editorial

RETS Magazine was established as a quarterly publication. However, this fourth edition now before readers covers the period from August to December 2009. The purpose of this change was to adjust the schedule of the magazine so that starting in 2010, you will receive exactly four editions per year - the first beginning in January and the last including December. Interestingly enough, the delay, which is always a problem for published journals, was necessary to ensure the very important timing of the magazine hereafter. Rest assured that the decision to cover five months, as you may find in your reading, did not affect in any way the currentness and relevance of the topics discussed in this issue.

The strategy of the Observatories of Health Human Resources, launched by the Pan American Health Organization (PAHO / WHO) in 1999, is completing 10 years. Nothing would be more appropriate than to devote the principal magazine space to this effort, with the help of some important characters of this story - Felix Rigoli, Mónica Padilla and José Paranaguá (PAHO / WHO), Adam Ahmat (Afro / WHO) and Monica Vieira (EPSJV / Fiocruz) - to discuss the initiative which is beginning to spread to other regions and assume new functions.

In the interview, Executive Secretary of the Andean Health Organization - Hipólito Unanue Agreement (ORAS-CONHU), the Venezuelan Oscar Feo Istúriz very wisely points out some of the key aspects of the relationship between the current process of globalization and public health, highlighting the impact it has on the health workforce.

A digital library of 'The Capacity Project', a list of ObServer electronic messages, and DVD media with a virtual tour of a Safe Hospital, are all featured in the 'Keeping an Eye Out' section, which debuts in this issue and which will disseminate technologies and tools designed to enhance the work of those who deal with the training of health workers and other related topics.

Rounding out the issue, we also present, among other things, the main points of the formation project of the Network of Health Technician Schools of the Union of South American Nations (UNASUR), approved in September in Rio de Janeiro during a meeting of the Working Group on Development and Human Resource Management, and continued discussion of the meanings of the term 'education of health technicians.'

Happy reading!

RETS Executive Secretariat

acknowledgements

Year I – No. 4 - Aug to dec 2009
RETS Magazine is a quarterly magazine edited by the Executive Secretary of the International Network of Heath Technicians Education

Editor
Ana Beatriz de Noronha - MTB25014/RJ

Journalism Intern
Igor Mello

Designer
Zé Luiz Fonseca

Artist
Marcelo Paixão

Design Intern
Pedro Henrique Quadros

Circulation
1000 copies

EXECUTIVE SECRETARY OF RETS
Joaquim Venâncio Polytechnical School of Health

Director
Isabel Brasil

Coordination of International Cooperation
Anamaria D'Andrea Corbo

Coordination of International Cooperation Staff
Anakeila Stauffer
Christiane Rocha
Ana Beatriz de Noronha

Address
Escola Politécnica de Saúde Joaquim Venâncio, sala 303
Av. Brasil, 4365 - Manguinhos - Rio de Janeiro - RJ - 21040-360.
Telefone: 55(21)3865-9730 - E-mail: rets@epsjv.fiocruz.br

Sponsor
TC41 - Ministério da Saúde do Brasil e Opas/Brasil

Oscar Feo

"Under the current model of development, production and consumption, there is no future possible"

In this interview, the Executive Secretary of the Andean Health Organization - Hipólito Unanue Agreement (ORAS-CONHU), the Venezuelan Oscar Feo Istúriz emphatically said that the process of economic globalization and the implementation of neoliberal policies make the rich get richer and the poor, in addition to becoming poorer, more numerous; he is instructive in showing the harmful effects that globalization has on the health of people; and he is passionate when pointing out possible alternatives to the current situation.

With post-graduate degrees in various fields of knowledge, the public health physician who graduated in 1971 from the Central University of Venezuela, outlines a quick panel of the present world very clearly and with the authority of one who, as in his personal, professional and political lives, has always advocated for the protection of public health and social justice and has held different positions and functions in national and international organizations, and founded the Latin American Association of Social Medicine (Alames).

