REVISTA
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International Network of Health Technicians Education

Year 2 - nº 6 - Apr./May./Jun. 2010

What must change in Health and Education in an intercultural perspective?

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The central topic of the sixth edition of the RETS magazine, which is exceptionally issued with 20 pages instead of the traditional 16, is interculturality. People from different cultures and different languages throughout the world have to live together and communicate with each other, and this does not always occur in a constructive manner. Therefore, the idea is to try and provide at least some aspects of the interculturality concept, thus contributing towards its understanding and the strengthening of a discussion that is attracting increasing interest among health and education professionals.

How do cultural relations affect the outcome of health actions? How to think about health and education policies in multicultural contexts? How to train health professionals to deal with cultural differences by respecting other forms of knowledge and other beliefs? These are just some of the many questions that the subject arouses and that we shall discuss in our cover story in the interview with Bolivia-rooted Dutch researcher Ineke Dibbits and in the report of an intercultural training experience conducted by professionals of the National Apprenticeship Service (SENA) of Colombia.

In the "Glossary" section, we finalize discussions regarding the term "Education of health technicians" with a brief overview of the critical theories of Brazilian educators Paulo Freire and Demerval Saviani.

In "Network News", we highlight the progress made by the Health Technical Schools Network (RETS-USAN), whose creation was officially recognized at the last meeting of USAN-Health, and the CPLP (CPLP-RETS) which has recently defined the organization of a course focused on the training of teachers and the restructuring of educational institutions in African countries of the Community. Other news are the small changes implemented in our webpage, since these aim to meet, as far as possible, some suggestions and demands raised by the 2nd General Meeting of the Network as we await the opportunity to conceive a new website design that best fits our needs.

Happy reading!

RETS Executive Secretariat

acknowledgements

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"Interculturality should point to the attitude of assuming positively the status of cultural diversity"

In 1974, a 21-years-old Dutch woman came to Bolivia for about a one-year stay. However, the love for a Bolivian man and of the country's culture made her give up returning to Holland. "I like living here. I was raised very strictly, with the idea that there is only one way to "live well", and in Bolivia I came to know and enjoy the diversity of ways of seeing life", she says.

Today, pedagogue Ineke Dibbits, director of the Bolivian NGO "Taller de Historia y Participación de la Mujer" (TAHIPAMU) – working for women's rights, particularly those related to health – makes an important reflection on the issue of interculturality in the area of health and the formation of health workers for the area, something which is certainly related to her own experience of the "life's world".

How would you define the concept of "interculturality"?

Many speak indistinctly of inter-, multi- and pluriculturality. However, Miguel Rodrigo Alsina says that the terms multi- and pluriculturality mark the state of a society where various cultural communities with different identities coexist, while interculturality refers to the dynamics established among them.
Diana De Vallescar, in turn, says the difference between the multicultural and intercultural perspective is that the first ensures respect, recognition and tolerance while the second goes beyond by giving each of its members the option of contributing towards the subject society with his participation.
These references force us to explore the characteristics of the dynamics of cultural interaction observed in local, national and regional contexts and which can be harmonious and complementary but also conflicting and asymmetric – either openly or "covert".
In my mind, interculturality should point to the transformation of social relations, to the attitude of assuming positively the situation of cultural diversity. And this is the idea that prevails in the literature on the subject.

Can we say that interculturality has something to do with communication?

Interculturality focuses on the need of dialogue and the willingness of interrelationship and not of domination. As stated by De Vallescar, the fundamental condition for an intercultural dialogue is its concept as a chosen, permanent and always unfinished process where the other always enters into a dynamic and questioning relationship. A dialogue whose rules, as suggested by Raimon Panikkar, cannot be settled unilaterally or *a priori*, but rather established during its process.

I would also add another constraint: mutual trust. The only suspicion that may occur is the result of the uncertainty that dialogue will occur in an environment of respect and genuine willingness to (re) know each other. Since there is no perfect communication, not even among partners of the same culture, even if dialogue does not result in agreements, reasons to lose confidence are rare.

What else do you consider important in an intercultural dialogue?

For me, understanding is a central element in the building of intercultural relations. Alsina argues that communication only becomes effective when it reaches a level of understanding that is "acceptable" to the interlocutors, i.e. interculturality only occurs when one group begins to understand and assume the meaning things and objects have for "others".
Many, however, doubt the possibility of reaching a full understanding of a culture other than their own. For Panikkar, for example, our openness to interculturality depends on the renunciation of the ideal of a totally understandable reality, since interculturality should not detract from the logic, but again cannot be reduced to a logical problem. According to him, most of Western or Westernized researchers project a causal and "logical" thought about the manifestations of other cultures that do not correspond to the self-understanding of local people. Interculturality occurs on an equal footing and in both directions, while the pattern of scientific thought is unique and, although it is excellent in its own field, when it goes too far it causes the destruction of the symbolic universe of other cultures. Because of this, he introduces a new element that precedes the intention of knowing and enables the performance of the necessary effort to understand others: sympathy.
Humberto Maturana, in turn, reminds us that the ethical relation arises from the interest, whose origin is emotional, that we have for each other and not because of a rational argument. And I finalize by quoting Fornet-Betancourt, for whom intercultural dialogue has the character of an ethical project guided by the value of acceptance of others.

What can be understood by intercultural health or health interculturality?

Disease, suffering and death, as well as the motivation for preserving health are universal biological and social facts. All human groups create a medical system capable of recovering health and promoting welfare while consistently explaining the phenomenon of disease.
Every medical system – a more or less organized and coherent set of therapeutic agents, health-disease explanatory models and individual or collective health practices and technologies in the area of health – aims to meet the needs of a particular cultural context and has a conceptual dimension and a specific conduct, as well as distinguishing means of self-legitimization and validation.
For example, in biomedicine, experiments and clinical trials are important sources of validation of scientific thought. A doctor will rarely accept the intervention of an evil spirit as a cause of diarrhea. However, in other cultures, shaman's dreams, nature's signs and ghosts will certainly be accepted as a source of legitimization.
The logic that operates in the definition of health and disease may be the same (search for causes, alternatives and consequences). However, the cultural premises and evidence of validation are quite different. The result is that the same phenomenon can generate different explanations for the disease.
All processes of social interaction involving different belief systems are subject to frictions. However, conflicts among different medical systems not only result from the different models that support them, but also from the social domination of a system over another. The biomedical culture, expressed by the Western system, claims to be able to solve almost all health problems of the population regardless of social and cultural contexts in which they occur. Notwithstanding, experience shows that many difficulties occur when the culture of the population served is not considered, among which are rejection and lack of adherence to Western medical practices.
In our countries, cultural diversity has almost always been considered an obstacle in reaching the needy populations. The vertical solution, based on our own certainties, to "educate" these people to assimilate more '"suitable" values has been unsuccessful. The proposal of interculturality dismisses the idea that healthcare values and practices of the official system are invariably more appropriate and less prone to error.
This is not about defining what ideas or knowledge are more correct, "serious" or "scientific", but rather generating more knowledge and strengthening the common elements from the intercultural dialogue. In short, it is expected that intercultural dialogue will enable: (1) health workers to know the way of thinking and doing things and the benefits of local healthcare practices by adopting those which they deem beneficial; (2) people to form their own criteria, based on an extensive and sensitive information on the practices and benefits of Western medicine in order to change their views and practices, if they think fit, and (3) services to be reorganized with a view to meeting the specific needs of the population.
It is therefore necessary to devote more attention to the development of communication skills, since medical science is practical and interpretive, especially in primary care. Protagonism is not of technology, but rather communication.

Can interculturality be reduced to ethnicity or does it also take into account other aspects?

I agree with Patrício Guerrero when he says that interculturality goes beyond the ethnic issue, since it questions the society as a whole, involving the interrelationship and dialogical interaction of various stakeholders who are represented by ethnic groups, classes, genders, regions,

communities, generations, etc., with different representations and symbolic universes.
The ordering principles of Western medicine emanated from an androcentric model and, although androcentrism – a unilateral approach that adopts the man (man - andros) as the measure of all things – refers to sexism, little is said about the power relations based on the inequality of gender as a factor to be considered when trying to open up spaces for intercultural dialogue.
Androcentrism reduces reality to try and make ideas or facts that consider only the male point of view as universal. As a space power, built mostly by men, medical science has been used in various ways to perpetuate the subordinate status of women.
It is necessary to deconstruct the process of domestication that women endured under this power and the care model that derived from it in order to retrieve their right to decide over their own body, by listening to and analyzing their own priorities.

What needs to be changed in health education in order to establish a genuine intercultural health?

