

Year 6 - nº 22 - Jan./Jul. 2015

Magazine

# RETS

International Network of Health Technicians Education

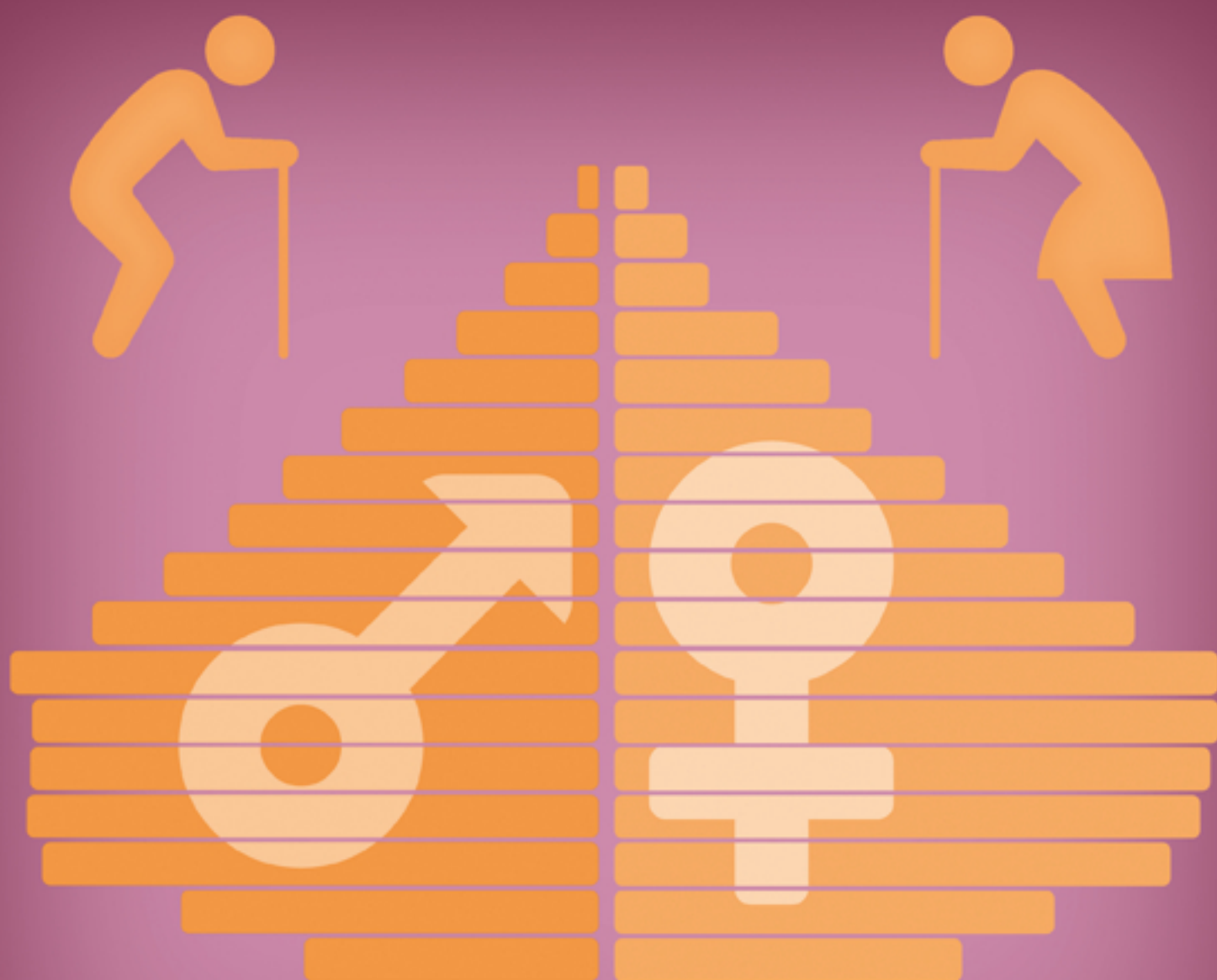
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## GLOBAL HEALTH

The influence of  
Philanthrocapitalism  
in Health (final)

## HEALTHCARE ASSISTANTS

In Portugal,  
the mismatch between  
training and work



**New challenge for health education:  
ageing world population**

# SUMMARY

2

## COVER

Who shall take care of the elderly?

7

## EXPERIENCE REPORT

Sena beauty courses (Colombia) reinforce concern with health issues

8

## NETWORK NEWS

10

## HEALTH TECHNICAL WORK

Health Assistants in Portugal: path and challenges

12

## GLOBAL HEALTH

Philanthrocapitalism: what does this term mean to global health? (final)

## RETS on social networks

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facebook.com/rets.epsjv

Dear readers,

Yet again, we begin our editorial with apologies for the magazine issue's disrupted frequency. This time, there were no operational problems, such as unexpected delay in contracting a printing company to print the material or the need to change the translation company. The reason of the delay was a strike that paralyzed much of Fiocruz work for 63 days. Unfortunately, the strike was the means that we Fiocruz professionals and other Brazilian public bodies found to protest against government measures affecting not only workers' wages, but the very Unified Health System (SUS) and various social programs, bringing even more hindrances to the poorest people of the nation. However, despite all the difficulties, we are back to work to resume with love and dedication a proposal that is relevant to the strengthening of health and the construction of social justice: to contribute, directly or indirectly, to improve the education of health technical workers in many countries.

In this issue of the magazine, you shall read the second and final part of the review of the article "Philanthrocapitalism, past and present: The Rockefeller Foundation, the Gates Foundation, and the setting(s) of the international/global health agenda" in which professor and researcher and Canadian Anne-Emanuelle Birn portrays a very frightening scenario for public health, victim of the increasing influence of international private equity organizations, and shows some forms of struggle for those who still defend health as a fundamental right of the human being and as a duty of the state.

Another highlighted issue is the increasing elderly population in virtually every country and the challenges to national health systems that need to redirect their practices and, therefore, require a suitably skilled workforce.

Furthermore, taking as an example the case of "health assistants" in Portugal, we address the repercussions of the gap between education and health on the professional practice of health workers. We also make an account of experiments developed by SENA (Colombia), in which students of aesthetic courses can understand their role in the health context.

Finally, in the Network News section, it is possible to keep track of what we have done to improve our communication with the public and how the RETS has been working to strengthen research and stir debate on issues relevant to public health and the training of technical workers for the industry.

Have a nice reading!

Executive Secretariat of RETS

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# Who shall take care of the elderly?

*By Julia Neves*

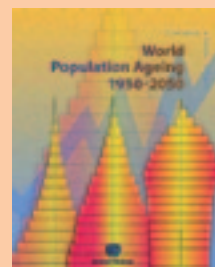
Ageing population is an issue that has received wide attention in the health sphere. In 2012, the **'Ageing in the Twenty-first Century: A celebration and A challenge'** report published by the United Nations Population Fund (UNFPA) and HelpAge International already highlighted that, although ageing population is a triumph of development, it also is a matter of concern. Increased longevity is undoubtedly one of the greatest achievements of humanity, but also represents the emergence of new social, economic and cultural challenges for individuals, families, societies and global authorities.