What are the main features of the current process of globalization and what is its relationship with neo-liberalism?

It is important to start by pointing out that globalization is not only a process generated by large changes in the world of computing and communications, which have led to globalization of the economy and life. Globalization is, above all, the emergence of a new politico-ideological scene, having arisen after the collapse and disappearance of Soviet socialism, which imposes on the world a culture and way of life based on the market, on "free trade" and "rampant consumerism," as Galeano calls it [Uruguayan journalist and writer Eduardo Galeano]. It is the post-*coldwar* scene that, in the face of the end of the confrontation between two blocs and two superpowers that vied for world control, imposes a unique view of life. Globalization is the true scenario in which we have to live in the 21st Century.

Globalization presupposes the mixture and interdependence among local, national and large-scale processes, which are usually dominated by large transnational corporations and their interests. It is not a casual fact that those who drive this great "crusade of free trade" are the blocs that make up the triad of large corporations: North America, European Union and Japan

An example of globalization is the pandemic of "swine flu." It is the first time in human history that an epidemic has been transmitted in real time by the media and, moreover, which is handled by large economic interests to produce a kind of "total panic" that determines a set of decisions that obey not the technical criteria, but the political pressure and media; for example, the purchase of medicines, early purchase of a vaccine that does not exist, or even closing schools and airports.

How can we relate globalization to neoliberalism?

There thing that characterizes globalization, which without a doubt is inherently unfair, is the imposition of an economic model based on the market and "free trade" – which in the third world we christened as neoliberalism - and that has meant in recent years by the adoption of the "recipes" of the so-called Washington Consensus, designed to reduce the size of the State and facilitate market dominance. Neoliberalism is a new stage of more voracious capitalist development - concentrating still more social wealth and causing poverty - that we hope to be the last this system which is unable to meet the fundamental needs of individuals. Recall, for example, that the world

produces more food than necessary to feed all of humanity, yet one billion of the planet's inhabitants suffer from hunger and one-sixth of its inhabitants lack of food because 80% of world production is concentrated and consumed in the "North."

From this perspective, globalization is selective and damaging. Is the developed countries that establish the rules from which they themselves benefit by manipulating the regulatory frameworks of world order for private investments, to deregulate financial markets, protect intellectual property and, paradoxically in a globalized world, restrict migration of people or limit trade in goods from less developed countries.

The most dangerous issue of globalization is not the fear of the loss of identities, because in some cases this process has even brought benefits derived from the exchange of knowledge and customs. One of the most worrying aspects of globalization is the expansion of a development model that is killing the planet and life. Climate change and global warming caused by excessive accumulation of greenhouse gases are a clear example of this situation.

Another issue of concern is the confusion that is created when you sell, with more vigor and acceptance every day, the image of "democracy" as a synonym for equal opportunities resolved by market logic. This is the message of neoliberal globalization. People are forgetting that to be free is to claim and exercise their rights and values, which are priceless but converted into commodities by neoliberal globalization. This is what happens, for example, with health and education. The States lose regulatory power in the face of the global economy and live in a race to ensure national competitiveness on the world stage without having ways to protect their economies from the negative effects of globalization.

To what extent do globalization and neoliberalism interfere with public health issues, especially in countries classified by international agencies as developing countries'?

First, we must look at the debt being handed down by neoliberalism and neoliberal policies applied in almost all Latin American countries beginning in the 90's. With the process of globalization of the economy and the application of neoliberal policies, the rich have become richer and the poor, besides becoming poorer, more numerous (of the 500 million habitants of Latin America and the Caribbean, it is estimated that nearly half, some 230 million, live in poverty). This is taking place in one of the richest regions of the planet. Therefore, we can not accept that we are told that we are poor countries. We are countries that have been impoverished by the rapacity and the plunder of the great empires. As it has now been shown that poverty and poor health go hand in hand, it is clear that public health in developing countries ends up having to face an enormous challenge as a direct result of this huge social debt.