Health education has been characterized by verticalism that treats students as mere receivers and repeaters, that is, an object subjected to homogenization processes focused on the issue of scientific "objectivity". The idea that effectiveness of medical intervention depends on the "affective neutrality" – emotional distance between the therapist and the "reality" he intends to serve –, in the medical imaginary, leads to an object relationship with the patient and the disregard of their own subjectivity.
Biomedicine, as highlighted by Fernando Lolas Stepke, does not study the live and real body of the patient, but rather an object built by the prevailing theory and, although in practice, medicine relates to the body, this relationship is established with the inert body considered as a machine or corpse. According to Felipe Salazar Rilova, this causes that which is specific to the human condition to become an improper term in the medical discourse.
When asked why they decided to work in this area, health workers often cite helping others and needy populations as the main motivation. However, during education and professional practice, their interest turns to disease. To assimilate a solid belief that the disease is best understood as subjectivities are eliminated, the student goes through a learning process that nullifies his creativity and thinking and feeling autonomy.
From the biomedical viewpoint, in the health care scenario, claiming interculturality, which implies relationship, bond and the development of the affective capacity, eventually becomes a major paradox. Although the biomedical model – based on objectivity and objectification of those involved – cannot be lived in its pure version, the task of building intercultural relations from subjectivities inevitably causes outrage, confusion and even conflict.

Can this trend be reversed?

Paulo Freire said that by "stealing" subjectivity, words, expression and culture of subjects are stolen. From this perspective, any educational process that wishes to support the development of skills and attitudes conducive to the establishment of the intercultural relationship and dialogue in health services must question all that dehumanizes, teach towards expression and thus facilitate the deconstruction of the fear of own and others' subjectivities. Also, the acceptance of subjectivity, as Habermas says, goes through an approach of the "life's world".
Connecting the life's world with the development of intercultural relationship, in turn, is established by Joseph Esquirol, for whom the world of daily life underlies the common world and that only in this context can we be understood by our peers and act with them. Interculturality is communication among individuals who know that they are similar, unique and different.
When working the intercultural approach from the assumption of cultural barriers, we begin with a static and pessimistic view of conflict among cultures. On the other hand, the perspective of "life itself" enables the display of intercultural experiences where everyone participates to some degree, but it is silenced by the subjects when it is not recognized or valued and even belittled by the official health system.
Fornet-Betancourt also uses the daily life approach to minimize the difficulties of intercultural dialogue. According to him, interculturality is not just a theoretical issue, but an experience lived in our daily life world and where we share life and history with others through practical knowledge. Therefore, the issue would be to cultivate this knowledge in a reflective way so that interculturality really becomes an active quality in all our cultures.
In my opinion, that is a starting point for the proposal of a teaching methodology that can deconstruct the image of barrier and difficulty and rethink the unequivocal self-representation which denies ambiguities and nuances in cultural identifications.
Science attaches great importance to certainty, and the mere expression of doubt can lead to censorship and stigmatization. Since identification with the "subaltern" culture values can be interpreted as a questioning of biomedical culture and fidelity to its system, concealment is the option chosen. This is how the system and its institutional culture help to build cultural barriers and strengthen the idea that the price of social ascension is paid by the cultural fitting into the single, Western thought.
Under my perspective, the educational process for building relationships within the framework of interculturality should encourage the free expression of ideas, knowledge and experiences and foster self-understanding and self-acceptance, since intolerance with oneself is inevitably the basis for intolerance with others.

All references in the text are discriminated at RETS website (http://www.rets.epsjv.fiocruz.br), in "Library" > "Topics of interest" > "Health and interculturality", along with the full interview in Spanish

Health Technical Schools Network of the CPLP: meeting in Portugal defines a training course for teachers

The Health Technical Schools Network of the Portuguese Speaking Countries Community (CPLP) held a meeting from 21 to 23 April which was attended by representatives from seven of the eight country members of the Community – Angola, Brazil, Cape Verde, Guinea Bissau, Mozambique, Portugal and São Tomé and Príncipe.

The event took place at the Higher School of Health Technology of Lisbon (ESTeSL) and continued works of the 1st CPLP Health Technical Schools Network Meeting which occurred during the 2nd RETS Meeting held in Rio de Janeiro in December 2009.

The meeting is part of the Strategic Axis of Health Workforce Training and Development of the CPLP Health Cooperation Strategic Plan (Pecs-CPLP 2009-2012), whose purpose is to contribute towards strengthening health systems of State Members of the Community in order to ensure universal access to quality health care services. The structuring of the Health Technical Schools Network is considered a priority project under the Pecs.

A multilateral forum created in 1996, whose objective is to deepen mutual friendship and cooperation between African Countries of Portuguese Official Language (PALOP) – Angola, Cape Verde, Guinea Bissau, Mozambique and São Tomé and Príncipe –, East Timor, Portugal and Brazil.

The training of teachers is a priority

The objective of the meeting was to present and discuss the organization of a *latu sensu* health professional education specialization course directed to teachers and leaders in the area from African Countries of Portuguese Official Language (PALOP) and East Timor.

The course created by the Joaquim Venâncio Health Polytechnic School (EPSJV/Fiocruz) will have duration of 416 hours and a total of 34 weeks. It will play an important role in the structuring and strengthening process of institutions training health technicians in the countries involved.

"A working group composed by post-graduation teachers from the EPSJV was initially created in order to prepare the course proposal. The School's experience was fundamental for this construction. The project was presented at the meeting and the assessment was very positive, giving way to significant contributions. One of the main suggestions was the inclusion of health and education professionals from countries participating in the course in some of its modules in order to more fully portray the realities and specificities of each location", explains Anamaria D'Andrea Corbo, Coordinator of the ESPJV International Cooperation and RETS Executive Secretariat, and highlights: "This initiative is part of a series of actions of the Network's working plan that work in a complementary way."

The course is of itinerant character, with activities foreseen for the various countries and will be divided into three parts. In the first part, seven disciplines of a more general theoretical and methodological character will be administered. In the second part, a seminar integrating the previous disciplines will be held and its objective will be to analyze and discuss health and education public policies of each country. In the third and last part, three workshops will be held and directed towards the analysis and elaboration of a Pedagogic Political Project (PPP), the curricular analysis and development and the production and analysis of teaching materials. Classes are expected to begin in September or October.

30 places will be offered and distributed among the participating countries who will indicate candidates. The selection process will be coordinated by EPSJV who will also be responsible for the certification of graduates.

RETS new member: the Portuguese Association of Pathologic Anatomy Technicians

The Portuguese Association of Pathologic Anatomy Technicians (APTAP - http://www.aptap.pt), located in Lisbon, is, as from February, the newest member of RETS. Its main objective is to foment and protect the interests of Pathologic, Cytological and Thanatological Anatomy technicians. It also promotes, individually or in partnership with other organizations, a constant update of its members through the scientific, cultural and professional valuing and formation incentive.

Pathologic Anatomy is a science whose function is to analyze the alterations produced in the organism at various levels, such as molecules, cells and tissues, thus determining the etiology of the disease and the adequate therapy. It is up to the technician to realize and evaluate the treatment of biological tissues and read and interpret the tests on exfoliated cells, as well as to perform necropsies.

EPSJV celebrates 25 years

In August, the Joaquim Venâncio Health Polytechnic School (EPSJV/Fiocruz) celebrates 25 years. The "Symposia of science and politics - 25 years of polytechnic education in health", a series of monthly lectures and discussions with specialists working in the fields of knowledge and political-social intervention, are among the commemorative activities of this event.

The objective of these meetings which are being held since April is to provide moments of joint reflection on the theoretical and political challenges that are present in the current scenario of both Brazilian and world societies. The subjects approached are diverse, such as the criminalization of social movements, the relationship between democracy, capitalism and social transformation possibilities, the role of public institutions in the establishment of the State-society relationship, the balance of rural and urban social movements, the relationship between science and environmental expropriation in the capitalist system and the history of Manguinhos as a territory of life and struggle. Lectures are broadcasted live through the School's website.

Seminars and cultural events will also be held in August. To watch the symposia and know more about EPSJV/Fiocruz 25 years celebration, please access: http://www.epsjv.fiocruz.br

USAN-Health the Technical Schools Network of South America

During the II Ordinary Meeting of the South American Health Council (USAN-Health) held on April 29 and 30 in Cuenca, Ecuador, the Health Technical Schools Network (RETS/USAN), which will operate as a RETS sub-network, and the National Institutes of Health Network (RINS/USAN) were officially recognized by the Council and should, as from that moment, assume the prerogatives and obligations defined in the legal frameworks of the Union of South American Nations (USAN).

Such measure was based on a resolution of the Ministers Council signed during the meeting held in Guayaquil, Ecuador, in November 2009 and which defined the establishment of networks of institutions structuring national health systems. Documents approved by representatives from Health Technical Schools of South America in the 2nd General Meeting of RETS in Rio de Janeiro in December 2009 and the document which established the Institutes of Health Network of South America during the Meeting of National Institutes of Health of South America in Lima, Peru, in March this year were also considered.