According to the **'World Population Ageing: 1950-2050'** United Nations (UN) report, the increased percentage of elderly people – aged 60 and over – in populations is considered a universal phenomenon, which occurs both in developed countries and, increasingly, in low-income countries, and has been accompanied by the decreased percentage of youth – under 15 years of age. By 2050, according to the report, the number of people over 60 will double and the number of people over 65 will exceed, for the first time in history, the number of children under five years. The explanation for this demographic trend is simple: global fertility rates fell from 5.0 children per woman on average between 1950 and 1955 to 2.5 children per woman between 2010 and 2015.

## Ageing population: what changes in health care?

Improvements in nutrition, sanitation, advances in medicine, health care, education and economic well-being contribute to people living longer, even with some kind of disability.

'Ageing in the Twenty-First Century: A celebration and a challenge', available at: [www.unfpa.org/](http://www.unfpa.org/) > publication > name of publication



'World Population Ageing: 1950-2050', available in English at: [www.un.org/esa/population/publications/publications.htm](http://www.un.org/esa/population/publications/publications.htm) > name of publication



## Health workers

The 2006 WHO World Health Report defines health workers as all people whose job is to protect and promote increased health in their communities. All these health workers, in all their diversity, make up the global health workforce.

The EPSJV/Fiocruz (Dictionary of Professional Health Education. Available in Portuguese at: [www.epsjv.fiocruz.br/dicionario/](http://www.epsjv.fiocruz.br/dicionario/)), in turn, works with the idea that health work is always done by a collective worker. In other words, no health worker shoulders alone a world of health needs. Thus, students, technical and assistant workers need to work together in order to achieve the real purpose of “health work”, which is to take care of the user, the true carrier of health needs. The work of one depends on the other’s work, and all of them, regardless of their education or profession, are collective builders of care.

Change in the population’s demographic profile, in turn, has resulted in the need for restructuring in health systems, which need to shift the focus of their research and development efforts toward common conditions among older patients, including chronic diseases such as diabetes, heart disease, glaucoma, rheumatoid arthritis and cancer. As individuals age, noncommunicable diseases (NCDs) become the leading causes of morbidity, disability and mortality in all regions of the world, including developing countries.

There is also a need to find ways to deal more effectively with the deterioration of productivity while maintaining individual independence through the preservation of physical strength, mental capacity and senses, such as sight and hearing. Such measures are essential not only for the very elderly

patients, but also for their families and caregivers.

While recognizing the difficulties faced by countries to fund their populations’ ageing, the World Health Organization (WHO) emphasizes that governments, international organizations and civil society must implement policies and **active ageing** programs to improve health, participation and security of senior citizens. According to WHO, people over 60 who are retired, sick or disabled can contribute actively to their family, peers, community and society in general, in other words, active ageing results in a healthy life and better quality of life for all.

## Challenges to the health care systems

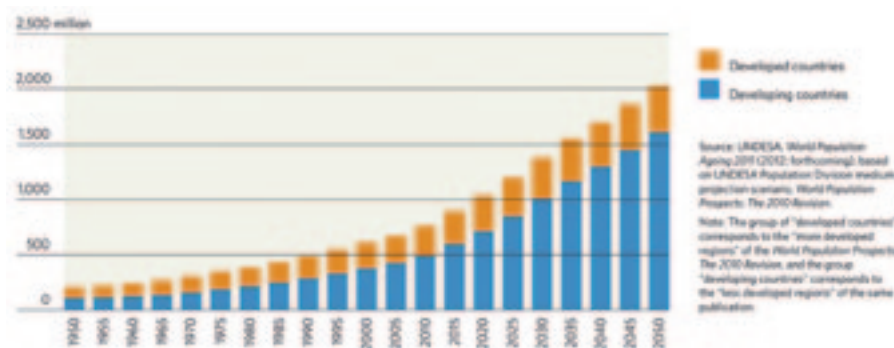
As societies age, health care and social security systems are faced with new difficulties. The growth of the elderly population inevitably leads to increased resources required to maintain the health of these people and finance social security and social assistance, but obstacles are not limited to financial issues.

Maintaining health and quality of life of the elderly requires new knowledge about the diseases affecting these people, the creation of new promotion and care services and, consequently, the training of health professionals specialized in geriatrics and gerontology, as well as caregivers. Active and healthy ageing requires, among other things, actions that promote adequate and balanced diet, regular physical exercise, a stimulating social life, participation in pleasurable or stress-relief activities, reducing damages arising from consumption alcohol and tobacco use and the significant decrease of self-medication. According to WHO, not all national health systems are prepared to deal with older people, and especially in the poorest countries, the solution is the implementation of universal health coverage focused on primary care, prevention of chronic diseases and promotion of healthy habits.

In the article “The world is growing old: it is imperative to create a social solidarity pact”, gerontologist and former head of the Ageing and Health Program of the World Health Organization (WHO) Alexandre Kalache highlights that many health systems are currently guided by immediacy, with an emphasis on acute care rather than prevention and chronic care. Epidemiological data clearly show the profile shift from acute to chronic – but the service providing sector still sees a

Defined by WHO as a process in which both individuals and population groups can maintain physical, social and mental well-being throughout life as they age. It involves continued participation in social, economic, cultural, spiritual and civic issues and activities featuring the word “active”, not just as physical activity or participation in the labor market.

“The world is growing old: it is imperative to create a social solidarity pact”, available in Portuguese at [migre.me/rIAQo](http://migre.me/rIAQo)



Published by the United Nations Population Fund (UNFPA), New York and by HelpAge International, London/2012.

chronic disease as if it were an isolated and acute episode. Kalache affirms that policies should consider a broader range of preventive strategies encompassing not only the traditional health promotion techniques, but also the use of alternative practices, provided they are proven effective. “The use of vaccines targeting the older group – anti-influenza, pneumococcal, anti-tetanic – should also be extended. Above all, it is essential to invest in a citizenry informed by health literature. A more comprehensive approach to prevention can lead to increased life years gains and reduced financial burden of chronic disease”, says the researcher.

According to him, in addition to physical issues, there are also important aspects of mental health that need to be considered when it comes to the elderly, such as depression, caused not just by genetic, biological or psychological factors, but also by social and environmental conditions.

“Drastic changes in the housing situation, retirement, loss of a spouse or friend, anxiety over the loss of skills and fear of not being able to deal with that in the past would have been just a passing annoyance can destroy the perception of well-being. It is therefore urgent to adopt intersectoral measures. Depression also leads to isolation and to a continuing loss of self-confidence, and in extreme cases, to suicide”, says the gerontologist.

### What do global authorities have to say

Despite growing concern over ageing people, this issue has existed for some time. UN’s First World Assembly on Ageing was held in Vienna (Austria) in 1982. At the time, the guidelines of the Global Plan of Action on Ageing published in New York in 1983 were prepared. This Plan aimed to sensitize governments and societies around the world to the need to direct public policies for the elderly as well as draw attention to the development of future studies on aspects of ageing.

Another important milestone for the discussion on ageing world population was the approval of the International Plan on Ageing in 2002 in Madrid (Spain). The UN-promoted initiative aimed at ensuring the safe and dignified ageing for the world’s population, with participation and place in society as full citizens.

