 2015 (5), 2016 (2), 2017 (2), 2018 (1), 2019 (2), 2020 (1), 2021 (2), and 2023 (2). In 2015, two studies were published in Brazil, one in Argentina, one in Sierra Leone, and one in Thailand. The timeline shows that the concept of popular and/or participatory and/or community surveillance has

Scoping Review

Oliveira CF, Ribeiro ALC, Silva KO, Cintra M, Lucca SR, Bandini M
Participatory Surveillance in Worker Health in Urban Contexts: Contributions from a Scoping Review

emerged as a relatively recent topic of interest over the last 15 years, with Brazil standing out as a country that has been dedicated to discussing the subject with theoretical foundations and practical applications throughout this period.

One possible explanation for this Brazilian predominance may lie in the country's tradition of participation and social control since the Health Reform of the 1980s, which has been strengthened by legal guarantees since the 1990s. Brazil has even been recognized as a global benchmark for

social participation in health systems, as pointed out by the World Health Organization (WHO) at its 77th World Health Assembly⁽⁴⁰⁾. On the other hand, there is a noticeable lack of Brazilian and international studies during the COVID-19 pandemic, when participatory surveillance would be so important due to the exposure of workers who had to be on the front lines of the disease. Only one study focused on this topic was identified in our scoping review.

The greater number of descriptive and exploratory studies may indicate

that the area in question is still in an exploratory and descriptive phase, with fewer experimental or quantitative studies that test hypotheses more rigorously. The significant presence of reviews suggests that there is an interest in consolidating existing knowledge, which may indicate an area with a theoretical basis that is developing or undergoing reorganization.

The main findings and critical notes were discussed by the researchers and summarized in Table 2.

TABLE 2 – Description of the main critical aspects identified by the researchers, and summary of the findings after critical analysis of the 20 articles and documents included in the scope review.

| Focus/Description | Summary of findings |
|--|--|
| <p style="text-align: center;">Multidisciplinary approach</p> <p>Multidisciplinary integration is present in several studies, reflecting the complexity of the topic and the need for multiprofessional and collective approaches.</p> | <p>Health surveillance, instituted by health systems, appears in all studies. Collective, community, and participatory actions converge on systems and institutions.</p> |
| <p style="text-align: center;">Low participation of workers</p> <p>There are few studies involving workers and their representatives. This may indicate either low participation or a scarcity of publications on experiences involving workers.</p> | <p>Every process of articulation and engagement with the community and social movements is permeated by tensions, emotions, and subjectivity.</p> |
| <p style="text-align: center;">Search for practical, technology-based solutions</p> <p>Proposing solutions and tools for practical solutions such as flowcharts, guides, and workshops that can improve the response to health problems.</p> | <p>Community/participatory/popular/community-based surveillance actions aim to bring about changes in territories, policies, processes, and environments.</p> |
| <p style="text-align: center;">Working conditions in health services</p> <p>These impact the promotion of collective actions and incentives for community-based, participatory, and popular surveillance.</p> | <p>Working conditions in health services impact the promotion of collective actions and incentives for community/participatory/popular/community-based surveillance.</p> |
| <p style="text-align: center;">Involvement of Primary Health Care (PHC)</p> <p>Interventions at the primary health care level, including training for professionals and teams, are essential to support community/participatory/popular/community-based surveillance actions.</p> | <p>Interventions at the primary health care (PHC) level, including training for professionals and teams, are essential to support community surveillance actions</p> |
| <p style="text-align: center;">Structural changes</p> <p>Community, participatory, popular, or community-based surveillance actions aim to bring about changes in territories, policies, processes, and environments.</p> | <p>/participatory/popular/community-based surveillance actions.</p> |
| <p style="text-align: center;">Theoretical references under development</p> <p>Many studies focus on the evaluation and critical analysis of systems, policies, and practices.</p> | |
| <p style="text-align: center;">Subjectivity and tension</p> <p>Every process of articulation and engagement with the community and social movements is permeated by tensions, emotions, and subjectivity.</p> | |

The social control that has been established presents a paradox, as it is a space of power and opportunity for social participation by social movements and trade unions, while at the

same time restricting and limiting complaints about organizations and production processes that make workers sick, maim them, and kill them. Examples include health councils

(municipal, state) occupied by managers aligned with the exploitation of the working class, insufficient intersectoral commissions, and reference centers weakened by pressure from

the executive branch and permeated by political and economic interests.

Community/collective mobilization often appears as a catalyst for participatory surveillance actions. Considering that production processes occupy and modify territories and communities, we believe it is necessary to consider that workers' organizations should articulate themselves as local and community social movements to achieve their objectives.