In the Cuenca meeting, ministers and representatives of the participating countries reiterated the importance of strategic planning in the formation of human resources for the field, as well as the discussion of measures related to the control of dengue and fight against counterfeit drugs, malnutrition and Influenza A. Aid plans to Chile and Haiti – countries which were victims of great earthquakes this year – were also defined.

More information:

- **USAN-Health:** http://www.unasur-salud.org
- **RETS/USAN Working Plan:** RETS website (http://www.rets.epsjv.fiocruz.br) > Presentation or Library > Events (presentations, documents, reports, etc.) > 2ª RETS General Meeting

Changes in RETS website aim at improving acess and information quality

RETS website is undergoing a reformulation process based on discussions of the 2nd General Meeting which occurred in December 2009 and according to the current technical possibilities of this tool. The objective of this initiative is to facilitate access and improve the quality of information provided to readers as a new project is being developed for the website.

What are the changes?

1. On the lateral menu, the section 'Publication' was changed to 'Library', a name that more appropriately represents the variety of materials that are available for consultation and search.

In the Library, insertion of the following options:

- 'Legislation', which was previously accessed directly through the menu;
- 'Hotsites, videos and multimedia'; and
- 'Topics of interest', where texts used by journalists of the Network in the elaboration of materials for the magazine – and eventually for the website – are listed by subject treated, for example: interculturality, migration, etc.

2. On the lateral menu, creation of the section "Countries" which will gather information about the countries members of the RETS and Health Technicians Education in these countries. The idea is to gradually insert, with the collaboration of representatives from member institutions, data that may facilitate and potentiate cooperation actions practiced in the context of the Network.

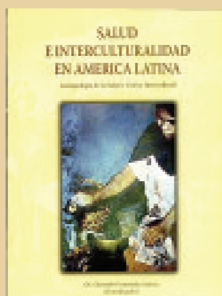
Livros discutem a interculturalidade em saúde na América Latina

The topic of interculturality is increasingly being valued by health studies. Research about this subject tries to understand the difficulties in the relationship between different cultures in health services, thus facilitating policies and other measures that can improve this contact.

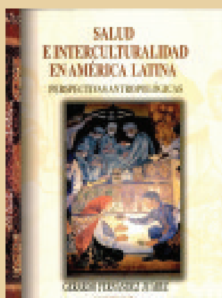
In 2004 and 2006 respectively, two books, namely, “Salud e Interculturalidad en América Latina. Perspectivas Antropológicas’ and ‘Salud e Interculturalidad en América Latina: Antropología de la Salud y Crítica Cultural’ were launched to disseminate initiatives made in this field. The two works published by editor Abya-Yala from Ecuador were coordinated by Spanish anthropologist Gerardo Fernández Juárez, who is the author of various articles and books related to health in the Andean communities.

Geraldo Juárez wrote on the subject, among others: “Diversidad frente al Espejo: La Salud, Interculturalidad y Contexto Migratorio” and “Salud e Interculturalidad en América Latina: Prácticas Quirúrgicas y Pueblos Originarios”, from the same publisher.

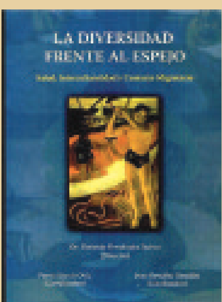
Works may be partially viewed in Google Books (http://books.google.com.br) or ordered directly from the publisher (http://www.abyayala.org).



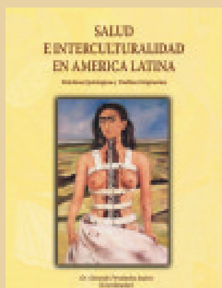
“Salud e Interculturalidad en América Latina. Perspectivas Antropológicas” is a collection of articles from twenty authors who reflect on the theoretical and methodological problems faced in the intercultural process of health services, they inform about the intercultural experiences in different countries and expose investigations on the conceptual models of diseases and therapeutic systems.



The second publication, “Salud e Interculturalidad en América Latina: Antropología de la Salud y Crítica Cultural”, is also a collection of texts from various authors, with the intention to continue the reflection on intercultural perspective in health in the theoretical and mainly practical plan. The work is divided into three parts and contains a theoretical analysis of interculturality applied to health, the issue of intercultural practices originating from migrating processes and the indigenous concepts of health and disease, particularly in Bolivia, Mexico, Peru and Ecuador.



Published in 2008, the book “La Diversidad Frente al Espejo: Salud, Interculturalidad y Contexto Migratorio” talks about how different people look at themselves and their bodies under the sign of health and disease: people from other countries and who do not identify themselves with the images projected by the health systems of host countries. Through several discussions, the publication seeks to contribute towards the qualification of health professionals, specialists and volunteers from the international cooperation, intercultural mediators and all those interested in the issues related to the health of migrants.



No other medicine specialty brings so many problems of acceptance by the indigenous peoples as surgery, which affects very strongly very significant elements of patients cultural baggage. The aim of the book “Salud e Interculturalidad en América Latina: Prácticas Quirúrgicas y Pueblos Originarios”, published in 2009, is to create awareness around the concepts about surgery that emerge in patients, their families and community environment.

Interculturality in health: qualifying for the dialogue

During the presentation of the book "Salud e Interculturalidad en América Latina: perspectivas antropológicas" (Ediciones Abya-Yala, 2004) its organizer, Spaniard Gerardo Fernández Juárez remembers the heartbreak that Aymara assistant Cleo Alaru of the Qurpa [Bolivia] health unit felt when a patient arrived at the facility and asked whether the doctor was there and, upon her answer that the doctor was there and that he would quickly serve him, the patient would retort emphatically: "No. I'd better come back when he is not here."

The passage, which seems a joke, portrays the same feeling of distrust that led a group of indigenous people from the Quechua of Cochabamba and Potosi sectors to stone the vehicle of the team of a health project developed in the mid-90s by a Spanish NGO in some indigenous Bolivian communities. The fact, as highlighted by Juárez, may indicate that indigenous people apparently involved in the project not only did not feel relieved by the presence of those health professionals, but were also deeply disturbed and threatened by them. "How can health projects very well thought out and financially backed clash with the angry reaction of those who are supposed to be its beneficiaries?", asks the author, leading us to think about how cultural issues – in its various aspects – can directly influence the outcome of health actions.

And if today, in a context of building universal and equitable health systems, there is already a consensus on the need to avoid the ethnic and cultural identity of users from being an obstacle to access and opportunity for a quality health care, the big question is: how to make this possible?

Interculturality: knowledge exchange with mutual enrichment

According to Spaniard naturalized Bolivian theologian, philosopher and anthropologist Xavier Albó, interculturality can be defined as any relationship between individuals or social groups from different cultures. Interculturality, he says, can be negative – when the relationship ends up destroying or reducing what is culturally distinct (cultural ethnocide) or even simply when an assimilation of the dominant culture by the dominated culture occurs – or positive – if it results in the acceptance of what is culturally distinct and the exchange of knowledge with a mutual enrichment.

"The mere tolerance of what is culturally different without a real enriching exchange is hardly a positive interculturality", emphasizes Albó, in the text "Interculturality and health"[1], and adds: "Otherness relations are positive when the two poles – that of the own identity and the "other" – mutually strengthen, enrich and transform each other, without, however, relinquishing to be what they are."

Of course, alerts Albó, these mechanisms can work both ways, with some form of mutual reciprocity only when relations are be based on a certain symmetry that is often achieved through long, patient and sometimes painful processes developed in the interpersonal, group and structural spheres.

According to him, although the fundamental root of positive interculturality lies with interpersonal relationships – in isolation among individuals or in groups –, it is not possible to work only at that level. We must transform institutions and structures that constitute the social body – the educational system, media, the judiciary, police, churches, among others, but mainly the economic system – to reflect and facilitate positive relationships among diverse groups of people. "Establishing positive intercultural relationships", he says, "is much easier when there are different cultures but with the same social position and prestige".

However, he laments that the asymmetrical intercultural relationships are much more common in an increasingly globalized and unfair world. "Those who feel they belong to the mainstream culture hardly accept those they consider "inferior" as equal. These, in turn, tend to undervalue their own culture and adopt the dominant culture for fear of being discriminated against", he notes.

Intercultural health: patient's culture in the process of care

If interculturality is present in almost all contexts of the modern world, putting at stake good social relations and peaceful coexistence between different cultural groups, it goes further in the area of health and with consequences on the quality of life and even the survival of patients.

In all countries, save the due particularities, communication blockages tend to increase when health professionals and institutions are embedded in a culture, or even a social class, and their patients and their families in another.

One of the difficulties, perhaps the most noticeable, is about the ignorance of the language of another, which generally requires the existence of interpreters who are not always available or even reliable. However,

the problem is not exhausted by the issue of language. As stated by Xavier Albó, it is also due to ignorance or contempt on the part of professionals of beliefs and expectations of their patients around health-disease process, as well as the important role that family and other group members may shoulder in these processes.

