



In the 100 years of the Flexner Report, global study suggests changes in health training

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In its ninth edition, RETS magazine mentions quite briefly the report of the Independent Commission on the Education of Health Professionals for the 21st Century, published in the Lancet in November 2010. Just as it did at the turn of last century, the document marking the centenary of the publication of the Flexner Report gathers a situation analysis and several proposed changes for the education of health professionals.

The idea of the report is that, despite having been instrumental then, the medical education model proposed by Flexner no longer meets the current health needs and that we need to think of a health education model that is most suited to the new century. An interview with one of the presidents of the Commission, former health minister of Mexico and current dean of the School of Public Health from Harvard University, Julio Frenk, completes the article and may add some elements to the debate.

It is important to highlight that the release of the report does not mean full agreement or full unrestricted support to proposals submitted by Commission members, but simply a commitment to bring to the Network discussions pertinent to its field of action. Our intention is to disseminate the existence of the document in order to stimulate reflection and debate on the many issues addressed and concepts used. Our proposal is to open a space for all who wish to express themselves, either through the website or in the future issues of the magazine.

Also in this issue of the RETS are: an article about the Second Global Forum on Human Resources for Health held in January in Bangkok, Thailand, with the full text of the final declaration of the event; and the last part of the series that gathered some discussions held at the Virtual Forum on Health Technicians, which occurred

in May last year and whose final report was also released recently by the Global Health Workforce Alliance (GHWa).

Completing the publication is a story about the Health Professional Education Specialization Course for the PALOP, whose first presentational stage was held in Guinea-Bissau, from February 23 to March 4. The course is one of the activities foreseen in the Work Plan of the Health Technical Schools Network of the Community of Portuguese Language Countries (RETS-CPLP), a sub-network of RETS.

Happy reading!

RETS Executive Secretariat

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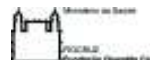
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Health in the 21st Century: new challenges should shape the direction of education

The publication of the **Flexner, Welch-Rose and Goldmark** reports, in 1910, 1915 and 1923, respectively, exerted a strong influence on the education of health professionals in the United States and later in other countries. Based on studies of the situation at that time, the three important documents recommended important educational reforms which aimed to integrate modern medical science into the curricula and promote institutional reforms that, among other things, enabled the strengthening of the link between education and research.

Today, nobody doubts that the proposals brought by the three reports have contributed significantly to the establishment of the paradigm guiding health education and radically changed the landscape of global health during the 20th century that is still prevailing in most countries and health education institutions.

However, the certainty that the model no longer meets the more general needs of the sector led to the establishment of an **Independent Commission** that would be in charge of suggesting course changes enabling the tailoring the training of health professionals in the health scenario of the 21st Century.

According to the Commission, the research focused primarily on the health

workers who had completed tertiary education in universities or other legally authorized institutions. “Although this definition does not include most of the technicians, assistants and community agents, as well as new professional categories and specialties, and that the study had focused mainly on medicine, nursing, midwifery and public health schools, our analyses and recommendations are addressed to all health workers, subject to educational processes that aim to develop knowledge, skills and values that can improve the health of populations”, warrant authors of the report – “Health professionals for a new century: transforming education to strengthen health systems in an interdependent world” – published in November 2010 by scientific magazine Lancet.

To foster a deep reflection on the Commission’s proposals, especially those that can apply more specifically to the education of technical health workers, the RETS magazine prepared a summary of the main points of the report and held a short interview with one of the co-chairmen of the Commission, Mexican Julio Frenk (see box on page 6).

“Our role as the Technical Secretariat of the Network is to disseminate the document in order to instigate critical assessments about the foundations and guidelines that it presents, as well as to promote further debates on some controversial issues it addresses. To this end, our intention is to invite specialists to discuss these

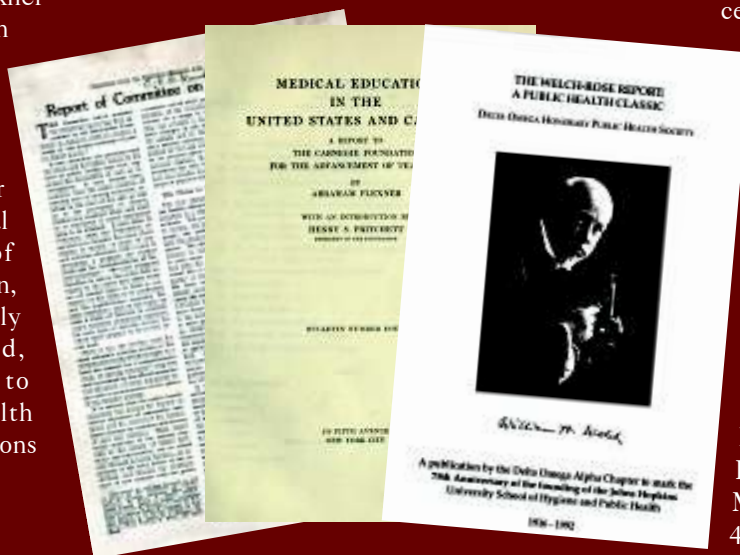
The Commission on the Education of Health Professionals for the 21st Century* was established in January 2010, on celebrating the centenary of the 1910 Flexner report that ended up shaping medical education worldwide. The initiative was led by doctors and professors Julio Frenk, from the Harvard School of Public Health in Boston – USA and Lincoln Chen of the China Medical Board in Cambridge, USA, and counted on the participation of over 18 professionals and academics from various countries**. The idea was to adopt a global perspective on health promotion, advising institutional and educational innovations geared to the training of a new generation of professionals that are better equipped to deal with present and future challenges in the field.

* Education of Health Professionals for the 21st Century: a Global Independent Commission (<http://www.globalcommehp.com>)

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The Flexner Report

The study “Medical Education in the United States and Canada – A Report to the Carnegie Foundation for the Advancement of Teaching”, known as the Flexner Report, championed modern science as fundamental to medical education and suggested that the training of these professionals would occur in two distinct and successive stages: two years of basic biomedical sciences at the universities followed by two years of clinical training conducted in hospitals and academic medical centers. As for research, the report argued that it should not be seen as an end in itself but as a tool for better patient care and clinical training. Flexner also suggested that education became an academic model, which has opened prospects for the creation of the then innovative academic medical centers. In 1912, Flexner extended his study of medical education to a group of European countries. Since then, although it has been widely adopted around the world, Flexner’s model went on to become a paradigm for health education, with few adaptations to different social contexts.



quality of existing nursing courses was low. This conclusion resulted in funding by the Rockefeller Foundation of a nursing education experience, leading to the creation of the Yale School of Nursing, the first autonomous nursing school with its own dean, faculty, budget and certification. The theory-based training stemmed from an educational plan rather than just meeting the services’ needs.

Sources:

- O Relatório Flexner: para o bem e para o mal (Fernando Luiz Pagliosa e Marco Aurélio Da Ros, Revista Brasileira de Educação Médica 32 (4) : 492–499; 2008)

The Welch-Rose Report

In 1914, the General Council of Education in the United States proposed to the country’s authorities the creation of Centers for the preparation personnel in education, research and service delivery in Public Health. A working group with representatives from the areas of Education, Medicine and Public Health recommended the establishment of Hygiene and Public Health Faculties in the universities of that country. According to these experts, these faculties would maintain close links with the Faculties of Medicine. The criteria for the structuring of Public Health Schools in the United States and other countries ended up being defined by William Henry Welch, the famous bacteriologist at the time, and Wickliffe Rose, then President of the Rockefeller Foundation International Health Board.

- Memória histórica da Faculdade de Saúde Pública da Universidade de São Paulo - 1918 – 1945 (Nelly Martins Ferreira Candeias, Rev. Saúde Pública vol.18 no.special issue São Paulo Dec. 1984)

- History and Contributions of the Yale School of Nursing (<http://www.med.yale.edu/library/nursing/historical/images/goldmarkreport.html>)

The Goldmark Report

In 1920, the Rockefeller Foundation funded a Commission for the Study of Nursing Education in the United States. Published in 1923, the study concluded that the

Pictures: The Goldmark Report, available at: <http://www.med.yale.edu/library/nursing/historical/images/goldmarkreport.html>

subjects in future issues of the magazine”, says RETS coordinator, Anamaria Corbo.