Emotions, subjectivities, and tensions emerge from the articulation between the parties involved and interested. Understanding this process is fundamental to ensuring that the defense of health prevails over cultural, social, economic, and political differences.

Healthcare workers also suffer from potentially harmful organizational structures and processes, often involving violence and harassment. In Brazil, the precarious nature of healthcare work has compromised the quality of care and health surveillance. On the other hand, social mobilization tends to occur precisely in places where resources are scarce or fragile.

Worker Health Surveillance (Visatt) does not appear as a topic of interest in international studies identified in our review. It seems that worker health (STT) has greater appeal in our country, perhaps because it is a field of action provided for in the SUS, which requires mandatory reporting of DART, and goes beyond the classic and insufficient occupational health models adopted internationally.

The studies hardly address the barriers identified in practice to improving Visatt in Brazil, among which we mention the complexity of the Individual Notification Form (FIN), which, in our country, has more than 50 fields to be filled out in different types of forms—there are eight different forms for DART alone; the diffi-

culty of accessing official systems for recording occupational accidents and diseases, such as Sinan and e-Social, the latter intended for issuing Work Accident Reports (CAT). Our understanding is that participatory surveillance of workers' health should ideally eliminate or overcome such barriers by simplifying the registration of suspected or confirmed DART cases through the mobilization of local, regional, and national social and trade union movements.

We can no longer wait for institutional or governmental solutions because health management is at the heart of the capital-labor conflict, contributing even to the exploitation of its own workers. It is not uncommon for surveillance services to have their actions curtailed by the government, as we saw, for example, during the COVID-19 pandemic and the data blackout. In municipalities, threats and interference are even more serious given the link between civil servants and the administration, and changes in public policies that often disadvantage the working class. There is, therefore, a paradox to be faced. On the one hand, it is necessary to defend, strengthen, and occupy institutionalized spaces for social participation, such as health councils (municipal, state, and national); on the other hand, it is necessary to admit and recognize their inadequacy in resolving the fundamental issues of workers' health. It is a matter of understanding that community, social, and union action sustains our health system, while at the same time pressuring it, pushing it or pulling it in the right direction.

However, it is in this context of disputes and tensions that practices arise that are not yet fully understood by academia and, in particular, covered by scientific journals and periodicals. We cite two examples: the Mapping of Health Conditions at Work, conducted by the Health Department

of the Bank Workers' Union of Porto Alegre and Region since 2016⁽⁴¹⁾ and the approval of a union surveillance project during the 14th Congress of the Central Única dos Trabalhadores (CONCUT)⁽⁴²⁾ to be implemented by the Executive and unions affiliated with the CUT starting in 2025.

In addition to specific initiatives focused on Visatt, popular and participatory surveillance has been encouraged in Brazil through other initiatives such as the Popular Health Educators and Educators (AgPop-SUS), an initiative of the Ministry of Health launched in 2023⁽⁴³⁾, with a call for applications for training published in 2024. This is an important strategy for a country of continental dimensions such as Brazil and, given its estimated capillarity, could be another front for strengthening Visatt. However, issues related to workers' health were not addressed in this call⁽⁴⁴⁾.

Finally, we believe that a critical analysis of the context of national and international scientific publications that affects literature review studies such as ours is necessary. Few journals devote space to publications in the field of worker health or surveillance. This is not to say that there is a lack of studies and research in the field, which is known for producing many Brazilian studies, especially at the professional or academic post-graduate level. Perhaps there is a lack of space for scientific dissemination, which may be one of the greatest limitations of our study.

CONCLUSION

We hope that our study can contribute to the debates that are arising about the importance of health surveillance that goes beyond established spaces and institutions. This scope review provided information that allows us to better understand participatory health surveillance of

Scoping Review

Oliveira CF, Ribeiro ALC, Silva KO, Cintra M, Lucca SR, Bandini M
Participatory Surveillance in Worker Health in Urban Contexts: Contributions from a Scoping Review

workers, especially in urban contexts, through a comprehensive description of the available studies related to the topic. What can be inferred is that this is still an emerging field, in the process of constructing theoretical frameworks and proposing practical solutions, closer to a need to respond to the challenges posed by work, in its old and new forms, than to a propos-

al in itself. And this is not necessarily bad news.

The 5th National Conference on Workers' Health represents a great opportunity for new practices and proposals to emerge through the broad social participation that is being organized in the preparatory stages. In the first quarter of 2025 alone, more than 400 conferences were registered with the National Health Council (CNS).