Blockages also arise in patients, based mostly in their previous experiences. According to Albó, in many rural communities, health professionals do not stay long enough to establish a trusting relationship with people. Because of this, when for some reason the physician determines the transfer of a patient of these communities to a hospital, the reaction of patients and their families are often negative because of fears and doubts that the situation brings.

To complete the picture, difficulties arise from the institutional dimension and the structure of society, which often strengthens the inequalities of their socio-economic composition with the persistence of cultural discrimination. Xavier Albó says that structures and environment of health facilities have much to do with the acceptance or refusal by patients of different cultural background. "What languages are heard? Is there a suitable place for family visitors, especially when patients come from remote areas and have no friends or relatives at the site of care? There is always a chapel in hospitals where a Catholic chaplain and an Evangelical pastor can accommodate their faithful, but is there an adequate space for other religious specialists to carry out rituals of patients' own culture or religion?", asks the researcher , who also suggests an institutional policy with quotas of health workers (including doctors) who are able to communicate well with patients from different cultures that are proportional to the number of patients in each culture that uses the services.

Mexican doctor Roberto Campos Navarro[1], in turn, defines intercultural medicine as academic medical practice (of Western origin) with people of a different culture, where an attempt is made to establish a dialogue in search of consensus. "In other words, intercultural medicine can be defined as the relational practice and process that is established between health professionals and patients of different cultures, where a mutual understanding is required so that the results of the contact – visit, assistance or advice, among others – are satisfactory to both parties", he explains, adding that intercultural medicine is established through a continuing process of transactions involving a large amount of adaptations, adjustments and exchanges at technical, theoretical and ideological levels.

This perspective, according to Navarro, meets the definition of "interculturality in health" by Ana María Oyarce, which is "ability to move evenly among knowledge, beliefs and cultural practices that relate to health and disease, life and death, the biological, social and relational body."

Therefore, interculturality in health or health interculturality end up being concepts used with respect to all practices and policies that advocate knowledge and the incorporation of patients' culture into the health care process.

Culture: change and preservation

According to UNESCO [United Nations Educational, Scientific and Cultural Organization] – 2010 report "Investing in cultural diversity and intercultural dialogue" – the issue of cultural diversity has been attracting increasing interest to the extent that the world globalizes itself both on account of its positive aspects – exchange of richness inherent to every culture – and of the countless conflicts established in intercultural relationships.

Defined in the UNESCO Mexico Declaration on Cultural Policies (1982), as "a set of distinctive spiritual, material, intellectual and emotional features that characterize a society or a social group and encompasses the ways of life, human beings fundamental rights, values, traditions and beliefs systems in addition to art and literature", culture cannot be seen as a static entity that is closed and transferred unchanged from generation to generation. In fact, each of the existing cultures is in a constant process of change despite having the ability to preserve its identity.

Based on this concept which unites the ideas of permanence and change, the issue of intercultural dialogue must be thought of as something capable of preserving cultural differences and encouraging diversity of cultural expressions through processes of mutual interaction, support and strengthening of autonomy.

According to UNESCO, intercultural dialogue therefore depends to a great extent on intercultural competence, defined as "a set of skills needed to relate to those who are different from us", such skills that are fundamentally of communicative nature but involve, far beyond the issues of linguistic understanding, the reconfiguration of our attitudes, our views and our concepts about the world.

Change must begin in the formation process

Different cultures construct various care systems according to heir own conceptions of the health-disease process. However, there is no legitimate recognition of all these systems and, despite the current hegemony of the biomedical model, with the appreciation of the biological dimension of the health-disease process, the use of technology in the diagnosis and the medicalization of various health and life problems in general, they are in constant dispute. Therefore, the challenge is to discover how to modify the relationship between biomedicine and other forms of care it has always denied or marginalized.

Throughout history, in the Western world, European culture was considered the universal culture model and cultural conflicts began to be settled, by imposition, from an ethnocentric view which often eliminated different cultures.

In this process, as EPSJV/Fiocruz researcher Ana Lúcia Pontes explains in her thesis draft "Interculture and models of care: issues for professional education in health", the school played a key role in the dissemination of knowledge that is considered stronger and in the disqualification of other cultural forms considered as less important, giving rise to racialized, sexist and classist societies.

However, Ana Lúcia points out that, although the school has worked for a long time as a strong tool of subjection to the dominant culture, it can also play a key role in reorganizing society before the new historical context, thus contributing to the formation of subjects who are more suited to the new intercultural relationships processes.

Health information with ethnic focus: problem or solution?

In Brazil, the percentage of indigenous population is below 1% of the total population; in Chile, it reaches almost 5% (2002 census); in Bolivia (2001Census) and Ecuador it is over 50%. Despite national peculiarities, the issue of interculturality in health in Latin America is profoundly related to these people who are culturally discriminated against and subjected to all sorts of socioeconomic oppression.

In 1994, a World Bank study showed that in Guatemala, where 64% of the population lived below the poverty line, 86.6% of the indigenous population was in this situation. In Peru, in turn, the population living in poverty was around 50%, but reached nearly 80% among the indigenous people. In Mexico, differences were even more striking, with 20% of the total population and 80% of the indigenous population living in poverty. In all countries, the study showed higher rates of infant mortality, illiteracy and unemployment and worse health indicators among this segment of the population, indicating the need to reduce the marginalization of these culturally and economically more vulnerable populations, thus promoting equity in the distribution of public goods and services, among which is health.

Machi: Mapuche's traditional healers (usualy women)

However, the processes of reducing health inequities according to ethnic origin depend on the existence of valid and current epidemiological and sociodemographic information, which is not always the case. In this context, the "Enfoque étnico en las fuentes de datos y estadísticas de salud" project was developed in 2006 with the support from several institutions, in which a diagnosis of the progress of this ethnic approach to indigenous peoples was made – specifically the Mapuche of Araucanía Region (Chile) and the Province of Neuquén (Argentina) – in the vital statistics and health data sources. "The goal was to understand, from the perspective of the social stakeholders involved in the issue, the positive aspects, weaknesses, concepts and basis of existing experiences and learn about their perceptions and proposals on the subject", explains researcher Ana María Oyarce[1].

According to her, the diagnosis revealed a paradoxical situation. In Chile, where the Constitution does not recognize the pluriethnic and pluricultural character of the country, and thus without a constitutional and legislative environment for the exercise of fundamental rights of indigenous peoples, we found many intercultural health experiences and inclusion of the ethnic focus in health data sources. The qualitative terms, in turn, showed a favorable environment for the consolidation of these processes, even when the type of relationship that these people have with the State makes the matter more delicate.

By contrast, in Argentina, where ethnic and cultural diversity is recognized by the Constitution and ratified by several provincial laws, the study did not identify intercultural health experiences in the Province of Neuquén and the inclusion of ethnic focus in data sources is limited to the national census, additional research and the Aboriginal census. The perception of stakeholders interviewed on the issue, in turn, is quite complex. The non-Mapuche believe that this measure may represent a form of discrimination. The Mapuche representatives, in turn, prove suspicious, because of their subordinate status. "In this sense, the strategy would be to produce information, keeping, however, a social control over it", emphasizes Ana María.

She says that the biggest challenge in the view of social stakeholders is the collective construction of information systems **with and for** indigenous peoples, with their free and informed participation in all stages of information production, such systems that would meet the integral health models of these populations by incorporating the environment, territory, political participation, autonomy etc.

[1] *La identificación étnica en los registros de salud: experiencias y percepciones en el pueblo Mapuche de Chile y Argentina*. Ana María Oyarce (Naciones Unidas, Santiago de Chile, 2008)

In Africa, traditional medicine between integration and prejudice

Available at the blog ma-schamba (http://www.ma-schamba.com), in 01/09/2005.

Defined by the World Health Organization (WHO) as a "set of health practices, knowledge and beliefs incorporating various medicines based on plants, animals and minerals, spiritual therapies, manual techniques and exercises applied alone or in combination to maintain well-being, treat, diagnose and prevent diseases", traditional medicine begins to gain visibility in the global scenario in 1978 when the Alma-Ata Declaration recognizes its important role in the strategy of health for all.

In 1984,WHO Regional Committee for Africa publishes a resolution urging countries to develop an effort to regulate the practice of traditional medicine, thus inserting it into their national health systems and promoting its development. Finally, in 2000, the Council of African Ministers of Health approves a regional strategy to integrate traditional medicine into the formal health care systems, given that in most African countries, the percentage of citizens who use traditional medicine is greater than those with access to the public health system, especially in rural areas. The African Union, in turn, defines 2001-2010 as the Decade of African Traditional Medicine, and WHO establishes August 31 as the African Traditional Medicine Day.