That same year, WHO published the **“Toronto Declaration on the Global Prevention of Elder Abuse”**, whose objective was to draw attention to the increasing violence against the elderly. According to the document, the prevention of ill-treatment requires participation of multiple sectors of society, since violence against the elderly affects not only health care services, but also brings greater responsibility to health workers. Furthermore, education and dissemination of information is vital – both in the formal sector (professional education) and through the media. This call to action contributed significantly to awareness worldwide, leading many countries to review or create specific policies on the issue.

In Brazil, for example, response to WHO’s call included the publication of the Statute of the Elderly in 2003. This document was the result of society’s strong mobilization and encompasses the right to life, liberty, respect, dignity, food, health and family and community life. In addition, three years later, it launched the National Health Policy for the Elderly (Ordinance No. 2528 of 2006), whose main guidelines are active and healthy ageing, comprehensive health care and care integrated to the health of the elderly, fostering intersectoral actions, strengthening social control, securing budget and fostering studies and research in the field, among others.

Brazilian initiatives seem to be quite timely because, according to the Alexandre Kalache’s article, Brazil is the fastest ageing country in the world. “France took 115 years to double its senior population. In Brazil, it will take only 30 years, because it will happen in 2023, when we will have about 20% of Brazilians over 60 years of age. A process that lasted five French generations and was accompanied by improvement in much of the population quality of life will take a generation here, with no income distribution perspective”, he says, stressing the need to think from the perspective of health care and, consequently, in the training of health workers.



‘The Toronto Declaration on the Global Prevention of Elder Abuse’, available in Spanish at: [migre.me/rIARp](http://migre.me/rIARp)

Currently, according to Kalache, elderly care is being delivered mostly by the community rather than effectively by professionals, and this also needs to be considered by health authorities. By showing that only a small portion (12%) elderly care is the responsibility of duly trained workers, a survey conducted by WHO in Spain points to the need to train, assist and support family members or communities undertaking this task, at the risk of the structure collapsing.

The problem should worsen a lot in sub-Saharan Africa if WHO projections come true. According to the Organization’s data, the number of elderly in the region, which was 43 million in 2010, is expected to reach 67 million by 2025 and 163 million by 2050. The outlook is not good, considering that few countries of the continent included the elderly issue in their national health and development policies and programs. In most of them, health systems are not prepared to meet the needs of a rapidly ageing population.

Hygienist Jesuel Order Cassimo, who works at the Provincial Health Directorate of Zambezia, Mozambique, says elderly care is very much alive nowadays and of great social

HIFA-pt is a Portuguese-speaking discussion forum gathering more than two thousand members from various countries including the eight Portuguese-speaking countries. Launched in 2009 in Mozambique, the group aims to contribute to the access of health professionals, policymakers, managers, librarians and information professionals from Portuguese-speaking countries to the health information they require. HIFA-pt is part of a large discussion network linked to the HIFA2015 group (Health Information For All by 2015) created in 2006 by UK-based nonprofit organization Global Healthcare Information Network.

tations of elderly health care in a nursing home”), which brought together 15 workers and their experiences in the field, already advocated the need for a reformulation of the elderly care model and formal education for workers in this field.

The need for training caregivers for the elderly seems to be a consensus among researchers and the very caregivers. Currently, several institutions worldwide now offer formal education to such caregivers. In Brazil, one of these experiences has been developed since 2007 by the Joaquim Venâncio Health Polytechnic School (EPSJV/Fiocruz).

The Dependent Elderly Care Professional Qualification Course was created in response to a Ministry of Health request so that the Technical Schools of the Unified Health System (ETSUS) begin to act in the training of caregivers. The course aims to train caregivers and workers in the health care network to work with dependent elderly, whether in network services or in the home environment, promoting the quality of life, humanized care and the advocating for the dignity of the elderly under their care.

Coordinated by the Health Care Professional Education Laboratory (Laborat), the 200-hour workload course is offered annually by EPSJV and is divided into two stages. First, basic knowledge on ageing and care is introduced through lectures, workshops, exercises and visits to institutions. Then, those approved in the earlier stage perform practical activities in the Elderly Care Services.

The public is geared both to workers who already work in health centers, specifically with elderly or also with older people, such as community health workers (CHW), people who work or have worked as caregivers in the private sector and in home, and people who have no qualifications or specific experience in the health area and are looking for a first chance to qualify to be inserted in the labor market. They all have in common mid-level education and seek to qualify for elderly care. “If you have higher education, you can seek a specialization or a postgraduate degree, there are several options out there. But options are fewer for those

interest. He was one of many health workers and researchers who discussed the issue through the HIFA-pt, confirming the idea that there is still much to do when it comes to the issue of ageing. “In the country, particularly in Zambezia province, the situation of the elderly is quite delicate. In this part of the country, but I believe it should happen elsewhere too, senior citizens are not treated with due dignity and respect, excluding those who, at some time, have given their best to give us education and life”, he said.

## Caregivers’ training is crucial

In 2001, the study ‘Representaciones sociales del cuidado del anciano en trabajadores de salud en un ancianato’

(free translation “Social representations of elderly health care in a nursing home”), which brought together 15

## The importance of caregivers

In health care, the term “care” refers generally to the attention, caution, precaution, dedication, responsibility and accountability. To take care of, in turn, can be understood as serving, offering the other, as a service, the result of one’s own talent, preparation and choices. Practicing care therefore implies perceiving people as they are and how their gestures, speeches, pain and limitations are expressed. Thus, the possibility of caregivers providing care on an individual basis, from their ideas, knowledge and creativity, taking into account the specificities of the person being cared for becomes more viable.

Generally, there are two types of caregivers: formal and informal. The formal caregiver is the one prepared in an educational institution to provide care at home, according to the customer’s specific needs. On the other hand, the informal caregiver is a family or community member providing any kind of care for dependents, according to specific needs.

Generally, caregivers perform monitoring and exclusive assistance tasks to the elderly, such as preventive health care, provision of emotional support, administration of drugs and other health procedures (provided they are guided by a health care professional in charge of prescriptions); and assistance and monitoring elderly mobility and carrying out routine personal and environmental hygiene and nutrition.

‘Representaciones sociales del cuidado del anciano en trabajadores de salud en un ancianato’: RODRIGUES, R.A.P.; ANDRADE, O.G. de; MARQUES, S. Representaciones sociales del cuidado del anciano en trabajadores de salud en un ancianato. *Rev.latino-am.enfermagem*, Ribeirão Preto, v. 9, n. 1, p. 7-12, janeiro 2001. Available in Spanish at: [migre.me/rIARX](http://migre.me/rIARX)



WHO web page on ageing.



**“The combination of reducing the number of births and increasing life span leads to a greater percentage of elderly in the population. This has a very positive side, because a society with no elderly is a society where everyone dies young.”**

***Daniel Groisman***

with only a mid-level education, so some seek to improve their knowledge, even if they do not intend to act as caregivers from the more formal point of view”, said researcher and coordinator of the course Daniel Groisman.

The fact that the course is not exclusive to health personnel, but also covers people from the community is related to the reality we live in, in which ageing becomes a problem that affects everyone. “The elderly need medical care, but also proper care from the family and society. In a perspective that seeks to prevent institutionalization and enhance social participation of the very elderly, it is important that the health network be a channel for qualifying all”, he says. “Today, people are living longer. In the past, the main concern was childhood-related and infectious and contagious diseases, which have been eradicated with the progress of medicine through vaccination and public health campaigns. Now, more so-called chronic degenerative diseases tend to appear, whose prevention is not so simple and the system has to adapt to deal with them”, he explains. “The combination of reducing the number of births and increasing life span leads to a greater percentage of elderly in the population. This has a very positive side, because a society with no elderly is a society where everyone dies young. On the other hand, it is necessary that policies be prepared to promote health, quality of life and dignified ageing of these people”, he affirms.