We know that there is more to come.

The third axis of the conference on popular participation in workers' health for the effective implementation of social control emphasizes that "all power emanates from the people," in their sovereignty and defense of citizenship, human dignity, and the social values of work. Nothing is, everything is—and everything can be transformed by popular power. So be

REFERENCES

1. Brasil. Resolução nº 723, de 9 de novembro de 2023. Convoca a 5ª Conferência Nacional de Saúde do Trabalhador e da Trabalhadora (5ª CNSTT) [Internet]. Diário Oficial da União; 2023 [citado 2025 Mar 26]. Disponível em: <https://www.gov.br/conselho-nacional-de-saude/pt-br/aceso-a-informacao/legislacao/resolucoes/2023/resolucao-no-723.pdf>
2. Mélo, L. M. B. D. D. E., Albuquerque, P. C. D., & Santos, R. C. D. (2022). Conjuntura política brasileira e saúde: do golpe de 2016 à pandemia de Covid-19. *Saúde em Debate*, 46(134), 842-856.
3. Brasil. Lei nº 13.429, de 31 de março de 2017. Altera dispositivos da Lei nº 6.019, de 3 de janeiro de 1974, que dispõe sobre o trabalho temporário nas empresas urbanas e dá outras providências; e dispõe sobre as relações de trabalho na empresa de prestação de serviços a terceiros. Disponível em: https://www.planalto.gov.br/ccivil_03/_ato2015-2018/2017/lei/l13429.htm. Acesso 24 mar 2025.
4. Brasil. Lei nº 13.467, de 13 de julho de 2017. Altera a Consolidação das Leis do Trabalho (CLT), aprovada pelo Decreto-Lei nº 5.452, de 1º de maio de 1943, e as Leis nº 6.019, de 3 de janeiro de 1974, 8.036, de 11 de maio de 1990, e 8.212, de 24 de julho de 1991, a fim de adequar a legislação às novas relações de trabalho. Disponível em: https://www.planalto.gov.br/ccivil_03/_ato2015-2018/2017/lei/l13467.htm. Acesso 25 mar 2025
5. Brasil. Emenda Constitucional, nº 103, de 12 de novembro de 2019. Altera o sistema de previdência social e estabelece regras de transição e disposições transitórias. Disponível em: https://www.planalto.gov.br/ccivil_03/constituicao/emendas/emc/emc103.htm. Acesso 26 mar 2025
6. Boletim 15: análise da conjuntura política nacional em saúde [Internet]. São Paulo: CEPEDISA; 2023 Feb [cited 2025 Mar 26]. Disponível em: <https://cepedisa.fsp.usp.br/wp-content/uploads/2023/02/boletim-15-v3.pdf>
7. Ministério Público Federal (BR). Supremo aceita denúncia contra oito políticos e militares por tentativa de golpe de Estado [Internet]. Brasília: MPF; 2025 [citado 2025 Mar 27]. Disponível em: <https://www.mpf.mp.br/pgr/noticias-pgr2/2025/supremo-aceita-denuncia-contra-oito-politicos-e-militares-por-tentativa-de-golpe-de-estado>
8. Brasil. Lei nº 8.142, de 28 de dezembro de 1990. Dispõe sobre a participação da comunidade na gestão do Sistema Único de Saúde (SUS) e sobre as transferências intergovernamentais de recursos financeiros na área da saúde e dá outras providências. Disponível em: https://www.planalto.gov.br/ccivil_03/leis/l8142.htm. Acesso 25 mar 2025.
9. Documento orientador: 5ª Conferência Nacional de Saúde do Trabalhador e da Trabalhadora [Internet]. Brasília: Conselho Nacional de Saúde; 2023 [cited 2025 Mar 26]. Disponível em: <https://www.gov.br/conselho-nacional-de-saude/pt-br/assuntos/conferencias/5a-cnstt/documento-orientador.pdf>
10. Painel de indicadores de saúde e segurança no trabalho [Internet]. SmartLabBR; [data desconhecida] [cited 2025 Mar 26]. Disponível em: <https://smartlabbr.org/sst/localidade/0?dimensao=frequenciaSinan>
11. Guia de vigilância popular em saúde [Internet]. Rio de Janeiro: Associação Brasileira de Saúde Coletiva (ABRASCO); 2024 Mar [cited 2025 Mar 26]. Disponível em: <https://abrasco.org.br/wp-content/uploads/2024/03/Guia-de-Vigilancia-Popular-em-Saude.pdf>
12. Brasil. Conselho Nacional de Saúde. Resolução nº 588, de 13 de agosto de 2018. Estabelece as diretrizes gerais para a realização das Conferências Nacionais de Saúde [Internet]. Diário Oficial da União; 2018 [cited 2025 Mar 26]. Disponível em: https://bvsmms.saude.gov.br/bvs/saudelegis/cns/2018/res0588_13_08_2018.html
13. Carneiro FF, Pessoa VM. Iniciativas de organização comunitária e Covid-19: esboços para uma vigilância popular da saúde e do ambiente. *Trab Educ Saude* [Internet]. 2020 [cited 2025 Mar 26];18(3):e00298130. Disponível em: <https://doi.org/10.1590/1981-7746-sol00298>
14. Brasil. Ministério da Saúde. Portaria nº 5.201, de 19 de agosto de 2024. Altera dispositivos da Portaria de Consolidação GM/MS nº 6, de 28 de setembro de 2017 [Internet]. Diário Oficial da União, Brasília, DF; 2024 Ago 20 [citado 2025 Mar 27]. Disponível em: https://bvsmms.saude.gov.br/bvs/saudelegis/gm/2024/prt5201_19_08_2024.html
15. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Caderno de atenção básica: saúde do trabalhador [Internet]. Brasília: Ministério da Saúde; 2018 [cited 2025 Mar 26]. Disponível em: http://189.28.128.100/dab/docs/portaldab/publicacoes/cadernoaob_saude_do_trabalhador.pdf
16. Cordeiro L, Soares CB. Revisão de escopo: potencialidades para a síntese de metodologias utilizadas em pesquisa primária qualitativa. *BIS* [Internet]. 2020 Dec 31 [cited 2025 Mar 27];20(2):37-