At the time, the then director of the WHO-AFRO, Ebrahim Malick Samba, welcomed this decision. "The celebration of this day serves to emphasize the importance of this resource to improve the lives of our people. Traditional medicine is our culture and heritage. It occupies a prominent place in the continent because it is easily accessible, but also socially sanctioned and culturally acceptable", he said, noting that countries would have to address issues of safety, quality, efficiency, standardization and intellectual property rights.

Since then, many advances have been achieved, as president of the Mozambican NGO "Traditional Medicine Forum", Fatima Mangore, said in an interview to UN Radio in September 2009: "It is already known today that traditional medicine works as a complement to modern medicine and vice versa under the system".

Nevertheless, expectations of actual integration are not, however, entirely encouraging. In the text "Health and Disease in Mozambique", researcher Paulo Granjo, from the University of Lisbon, points out that the main obstacle to dialogue between biomedicine and "traditional medicine" is ignorance and the devaluation of the local notions about the disease and its implications for the healing notion and process. He said that it is easy to accept that most of the plants used by the tinyanga (healers) have an "active principle" with a curative efficacy. It is also a consensus that such botanical knowledge should be studied and represents an important "national" capital. According to him, the problem is the acceptance of other procedures and concepts involved in the practices of these healers, who tend to be seen as a mixture of superstition, magic and witchcraft, with which the medicine is unlikely to condone and even less legitimate.

"For an academically recognized doctor, the really acceptable "traditional" partner would be a nyangarume – a healer with a recognized botanical healing ability – who would stop doing divination and believing to be possessed by spirits, that is, a pharmacist authorized to prescribe drugs, even wearing a capulana – cloth with specific patterns for each type of incorporated spirit – instead of a gown (coat)", explains the researcher.

According to Mª Teresa Caramés García[1], from the Universidad de Castilla-La Mancha – Spain, the biomedical model is still the main reference in health sciences formation. She says that, regardless of the specific particularities of each career, the formation process has been developed to enable through practice the internalization and subsequent reproduction of the biomedical model – a model of scientific practice and intervention, characterized by its claims of objectivity and its eminently biological and technical approach.

She also notes that the process of health sciences formation also implies a process of ideological and cultural construction and not only the acquisition of technical skills, something which determines how these workers see and address the health-disease-care phenomenon, among others: the disease itself, the sick person and his body, as well as the relationship between health professional and patient and relationships. At the same time, this process of ideological construction does not occur in a vacuum but rather within a specific historical and social context.

Migration and Intercultural Health

In most developed countries, traditionally receivers of migrants, the current discussions about interculturality in health mainly reflect the concerns and difficulties faced by the official system in servicing the recent migrants or minority groups' users originating from previous migration processes.

In 2001, the U.S. Department of Health published a cultural accreditation standard for public hospitals with a view to improving service to minority users and thus making the health system more equitable. According to the document, hospitals are required to provide a service of cultural and linguistic abilities that can alleviate the communication problems between doctors and patients.

A similar initiative has been adopted in Portugal, under the Project of Intercultural Mediation in Public Services of the High Commission for Immigration and Intercultural Dialogue (ACIDI). The objective of the project launched in 2009 is to minimize problems faced by immigrants and foreigners who have difficulty understanding and speaking Portuguese in the use of various services, including in some hospitals, where the mediator's role is to support the user and facilitate communication with professionals, particularly at the level of simultaneous translation and reading of reports and clinical documents written in foreign language. In this sense, professionals of institutions that have adhered to the project are instructed to request the presence of the mediator where necessary. The users' demand is still small and, due to the recent introduction, this service is still not sufficiently known.

The issue here is that, according to experts, the mere introduction of language skills in the process does not reflect the intent and nor does it allow by itself an effective cultural change in the current medical model or even an increasing awareness among health professionals regarding cultural diversity of the system users.

According to Spaniard Josep M. Comelles*, from the Universitat Rovira i Virgili – Spain, the growing presence of immigrants in developed countries ends up producing, however, some other effects that challenge the reasonableness of the medical model. These effects, he said, do not originate from the care provided in hospital emergency units, but rather in the treatments that require follow-up and where intercultural communication, intersubjectivity and co-production of knowledge is as important as in the service to other citizens, without the same complicity between doctors and patients built up over years of acquaintance.

"The effect of immigration draws the attention to the need to co-produce and manage cultural variables, since cultures around health seemed so dissolved in the concept of citizenship that they did not deserve special attention", he explains, by adding: "Cultural diversity associated with immigration defies the organization of devices or opens unexpected spaces of use, thus challenging the culture of professional and institutional organizations and demanding changes and new formation strategies".

Xavier Albó agrees that many problems related to interculturality still arise from the formation of health workers. "The premature and unique expertise in the area chosen for practical reasons of time and resources is justified, but effects can be fatal if the formation is not complemented by due intercultural qualification and other correctives measures", he says.

Before anything, he suggests that an analysis of current basic concepts of health and disease in the culture with which the future professional will work be incorporated into the curricula. "For example, if a patient is convinced that his unrest is the result of "evil eye", he will not be cured with pills and injections. He must be convinced that the "causes" of his disease, which may seem cultural to others, but which are very real to him, are also being tackled", said Albó, by adding: "Apart from cognitive formation, what should be ensured in the field of intercultural education is an attitude of openness, acceptance and harmony with culturally different patients, even if they cannot be understood".

[1] *Salud e Interculturalidad en América Latina: perspectivas antropológicas*. Org. Gerardo Fernández Juárez (Ediciones Abya-Yala, 2004)
Note: A complete list of texts consulted for this article is available at: Library> Topics of interest> Intercultural Health

Health for indigenous peoples, with a respect for diversity

Ensuring health care and respect the rights of indigenous peoples. In January 2009, inspired by these determinations that are expressed in Colombia's health legislation, the Public Health Technicians Training Course – whose goal is to train indigenous technicians in the area and contribute towards the quality of life in these communities – was created under the Traditional Medicine Project.

Launched in 2006, the Traditional Medicine Project is the result of an agreement between the Association of Indigenous Councils (ASCAI) and Bogotá's Health Secretariat. Its goal is to create its own health care model and restore traditional medicine practices, by gathering not just the treatment and healing through plants but redeeming knowledge, uses, customs, rituals and other forms of expression of each ethnic group as well. In 2008, a new phase of the project began with a view to strengthening the earlier proposals and progress on the issue of ensuring the rights of indigenous communities.

The technicians' course offered by the National Apprenticeship Service (SENA) of Bogotá is based on the indigenous labor competence norm consolidated between that institution and ASCAI in 2006. The Kichwa, Muisca and Ambiká Pijao peoples participate in the initiative. The main goal of training is to contribute towards the strengthening of their own health-illness concepts, thus allowing indigenous communities to actively participate in disease control and promotion of measures to improve health of their populations.

Edgar Uriel Ottawa Tique, president of the Association of Indigenous Councils of Bogotá, highlights the progress generated by this initiative towards indigenous health. "For the first time in Colombia, we have managed to achieve two things in the health technical education area: a clear involvement of ASCAI governors in the development of training at SENA's premises and the authorities' respect of our suggestions. So far, no university or training center different from this one has achieved this in our country", he said, making, however, a caveat about the course: "I think that the current training of technicians in indigenous health initiative did not originate from a SENA initiative. This is a process which has been worked on for years through different projects with advances and setbacks. Nothing is easy in our country and less still for natives. However, we recognize the existence of civil servants who facilitate, understand their duties and can support and improve processes accordingly."

The National Apprenticeship Service (SENA – www.sena.edu.co) was established by Decree Law 118 in June 1957 during the Military Junta Government with the objective of providing professional training to workers, youth and adults, industry, commerce, agriculture and livestock and mining. Its mission is to perform the duty of the State, which is to invest in social and technical development of workers from the government and the private initiative by offering and conducting a free comprehensive professional training aiming at the incorporation and development of people in productive activities that generate social, economic and technological improvements in the country.

Set of indigenous labor norms issued in 2006 jointly with the authorities of several peoples. It defines the expected results in the training of indigenous people, among which are: strengthening their own forms of health promotion, maintenance and recovery and developing actions aiming to achieve balance and harmony among individuals, community and territory according to the cosmovision (a system of ideas and feelings about the universe and the world; world view) of each nation or ethnical group.

Law 100 is the primary law of the Colombian Health System. It was established in 1993 as part of the health system reform sponsored by the federal government. This law, which creates the Comprehensive Social Security System in Colombia, provides a subsidized universal coverage based on income criteria. According to the law, local governments should promote health and disease prevention, always acting to meet the needs of the population.

The Association of Indigenous Councils of Bogotá (ASCAI) is a public entity of a special nature recognized in 2006 by a resolution of the Ministry of Interior and Justice. ASCAI consists of four of the five cabildos (councils) recognized in Bogotá in December 2005 as a result of the integration of indigenous peoples. The peoples participating are: Ambiká Pijao, Kichwa, Muiscas of Suba and Muiscas of Bosa.