In Brazil, he points out that due to the rapid demographic transition experienced by the country, there are very few properly trained workers to care for senior citizens and therefore it is urgent to discuss this issue. “We need to seriously think about the training of those who provide care to the elderly”, emphasizes Groisman. ■

**Read more about the topic below:**

- Website: ‘Health of the elderly: good practices’, the Institute of Scientific and Technological Communication and Information in Health, Oswaldo Cruz Foundation (ICICT/Fiocruz) – available in Portuguese at: [www.saudedapessoaidosa.fiocruz.br/](http://www.saudedapessoaidosa.fiocruz.br/)
- Publication: ‘Psychosocial factors and professional quality of life promoters in the process of reform and active ageing’ – available in Portuguese at: [www.rets.epsjv.fiocruz.br](http://www.rets.epsjv.fiocruz.br) > library > name of publication
- WHO web page on Ageing – available at: [www.who.int/topics/ageing/](http://www.who.int/topics/ageing/)



Photo: Marcello Casal Jr./ABr1



# Sena beauty courses (Colombia) reinforce concern with health issues

*Collaboration by Yesmin Tibocha Patiño (Sena-Bogotá)*

*Adapted by Julia Neves*



Makeup to hide vitiligo marks.

Vitiligo is a disease that does not lead to functional disability, but causes great psychosociocultural impact on their carriers. The hypopigmentation of natural skin color may undermine the self-esteem and social relations of individuals. But vitiligo is not the only thing that affects patient's mental health, cancer treatment-related hair loss may also lead to emotional disorders. According to the World Health Organization (WHO), people with certain pathologies require palliative care that includes both relieving pain and psychological support. This was taken into account by the National Apprenticeship Service (SENA/Colombia), which implemented a number of actions for the patient wellbeing in its aesthetic and cosmetics programs.

The Human Talent in Health Training Centre, Capital District, the Technical Training programs in Hairdressing, Cosmetology and Comprehensive Aesthetics, Hands and Feet Aesthetic Care Assistant and Social Makeup Technical Expertise develop training processes that allow their students to be prepared to take care of cancer, vitiligo and kidney diseases-affected patients' image. Whereas the extended health concept includes people's social, physical, mental and emotional well-being, courses promote learning in health, which can stimulate the comprehensive self-care and the valuing of self-esteem of those in need.

"The task of forming workers requires us to take routes that strengthen integrity. In this scenario, we have seen that personal, cosmetic and aesthetic services transcend image, fashion and appearance. Our students understand that their work should impact the living conditions of those in need", said SENA deputy director Gerardo Arturo Medina Rosas.

Through alliances with cancer foundations, hospitals, among others, SENA has held several actions throughout 2014 and 2015. Hairdressing technical course students made 60 wigs for women with cancer aged 10 to 50 years. In addition, learners of Cosmetology and Comprehensive Aesthetics and Hands and Feet Aesthetic Care Assistant technical courses attended about 700 cancer patients in the same period, with cosmetics, facial and body processes.

"These wellness journeys bring to cancer patients tranquility and confidence, enabling the strengthening of self-esteem", said María José Restrepo Castañeda, "Luzca bien, siéntase mejor" ("Good Appearance, Feel Better") Program Coordinator, the National Association of Colombian Industrialists (Andi).

Medina, in turn, emphasizes the importance of these actions in the training of these workers: "We managed to establish closeness between these two technological lines: Health and Personal Services. We have instructors with profiles in both areas who, in their daily interaction, found ways to articulate their potential and provide the country with a response through comprehensive workers and with a high social commitment."

## Care that transcends vanity

María de los Remedios Pereira, who lost her hair and consequently self-esteem due to cancer treatment, says that SENA's initiative is key to addressing this difficult time. "I feel sorry looking in the mirror in the morning and seeing that all my hair is gone. But SENA has helped improve my quality of life by manufacturing these wigs. If we



Wigs help restore self-esteem of cancer patients.

had to buy, they would be very expensive", she said.

According to about 300 kidney patients and diabetics, focus was on the betterment of self-care habits and personal hands and feet hygiene and the actions involved students of the Hands and Feet Aesthetic Care Assistant course. Podiatrist doctor Hernando Franco Torres says this care is important since the feet of patients "may be affected by various complications, among them dryness, which can be serious. So it is important that patients create foot care habits to improve their self-esteem and reduce ulcers risk."

In the case of people who suffer from vitiligo, students of the Advanced Social Makeup Techniques Specialization course developed camouflage makeup design. "It's another way to see our profession as makeup artists. We do social work, because we completely change the mood and self-esteem of those who suffer from diseases such as vitiligo", said Álvaro Araque Montenegro, one of the course students. ■

Photos: Sena-Bogotá

## Publication evaluates international cooperation in health technicians training



A product of a challenge made by the Pan American Health Organization (PAHO/WHO) in Brazil to the Joaquim Venâncio Health Polytechnic School / Oswaldo Cruz Foundation (EPSJV/Fiocruz), the publication “Assessment of the International Technical Cooperation Process between Brazil and Argentina for the training of Health Technical Workers” was launched in June 2015. With wording in Portuguese and testimonials in Spanish, the book provides a fairly detailed analysis of the process and results of the technical cooperation activity developed by EPSJV/Fiocruz under the “Plan to Improve the Quality of Health Technical Education Institutions” of the National

Ministries of Education and Health of Argentina. The initiative is part of a broader assessment involving other projects and actions taken within the framework of the 41<sup>st</sup> Technical Cooperation and Assistance Term to the complementary agreement signed between the Brazilian Government, through the Ministry of Health and the Pan American Health Organization.

The choice of this cooperation activity as a pilot project for the development of an ex post evaluation methodology (after finalizing the project) considered the possibility of active participation and strong cooperation of the Argentine institutional partners involved in the process, all with recognized positive experience of mutual cooperation with the School. Another determining factor was the nature of the action developed, related to the improvement of health technical workers training conditions in Argentina.

The text begins with a brief reflection on international cooperation work for the training of health technical workers developed by EPSJV/Fiocruz. Next, authors report the importance of this evaluation and the hindrances of building a methodology and establishing ex post evaluation procedures, and present the evaluative matrix and indicator framework outlined with the evaluation parameters. In the third chapter, the book contextualizes the training of health technical workers in Argentina and introduces the “Improvement Plan” established under the Fund for Continued Improvement of the Quality of Technical and Professional Education, established by the Technical and Professional Education Law (Law 26.058/2005) of that country.

Next, the book describes the cooperative action under the Improvement Plan, highlighting the initial objectives of cooperation, the strategies and procedures performed and their development. Finally, an evaluative reflection is made from the proposal made by authors. Authors say that work performed led to a greater knowledge of Argentine reality, a prerequisite to the establishment of integrated partnerships between the various institutional and social realities. They also highlight the possibility of socializing practices and experiences mutually built under technical cooperation action. With this endeavor, EPSJV/Fiocruz rectifies its purpose to ensure that its cooperation activities effectively contribute to the political, economic and social development of participating countries, institutions and people.