The old model does not work anymore

In the field of health, major gaps and striking inequalities persist around the world and a large proportion

of the 7 billion people living in the planet are still stuck in the health conditions of the previous century. Health gains were offset by the collapse of life expectancy in some countries, and poor people in developing countries still suffer from common infections and malnutrition, also facing health risks related to maternity which no longer affect the

more affluent populations. “For those left behind, the spectacular advances in health care around the world are an indication of our collective failure to ensure the equitable distribution of health gains. At the same time, health security in the world is being challenged by new infectious, environmental and behavioral threats, overlapping the fast demographic and

“The reform must begin with a change in mindset that recognizes the challenges and seeks to resolve them. No different than a century ago. Educational reform is a long and difficult process requiring leadership and a change in perspective, working styles and good relations between all involved. We therefore call on everyone to embrace the imperative of reform through dialogue, open exchange, discussion and debate on these recommendations”

epidemiological transitions”, warn the researchers, reminding us that all this represents a major challenge for national systems that are becoming increasingly complex and costly, besides imposing new requirements for health workers.

According to the document circulated by the Commission, in order that health systems of both developed poorest countries are able to overcome the present and future challenges, among other things, profound changes must be included in health education. Researchers involved in the work say that current curricula are fragmented, outdated and static and result most often than not in the training of workers focused on techniques, without a broader contextual understanding, unable to work well in teams and to meet the needs of individuals, populations and their own national health systems.

What needs to be changed? Throughout the text, experts analyze the current aspects of the issue, outline future world health scenarios and suggest, both with regard to the educational process and the structural aspects of educational institutions, a series of reforms that, according to them, despite being focused on local needs, do not lose sight of the global context.

As per members of the Commission, at this time of celebration of the centennial of significant reforms in health education inaugurated by the Flexner Report, the new reforms proposed will only be possible with the participation of all – health and education professionals, students, professional associations, governments, governmental and nongovernmental organizations, international agencies, among others –and with the deepening of discussions on the issue. “The reform must begin with a change in mindset that recognizes the challenges and seeks to resolve them. No different than a century ago. Educational reform is a long and difficult process requiring leadership and a change in perspective, working styles and good relations between all involved. We therefore call on everyone to embrace the imperative of reform through dialogue, open exchange, discussion and debate on these recommendations”, they emphasized at the time of the publication of the report.

To accomplish the proposed task, the Commission sought to work within a global vision, a multidisciplinary perspective and a systemic approach. In this sense, it considered as fundamental the link between education and health systems and the vision of people at the core of production and conduction processes of needs and demands of both systems. Without ignoring labor market’s mediation, educational services must provide health services with a well trained workforce. For this to occur, educational institutions must develop new pedagogical and institutional strategies.

Another basic aspect by researchers is the understanding that Health is about people and that, despite the shiny surface of modern technology, the core space of each health system is marked by a single gathering between a group of people requiring services and others authorized to provide the necessary services. They point out that this trust relationship is only possible due to a special blend of technical competence and service orientation, driven by ethical commitment and social responsibility, which constitute the essence of the health professionals’ work. “The development of this mix requires a long period of education and a substantial investment both by the student and society. Through a chain of events that flow from effective learning

to high-quality services in order to improve health, professional education represents an essential contribution to the welfare of individuals, families and communities”, stresses the document.

“The context, contents and conditions of the social effort to educate competent, caring and committed health professionals are quickly changing in time and space”, the report says, explaining that the astonishing doubling of life expectancy during the 20th century was attributed to improvements in living conditions and advances in knowledge and that abundant evidence suggests that good health is at least partly based on knowledge and socially constructed. This means that scientific knowledge not only produces new technologies, but also enables people to adopt healthier life styles, improve their care-seeking behavior and become citizens who are more aware of their rights and the health determinants and conditionants. Furthermore, knowledge translated in evidence can guide practice and the formulation of policies for the sector.

Health systems are institutions that are differentiated and socially oriented to improve the health of the population and the social health determinants where professionals act as mediators applying knowledge to improve health. Besides being responsible for the provision of care, they also play the role of communicators and educators, team members, managers, leaders and policymakers. “They are the human face of health systems”, the committee members say.

Data used by the Commission was collected from a review of published studies – quantitative estimates and

qualitative case studies, among others – supplemented by consultations with specialists and young professionals. A search was made in all articles indexed in PubMed and Medline that are relevant to higher education in medicine, nursing and public health. Data on Medical undergraduate education institutions were compiled from two main bases – Foundation for the Advancement of International Medical Education and Research (FAIMER) – and Avicena, updated with more recent regional and national data. In the case of public health, data was obtained from websites of regional associations, but no international data was found for obstetrics. Due to the ambiguous definition, estimates of the public health institutions and nursing are incomplete.

The number of graduates in the careers of medicine, midwifery and nursing has been achieved with direct reports or, failing these, on estimates from other documents. According to the Commission, it was not possible to estimate the number of public health graduates because of the lack of data and a single definition. Financing estimates were calculated through micro and macro approaches. In the case of medical and nursing education, the total cost was calculated by multiplying the unit cost by the number of graduates. The results were compared with the percentage of resources allotted to higher education in these fields. Although not accurate, this convergence has been able to provide some assurance of the magnitude order of estimates.

A comprehensive view of the matter

As the report explains, all peoples and countries in the contemporary world are in an increasingly interdependent global health space. The challenges for the education of health professionals end up reflecting this interdependence, although each country has to solve its own problems related to the workforce for the sector. Today, many health professionals move across national borders and, although there are political boundaries and national professional

certifications, this international flow of workers, patients and health services tends to grow substantially, affecting, somehow, the training processes and labor forms. Health workers are increasingly called upon to take over responsibilities and functions that exceed the purely technical tasks: teamwork, ethical behavior, critical analysis, scientific research, the ability to cope with uncertainty and to anticipate and plan for the future and, especially, leadership in effective health systems.

For the Commission, in the same way as reforms in the early 20th century advanced based on the germ theory and the establishment of modern medical science, the proposed reform suggests that the future will be shaped by the need for adjustment of professional skills for specific scenarios in a context of unimaginable power of global flows of information and knowledge. Thus, researchers' aim is to encourage all health professionals, whatever their nationality and expertise, to participate in a movement whose ultimate goal is to ensure universal coverage and equity in health both nationally and globally.

While preparing its study and proposals, the Commission identified three fundamental education dimensions: the institutional design (which defines the structure and functions of the education system); the instructional design (which focuses on the processes), and educational outcomes. "The issues relating to institutional and instructional designs already appeared in the reports of the early century which sought answers not only to the "what" and "how" to teach, but also the "where" to teach, that is, the type of organization that must implement their education programs", he says, underscoring the fact that the present report goes further and also considers the educational institutions not only as individual organizations, but also as part of a set of interdependent organizations that implement various functions of an educational system.

According to the researchers, based on the operation of a health system, it is possible to define four essential functions for education systems: (1) management and governance, covering, among other things, tools such as standards and policies and performance assessment to provide strategic guidelines for the various components of the educational system; (2) funding, which refers to the total resources – both public and private – aimed at educational institutions, as well as rules that determine the flow of these resources to the educational organizations; (3) the generation of resources, especially training teachers; and (4) the provision of services, which refers to the successful delivery of educational services.

According to the report, to exert a positive effect on the operation of health systems and consequently on the health of the users of these systems, educational institutions must be designed to generate an effective education process. In this sense, they highlight that the following must be observed: (1) admission criteria; (2) skills, defined in the drafting of the curriculum, (3) educational channels, represented by the set of learning methods and means; and (4) career pathways.

In the field of education, this movement believes that all the proposed reforms are guided by two basic ideas: transformative learning and education interdependence.

The notion of transformative learning derives from the work of many educational theorists, among them Paulo Freire and Jack Mezirow, and is considered by the Commission as a higher level of a learning process going from informative to formative and ultimately transformative. While informative learning is related to the acquisition of knowledge and skills and aims to produce specialists and formative learning aims to socialize students around values by training professionals, transformative learning deals with the development of leadership attributes, resulting in the training of agents of change. The idea is that effective education must consider the three levels of learning.

A key element in a systemic approach, interdependence emphasizes the forms of interaction between the countless and distinct components and, in the case of education, should be considered in three aspects: from isolation to harmonization with the health system, from the autonomous institutions to global networks, alliances and consortia and, finally, from the practice of generating and internally monitoring all institutional resources necessary to take advantage of global flows of

educational contents, teaching materials and innovations.

Health and education must work together

According to the Commission, in a systemic approach, one cannot ignore that today's world witnesses an increasing international interdependence in health

and education. But that's not all. It is also essential to consider the interdependence between health and education sectors in various countries and seek the balance between them, bearing in mind that each country has its own history and that the legacy of the past influences the present and future.