43. Disponível em: <https://periodicos.saude.sp.gov.br/bis/article/view/34471>
17. Peters MDJ, Godfrey C, Mclnerney P, Munn Z, Tricco AC, Khalil H. Scoping reviews (2020). In: Aromataris E, Lockwood C, Porritt K, Pilla B, Jordan Z, editors. JBI manual for evidence synthesis [Internet]. Adelaide: JBI; 2024 [cited 2025 Mar 27]. Available from: <https://synthesismanual.jbi.global>. doi:10.46658/JBIMES-24-09
18. Souza J. Os batalhadores brasileiros: nova classe média ou nova classe trabalhadora? [Internet]. Belo Horizonte: Editora UFMG; 2010 [citado 2025 Mar 27]. 296 p.
19. Rayyan Systems Inc. Rayyan: ferramenta de revisão sistemática com inteligência artificial [Internet]. 2024 [citado 2025 Mar 27]. Disponível em: <https://www.rayyan.ai/>
20. Costa KCF. Análise da trajetória do controle social em saúde do trabalhador no Estado do Rio de Janeiro [dissertação]. Rio de Janeiro: Instituto de Comunicação e Informação Científica e Tecnológica; 2009.
21. Jernigan DH, Sparks M, Yang E, Schwartz R. Using public health and community partnerships to reduce density of alcohol outlets. *Prev Chronic Dis*. 2013;10:E18.
22. Paolotti D, Carnahan A, Colizza V, Eames K, Edmunds J, Gomes G, et al. Web-based participatory surveillance of infectious diseases: the Influenzanet participatory surveillance experience. *Clin Microbiol Infect*. 2014;20(1):17-21.
23. Garcia RA, L'Abbate S, Arakaki J. Estratégias de articulação entre Atenção Primária y Vigilancia em Saúde e a interface entre os sujeitos. *Interface (Botucatu)*. 2015;19(55):1025-36.
24. Leão LHC, Brant LC. Manifestações de sofrimento: Dilemas e desafios para a vigilância em saúde do trabalhador. *Physis*. 2015;25(4):1305-24.
25. Miller L, Sukalac T, Stanger E, Senesis R, DeLuca N, Dietz P, et al. Use of a nationwide call center for Ebola response and monitoring during a 3-day house-to-house campaign — Sierra Leone, September 2014. *MMWR Morb Mortal Wkly Rep*. 2015;64(1):28-9.
26. Sansiritaweessook G, Muangsom N, Kanato M, Ratanasiri A. Effectiveness of community participation in a surveillance system initiative to prevent drowning in Thailand. *Asia Pac J Public Health*. 2015;27(2):NP2677-NP2689.
27. Souza KR, Bonfatti RJ, Santos MB. Participação social, vigilância em saúde do trabalhador e serviço público. *Trab Educ Saude*. 2015;13(2):261-82.
28. Murillo L, Shih A, Rosanoff M, Daniels AM, Reagon K. The role of multi-stakeholder collaboration and community consensus building in improving identification and early diagnosis of autism in low-resource settings. *Aust Psychol*. 2016;51(4):280-6.
29. Coelho JG. Elaboração de um Projeto Pedagógico para qualificação dos Agentes Comunitários de Saúde em Vigilância à Saúde do Trabalhador: a construção compartilhada com os próprios sujeitos [dissertação]. Rio de Janeiro: Escola Nacional de Saúde Pública Sérgio Arouca; 2016.
30. Baltrusaitis K, Santillana M, Crawley AW, Chunara R, Smolinski M, Brownstein JS. Determinants of participants' follow-up and characterization of representativeness in Flu Near You, a participatory disease surveillance system. *JMIR Public Health Surveill*. 2017;3(1):e18.