The publication is available on RETS website ([www.rets.epsjv.fiocruz.br](http://www.rets.epsjv.fiocruz.br)) under: “Library”. ■

## Meeting with countries mark the beginning of multicenter research on health technical training

The first workshop of an international multicenter study that aims to identify and analyze quantitative and qualitative provision of health technical workers training in different countries was held from 21 to July 23 at the Joaquim Venâncio Health Polytechnic School (EPSJV/Fiocruz). The proposal to conduct this research with methodology similar to that used in the **Mercosur Project** is one of the items that are part of the RETS Work Plan approved in November 2013 during the 3<sup>rd</sup> General Meeting of the RETS.

The workshop brought together the coordinating team with representatives from Bolivia, Colombia, Costa Rica, Ecuador, Guatemala, Mexico and Peru, countries that attended RETS open invitation, in April 2015, to educational, research and government institutions that wished to participate. Besides institutions of these countries, several institutions from Brazil, Uruguay and Argentina also expressed their interest, and the latter two countries had already participated in the Mercosur Project.

At the meeting, current EPSJV International Cooperation Coordinator Geandro Pinheiro introduced EPSJV to other participants and then the School’s Research and Techno-



Workshop brings together representatives from various countries.

logical Development Deputy Director Marcela Pronko presented the study, explaining its objectives, the methodological approach and the type of expected results.

Soon after, each participant gave an overview of health technicians training in their country and, finally, work continuity-related actions were discussed. The next stages of research shall cover the upgrade of the study already conducted in Brazil, Uruguay and Argentina.

RETS expects to build a technical report on the state of the art of health technicians education in each participating country, considering the different National Educational Maps on Health Technical Education and its theoretical and methodological foundations in each country. Moreover, an International Seminar on Health Technicians Education within the RETS is being planned. ■

The “Mercosur Project” was a study conducted jointly by institutions from Brazil, Uruguay and Argentina, which took place in two phases (2007-2009 and 2011-2013). The project has resulted in several products, among which are books ‘Silhouette of the Invisible: the training of health technical workers in Mercosur’ and ‘The training of technical health workers in Brazil and Mercosur’, both available in Portuguese on EPSJV/Fiocruz website ([www.epsjv.fiocruz.br](http://www.epsjv.fiocruz.br)) under: “Publications”.



Photo: CCI/EPSJV/Fiocruz

## RETS promotes series of webinars

In 2015, the International Network of Health Technicians Education (RETS) launched a project to carry out virtual seminars (webinars). The idea is to organize and broadcast via web events that gather professors, researchers and experts on topics relevant to the Network in the auditorium of the Joaquim Venâncio Health Polytechnic School (EPSJV/Fiocruz).

The initiative was proposed based on the Work Plans of the RETS (2014-2017), RETS-UNASUR (2014-2015) and RETS-CPLP (2014-2017), which highlight the need to increase the use of new technologies to broaden the participation of health technicians training institutions in debates on priority topics and to strengthen coordination and cooperation between members of the Network, while also stimulating the development of research that may influence professional education and development of national public policies. The videos and materials for each webinar are also available on RETS website, enabling access to those who could not attend the real-time event.

Two seminars were held in this first year. The first one, held on May 20, enrolled about 130 participants, mostly health care professionals from more than 10 countries. The theme “Intercultural perspective in Health Technicians Training” was presented by teacher-researcher Ana Lúcia Pontes. With most of reflections formulated from her work, study and militancy experiences in indigenous health, she aimed to reflect on the reorganization of primary health care from technical training projects that highlight intercultural challenges and opportunities in health.

The second seminar, held on July 9, addressed the topic of “Health surveillance and Primary Health Care: the territory and local practices”, presented by teacher-researcher Grácia Gondim. With access from countries like Brazil, Colombia, Argentina and Italy, the event attracted more than 100 entries. The third seminar, to be held in September, was suspended due to the strike that paralyzed work at Fiocruz for 63 days. The project, however, shall continue in 2016 and all who wish to suggest topics for the seminars can contact us at e-mail: [rets@fiocruz.br](mailto:rets@fiocruz.br). To learn more about the Virtual Seminars, visit RETS website ([www.rets.epsjv.fiocruz.br](http://www.rets.epsjv.fiocruz.br)). ■



## ‘Preparing the Region of the Americas to Achieve the Sustainable Development Goal on Health’



In ‘The Future We Want’, the outcome document of the United Nations Conference on Sustainable Development (Rio+20), the UN Member States called for the establishment of a transparent and inclusive intergovernmental Open Working Group (OWG) to develop and propose a set of sustainable development goals (SDGs) and requested the Secretary-General to present a progress report on the subject. The report adopted the new repertoire of 17 goals proposed by the Open Working Group, which includes a stand-alone goal for health (SDG 3): ‘Ensure healthy lives and promote wellbeing for all at all ages’. The present document represents a joint effort of all technical units in PAHO, working under the coordination of the Special Program on Sustainable Development and Health Equity (SDE). This is an easy-to-use reference document that provides an easy cross-reference between SDG 3 and the existing programmatic and technical resources available at PAHO and in the countries. Read in English: [migre.me/rEoQe](https://migre.me/rEoQe) ■



# Health Assistants in Portugal: path and challenges

*Original paper: André Beja\* (IHMT/UNL)*

*Adapted by Raphael Peixoto and Ana Beatriz de Noronha*

Changes in the social context and the need to establish and consolidate a true health system to respond to country needs and, with the advent of democracy, the demands of the population have led the Portuguese health services to profound changes in the second half of the twentieth century.

Along with the development of scientific knowledge, the structuring of careers linked to the sector – in particular the consolidation of medical and nursing careers – was a milestone in this process. With the creation of the National Health Service (SNS) in 1979, changes eventually affected workers with auxiliary functions, whose training and qualification has been a long-standing concern shared by the very workers, human resources experts and health authorities.

In 1980, staff with general support tasks of public hospitals was included in “Career of Health General Services”, a cross-career to hospital staff (with the exception of medicine and nursing) which included categories according to the duties performed, including the Medical Action Assistant (AAM), and, in 1992, incorporated primary care assistants. Established within the public sector, the AAM career also ended up being adopted by private institutions, which developed accountability frameworks based on SNS’ rules.

In 2008, the review of public sector workers’ career structure led to significant changes in the careers of Health

Assistants, who maintained their functions framework and mandatory specific training, but lost their own career and designation, shifting to “Operational Assistants”, same as drivers, cooks, cleaning aids, mechanical and other unskilled workers rendering services in any public service.

This change of status, which can be considered a setback, ignored the specificity of health assistants and their role in services, contributing to the loss of professional identity and the lack of expectations, with a consequent impact on the performance of their duties.

In 2009, the professional profile of the **Technical Health Assistant (TAS)** was included in the National Qualifications Framework. However, more than five years after the entry into force of this measure, many trained workers are included in this profile, without, however, there being a professional career or designation to fit them. Thus, despite their specific training, they remain “Operational Assistants”, in other words, they are treated as unskilled workers or with very different skills and functions. In addition, there were no mechanisms in place to ensure compulsory hiring of qualified assistants by institutions.