In order to try and understand the complex relationship existing between

the two systems, the Commission has set up a framework in which the population is the basis for both systems. Thus, researchers assume that people have needs that are transformed into demands for health services and education. Health services, in turn, are responsible for meeting the demand for professionals who are qualified to provide healthcare services. In this

INTERVIEW - JULIO FRENK

“The commission underscored the importance of competence-based curricula rather than adopt models from other contexts that might not be relevant to ensure local effectiveness”

In order to try and broaden discussions on the proposals presented in the report of the Commission on Education of Health Professionals for the 21st Century, RETS magazine invited Julio Frenk, co-chairman of the Commission, for a short interview. The request was promptly accepted, thus enabling our readers to get acquainted a little bit more with the thought of an internationally recognized figure in global health. With you now, Mexican doctor and professor Julio José Frenk Mora, dean of the Harvard School of Public Health (USA) since January 1, 2009, and who was, among many other things, Health Minister of Mexico from 2000 to 2006.



How did the idea of setting up the Commission come about and what was the criterion used in the selection of the 20 members?

The main criterion used in the selection of 20 members was to ensure the inclusion of leaders from diverse disciplinary backgrounds, institutional affiliation and regions of the world, who could work together to articulate a fresh vision and recommend renewed actions to ensure that health professional education meets the demands of health systems in an interdependent world.

What has been the impact of the work since the publication of the Lancet Commission report in November 2010?

The publication of the report catalyzed health professionals in several countries to examine how they could start implementing key recommendations of the Commission. The report has already been presented at meetings and conferences at WHO; the House of Lords, UK; and in Thailand and Vietnam. Presentations of the report are planned in the next few months at the World Bank; and in Lebanon, Pakistan, and Peru.

In Vietnam for example, the Commission report was presented at a seminar organized by the Ministry of Health to a group of about 40 leaders in health, medical, nursing and public health schools. Participants recognized the importance of engaging multi-professionals in team work that is synchronized with Vietnam's evolving national health system, and agreed that timing was good for considering health professional education reform in the country.

To facilitate its dissemination, the report has already been translated into Vietnamese. Spanish, Chinese and German translations are forthcoming, and we expect that translation in additional languages will follow.

Today, the migration of health workers is already considered one of the causes of the crisis of the workforce in the sector in several countries. In the article, the commission recognizes that a greater uniformity among

chain, they consider that the population is therefore not simply a system user, but also a system co-producer.

In this context, Committee members identified two critical junction areas between education and health systems. The first is the labor market, which manages the fit or mismatch between supply and demand of health workers. The second is that

the population itself, especially in the poorest countries, has a limited ability to translate its needs for health and education in effective demands for the respective services.

Under optimal circumstances, the Commission says that there should be a balance between the needs of the population, the health system's demand for qualified professionals and

their supply thereof by the educational system. Educational institutions usually define how many and what types of professionals should be trained and, ideally, according to the report, this should be done in response to labor market signs generated by health institutions which, in turn, should respond correctly to the needs of the population.

countries with regard to the standardization of the principles and training accreditation may further aggravate the situation, facilitating the migration of professionals from poorer countries to richer ones. What is the best way to minimize this undesired consequence of a process aiming at improving health training?

While the commission recognized the importance of greater uniformity in training and accreditation, it emphasized the critical role of competence-based education anchored in local contexts.

Local educational standards are all too often driven by the desire to fit into frameworks that are in place elsewhere. Although seeking prestige and achievement of high global standards are important, the consequences of wholesale adoption are inappropriate competencies, inefficient investments in professional education and the loss of graduates from the country because of international migration.

Recognizing the inherent limitation of educational standards as the only benchmark of high quality education, the commission underscored the importance of competence-based curricula and the need to adapt competency-based goals rather than adopt models from other contexts that might not be relevant to ensure local effectiveness in view of the huge diversity of health and educational systems.

Regarding the academic system, the commission identified the issue of knowledge sharing as one of the challenges to be overcome. How can we increase

access of health care students, especially those of poorer countries, to the knowledge generated in the wealthier countries if the majority of scientific journals still have restricted access?

Advanced communication and information technology (IT) has assumed an increasingly central role in postsecondary education by revolutionizing access, compilation, and flow of information and knowledge. Many innovations have been pioneered – downloading information, simulation learning, interactive teaching, distance learning, and measurement and testing. The challenge will be to expand access to these new technologies.

Equally important is the creation of new networks of knowledge and practice by increasing the numbers of students and young professionals from developed and developing countries moving in both directions as many apparently local problems are generated or have consequences globally. Thus, a global perspective improves understanding of the causes and solutions to local problems. Understanding of global diversity improves local adaptive capacity because of mutual learning.

5 - The RETS, which includes RETS-CPLP (one of the technical cooperation networks mentioned in the article) fits the idea that educational institutions can no longer exist in isolation and that cooperative work is essential for the dissemination of knowledge. Cooperation between countries and institutions is crucial but also carries some risks. How can we prevent this type of work

from also causing some acculturation in the poorest countries with the reproduction of models that are inadequate for the national realities?

The commission emphasized the critical importance of competence-based education to minimize the risk of acculturation and the reproduction of inadequate models for national realities. In a competence-based approach, the obligatory attributes of a professional have to indicate the context in which she or he operates. The roles to be undertaken and competencies to be attained have to reflect the challenges to be addressed, the available resources and the diagnostic and therapeutic instruments at the professional's disposal.

6 - Based on observation of some courses in the health area, especially medicine and nursing, to what extent the proposed changes could be incorporated in the training of other workers from sectors, including those not working directly in the area of health care and the so-called mid-level workers?

Proposed changes are not limited to the main health professions – medicine, nursing and public health – but also encompass other health professionals and workers. In fact, the Commission emphasized the importance of competency-driven instructional reforms promoting interprofessional and transprofessional education that enhance collaborative and non-hierarchical relationships. This approach fosters effective teams able to respond to rapidly changing local conditions.

However, this is not the reality and the health professional's labor market ends up being characterized by multiple imbalances: undersupply, unemployment or quantitative (less working hours) or qualitative (use of overqualified workers for the role) underemployment. According to the Commission, in order to minimize these imbalances, the education system should meet the requirements of the health system, without, however, standing in a subordinate position to it. "We see educational institutions as crucial for the transformation of health systems", says the text, noting that research in education is essential to generate evidence on the shortcomings of the health system, and on potential solutions to problems. "Through their educational function, these institutions can train professionals able to implement change in the organizations where they work", add the researchers.

In addition to the links through the labor market, education and health share what might be called a joint subsystem: professional education. While in some countries the training of health professionals is the responsibility of the Ministry of Health and in others is under the jurisdiction of the Ministry of Education, the health professional education subsystem has its own dynamics, resulting from its location at the intersection of two major social systems. Other than that, it is worth remembering that health services also serve as educational spaces for workers in the field.

The Commission says that the link between education and health systems should also consider that the way health organizes itself ends up defining the knowledge and skills

that workers must have and that, in addition to technical issues, there is always a strong influence by the political sphere. Health professionals do not act alone, they usually gather in groups of interests. Governments, in turn, tend to influence the supply of health professionals in response to a given political situation rather than the supposed rationality of the market or epidemiological reality of the country. Coming back to the issue of globalization, the report notes that the employment of health professionals is not restricted to one's own country, it is a global market in which the migration of professionals with internationally recognized credentials is growing.

A little bit of context

With regard to the health workforce, both the rich and poor countries face staff shortages, imbalances in the performance capacities and maldistribution of professionals, in addition to facing problems in establishing changes in the training of this population. And if reforms are difficult in rich countries, they become especially challenging in the poorest countries, many of which have been trying to increase care essential services through the use of community health agents. Moreover, in seeking to achieve health goals, many poor countries end up channeling funds received from international donors to the implementation of initiatives focused on specific diseases. Consequently, in many countries, tertiary education, regarded as expensive and often irrelevant, is absent from the political agenda, being run over by emergency projects.

The Commission mentions that the profound institutional and instructional deficiencies of health schools contribute substantially to shortages, imbalances and maldistribution of professionals in the field, both within countries and between them.

The report says that there are 2,420 medical schools, 467 public health schools and departments worldwide, and an undetermined number of higher education

nursing schools training each year over a million of these professionals. And if the number of institutions is small for the global demand of the field, there is also another problem: their maldistribution within countries and the world. While four countries – China, India, Brazil and USA – each have more than 150 medical schools, 36 countries do not have medical schools. In sub-Saharan Africa, 26 countries have only one or even no medical school.