- **Ambiká Pijao**: this community has 1200 members (320 families), scattered throughout the capital. They perform different activities and seek to maintain and strengthen their traditions, uses and customs.
- **Kichwas**: this community has approximately 1700 members (345 families) of the Kichwa-Otavaleño people who are politically organized into an indigenous cabildo recognized since 2005.
- **Muiscas**: native people of the savanna of Bacatá (now Bogotá). The Muiscas of Bosa Cabildo, with 2500 members (700 families) and the Muiscas of Suba, with 4000 inhabitants (1200 families) are the largest group registered at ASCAI Bogotá. Their biggest challenge today is the maintenance of their language.

Source: SENA Intercultural. Available at http://www.scribd.com.

Colombia: a country marked by ethnic and cultural diversity

Colombia is a nation heavily marked by ethnic and cultural diversity, with different traditions and languages. Such mixing began in October 12, 1492, with the arrival of Columbus in America. As from that moment, the local Amerindian populations were faced with the Hispanic culture, itself formed by a blend of Moorish, Roma and Iberian peoples. Later on, black Africans came to work as slaves in sugarcane cultivation and mining. All this resulted in a country that is today constitutionally assumed to be pluricultural and multilingual, where members of 87 indigenous groups (six of which are considered extinct), three distinct groups of Afro-Colombian population and Roma or gypsy people live, and in which, besides Spanish, 64 Amerindian languages are spoken in addition to the bandé – language spoken by the **raizales*** of the Archipelago of San Andrés, Providencia and Santa Catalina – the Palenquero – **Creole language**** of the San Basilio de Palenque communities declared by UNESCO Oral and Intangible Heritage of Humanity – and Romani, of the gypsy people.

According to the National Administrative Department of Statistics of Colombia (DANE), the 2005 census recorded a total population of 41 million inhabitants, out of which about 3.5% were recognized as indigenous, 10% Afro-Colombian and less than 1% as Roma. However, over 85% of the population was considered not belonging to any of these three groups. (Source/illustration: "Colombia: una nación multicultural – su diversidad étnica", DANE, May 2007. Available at: http://www.dane.gov.co) .

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* The "raizales" is an ethnic Afro-Caribbean Protestant ethnic group recognized as one of the Colombian ethnic groups by the authorities under the multicultural policy conducted since 1991.

** A natural language that is distinct from the rest because of three characteristics: its formation process, its relationship with a prestige language and some grammatical features. A Creole language always derives from a "pidgin", a rudimentary communications system created by people speaking different languages and who need to communicate.

- **Our Father in palenquero**: Tatá suto lo ke ta riba sielo, santifikaro sendá nombre si, miní a reino sí, asé ño boluntá sí, aí tiela kumo a sielo. Nda suto agué pan ri to ma ría, peddona ma fata suto, asina kumo suto a se peddoná, lo ke se fatá suto. Nu rejá sujo kaí andí tentación nu, librá suto ri má. Amén.
- **Our Father in Spanish:** Padre nuestro que estás en los cielos, santificado sea tu nombre. Venga tu Reino. Hágase tu voluntad, así en la tierra como en el cielo. El pan nuestro de cada día, dánoslo hoy y perdónanos nuestras deudas, así como nosotros perdonamos a nuestros deudores. Y no nos dejes caer en la tentación, mas líbranos del mal. Amén.

Interculturality is the basis for project

The course project based on the Public Health Technician program already existing at SENA is strongly anchored on the issue of interculturality (see cover story), in that: knowledge of indigenous students is valued as part of the course dynamics; the needs and problems of these communities are widely discussed, and only actions that can somehow promote human development of peoples and communities involved are developed.

In turn, SENA instructors working on the initiative follow the model of intercultural education through which they seek to know the way of thinking of these ethnic groups in order to avoid bias. "First, we investigate these different peoples in order to identify their needs and their cultures, by considering the social, economic, historical and ethnocultural aspects. During the course, intercultural practices were implemented with the support of learned persons, midwives and ancestral authorities who allowed their knowledge, practices and customs to be passed on to students", said nurse Ana Lucia Martinez, a specialist in health promotion and human development and course instructor, responsible for the monitoring of indigenous people throughout their learning process. "Knowledge of ancient and western medicine (biomedicine) was worked on, with no fusion between the two. Both views were used separately in order to enrich knowledge and practices of learners. Training was divided into two parts – theoretical and practical – always taking into

account these two different views", she adds.

During training, students' teamwork by indigenous community was encouraged and meetings were also held among the peoples involved, where their own use and customs were redeemed, from nutrition to ritual practices. "We envisaged some difficulties at the onset of training, because members wanted to work only with their fellow community members. However, gradually and through teamwork and the implementation of activities directed towards the understanding of the various participating cultures, we managed to have them work alike by preserving their ways of thinking", adds Ana Lucia.

Technological resources and ancestral wisdom

The course consisted of classroom learning guided by instructors; virtual meetings with the use of email, video conferencing and forums; and practical classes in the indigenous communities themselves as well as in health care centers, where the community health situation was analyzed and health promotion, quality of life improvement and disease prevention actions were developed. One of the teaching techniques adopted in the course, considering the intercultural approach, was the "word circle", a form of communication that is typical of indigenous communities.

The resources of distance communication were implemented through the Blackboard's technological platform which provided, as a primary gain, the possibility of a training experience at national level with the assistance of other training centers in Colombia.

According to Ana Lucia Martinez, the use of this platform was one of the strengths of the course, despite some difficulties in its handling. "Receptivity to technological tools, such as using electronic mail and forums during the training time, was not easy, but I believe we have achieved at least a 50% use, which can be considered very good. The least complicated issue was video conferencing, because of the large mastering of the learner presenting the topic before the camera", she says, reminding that these tools are now being used as a basis for the preparation of documents that compile the knowledge acquired by learners, such as the Integrated Management of Childhood Illness – IMCI Intercultural Primer launched in March this year.

For the first time in Colombia, we have managed to achieve two things in the health technical education area: a clear involvement of ASCAI governors in the development of training at SENA's premises and the authorities' respect of our suggestions.

Edgar Tique (Ascai – Bogotá).

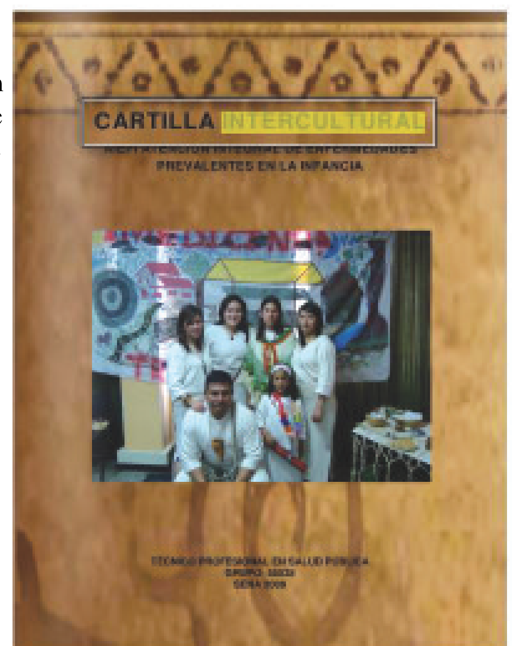
Success encourages the continuity of the initiative

The first 20 public health technicians trained by the course are already working in their respective cabildos (councils) and now, according to Ana Lucia, 30 more students among members of the Kichwa, Muisca and Ambiká Pijao, as well as the Inga and Awa groups are graduating. The methodology used in the current course is the same used previously and the process also continues to be based on the respect for the diverse thinking of each people.

According to Edgar Tique, it is expected that new public health technicians can lead health in a coordinated manner, acting as a bridging point between indigenous healers and doctors and professionals of western medicine in order to overcome the gaps that may arise in this process. He says that among the essential skills required in the performance of these new professionals are: to guide users on the use of medicines; to manage, execute and guide various public health aspects in an intercultural way; to respect the indigenous authority, besides the ability to lead their communities, by assuming their social, cultural and political role. "The challenge is to improve the quality of the community's life and seek to change behaviors that can cause diseases, by strengthening, above all, our own medical practice", summarizes Tique.

SENA's expectation is to have, by 2011, approximately 50 Indigenous Public Health Technicians working in their communities, that is, able to reproduce their experiences in groups of about 1500 families. Continuing this initiative, the elaboration of a formative proposal for Indigenous Nursing Technicians is already being discussed.

Carolina Pessôa (RETS), with the collaboration of Numa Wilson Pinzón Valero (SENA)



Health Exchange: magazine discusses topics of interest to health professionals

Health Exchange is a magazine produced by the articulation between **Healthlink Worldwide, Merlin and RedR,** institutions that promote health and save lives. The main objective of the publication is to present topics and experiences relevant to the professionals in the area. Among the subjects covered in previous editions are: the right to access health care, the shortage of workers in the area, especially in the less developed countries and the issue of women's health. Topics such as human rights, drugs and public commitment to health are expected for the forthcoming publications.