## Development of training Assistants

The first AAM training guidelines emerged in 1989, establishing that at the time of admission, applicants should have **completed compulsory** education and attend AAM training courses organized by the Ministry of Health. The training for acquiring and strengthening skills would be promoted by health institutions.

Unfortunately, the established rules have not resulted in systematic training practice uniform throughout the health system and articulated with the educational system. The training of these workers remained dependent on the existence of funds for its implementation from the perspective of institutions’ leaders on

Defined as technicians with theoretical and practical knowledge in health care, which, in their field of activity, impart to them the ability to respond to specific problems; to manage their professional activity within a framework of guidelines set out in a professional context in which they operate, independently or under the supervision of a more qualified health care professional; and to supervise third-party routine activities.

In Portugal, the minimum education is six years for those born before 1981 and nine years for the rest of the population, with the possibility of legally being extended to 12 years.



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### Operational Assistants

The Portuguese Health System (SSP) integrates thousands of workers without higher education, mostly under the “Operational Assistant” category, with support duties to the provision of care or linked to diagnostic, users transportation, hospitality, maintenance or cleaning services. With regard to support for care delivery, these workers who mostly started to perform their tasks without qualification or special training are integrated into the nursing teams and, while not designated as “Health Assistants”, exercise the functions of the Portuguese Classification of Occupations (CNP/2010) for this professional group.

the qualifications of assistants or the ability of trade unions and professional associations in demanding compliance with the law, among others.

In 2003, modifications to the SSP – generalization of public hospitals enterprise management tools and valuing health perspective as a competitive market – and the need for the qualification of Assistants identified in the 2004-2010 National Health Plan intensified the initial and continuing training in hospitals, as well as the emergence of academies and professional schools which, even without assigning any legally recognized professional qualification or school grade equivalent, began to create AAM courses. These initiatives have caused reaction from the Order and Trade Union of Nurses, who questioned the lack of regulation and training quality control, accusing the government and hospital administrations that save money by promoting the use of less skilled workers to ensure care which, under the law, is exclusive to the nursing staff.

In December 2007, the creation of the National Qualifications System, in conjunction with the European Quali-

fications Framework and to promote effective coordination between the existing professional training in the education system and the labor market, initiated a fundamental change in organization of professional training in Portugal.

Dating back to 2010, the training reference ended up requiring TAS to have completed 12th grade and 1,175 hours of technology training. The preparation of the document, coordinated by the Health System’s Central Administration included the participation of several interested partners, among which are the Association of Health General Services Workers, on behalf of Assistants, the Order of Nurses and the Union of Health Technologies. The process was monitored by the Ministries of Labour and Education to ensure adaptability of the reference to professional courses integrated into the education system and youth and adult education actions promoted by the Institute of Employment and Professional Training (IEFP) and the existence of education, recognition and validation of skills acquired tools for professionals already at work.

The entry into force of the standard led to the opening of several TAS training courses promoted by the Ministry of Education in education network schools or through IEFP and its other accredited institutions, an intervention aiming at training mid-level professionals, providing them with education adequate to their functions and health system needs.

### Current and future challenges

At the individual level, the provision for the training of health middle management, which intensified in the last decade in Portugal sets Assistants before issues affecting their professional identity and certainly hampering the exercise of their duties. Within the health system, in turn, these uncertainties also entail difficulties for planning and use of resources, as well as the organization and improvement of the quality of care and the relationship of health services with users.

The first of these difficulties is related to the creation of the professional profile of Technical Health Assistants (TAS), a profession recognized in the National Occupational Classification and requiring specific training, without there being a proper name for these workers in the health system or specificity in the career in which they are integrated.

Another issue has to do with the assistants in office getting the professional title of TAS. Thus, although there is an agreement between the government and the representatives of these professionals to set tools for recognizing skills acquired in a professional context and additional training, such a measure seems very distant right now. Moreover, it is also necessary to introduce changes in the health system to ensure the hiring of qualified professionals by institutions. While there is not a sufficient number of TAS to respond to the current needs of the labor market, a deadline was also not established for the compulsory recruitment of qualified professionals nor were tools created to promote a staged transition.

The fact that TAS training is already a reality, but without there being a well-defined strategy by Ministries of Education, Health and Economy with regard to the amount of Health Assistants that must be trained to meet the health system requirements brings back SSP’s historical constraints in the planning of human resources, due to the level of training offered or the availability of professionals in various fields.

The assessment of the process of creating a TAS professional profile, the implementation of this professional training and the consequences of the entry of those more skilled workers in the health system, considering those who participated in the construction of the intervention, those responsible for its implementation and those who are benefiting from the changes is therefore vital to overcome the current challenges and, more than that, to ensure improvements in the quality of the workforce and the organization and answers given by the health system to the Portuguese. ■

# Philanthrocapitalism: What does this term mean to global health? (final)

*By Ana Beatriz de Noronha*

Continuing the text published in RETS previous issue, we bring the second and final part of the review of Canadian historian Anne-Emanuelle Birn's article, "Philanthrocapitalism, past and present: The Rockefeller Foundation, the Gates Foundation, and the setting(s) of the international/global health agenda", published in November 2014 in the Hypothesis Journal ([www.hypothesisjournal.com](http://www.hypothesisjournal.com)).

The first part of the author's review analyzed the different historical contexts, operation mode and consequences of the actions of two great philanthropic institutions – the Rockefeller Foundation (RF) and the Bill and Melinda Gates Foundation (BMGF) – in international health. In this issue, Anne-Emanuelle points out the conflicts of interest of the activities of the Gates Foundation, compares the course of action of both foundations and, finally, explains what can be done to change the course of this story.

## Conflicts of interest that we should not ignore

As noted by the researcher, countless accusations of investments in pharmaceutical companies and industries being associated with environmental and health crises, as well as private companies that profit from the philanthropic support to global health initiatives have led the Gates Foundation to give up its role in the pharmaceutical sector in 2009. However, the Foundation, through third parties, still retains strong relationships with companies in the sector, such as Johnson & Johnson and Sanofi-Aventis, among others.

Anne-Emanuelle says that the investment in the sector is not the only link between the BMGF and the pharmaceutical industry. Former president of the Foundation's Global Health Program Tachi Yamada was GlaxoSmithKline's executive and board member. His successor, Trevor Mundel, in turn, worked as a senior executive of Novartis AG from 2003 to 2011, and several other BMGF senior executives also came from major drug companies.

Moreover, she points out that the initiatives of the Gates Foundation (in health, agriculture and other areas) also benefit other large corporations and companies – Coca-Cola, McDonald's, Monsanto, Nestlé, Procter & Gamble, among others – of which Gates Foundation and family members are some of the major shareholders.

The researcher affirms that, although tangible, conflicts of interest involving BMGF are generally minimized and rarely made public for fear of offending the powerful organization. "Some journalists and investigative sites appear as bold exceptions", says the author.

She notes that an example of such conflicts would be the Gates' lobbying at the Ministry of Health of India for the introduction of a Merck rotavirus vaccine in the country, in which it also funded controversial studies on Merck and GlaxoSmithKline vaccines against human papillomavirus (associated with some forms of cervical cancer). According to the article, these studies with low-income girls performed by the largest recipient of global health care of the Foundation,





namely, **PATH**, would have violated ethical standards, since the girls' consent of the girls would not have been fully informed and adverse events would not have been appropriately monitored or reported. In its defense, PATH claims that, since it was an observational study of an already approved vaccine and not a clinical trial, these provisions would not be "necessary".