In financial terms, the total global annual costs for the education of health professionals is about US\$ 100 billion, again with large disparities between countries. According to researchers, considering that health is an intensive workforce sector, the amount of less than 2% of health expenditure across the world is minimal.

"We see educational institutions as crucial for the transformation of health systems"

Study conclusions

Today, educational institutions are not aligned with either the burden of disease or the national health systems requirements. In addition, the quantitative deficit of these institutions eventually end up driving the rapid growth of private schools, whose purpose is merely profitable and training quality is not always subject to accreditation and certification processes – practiced unevenly across the world.

Research and development investment for educational innovation is not enough to build a solid knowledge base for education. And most institutions are not prepared to exploit the power of networks and connectivity for a mutual strengthening. It is still very difficult to deal with new local settings, without ignoring the power of transnational flows of information, knowledge and resources.

According to the report, the challenge for rich countries is to train health professionals prepared to solve current problems and anticipate emerging problems, as well as fight against the persistent internal inequalities in the field. The most urgent challenge for poor countries is

to solve an unfinished health agenda which causes unacceptable gaps in the field, without forgetting the emerging threats. In the opinion of researchers, the common challenge is to understand that local problems are part of a global continuum, both marked by inequality, which threatens social cohesion, and diversity, which creates new opportunities for shared learning.

The proposed reforms

“Health is about people”, reiterates the report to justify that any educational process in the field should aim to improve care systems in order to meet people’s needs equitably and efficiently. Thus, the Commission advocates that educational reforms should cover from admission to graduation, including:

- The adoption of competency-based curricula, capable of changing rapidly to meet the needs of health systems, rather than being defined by static course plans. Skills must be adapted to local settings and determined by national interests, without disregarding global knowledge and experience. In principle, priority must be given to the necessary skills to deal with 21st century’s challenges common to all countries, for example, the response to threats to global health security or the management of more complex health systems.
- The promotion of interprofessional and transprofessional education in order to reduce the professional corporatism and simultaneously strengthen the non-hierarchical collaboration relations of effective teams. Along with specific technical skills, interprofessional education should focus on generic cross-cut skills, such as analytical skills (both for the use of evidence and the ethical reflection in

decision-making), leadership and management (for the efficient handling of scarce resources under conditions of uncertainty) and communication skills (for the mobilization of all stakeholders, including patients and the population).

- Exploiting IT’s potential for learning. The training institutions must make the necessary adjustments to take advantage of new forms of transformative learning enabled by the IT revolution. They should go beyond the traditional tasks of information transmission, undertaking the more challenging role of developing skills of access, discrimination, production and use of available knowledge. “More than ever, these institutions have a duty to teach students to think creatively in order to master the large flows of information in the search for solutions”, emphasizes the document.
- The adjustment of global resources adapted to solve local challenges, by sharing experiences, curriculum, faculty, textbooks, and even student exchange programs.
- The strengthening of educational resources, including teachers, syllabus, teaching materials and infrastructure. There are severe deficits in many countries that require the mobilization of financial and teaching resources, including open access to journals and textbooks, more investment in teacher training, stable and rewarding career plans, adequate remuneration of teachers and incentives for good performance.
- Fostering a new professionalism which uses skills as objective criteria for the classification of health professionals, transforming today’s corporations. A set of shared attitudes, values and behaviors should be developed as the basis for the education of a new generation of professionals who, besides performing their technical duties, take an active role as agents of change, skilled resource managers, and promoters of evidence-based policies.

In the case of institutional reforms, it is essential that they be held as part of a national effort of joint planning of Health and Education, in a process that must involve all stakeholders in the achievement of mutual strengthening, and the promotion of a critical research and public reasoning culture. Accordingly, the Commission proposes:

- The creation of joint planning mechanisms in each country, which allows to gather key stakeholders – the Ministries of Health and Education, professional associations and academia, among others – to overcome the fragmentation through the assessment of national conditions, priority setting, policy formulation, monitoring of changes, and matching of supply and demand of health professionals to meet the needs of the population. Commission members say that the planning process should provide a special attention to geographical and gender issues. Since the proportion of women in the health workforce is increasing, it is necessary to create appropriate working conditions for them. With regard to geographic distribution, emphasis should be placed on recruiting students from marginalized regions, offering financial incentives and career opportunities to service providers located there, as well as using IT’s potential to reduce the isolation of these workers.
- The increase of academic centers for academic systems that are acting more collaboratively and responsibly in the issue of continuing education.
- The articulation through networks, alliances and consortia between institutions in the world and all the other allied stakeholders, such as governments, civil society organizations, businesses and media. In view of the shortage of teachers and other resources, it is unlikely that developing countries are able to train on their own all the health professionals they require. Therefore, the regional and global establishment of consortia should be designed as part of institutional project in the 21st century, taking

advantage of information technology and communication. In this sense, the report emphasizes that such measure is necessary to overcome the current limitations of the institutions and to increase existing resources. The text also emphasizes that these relationships should shun the idea of paternalism and be based on the principles of non-exploitation and equitable sharing in order to generate accountability and mutual benefits.

- The naturalization of critical research culture as a core function of universities and other educational institutions, which is essential to mobilize scientific knowledge, ethical deliberation and public debate in order to generate a knowledgeable social transformation.

Towards the implementation of proposals

Researchers acknowledge the difficulty of implementing the 10 proposals made – six related to changes in the educational process and four related to institutional changes. “The search for such reforms will face many obstacles and requires mobilization, funding, policies and incentives”, say researchers, on providing some short, medium and long-term measures that can create an environment conducive to specific reforms.

Mobilizing leaderships

A competent and knowledgeable health workforce is fundamental to the achievement of national and global agendas of economic development and human safety. And if the leaders in education must surely stem from the academic and professional community, they also need support from political leaders in other government and society sectors when decisions affecting the allocation of health resources need to be taken. Assuming that the massive participation of leaders at local, national and global levels will be essential to stimulate the proposed educational and institutional reforms, the Commission proposes some recommendations.

- Philanthropic leadership – the Rockefeller and Carnegie Foundations, among others – were instrumental in introducing the reforms of the 20th century and may play an important role in the current reform. These foundations have the capacity to catalyze resources and the agility to provoke a new wave of reforms in the 21st century.
- The ministerial summits of the two major UN agencies in the field of Education – UNESCO – and Health – WHO – could gather ministers of the two fields to share perspectives and develop modalities for an increased intersectoral coordination and promote within countries consultations with stakeholders as a key component of joint planning mechanisms.
- The creation of national forums for the education of health professionals should be tested in the countries concerned, as a way of gathering educational leaders from academia, professional associations and governments to share views on the items of the reform.
- An academic summit can be considered to obtain the support of institutions’ general directorates in the reform of schools and departments that are responsible for the education of health professionals.

Strengthening investments

Compared to total health expenditure, estimated at 5.5 trillion dollars for the world, the level of investment in the education of health workers are scarce. For a system that depends directly on human resources and knowledge, the investment of less than 2% of its total revenue for the development of its more

qualified members is not only insufficient, but extremely unwise because it puts the remaining 98% of expenditure at risk. According to the report, underfunding is one of the causes of the glaring deficiencies that adversely affect the performance of educational health systems.

Based on these issues, the Commission suggests that all countries and agencies should double their investments in professional training over the next five years, as an essential measure for the implementation of effective and sustainable health systems. However, researchers remind us that it is not just about requesting more funds for health education, but also identifying waste and inefficiencies in the use of existing resources.

- Public financing is notably the most important source of sustainable financing in all rich or poor countries. Thus, these investments should be allocated to the development of a set of skills appropriate to national circumstances. “Due to its importance, every effort should be made to increase not only the level but also the efficiency of public financing”, says the report, also defending the view that public subsidies should be transferred to institutions based on their performance and prior assessment.

- The international donor funding for health training in developing countries must increase in order to become a significant proportion of assistance to development. After decades of almost exclusive attention to basic education, the new demographic, social and economic realities turn imperative secondary and post-secondary education in low-income countries. “Negligence on the part of donors has been shortsighted, not taking into account the human capacity

that is needed to keep health systems effective and sustainable”, says the text, reminding us that we must keep in mind that the more precarious is the system, the greater the importance of quality professional training is.

- Private financing, which is necessary because usually public sources cannot fill all the gaps, must be accepted within a clear set of ground rules that generate effective returns for health. The committee calls attention to the fact that, given the global shortage of health professionals, private financing is increasing in the form of a significant growth of medical and nursing schools for export. Thus, according to the report, there is a danger of unregulated and unaccredited process of “de-Flexnerization”, as well as the emergence of low-quality schools, which requires greater transparency and oversight, both nationally and globally.