31. Souza MS, Machado JMH, Fenner ALD, Lima ASG, Knierim GS, Corrêa VS. Educação, promoção e vigilância em saúde: integração entre saberes e práticas com movimentos sociais camponeses. *Com Cienc Saude*. 2017;28(2):168-77.
32. Dickmann P, Kitua A, Apfel F, Lightfoot N. Kampala manifesto: Building community-based One Health approaches to disease surveillance and response—The Ebola Legacy—Lessons from a peer-led capacity-building initiative. *PLoS Negl Trop Dis*. 2018;12(4):e0006292.
33. Guerra J, Acharya P, Barnadas C. Community-based surveillance: A scoping review. *PLoS One*. 2019;14(4):e0215278.
34. Marsili D, Magnani C, Canepa A, Bruno C, Luberto F, Caputo A, et al. Communication and health education in communities experiencing asbestos risk and health impacts in Italy. *Ann Ist Super Sanità*. 2019;55(3):296-304.
35. Sales CMM, Silva AI, Maciel ELN. Vigilância em saúde da COVID-19 no Brasil: investigação de contatos pela atenção primária em saúde como estratégia de proteção comunitária. *Epidemiol Serv Saude*. 2020;29(4):e2020374.
36. Santos M, Lira P, Florêncio J, Alves C, Agripino N, Lima M, et al. Pesquisa-intervenção como mediadora de transformação das condições de saúde dos teleoperadores de Pernambuco. *Saude Soc*. 2021;30(4):e200342.
37. Silva CMSC, Junges JR, Barbiani R, Schaefer R, Nora CRD. Processo de trabalho na vigilância em saúde no Brasil: uma scoping review. *Cad Saude Colet*. 2021;29(4):604-15.
38. Meneses M, Quadros J, Marques G, Nora C, Carneiro F, Rocha C. Práticas de vigilância popular em saúde: revisão de escopo. *Cienc Saude Colet*. 2023;28(9):2565-83.
39. Silva LRC, Diógenes SS, Meneses MN, Arjona FBS, Arruda CAM, Teixeira ACA, et al. Vigilância Popular da Saúde, Ambiente e Trabalho (VPSAT): uma revisão integrativa da literatura. *Cienc Saude Colet*. 2023;28(9):2565-83.
40. World. World Health Assembly endorses resolution on social participation [Internet]. Who.int. World Health Organization: WHO; 2024. Available from: <https://www.who.int/news/item/29-05-2024-world-health-assembly-endorses-resolution-on-social-participation>
41. Bancários criam instrumento de vigilância e atenção à saúde da categoria [Internet]. Contraf-CUT. 2023 [cited 2024 Mar]. Available from: <https://contrafcut.com.br/noticias/bancarios-criam-instrumento-de-vigilancia-e-atencao-a-saude-da-categoria/>
42. Central Única dos Trabalhadores (CUT). Caderno de Resoluções [Internet] [citado 29 mar 2025]. Disponível em <https://assets.cut.org.br/system/uploads/document/f01755283be595a09b-7fa2115f2fe584/file/web-caderno-de-resolucoes-140-concut.pdf>.
43. Brasil. Ministério da Saúde. Portaria GM/MS nº1.133, de 16 de Agosto de 2023. Institui o Programa de Formação de Agentes Educadoras e Educadores Populares [Internet] [citado 25 mar 2025] Disponível em: <https://www.gov.br/saude/pt-br/composicao/sktes/agpopsus/legislacao>.
44. FIOCRUZ. EditalAgPopSUS. Fiocruz/Brasília [Internet] [citado 27 mar 2025] Disponível em: <https://www.fiocruzbrasil.com.br/wp-content/uploads/2024/03/Edital-AgPopSUS.pdf>