Anne-Emanuelle alerts that another issue of concern would be Gates Foundation's take on industrial property (IP) in the pharmaceutical sector. Thus, she says that Bill Gates himself admits that part of the foundation's revenue derives from the registration of pharmaceutical patents. "A crucial issue has to do with the extent of coordination between the IP approaches of Microsoft and the BMGF. While the two entities are legally separate, there are troubling shared interests, including the BMGF's 2011 hiring of a Microsoft patent attorney into its global health program (200). Microsoft, infamously, has been charged and fined for a range of monopolistic practices and has been a strong supporter of IP protections as a (legal) means of cornering markets", adds the professor, recalling that many criticize the Foundation of accumulating resources from labor practices and monopolistic strategies contrary to the health goals itself recommends.

BMGF was one of the main sponsors of the WHO Commission on Macroeconomics and Health, which found that IP rights are a key incentive for research and drug development, a take that can be historically denied by the vaccine development experience against polio, which proved to be wrong for low-income countries that have joined the **TRIPS** in the past 15 years and was strongly opposed by defenders of life-saving medicines at affordable prices.

Anne-Emanuelle also mentions other indicators of BMGF's troubling corporate alliances and says many believe that BMGF, with its extensive experience in IP, its stated goal of improving the health of the poor, its important role in numerous PPPs and its close relationship with the pharmaceutical industry should face the dilemma of profit versus access to medicines head on, although this would be hard to swallow. She also addresses the contradictions that exist in the involvement of BMGF in the Alliance for a Green Revolution in Africa (AGRA) and the needs of the poorest populations of that continent.

She believes that, while in the early 20<sup>th</sup> century, the press and the public were sufficiently vigilant to prevent RF from directly mingling their philanthropic actions with the lucrative family business. Today, the ideological metamorphosis which occurred under the contemporary neo-liberalism makes profit perfectly acceptable and even desirable as a direct objective of public health actions.

PATH defines itself as an international non-profit organization that is a leader in innovation in global health, mainly aimed at improving the health of women and children in African and Asian countries. It operates primarily in five platforms – vaccines, drugs, diagnostics, devices and systems and services innovation – combining, according to themselves, an entrepreneurial vision, scientific knowledge, knowledge of public health and a passion for health equity

The Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) is part of a set of international treaties signed in 1994 at the end of the Uruguay Round. TRIPS is inserted into the General Agreement on Tariffs and Trade (GATT), which was the basis for the establishment of the World Trade Organization (WTO) and stemmed from a strong pressure exerted by developed nations.

TRIPS ratifications are a mandatory requirement for membership in the World Trade Organization, that is, all those who wish to have access to numerous international markets opened by WTO must abide by the strict laws stipulated by TRIPS.

## RF X BMGF: similarities and differences

Anne-Emanuelle mentions that the growing trend of the firm-foundation collaboration has been crystallized in the term 'philanthrocapitalism', which touts the philanthropic generosity and social-business mission of the new billionaires of the 1990s as unprecedented and which can "save the world". In fact, as the author underscores, with annual expenditures of about US\$ 2 billion, US philanthropy makes its second major foray in international health and development, making the evaluation and questioning of the philanthrocapitalist approach extremely important.

First, she points out that, while profits that feed philanthropy in the late 19<sup>th</sup> century and early 20<sup>th</sup> century and currently have different origins, in both cases they result from flattening wages and poorer working conditions for the vast majority of workers worldwide, the tacit or explicit support to militarism and civil conflicts to ensure access to valuable raw materials, the business and foreign investment practices that violate protection regulations, the transfer of private corporate responsibility of business-related social and environmental costs to the public and future generations, including toxic exposures and air, soil and waterways pollution, deforestation and the effects of climate change.

Second, the belief that business models are used to solve social problems and even exceed policies and redistributive actions agreed collectively and employed by elected governments end up masking the reality that the private sector's approaches have been monitored, facilitated and made inevitable by deregulation, privatization and neoliberal downsizing of government, as well as emphasis on short-term results at the expense of long-term sustainability. "These models rest on the belief that the market is infallible, despite ample evidence to the contrary", stresses Anne-Emanuelle.

She says that, in this aspect, there is strong contrast between the old RF and the current BMGF. While fiercely striving to increase private profits of his own investments and companies,

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*Anne-Emanuelle Birn*

Rockefeller sought to maintain public health issues in the public sphere, whereas the BMGF works with a completely different rationale.

Third, she highlights the undemocratic nature of tax exemption of foundations and the tax deductibility of charitable donations, noting that this strips from the state the prerogative to collect and use taxes in more equitable policies and ends up handing the decision-making power to the class that already has economic and political power.

With regard to the current context, Anne-Emanuelle draws attention to the fact that even the RF, which in the early 20<sup>th</sup> century allowed a variety of voices in its international health business, while giving preference to a reductionist view, now also works with a “global health as a business” mentality, according to the broadest philanthrocapitalist trend.

In the sphere of consumption, she identifies that people are encouraged to consume products whose profits are used to finance global health projects and agencies driven by philanthrocapitalists’ interests. Thus, philanthrohumanitarian celebrities help de-politicize certain issues and, along with philanthrocapitalists, end up marketing their own brands while helping to legitimize and promote neoliberal capitalism and global inequality.

Quoting, as an example, the pressure that governments of sub-Saharan African countries have suffered to cut

education and health spending, among others, in order to receive loans necessary to cover lost revenue with falling export prices related to global trade and financial forces beyond its borders, she emphasizes: “In the global health arena of more recent decades, the argument that the public sector is incapable of addressing societal needs contemptuously disregards the full-fledged assault on public spending and infrastructure on the part of international financial institutions’ conditionalities and structural adjustment programs in the 1980s and 1990s, not to mention the wave of predatory private bank lending, unfair trade practices, and hegemonic leverage over the WTO by powerful countries (and influential industries therein, including the U.S. tobacco industry and food conglomerates) since the mid-1990s.”

The researcher affirms that, as the RF did in the past, the BMGF has adopted a speech based on respect for partners, in fair and focused prioritization, “ethical” behavior and a lofty goal of “increasing opportunities and equality for those most in need”. This, however, should not prevent it from being evaluated, examined and held responsible for its actions.

She also identifies a great similarity related to the causes of influence and dominance of these foundations on the global health agenda, among which are: the magnitude of donations, the ability to quickly mobilize resources and allocate substantial funds for large or innovative efforts, the notori-

ety of its patron, and the emphasis on technological and cost-effective approaches. In addition, she highlights the easy filling of positions in important policy-making spaces with professionals from its own staff, as in the case of Rajiv Shah, who had held several leadership positions at the Gates Foundation before becoming director of the U.S. Agency for International Development (USAIDS). She said that the Gates Foundation follows almost literally most of the RF’s principles on international health without, however, adopting the same institutionalization practices and without tolerating social medicine approaches.

Anne-Emanuelle considers that the BMGF has a more global feature, compared to the RF, which operated in more aligned fashion with the goals of US foreign policy. Moreover, while its predecessor was linked mainly to the League of Nations Health Organization (LNHO), the BMGF maintains ties with various organizations, which are various ways and opportunities to shape global health.