Authors of the magazine are health professionals, politicians and researchers who write in a simple and easy way about their practical experience. It is a comprehensive approach to the reality that workers and NGOs are facing every day.

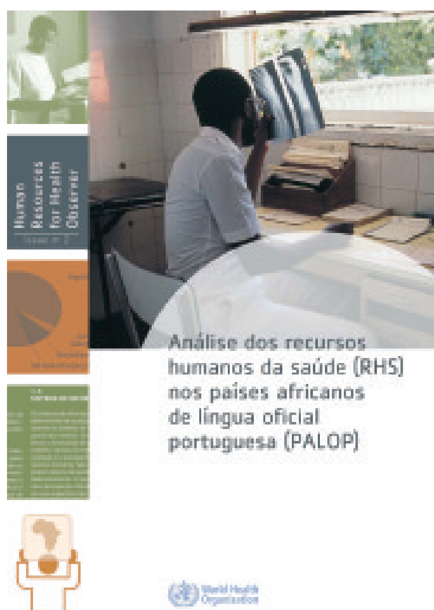
The magazine provides a forum where health workers can find various articles and share their experiences in its online version (http://healthexchangenews.com). Both the printed and online versions are free. More information by e-mail: healthexchange@healthlink.co.uk.

Healthlink Worldwide (http://www.healthlink.org.uk): And international organization that works to promote health and welfare of poor and vulnerable communities by strengthening the supply, use and impact of information.
Merlin (www.merlin.org.uk): An institution devoted to saving lives in crisis situations and working in reconstruction of health services. It is present in about 20 countries, mostly in Africa, Asia and the Middle East.
RedR (www.redr.org.uk): An organization that promotes leadership training and recruitment of volunteers in disaster situations abroad. In addition, it provides advice and support to humanitarian aid and relief organizations.

WHO launches publication with key data on human resources for health in the PALOP

The Human Resources Department of the World Health Organization (WHO) recently published the "Analysis of Human Resources for Health (HRH) in African Countries of Portuguese Official Language (PALOP)" document which integrates the series Human Resources for Health Observer.

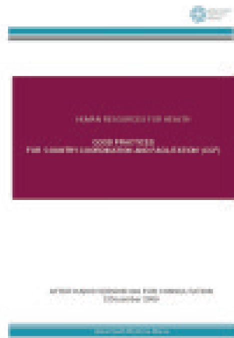
The publication gathers information that is available from various sources on several health aspects in the PALOP – Angola, Cape Verde, Guinea-Bissau, Mozambique and São Tomé and Principe – and aims to help those in charge and the partners to identify existing needs, thus improving the capacity of developing human resources for health



in the countries and the region. The text includes a national situational analysis and a final and comparative synthesis between the five countries.

The material is the result of a study coordinated by Gilles Dussault and Inês Fronteira, from the Institute of Hygiene and Tropical Medicine, New University of Lisbon, and funded by the European Union under the "Support to the development of human resources for health in PALOP" project. Published in Portuguese, with both summary and introduction in English, the text is available at: http://www.who.int/hrh/resources/observer.

Guide directs actions to combat health workers shortage



Released by the Global Health Workforce Alliance (GHWA) in late 2009, the book "Human Resources for Health: Good Practices for Ccountry Coordination and Facilitation (CCF)" represents a proposal for good practices to institutions and those interested in solving the human resources for health global crisis.

The document prepared based on the Kampala Declaration and the Agenda for Global Action, two commitments agreed at the First Global Forum on Human Resources for Health (Uganda, Africa, 2008), aims to direct the sectors involved in the problem of health workers shortage and foster coordination and cooperation among them at national level. Moreover, in the case of countries where there are no committees or working groups dealing with this issue, the material intends to be some kind of guide to support the interested in the subject.

A document outlining the 12 guiding principles for change in the performance of health professions. Furthermore, it recognizes a number of factors that impact on health systems, such as the spread of AIDS, thus delaying the achievement of the Millennium Goals.

A document defining strategies – at global, national and regional levels – to solve the problem of health workers shortage; providing the principles for the monitoring of results, such as global and regional surveillance for the construction of policies and the follow-up of progress according to contributions of interested parties; and establishing GHWA's operating rules.

The manual is divided into three sections, with each one addressing the topic from a different angle. In the first one – "Areas for country action" –, the six core strategies for the performance of countries defined in the Kampala Declaration and the Agenda for Global Action are presented, among which are: maintaining a policy of equitable distribution of health professionals, managing the pressure of the international labor market and the migration and increasing investments in education and training for the qualification of these professionals.

The second section outlines the major challenges that countries face with the shortage of health professionals and describes a set of principles to improve coordination among stakeholders interested in combating such situations. Moreover, it points out the expected results with the suggested measures.

In the third section, the objective is to more precisely define the role of each party involved in the crisis – political institutions, workers recruitment agencies, NGOs, professional associations and civil society, among others – and promote teamwork among them.

The idea behind the initiative is that, despite advances in the issue of combating the human resources for health crisis, the limitations that still exist can only be overcome through a proper coordination between the involved parties and, especially, a political action and involvement with global partners.

"Good Practices For Country Coordination and Facilitation (CCF)" electronic version is available at GHWA's website: (http://www.who.int/workforcealliance) under "Alliance Tools and Services."

Human Resources for Health: channel on YouTube increases visibility of the topic

The Global Health Workforce Alliance (GHWA), a partnership dedicated to identifying and implementing solutions to the crisis of global health workforce, launched a new strategy to disseminate matters relevant to the area. That is the Alliance channel on YouTube (http://www.youtube.com/user/ghwavideos), where videos addressing health professionals' issues are available.

Among the productions found on the channel is the "Doctors and Nurses" documentary which portrays the dilemma of African doctor Brian Kubwalo, who does not know whether to stay and work in Manchester, England, where he can provide a better future for his children or return to Malawi, his country of origin, where his skills are even more necessary.

Videos can be viewed and shared through various network tools. Furthermore, it is possible to receive alerts about the channel's updates.

Education of Health Technicians - part 4 [end]

The present matter concludes the presentation of the article "Health Technicians Education" which was divided into an initial text on the many definitions of the term "Health Technicians" (RETS Magazine nº 2) and a sequence of three stories about some of the various conceptions of the term "education".

Based on the text "An overview of the current critical and non-critical pedagogical trends" * of professor and researcher at the Joaquim Venâncio Polytechnic Health School (EPSJV/Fiocruz), Marise Ramos (see interview in RETS Magazine nº 3), some non-critical theories of Education were previously analyzed – New Pedagogy, Technicism and Competence Pedagogy, among others. In this edition, we discuss the critical theories constructed by Brazilian educators Paulo Freire and Demerval Saviani.

According to Marise Ramos, critical pedagogical trends would be those which, by reaffirming the ethical-political validity of dialectical materialism, conceive man as a historical-social being who aims at his production and subjectively transforms himself while acting on nature to produce the means to satisfy his needs. The idea, she says, is that human praxis – continued objectification and appropriation of reality in the production process of work-mediated human existence – serves as the foundation for a conception of knowledge as a motivation and result of human action in a conscious and planned – therefore potentially transformative – and not just adaptive way.

Man (subject) has used various approaches throughout his existence to interpret reality (object), that is, to relate to things, nature and life. Marx's dialectical materialism is one of them.

The Marxist dialectical method views nature as a set of interdependent and interconditioned elements. Nothing can be seen or understood in isolation without studying the environment in its entirety, by observing causes and consequences. The dialectic proposes that nothing is static and everything is in constant process of transformation; that qualitative changes (revolutions) are the result of quantitative changes (evolutions), thus inaugurating a new cycle; and that all objects and phenomena of nature contain internal contradictions that lead to changes through the dialectical movement of thesis, antithesis and synthesis (new thesis). The struggle of opposites is the engine of thought and reality.

Marx assumes that world's nature is material, that is, that there is an objective reality that exists independently and prior to consciousness and which manifests itself as a phenomenon, but that is perfectly knowable by science and practice. While man acts on nature in order to produce adequate means to meet his needs, he also subjectively becomes a continuous process. Materialism believes that social life forms, institutions and customs are determined by the material production mode of a society.

"Pedagogy of the oppressed": engagement with the popular classes

Marise Ramos started with two questions in order to classify the pedagogy of Paulo Freire (1921-1997) as a "critical pedagogy": To what extent Freire's pedagogy can be considered revolutionary? What are the convergent and divergent points when compared to Marx's historical-dialectical concept?

In his thesis "Educação e Atualidade Brasileira" (1959), Paulo Freire advocated education as a challenge to the emergence of people in the country's political life, given the ongoing industrialization/urbanization process, and claimed that this sociopolitical movement would occur in two stages: first, it would cause the transition from the people's magical consciousness to the transitive-naive consciousness; in the second stage, it would reach the transitive-critical consciousness through the educational work.