Aligning accreditation

According to the Commission, all countries should progressively move towards aligning the accreditation, licensing and certification processes with the health objectives through joint efforts of the parties involved in setting the criteria governing due process. Researchers say that the involvement of the Government, professional and academic organizations and the community is essential. Accreditation should be based on both educational and institutional criteria. National procedures will advance to the extent that different factors are incorporated.

- National accreditation systems should progressively establish assessment criteria, set output parameters and design the framework of graduates’ skills in order to meet the health needs of society.

- Global cooperation, promoted by the competent bodies, including WHO, UNESCO and others should contribute to the establishment of standards that can act as global public assets, assist countries in building in the development of local adaptation and implementation capacity, facilitate the exchange of information and promote a shared responsibility for accreditation, as required by the imperative to protect patients and the public in the face of a mobile global workforce.

Strengthening global learning

According to the survey, learning systems in professional education are weak and underfunded. Expenditures on research and development in this field are very scarce and usually funded in a piecemeal fashion. However, innovation cannot occur in the absence of research and development. A century ago, at a crucial moment, some more knowledgeable foundations supported innovation in the education of health professionals and the benefits of these investments were enormous. Today, according to the report, we need to restore this support once more so that there is a possibility of overcoming the challenges of the new century. Commission members say that three issues where knowledge generation is essential in the training of health professionals:

- The definition, collection, analysis and dissemination of standards for the education of health professionals;
- The assessment of all actions performed. What worked? What did not work? Why it worked or not? The entire reform effort, from initial conception to implementation, must be assessed in order to generate a knowledge base on best practices. This measure, according to the report, may represent a substantial advancement for the poorest countries with regard to the adaptation of innovations.
- Research in health professionals’ education should be broadened so that the field can continually build the knowledge necessary for its improvement. 🌱



Links:

Health professionals for a new century: transforming education to strengthen health systems in an interdependent world (The Lancet, Volume 376, Issue 9756, Pages 1923 - 1958, 4 December 2010 - Published Online: 29 November 2010 - <http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2810%2961854-5/fulltext>)

Coment: Education of health professionals for the 21st century: a global independent Commission: (The Lancet, Volume 375, Issue 9721, Pages 1137 - 1138, 3 April 2010 - <http://www.lancet.com/journals/lancet/article/PIIS0140-6736%2810%2960450-3>)

Coment: A new epoch for health professionals’ education (Richard Horton. The Lancet, Volume 376, Issue 9756, Pages 1875 - 1877, 4 December 2010 - [http://www.lancet.com/journals/lancet/article/PIIS0140-6736\(10\)62008-9](http://www.lancet.com/journals/lancet/article/PIIS0140-6736(10)62008-9))

Coment: Health professionals for the 21st century: a students’ view (Florian L Stigler, Robbert J Duvivier, Margot Weggemans e Helmut JF Salzer. The Lancet, Volume 376, Issue 9756, Pages 1877 - 1878, 4 December 2010 - [http://www.lancet.com/journals/lancet/article/PIIS0140-6736\(10\)61968-X](http://www.lancet.com/journals/lancet/article/PIIS0140-6736(10)61968-X))

Forum GHWA:

Mid-Level Health Workers (final part)

In 2010, to stimulate debate on issues that affect the education and labor of the health technician - mid-level health workers, as defined by the World Health Organization (WHO) – the Global Health Workforce Alliance (GHWA) held from May 4 to 18 an online forum on the issue. For nine days, the registered participants received a reference text and suggested readings. At the end of each day of debate, an expert summarized the contributions submitted and presented his findings on the subject.

This article contains a series started in RETS Magazine Nº 7 (set/2010), whose goal was to bring discussions held at the Forum to the Network. All material published by GHWA during and after the event is available at the RETS (<http://www.rets.epsjv.fiocruz.br>) in “Library” > “Events” > “Mid-Level Health Workers (Online Forum)”.

Quality of work is essential

On the fifth day of the Forum, mediated by Francis Kamwendo, University of Malawi, the discussion was about the quality of care provided by mid-level workers. What is the importance of this assessment and what criteria should be used to assess the work of these professionals? Should the technician's quality of service be the same as that of the professional level?

All participants agreed that monitoring and assessment of work performed by health staff are essential and that, depending on the criteria adopted, it is possible to assess the performance of these workers the same way that one evaluates the work of higher education-level professionals. In this sense, contributions sent to the Forum highlight, for example, the case of workers working directly in the provision of health care. It does not matter whether he is a mid-level technician or a physician, what matters is that each should ensure the necessary care at the right time and to the extent of the need for all those seeking services within his sphere of competence. Thus, quality of work must be the same, although the scope of this work is different. “I know that in some cases the alternative [for the population] is no services at all, but it would be politically impossible – and maybe unethical – to plan for lower quality services provided by lower quality staff.” said Alfonso Tavares, from Angola.

Marco Gomes, from South Africa, says that any assessment of the performance of health technicians must consider three elements: structure, which refers to working conditions; process, which considers interaction among workers and between them and service users; and work results, measured by health indicators and system user satisfaction rates, among others.

In his conclusion, Francis Kamwendo emphasized the need for countries and institutions to broaden the research on the quality of care provided by technical-level professionals.

When training requirements may result in elitism

The aim of the sixth day of discussions was an attempt to draw a brief overview of the training conditions of technical staff. What is the level of prior schooling and

what is length of health technicians training courses, which vary widely from country to country? What consequences the increasingly higher demands for admission to courses may have on candidates from disadvantaged sections of the population and the health system itself? Are health technical training institutions adequately prepared to receive students from areas and regions where basic education not always possesses the desired quality?

According to George Pariyo (GHWA), mediator of the day, one the major concerns expressed was over the risk that the need and urgency of training a large number of health

Document tries to highlight technical health workers



In January 2011, during the Second Global Forum on Human Resources for Health (see page 17), GHWA released the final report on the discussions held in May 2010, entitled *Página: 1*

“Mid-level health providers: a promising resource to achieve the health Millennium Development Goals”. Published in English only, the document is available on the website of the Alliance (<http://www.who.int/workforcealliance>), in: “Knowledge center” > “Knowledge themes” > “Other themes” > “Mid-level health workers”

workers end up resulting in poor quality training. "This is often cited by professional associations as their main reason for their opposition to relaxed entry requirements", he says.

On the other hand, he says many agree that if some countries fail to adopt more flexible or affirmative measures regarding criteria for admission in health technical training courses, there is a risk that only students of "good schools" usually located in urban and wealthier areas gain access to courses, which tends to increase the problems of labor shortage in remote or poorer areas.

This concern seems to be shared by Isabel Duré, National Director of Human Capital and Occupational Health, of the Ministry of Health of Argentina. She says that, in her country, joining a higher *tecnatura* (technical course) in her country requires the completion of middle school (12 years of formal education), which, in her view, seems adequate for most courses in major urban centers. However, she believes that this may be a little different for some courses. "For example, for health agents this admission requirement may be higher than necessary. These assistants often perform tasks in areas with accessibility problems, and in some cases this can hamper the interest of those aspiring to follow training", he explains, reminding that there are other profiles in which other entry requirements may be thought of without representing loss of training quality.

In this respect, according to RETS coordinator, Anamaria Corbo, a very positive initiative is the training of Community Health Agents in Brazil. "Some of these agents had no schooling required for a technical certification in the country. In a joint action of the Ministries of Health and Education, a **proposal** was then designed where the 1200h workload is divided into three consecutive training stages, enabling the qualification to occur concomitantly with the gradual

**"I know that in some cases
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quality cadres."**

Alfonso Tavares – Angola

education of the worker. This model allows entry in training stage I (initial training) of all workers already in the SUS, regardless of schooling, but conditions the technical final certificate to the completion of high school education", he explains.

What to teach and how to train health technicians?

The seventh day discussions focused on the contents and approach used in the training of health technicians. Accordingly, three major topics emerged: the criteria and mechanisms for the identification of knowledge and skills that every professional must acquire in his training process; the need of the training to gather theoretical but also practical knowledge; and the issue of assessing this learning. One of the points made is that, in some situations, training courses are designed to legitimize and complement knowledge acquired in practice, allowing the legalization of the performance of staff that, over time, emerged informally.