The author states that, in late 2013, the BMGF would have set aside its traditional support to private pharmaceutical companies and announced a donation to the Oswaldo Cruz Foundation (Fiocruz), which is a Brazilian public institution, to finance the production of child vaccines to be distributed in Latin America. That seems to be fairly representative to Anne-Emanuelle, since Brazil has attracted widespread attention in recent decades with its unified, public and universal health system (SUS) and its South-South cooperation efforts, which emphasize primary health care and the training of human resources, but its health system has come under tremendous pressure to increase private sector participation. “Perhaps the BMGF’s newfound support for Fiocruz means that it needs the credibility of Brazil’s public sector and infrastructure policies more than Brazil needs the BMGF”, she notes, while

pointing out that BMGF's entry in Brazil can allow the private sector to undertake a much larger role in the SUS than anticipated by the Brazilian Constitution.

BMGF's refusal to engage with people and institutions with divergent views and approaches is another matter that, according to the Canadian author, has fueled growing resentment against its power to interfere in global health and led some professionals and researchers to demonstrate against their *modus operandi*. In late 2007, for example, the then head of the WHO malaria program regretted BMGF's attempts to influence WHO malaria policies in a highly critical memorandum and he was eventually transferred to another position after his memo came to light.

On the technological focus of the Gates Foundation, Anne-Emanuelle believes it is something that is related to the experience and origin of its founder, but that is not all. "As in the case of the RF in the 1910s, it is filling a gap which it perceives is not being addressed by existing players (including WHO, USAID, Wellcome Trust, European Union, U.S. National Institutes of Health, and other major development and research funders): the Gates Foundation has become a salve to the collective concerns of capitalist interests that global health is too important to leave to a purportedly democratic entity (namely, the WHO)", she says, with, however, a small caveat that some events taking place in the world can bring about change in this take. She believes that the fact that polio still exists in entrenched poverty contexts, inadequate coverage of health care and cultural and religious resistance to targeted vaccination, despite billions of dollars invested in a vertical campaign against polio, can lead Bill Gates, one of the biggest supporters and donors to this initiative, to understand that eradication of the disease depends on broader approaches and building stronger health systems. "It remains to be seen whether this sentiment is translated into practice", challenges the author.

## **A scenario with a margin for change**

Anne-Emanuelle reminds us that the RF played a key role in establishing the centrality of international health activities in the field of economic development, state-building, diplomacy and scientific communication and institutionalized cooperation in health patterns that remain until the nowadays. The Gates Foundation, in turn, is increasingly undertaking the path set by the RF and modified by the requirements of the Cold War and the ideological context of neoliberalism. The question, she says, is that despite having become an alternative to WHO, the BMGF cannot simply ignore the existing global health architecture, no matter how precarious and disjointed it may be, with countless agencies of public, private, bilateral, multinational, regional, non-profit, humanitarian and social nature in operation, as well as numerous advocacy groups fighting for their own legitimacy.

Working with public and private partners enabled the BMGF to establish a sweeping influence on the global health agenda in just a couple of years. Howev-

er, she said, the Gates Foundation and global health philanthropy make up less than 10% of development aid for health, which nearly tripled between 2000 and 2011, with about one third coming only from the US government.

She affirms that working in partnership or the financing of a large number of global health stakeholders' activities increase BMGF's impact in this field, but does not leave strong institutional marks, unlike what happened to the RF which, almost working on its own, was able to shape the landscape of international health and many national public health agencies. In addition, the author believes that the very RF did not profit directly from its own philanthropic activities, although family businesses have, in many ways, benefited from the improvements in public health.

The author said that BMGF's perspective of never getting to have such a remarkable participation as the RF in health should not reduce concerns about its current dominance and power, especially in a neoliberal globalization scenario and increasing power of transnational corporations which often interfere in public policies and benefit from institutionalized corruption, and PPPs featuring the Gates approach. According to the article, a potential indicator that the BMGF is more fragile than it appears to be is, paradoxically, its aggressive self-promotion campaign and direct funding to cover global health and development to British newspaper *The Guardian*, the Spanish *El País*, the African Media Initiative, and in the United States, the Public Broadcasting Service, the National Public Radio and other broadcasting outlets and through the Kaiser Family Foundation. "All of this coverage directly or indirectly generates positive publicity for the BMGF's approach to global health and development as well as for the foundation itself", adds Anne-Emanuelle, reminding us that, if RF chose to minimize the public's atten-

**"All of this coverage directly or indirectly generates positive publicity for the BMGF's approach to global health and development as well as for the foundation itself."**

*Anne-Emanuelle Birn*



tion to it as it sought to achieve its goal of institutionalizing public health through strong government agencies and services, the BMGF relies on the public sector to disseminate its technologies and programs and does not seem concerned with the survival of the “public” in public health.

The author states that the BMGF has recently taken some preliminary steps to explore the possibility of investing in primary health care, which may be a possible change, but for now, its approach as a whole seems to contradict the relevance of a responsible social state. On the other hand, she points out that a growing advocacy for an approach based on human rights to health and increasing large and small protests around the world, which, following the 2008 global financial and economic crisis, announce that “enough is enough” in terms of austerity, economic and global injustice, violation of people’s rights and the lack of true democracy can be a rare opportunity for experts and the general public to become more attuned and resistant to the assumptions and objectives of the Gates Foundation.

### **Philanthrocapitalism and the global health agenda: what is the role of scientists?**

The Canadian professor believes that capitalism triumphed over the “love of humanity” (definition of the word philanthropy, from its Greek origin), making the term philanthrocapitalism a paradox. The crucial, though nefarious, role of philanthropy in international/global health has been defined by different factors without, however, losing its anti-democratic decision-making system essence, in which paths are defined from top to bottom by mega-donors.

She points collective activism as the first step toward neutralizing the undue influence of philanthrocapitalism in global health. Therefore, she states that it is necessary to better understand how powerfully private foundations operate to shape the global health agenda, making information and knowledge circulate or disappear as they deem fit. A key question, for example, is why the BMGF, despite declaring its interest to improve equity in health, is not involved with the social determinants that have received broad international validation.

Such a move, she said, must not only stem from the civil society and politics critics. Global health researchers, professionals and scholars, many of them funded by the Gates Foundation, should play a vocal role, however awkward and potentially dangerous it may be. “It is not enough that scientists working on global health claim that they are just conducting research and cannot affect the broader context of global health funding policymaking”, argues the author. “Scientists must recognize that their scholarly independence is being threatened by the private sector and philanthrocapitalist intrusion on global health”, she adds.

Anne-Emanuelle believes that scientists inspired by the brave activism manifested in various movements should take their responsibility to defend public support and responsible government funding to scientific development, so that their credibility is not disputed, and must unite those who call for action on climate change, who denounce unethical tactics of pharmaceutical companies or fight against extractive industries around the world, questioning the undemocratic influence of BMGF in the global health agenda and its interference in the construction and maintenance of social states.

Finally, the historian points out that the international health in the 20<sup>th</sup> century was marked by philanthrocapitalism and that, although the world remains a rich man’s world in the 21<sup>st</sup> century, this does not necessarily mean that the global health agenda should be dictated by them. She says that scientists, academics, activists and ethical thinkers should examine those undesirable outcomes and work together toward accountability and democratic decision-making in global health. ■