In the book "Educação como prática da liberdade" (1967), Freire established a literacy method consistent with this meaning of education, which comprised five stages: (1) survey of the lexical universe of groups who will be worked on, (2) selection of words in the universe studied, (3) creation of existential situations that are typical of the group, (4) development of records-scripts that will assist the work of debates coordinators and (5) creation of records with the breakdown of phonemic families corresponding to words generators. In "A Pedagogia do oprimido" (1970), Paulo Freire discusses the situation of oppression as a human-social characteristic in addition to the educational issue by proposing a dialogic and problematical pedagogy, as opposed to the bourgeois education concept which would act as a pedagogical tool of oppression.

According to Marise, the also educator Demerval Saviani identifies in this work Freire's dialogue with the dialectical philosophy and Marxism, but without adherence to this theory or incorporation of this perspective into his theoretical vision of pedagogy. Freire and Marx conceive man as a relationships being who historically

produces existence in an adverse context of domination and alienation. However, Freire's view that it is possible to change this situation through the development of critical consciousness of the dominated and the awareness of the dominant does not reflect the Marxist thought. In this sense, Freire would focus the social problem in the level of thought, ideology, culture and politics, thus minimizing the structural determinations of domination which are fundamental in Marx's thought.

Both advocate the power of education to promote awareness – which is essential for overcoming alienation and for the liberation of man –, but there is a sharp distinction between the two thoughts. According to Paulo Freire, the condition of alienation could be overcome through dialogue and solidarity, with dominated and dominant establishing an agreement on behalf of the common good. However Marx says that the conflict can only be transposed when the dominated class that is made aware specifically acts to surpass economic mediations – private property, division of labor and goods – which produce alienation. "In summary, it seems that Marx sees awareness as a starting point, whereas per Freire it is an arrival point", says Marise.

Despite the differences, Marise considers indisputable the recognition of Paulo Freire's ethical-political commitment with the popular segments, his struggle for education of the oppressed and downtrodden and the progressive nature of his educational thought, which resulted in the creation of an adult education method that is innovative, political and raises awareness. For this reason, she says, it is impossible not to consider his pedagogy as highly critical with regard to the radical transformation of social relations, even recognizing the limits of his thought.

"Teaching requires to understand that education is a form of intervention in the world"

Paulo Freire[2]

"Pedagogy of Autonomy": questioning past and future

In his last book – "Pedagogia da Autonomia" (1996) –, Paulo Freire assumes that man is a being capable of constructing and reconstructing himself and history – by continuously transforming his reality and that of his community – to discuss, from a progressive perspective, the knowledge required for the teaching practice directed to the learner's autonomy.

According to Marise, Freire's idea is that education action must make the working classes aware that they can transform reality while they are politicized and become aware of the condition of oppression they are submitted to. He says that, although they are born conditioned by material, economic, social, political, cultural and ideological factors that compose and feature the prevailing context in their qualification, men are able to overcome these constraints which limit them but do not determine them.

Paulo Freire regarded the ability to learn an ontological characteristic of being. "Due to the fact that they are historical beings and thus unfinished, men live in a constant learning process and become educable", he said, advocating permanent education as a form of problematization, reflection and constant reorganization of experiences.

Paulo Freire also defines the role of the student as a subject in the learning process and evidences a close relationship between teaching and learning. "Although different, he who forms is formed and re-forms as he forms and he who is formed forms himself and forms as he is being formed", he said, setting educator and student in an dialectical encounter that results in a continuous construction and reconstruction process. In his view, educational practice should contribute towards the formation of critical and autonomous subjects who observe, judge and intervene in what is proposed to them while building their knowledge in this process.

According to Marise, the methodology that synthesizes this concept of education links the knowledge of students to curricular knowledge. "On recurring to student's prior knowledge and dialogue between their social experiences and what is proposed in the curriculum, a possibility is created so that they develop an epistemological curiosity and problematize the reality in which they live, thus creating a critical thinking and acting in a transforming way", the researcher explained, noting that, per Freire, curriculum is not a space of neutrality and the knowledge transmitted at school pretends to

hegemonize certain concepts of the world, society, man and knowledge. School and its students are inserted in a community, city and country operating in a non-neutral way and this has consequences. It would therefore be up to the teacher to help the student realize that in order to create a real possibility of transformation.

With the idea of transformation, Paulo Freire is opposed to the fatalistic discourse of neoliberalism which denies the historical-social nature of human beings and aims at maintaining the current system.

In the view of the educator, the capitalist way of production, especially in its neoliberal line, disseminates the fatalistic discourse of impossibility, thus bringing education to the unique dimension of technology and denying the forming and transformative educational practice. In this sense, the task of the progressive educator who understands the relationships that affect the educational process is to repudiate the discourse that lessens and simplifies man, thus problematizing present and future in order to transform them.

Demerval Saviani and the "Historical-Critical Pedagogy"

According to its creator, philosopher and educator Demerval Saviani (1943), the Historical-Critical Pedagogy, a tributary of the dialectic concept, has strong affinities with the historical-cultural psychology developed by the "Vygotsky's School" in its psychological foundations. He says that education should be understood as "the act of producing directly and intentionally in each individual the humanity that is historically and collectively produced by all men."

Marise Ramos states that the "production mode" is the guiding concept of Saviani's historical-critical pedagogy. This means that, based on historical materialism, Saviani tries to explain how changes in the forms of production of human existence spawned new forms of education which, in turn, end up influencing the transformation of the corresponding production mode.

The historical-critical pedagogy emerges as an educational trend in 1979 with the expansion of discussions on the dialectical approach of education and represents a commitment to understanding the education issue based on the objective historical development.

> **"Every educational practice inevitably contains a political practice"**
> *Demerval Saviani*

For the historical-critical pedagogy, "content and method form a unit", Marise explains, and what defines the choices of one or the other are the interests of the dominated, since it is up to the school to ensure workers' access to systematized knowledge and its effective assimilation so that, by understanding it, they may "create" new forms of "being of the world" and "being in the world". At school and through pedagogical work, systematic knowledge (objective) is transformed into school knowledge (that which is assimilated, seized and appropriated by the subject) used to understand and recreate the world, thus producing and systematizing new knowledge.

From this perspective, school assumes great importance as it enables workers' access to instruments of development and systematization of socially produced knowledge. Without school, workers would be prevented from reaching the level of development of knowledge, although they continue to contribute towards its production due to its real practical activity. Access to forms of systematic knowledge allows the population to express elaborately people's interests. The possibility of elaborating popular culture eventually enables to overcome the dichotomy between it and erudite culture since, should people have access to scholarly knowledge, it no longer represents a distinguishing mark of the elite.

According to Saviani, since the goal of the pedagogical process is the student's growth, it is essential to take into account his interests. However, he forewarns that the interests of the concrete subject – that is, class interests of ethical-political nature –, rather than the subjective interests of the empirical subject, should be considered.

The historical-critical method of education proposed by Saviani is based on the linkage between education and society and is divided into five steps: (1) social practice (common to students and teachers who, however, act as differentiated social agents and at different levels of understanding – knowledge and experience – of this practice), (2) problematization (identifying the main problems of social practice and definition of knowledge that must be mastered to solve these problems), (3) instrumentalization (appropriation of the theoretical and practical tools that are required for the solution of problems identified in social practice; it depends on the direct or indirect transmission by the teacher of socially-generated and historically-preserved instruments), (4) catharsis (effective incorporation of cultural tools which are transformed into active elements of social transformation); and (5) social practice.

"The movement from syncresis (chaotic vision of the whole) to synthesis (totality of many determinations and relationships) by means of analysis (simpler abstractions and determinations) is a safe guide for both the process of discovering new knowledge (scientific method) and the transmission-assimilation process of knowledge (teaching method)", explains Marise.

Belarusian psychologist, Lev Vygotsky (1896-1934) attributed to social relations a major role in intellectual development. His studies of learning start from the belief that man is a being who is formed in contact with society. "In the absence of the other, man is not built as man", argued Vygotsky who did not accept neither the innatist theories, according to which humans carry at birth the characteristics that they will develop throughout life, nor the empiricist and behavioral theories who view human beings as a product of external stimuli. According to him, formation is the result of a dialectical relationship between the individual and society around him – that is, man modifies the environment and the environment modifies man.

[1] As part of the studies for the elaboration of a theoretical framework of the study "Health Professional Education in Brazil: concepts and practices at the Technical Schools of the Unified Health System", coordinated by Marise Ramos, whose final report will be launched as a book and made available in August as part of the celebration of EPSJV/Fiocruz 25th anniversary.

[2] Caricature of Paulo Freire: courtesy of author, Deva Bhakta (devabhakta@hotmail.com/tel: 18-8146-5928).