For the participants of the Forum, one of the biggest current problems is

that training processes are often only focused on the transmission of knowledge that is theoretical and detached from the reality that the professional will find in his daily work. They also stressed that course contents can vary provided that they allow that, in each of the different areas of these workers, these may know exactly what to do at the right time and in the exact measure of people needs.

Is practical knowledge acquired by these technicians enough for their good professional performance?

Cecilia Acosta and Felisa Fogiel, from the Higher Institute for *Tecnicaturas* in Health, training body of the Ministry of Health of Buenos Aires, are emphatic about the answer to that question – No – and the reasons are many. "Historically, because of the rules of labor division, what governed the activities of technicians was practical knowledge, since they were only allowed a space of practical work. It is pertinent to consider in this context that the training of Higher-Level Health Technicians allows them to achieve higher levels of development, commitment and participation, in order to improve the quality of their performance", says Felisa.

"Besides practical knowledge, technicians should have an overview of the work process and health policy in order to anticipate problems, propose solutions and improvements and act with responsibility and autonomy before unexpected situations. Thus, they should understand the scientific and technological foundations that underpin the health work process and the sociopolitical determinants of the epidemiological situation of their own country, as well as have the knowledge to interpret the reality they live in, contributing to changes that may improve the quality of life of the population", he adds.

"While there are different opinions over this, there is a tension between

Proposta de formação do Agente Comunitário de Saúde – ACS Habilitação Profissional Técnica (Brasil, Ministério da Saúde, 2004). Available at RETS website in: "Library" > "Books"

theory and practice, and the ideological arguments for the incorporation of theory into technical training can be very different. The more technicians advocating the need for technicians to incorporate the theory required for the interpretation of new biomedical technologies, without giving much importance to contents that might help technicians to consider themselves as a part of the healthcare team and understand the context in which they perform their practices. At the other end are those who end up giving more emphasis to general education, often without taking into account the specificities of training from the practices within the health system”, Cecilia adds.

Health technical work management: a subject deserving consideration

Coordinated by Willy McCourt, from the Institute for Development Policy and Management University of Manchester, UK, the eighth day of the Forum discussed issues relate to

A new approach to the training of mid-level health technicians*



In order to meet the mid-level health workers training demand, it is necessary to work with concepts involving both the formal education of health technicians and a professional qualification that does not necessarily require previous schooling.

Upon reflecting on the process of formal schooling, one of the guiding principles of the Pedagogic Political Project of the Joaquim Venâncio Health Polytechnic School (EPSJV/Fiocruz) is polytechnicity, which is understood as a pedagogical principle uniting theory and practice, school and work and enabling students to understand reality, assimilate scientific knowledge and actively contribute to building a fairer society. In addition, it dialogues with the existing social circumstances to show that the acquisition by the working class of knowledge produced by humanity is a tool for the fight against labor exploitation and domination. Therefore, **professional qualification** based on Polytechnicity aims at the emancipation of individuals and social transformation.

Moreover, the **Human Capital Theory** considers education to be responsible, at the collective level, for the development of countries and, at the individual level, for the condition to be “employable”, ignoring, however, the fact that economic, social and political conditions directly influence the level of education and employment opportunities of the population.

These ideas underpin the political-pedagogical praxis of EPSJV, which assumes, with autonomy, the responsibility for developing its own educational process,

Formulated in the mid-1950s by Theodore W. Schultz, professor of the Economics Department of the University of Chicago, this theory seeks to explain how the human factor can affect economic productivity. In this sense, it states that human labor, when qualified by education, is essential for the growth of economic productivity, and hence capital profits. In Education, this theory ends up creating a technicist concept of education and organization of education, by starting to spread the idea that education is a precondition of economic development and individual development. The concept of human capital shifts the countless problems of social origin to the individual context, besides transforming education into an “economic value” and legitimizing the idea that investments in education adopt capitalist investment criteria. In 1968, Schultz received the Nobel Prize in Economics for developing this theory.

In a simplified form, it can be understood as the improvement of skills and theoretical, technical and operational knowledge necessary for the performance specific duties in the labor market, which occurs as a complement to formal education, through educational processes developed in schools, unions, companies, associations at elementary/high school or university levels. However, according to the Dictionary of Health Professional Education (EPSJV, 2009), “qualification” must be understood as both outcome and process, expressing the qualities and credentials that individuals acquire a socially constructed process and cannot be reduced to mere schooling achieved or training carried out in service.

explaining its identity and revealing its commitments to society by exposing the philosophical, sociological, epistemological and didactic-methodological assumptions of the institution, in an ever-unsettling movement requiring a permanent (re) creation process.

This dynamic implies breaks and periods of instability, a “venturing and taking risks” not only depending of individual wills, but following an institutional and political timing of sedimenting new ideas and deconstructing already sedimented ideas. Thus, the daily-built **pedagogic political project (PPP)** provides a space for a critical reflection on citizenship exercised within the educational institution. Moreover, the collective debate leads teachers and students to think about the political project of a society in which one intends to establish a new culture capable of substantiating the actual creation of a public School – so named because it presupposes the acceptance of diversity and, therefore, the

recruitment, health technicians work management and career progression.

According to McCourt, although the participants have highlighted different aspects of the issue, it was possible to identify a certain pattern in the contributions. He said there was an agreement that, above all, one must form a clear picture of the

knowledge and necessary skills for each one of the many existing technical professions. Regarding the issue of recruiting professionals, the main idea is that there should be a balance, with growth opportunities for those already working in the system and who often have fundamentally practical knowledge, as well as access for

outsiders coming from formal education.

Also discussed were: the use of selective processes that ensure the hiring of technicians that are really suitable for the work to be performed; the creation and improvement of management mechanisms that can cope with the diversity of this staff, as well

A document defining the mission, goals and targets of an educational institution, as well as the means to be employed to achieve them. It is a project in that it features, amongst other things, proposals for action to be performed and deadlines. It is political, if we consider that school is an area of training of individuals who will work individually and collectively, defining the directions to be taken by society. It is pedagogic because it defines and organizes the teaching and learning process. The PPP indicates the direction to be followed by everyone involved in the educational process, becoming a powerful tool for planning, decision making and work performance evaluation.

experience of resistance, negotiation and discussion.

The learning process must be taken care of in order to set this collective process. To that end, the teacher must adopt an environment of “construction zones” where there is a growing dialogue with the student, prompting new ways of observation and construction of categories and fostering interactions among students. This allows everyone to participate in the knowledge construction process, making it possible to overcome the exclusive domination of the “technique” and providing an experience of historical and cultural dimension that is inherent to the constitution of the individual.

In this context, special attention should be given to language and the teaching materials used in the training of health technicians, taking into consideration the values that these materials can convey when they scale down teaching to “know-how”, disregarding the formation of the worker as a socio-historical being that is instituted by and is instituting a culture. It is necessary to understand the language as a cultural and ideological material, whose meaning is built through confrontation and dialogue. Given these materials, the educator needs to adopt the perspective of an intellectual who, according to Gramsci's conception, should act as a leadership that does not refrain from articulating his knowledge with the political dimension of his work.

Finally, there is research which, as an educational principle, should articulate the production of knowledge with a pedagogic political project and a concept of education that can express the struggle between the different projects of society.

Questioning is the reference for the formation of the subject who, on assuming critical awareness, is able to formulate and execute his own life project in the historical context. One of the strongest meanings of education is precisely the shift from object to subject. Research through reconstructive questioning may be the tool for citizenship, emancipation and also the daily didactic space for the teacher and the student. As a daily attitude, it is part of life and is the way to cross it critically, being able to read reality in a questioning fashion and to rebuild it as a political subject.

All these aspects make up the current scenario of challenges for the management of education and labor in health, in addition to the issues of training workers for the various areas that make up the complexity of the health labor process. Historically divided and hierarchical, this process is comprised of high school and elementary level jobs fulfilling complementary or supporting functions to higher education professionals, thus reproducing the social division of labor. This division is expressed by the different roles, responsibilities and salaries, which correspond to distinct levels of schooling and training time, social value of the diploma, pay and social prestige.

From a critical perspective, we understand that in seeking a health care that responds to the principles of universality, equity and integrity as people's rights, in the field of professional education, health systems have an important frontier to be implemented as a permanent and intersectoral public policy, for its effective establishment as a project of society.

* This text is a compilation of six articles written by professors/researchers at EPSJV/Fiocruz: (1) The different conceptions of mid level health workers' education (Isabel Brasil); (2) Health Public Policy: challenges for the education of mid level health workers (Márcia Valéria Morosini); (3) The pedagogical and political projects (PPP) of the institutions of mid level health workers training (Anakeila Stauffer); (4) Research as a principle of the educational process (Maurício Monken); (5) Language and teaching material in health education (Anakeila Stauffer); (6) Work, science and culture in mid level health workers' education (Marco Antonio Santos); and (7) Learning theories in health education (Luis Saleh). These articles are available on RETS web page (<http://www.rets.epsjv.fiocruz.br>) at: “Library” > “Events” > “Mid-Level Health Workers (Online Forum)”.

“Besides practical knowledge, technicians should have an overview of the work process and health policy in order to anticipate problems, propose solutions and improvements and act with responsibility and autonomy before unexpected situations”

Felisa Fogiel – Argentina

as monitoring the work of these technicians; the support to professional development; and the implementation of appropriate career progression routes.

For Isabel Duré and Alejandro Valitutti, also from the National Human Capital and Occupational Health of the Ministry of Health of Argentina, one of the major problems in the profiling of technical professions and ways of assessing the performance of these workers is the approval of various training courses available in the field with overlapping functions. “This is usually due to a lack of unified norms and the very dynamics of education and labor. Our viewpoint is that one should first define job profiles and improve professional conduct exams specific to each of these profiles”, says Valitutti.

In case of technical careers, they agree that they should be designed according to the needs and local circumstances and should be hierarchized and addressed in the specific context of health careers and not in the general ranks.

On the last day, a focus on legislation

On the ninth and final day of the Forum, coordinator Andrew Brown, assistant professor at the University of Canberra, Australia, noted that, despite the fact that health technicians are considered essential to national healthcare systems, specific regulatory and accreditation mechanisms for the training and performance of these

workers that ensure the “quality” of care are inexistent in many countries.

With regard to legislation, it exists to define the scope of the practices of specific staff and the need for professional registration. The lack of specific legislation makes workers more vulnerable and devalues the profession, leaving on the other hand the population unprotected from unsafe practice.

Accreditation, in turn, refers to the quality assessment of an individual or

its own rules, in addition to national laws governing the professional practice of some training courses. In the case of the ordination of health technicians, the oldest reference law dates back to 1967 (Ley 17.132) which lists some professions such as “medical assistants”. “The assessment of non-university courses is jurisdictional, but now a national degree validation process is in place which allows the flow of graduates based on documents produced by the Interministerial Health-Education Commission established in 2002”, he adds.

According to Alejandro Valitutti, it behooves this committee drafting documents that define profiles by role, activity and performance criteria, among other things, besides establishing curricular bases defined using blocks of general and specific contents, number of practical training hours, as well as accreditation requirements for training institutions. “These documents are then examined by the Federal Health and Education Councils and translated into

“Our viewpoint is that one should first define job profiles and improve professional conduct exams specific to each of these profiles”

Alejandro Valitutti – Argentina

an organization by an external body duly accredited for this purpose. In health, accreditation of individuals is generally held by councils and professional associations established to ensure the professional quality and protect the public from bad practice.

According to him, these issues end up being the last to be considered or are sometimes completely neglected, especially in environments with limited resources. The picture becomes even more complex in many countries that have legislation at local, regional and national levels.

In the case of Argentina, as Cecilia Acosta explains, each jurisdiction has

guidelines for the establishment of training programs”, he explains.

There was a virtual consensus among the Forum participants in that technical staff should be subject to professional registration and that this registration must be revalidated periodically through demonstration of current practice or evidence of continuing education. There was also a strong agreement on the fact that regulating bodies must have the necessary resources and mechanisms to exercise their regulatory authority in cases of noncompliance with the established standards. 📌

From Kampala to Bangkok: Reviewing progress...

Report highlights achievements for the past three years

The First Global Forum on Human Resources for Health (HRH), held in Kampala, Uganda in March 2008 resulted in the development of two important documents – the Kampala Declaration and Agenda for Global Action, through which the signatories undertook to invest in the development of human resources for the field.

The responsibility to monitor the progress of the implementation of the global agenda, particularly in countries where the situation was becoming critical, befell on the Global Health Workforce Alliance (GHWA). During the Second Global Forum held in Bangkok, Thailand in January this year, the GHWA released a report on the progress achieved by the 57 countries where the situation of human resources in health is deemed critical.

The report's data was collected through a questionnaire sent out in July 2010 to the Ministry of Health of each one of these countries. The expectation was to evaluate the development of action strategies proposed in the Global

'Progress report on the Kampala Declaration and Agenda for Global Action' Available on GHWA's website (<http://www.who.int/workforcealliance>)

Agenda. In parallel, some examples of successful actions in this field were selected in order to add, according to the report, a qualitative dimension to the process.

Based on the replies sent by 51 of the 57 surveyed countries (89%), the Alliance concluded, among other things, that:

- Although most countries have developed a National Plan for Human Resources, there are still difficulties to establish cost estimates and budgets that support the development of planned actions. One justification for this disparity is that many of these plans were established only recently.
- Less than half of the respondents reported having a data-sharing mechanism to facilitate policy design and decision-making in this area.
- Countries said they had statistics for top level staff, but lacked information on Community Health Agents (CHA). About half the countries reported having updated their HRH statistics once or twice in the last two years. Data on the number of workers and on their distribution is available, but little is known about the migratory patterns of these professionals.



- An increase of higher-level staff occurred in most countries. There has also been an increased offer for training in the areas of community health, medicine and nursing. There were curricular changes in 70% of health workers in these countries.

- Thirty-two countries reported having implemented these strategies for attracting and retaining the workforce in poorer areas.

- Thirty-nine countries have received support from donors to implement some or all of their HRH plans.

According to the GHWA, the publication of this first report represents an important milestone because, besides portraying the current situation, data end up establishing the foundation for future studies on the impact of HRH policies for the improvement of health of populations.

"The report shows that the Kampala Declaration and the Agenda for Global Action remain valid and relevant to the needs of countries in their efforts to improve human resources for health. The six strategies recommended by the Agenda are providing relevant and useful guidance on the actions needed to improve the situation of health professionals. Several countries report good progress in all or most of the indicators and also show that the way to improve the overall performance of health outcomes is in line with the targets set in the Millennium Development Goals (MDGs)", says the introductory text of the publication.

Imagine...



The GHWA launched, at the opening ceremony of the Second Global Forum on Human Resources for Health, the animated film 'Imagine' which

highlights key issues related to the health workforce crisis. Told through the voices of men, women and children in the community, the story offers a simple yet compelling message: a "health worker for everyone, everywhere". Available on YouTube Alliance's channel: <http://www.youtube.com/user/ghwvideos>

.... renewing commitments

Outcome Statement of the Second Global Forum on Human Resources for Health – Bangkok, 27 29 de january 2011

The Second Global Forum on Human Resources for Health (HRH) in Bangkok reviewed progress and renewed the commitment to strengthening the global health workforce, restating that a robust health workforce is a core element of health systems in all countries, and critical to achieving the Millennium Development Goals (MDGs) and Universal Health Coverage, with the vision that:

All people, everywhere, shall have access to a skilled, motivated and supported health worker within a robust health system.

Key advances in health workforce development have occurred over the past three years since the First Global Forum in Kampala. The adoption of the WHO Global Code of Practice in 2010 on the International Recruitment of Health Personnel (the Code) was a major achievement. The 2010 proceedings of the United Nations High Level Summit on the MDGs, the launch of the Global Strategy for Women's and Children's Health, the European Union Global Health Strategy, the African Union Summit, and other events have added momentum to health workforce development.

The Global Strategy for Women's and Children's Health states that an additional 2.6 to 3.5 million healthcare workers would contribute significantly to the lowest income countries reaching MDGs 4 and 5. Requirements to achieve universal health coverage in a wider range of countries would be higher. The progress report on the Kampala Declaration and Agenda for Global Action demonstrates some advances, as well as challenges requiring increased attention, in the priority countries most affected by health workforce challenges. The upcoming UN General Assembly sessions on HIV/AIDS and on Non Communicable Diseases will provide further opportunities to highlight the vital role of health workers.

The participants of the Second Global Forum reiterate the principles of the Kampala Declaration and the Code as instruments for alignment and accountability at global, regional, national and local levels, and call upon all stakeholders to accelerate implementation in a comprehensive manner.

Major gaps must be addressed

Supply of health workers: In many countries, particularly in Africa and complex emergency settings around the world, education and training capacity has to increase to match the growing demand for health personnel. Although supply is not a constraint everywhere, countries with shortages are encouraged to exploit the full range of public policies, including inter country collaboration, that influence supply of and demand for the labour force, enhance pre service training through the adoption of emerging best practices, and ensure that poor and marginalized people get equitable access to quality services.

Reliable and updated

information: There is a need for strong national capacity in all countries to regularly collect, collate, analyze and share data to inform policymaking, planning, and management. New benchmarks, beyond the density of physicians, nurses and midwives, will be required. Attention should be paid to aspects such as geographic distribution, retention, gender balance, minimum standards, competency frameworks, and reflect the diverse composition of the health workforce.

More attention to prerequisites for success

Leadership: Leadership by all state and non state actors at global, regional, national and local levels is required to focus action on the health workforce. An "all of government" response is essential to ensure coherent policies across sectors. The capability to plan and manage the health workforce should be enhanced, as relevant to the local context.

Collaboration and mutual

accountability: National health workforce coordination mechanisms should be established to foster synergies among stakeholders. These mechanisms, such as the Country Coordination and Facilitation approach, should build on existing frameworks and processes, and foster inclusive communities of purpose where best practices are shared. It will be important that HRH plans and budgets are linked with national health strategies, policies and plans. At the same time there is need for mutual

support and accountability between different stakeholders, and between policy makers, service providers and the people.

Distribution and retention:

Suitable policies and strategies should be adopted to attract and retain health workers with appropriate skills mix in rural and other under served areas, including the deployment of community - based and mid - level health providers. As relevant to country context, strategies may include tailoring education to practice in rural areas, financial and non-financial incentives, regulation, personal and professional support, career development, improvements in rural infrastructure, and partnerships between the public and private sectors.

Performance and quality: The quality of services should improve through accreditation and compliance with appropriate national standards for educational institutions and individual health workers, in both the public and private sector. Performance and productivity will also be enhanced through the establishment of cohesive interdisciplinary care teams with effective supervision; competency-based curricula, reinforced through in-service training; enabling practice environments, including fair remuneration, appropriate incentives, access to necessary resources, and prevention of professional hazards; and supportive management practices.

Effective and functioning regulation: Appropriate and flexible regulation, responsive to an evolving policy environment, and tailored to the national health system context, will ensure the quality and safety of care. The specific challenges of international migration should be addressed by putting in place the

necessary regulatory, governance and information mechanisms, according to the provisions of the Code.

Invest for results

An adequate level of funding for health workforce development must be ensured through a combination of domestic and international resources. External contributions must be additional and complementary to domestic funding. Concerted action is required by development partners, global health initiatives and international agencies to provide predictable, long-term and flexible support, aligned to country priorities and national health plans. This will need to allow for investment in pre-service education, remuneration and improvement of working conditions of health personnel.

Macro-economic policies that constrain investments in the health workforce should be addressed. The impact of investments could be maximised by supporting national efforts to establish robust health financing mechanisms for universal coverage. This should include closer links between resource allocation and needs, and support to community-based service provision as a key component of the health system. Better financial management mechanisms will foster accountability, and improve equity and efficiency.

The forum reviewed progress and exchanged experiences. It renewed the commitment to the Kampala Declaration and the Agenda for Global Action.

The task now is to take the momentum from Bangkok out into the wider world: to move together, from commitment into action, to translate resolution into results, and ensure that every person, wherever they are and wherever they live, has access to a health worker. 📄

publications

'Training of Health Technician Workers in Brazil and Mercosur'



Launched by the Joaquim Venancio Polytechnic Health School (EPSJV / Fiocruz) on March 16th, the book presents the results of an extensive study which aim was to investigate the education of health technicians in Argentina, Brazil, Paraguay and Uruguay, identifying and analyzing the quantitative and qualitative supply of professional health education in these countries. It also makes a brief reflection on the possible starting points for the integration process underway.

The publication (in Portuguese) is available at the RETS website (www.rets.epsjv.fiocruz.br), in 'Library' > 'Books'

HIFA-pt annual report 2010



After completing one year of existence, with 1023 members from 21 countries worldwide, HIFA-pt - the Portuguese version discussion forum of HIFA 2015 - releases its first official report. The document provides a profile of group members, highlights discussions and identifies both the strengths of the work performed and the challenges that remain to be addressed in the future. In 2010, besides discussing issues of great importance to health professionals, there were countless courses, conferences and also job and consultancy offers for the Portuguese-speaking countries.

Report in English: http://espace.eportuguese.org/tiki-download_file.php?fileId=516

Guinea Bissau hosts the first presential stage of Specialization Course in Health Professional Education for the PALOP

From February 23 to March 4, Guinea Bissau held the first presential stage of the Specialization Course in Professional Education for the PALOP, which gathers 30 students from five countries – Angola, Cape Verde, Guinea Bissau, Mozambique and São Tomé and Príncipe. The initiative directed at teachers and heads of public institutions for the training of health technicians aims to contribute to the development and consolidation of these institutions and, consequently, the local health system.

Opening ceremony: PECS-CPLP and networking

In the opening event of the course, the executive secretary of the Health Technical Schools Network of the Community of Portuguese Language Countries (RETS-CPLP), Anamaria Corbo, explained that the activity of great importance to African countries was planned in both the Network's Work Plan and the Multi-Year Action Programme of the Project Supporting the Development of Human Resources for Health in PALOP and East Timor (PADRHS_PALOP and TL) funded by the European Union. RETS-CPLP works as a sub-network of the RETS and was conceived as one of the projects structuring the CPLP Strategic Plan in Health Cooperation (PECS-CPLP).

In his speech, CPLP's Executive Secretary, Domingos Simões Pereira, stressed the strategic vision that PECS brings to countries of the Community, enabling the broadening and qualification of health staff and fostering cooperation and exchange of experience between them, and commended the Institute of Hygiene and Tropical Medicine (IHMT), from Portugal, and the Oswaldo Cruz Foundation (FIOCRUZ), from Brazil, for the formulation of a plan that combines both technical knowledge and political action.

Finally, Guinea Bissau's State Health Secretary, Augusto Paulo José da Silva, who represented the Health Minister, highlighted the problems facing Africa in the area of human resources in health. He also said that the integration of countries in the network in the search for cooperative solutions to their common issues and the work within the framework of

human resources in health national plans are key to overcoming challenges and resolving the crisis in the sector.

Others participants of the table were Amabélia Rodrigues, director of Guinea Bissau's National Institute of Public Health (INASA), which was launched on the eve of the event, and Piero Valabrega, responsible for the European Union delegation in Guinea Bissau.

Collective reflection on common issues and attention to national contexts

The course's project, approved in April 2010 during a meeting of the RETS-CPLP at the Higher School of Health Technology of Lisbon (ESTeSL), establishes a workload of 416 hours and is divided into five 15-day stages, of presential and intensive character, to be held in the participating countries, with six-week dispersion intervals to perform the non-presential tasks and activities.

According to Marcela Pronko, teacher and researcher at the Joaquim Venâncio Health Polytechnic School (EPSJV/FIOCRUZ) and one of the coordinators of the course, gathering students from various countries and roaming the meetings represents a great opportunity to strengthen horizontal cooperation and exchange ties not only between and Brazil, Portugal and PALOP countries, but also among PALOP countries themselves. "The fact that classes are held in various countries enables a better understanding of national realities by students

and teachers, allowing the analysis of common issues and the exchange of proposals and resolution prospects", she explains.

As for contents, there will be seven courses of more general theoretical and methodological nature; a seminar of integration of these disciplines, whose goal is to analyze and discuss education and health public policies of each country; and workshops geared to the analysis and drafting of the Pedagogic Political Project (PPP), the curriculae and the teaching materials. EPSJV will be responsible for the certification of graduates. ■



Students and teachers of the first class of the Specialization Course in Health Professional Education for the Palop (Guinea Bissau, 2011)

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AFRICA

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Technical Professional School in Health of Luanda
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Technical Professional School in Health of Lubango
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Intermediate Health Institute of Benguela
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National Direction of Human Resources – Ministry of Health
National Direction of Human Resources – Ministry of Health
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Cape Verde

Cape Verde University
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Directorate of Studies, Planning and Cooperation – Ministry of Health
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Guinea Bissau

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Human Resources Direction – Ministry of Public Health
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Mozambique

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The International Education Network for Health Technicians (RETS) is a liaison effort between different institutions and organizations involved in training and capacity building for health technical staff in Latin America, the Caribbean, the African countries whose official language is Portuguese (PALOP) and Portugal that strives for the strengthening of public health systems. It is based on the premise that the capacity building of the workers is a fundamental dimension for the implementation of public health policies that serves the population health needs of each country member of the RETS.