Secondly, we must consider that neoliberalism has also crippled the abilities of the States to face of economic pressure resulting from globalization. The Ministries of Health in the majority of our countries have deteriorated and lost their abilities and functions, and this translates into a marked deterioration of public health.

Thirdly, we must consider that if many diseases have historically not respected borders, with globalization this phenomenon accelerates and grows in heretofore unseen dimensions, which dramatically modifies the management of situations that arise in public health.

Our peoples have not experienced what theorists in the developed countries call "epidemiological transition." On the contrary, without having overcome mortality and morbidity from infectious diseases and deficiencies, stemming from the hunger and poverty, they also end up suffering from chronic degenerative diseases engendered by the processes of urbanization and industrialization. We are in a situation of "epidemiological combination or accumulation" in which our peoples have an equal chance of dying from measles, pneumonia diarrhea, cardiac disease, cancer, accidents or occupational diseases.

The impression we have, or that they would have us believe, is that neoliberal proposals reflect a "natural process," which is impossible to stop and against which there are no possible alternatives. Do different alternatives exist which can be adopted by society? How can one think of health in the current context?

The only thing that neoliberal propositions have to do with the

"natural process" is that, "naturally," capitalism is exploitative, predatory and betting, at the core of its essence, on the market and on selfishness as the last means of survival in the face of the enormous current crises that seek to pillage it.

There are alternatives and in fact some countries have taken positions that face the terrifying neo-liberal wave, some governments in more directly, others in specific areas. A good example is the fight that Brazil has led against the terms that the big companies try to impose on intellectual property and patents.

One could say that the best alternative is one that attempts to understand that under the current model of development, production and consumption, with the unequal distribution of wealth that characterizes the world, there is no possible future. In this sense, the native peoples of Latin America, and undoubtedly of other continents as well, have much to teach those who want to reach the state that they recognize as "the good life," that denies neither trade or technology - as they are useful for human life - but respects nature and perceives happiness in balance and not in competition between humans.

In the current context, health should be thought of as a space for solidarity, for integration. If we understand that health is socially determined, then Health can be a driving force in the struggle for fairness, the defense of the right to a dignified life, social justice, and the construction of this new counter-hegemonic model which we so need.

In this counter-hegemonic perspective, what is the importance to the health area, especially in the poorest regions of the world, the formation of Integration Organizations among countries, such as Oras Conhu or even the recent Unasul [Union of South American Nations]? And collaborative networks, such as RETS — what role can they play in improving the health of populations?

International organizations such as Oras Conhu or Unasul, and networks such as RETS, or the Brazilian Association of Post-Graduation in Public Health (Abrasco), or the Latin American Social Medicine (Alames), should facilitate the exchange between countries, the articulation of plans and designs, creating spaces to share the best national, regional and local experiences. The peoples have an ancestrally accumulated knowledge that we must help rescue. Accordingly, for our part, the experience that we are having in the area intercultural health it is remarkable.

Worthy of note is the response of our peoples and nations, the emergence of governments and movements that confront neoliberal policies. We have observed with pleasure new governments that do not board the neoliberal train and seek, without completely abandoning the idea of fair exchange with other countries, to strengthen their abilities and ensure rights that are fundamental to the population, such as health and education, that neoliberal globalization transforms into market goods.

The changing interconnection of forces in the South American region is remarkable, the emergence of Unasul being one expression of this new political interconnection, facing the empire and building new ways of life and relating. It is in this context that the idea of a new type of socialism emerges, which some give the modifier "21st Century" and still others "the Andean Community," but which expresses the search for new forms of social organization with more equitable distribution wealth, and in which balance and harmony with nature are essential.

The issue of Human Resources for Health has required special attention from the national and global health authorities. What are the biggest problems that Oras-Conhu has been identifying in the realm of human resources? What are the major challenges to be faced by the group of Andean countries and to some extent by other countries?

The impact of neoliberal policies in this area has been disastrous, because they tend to privatize, dehumanizing and commodifying, the training of health professionals. In order to ensure the right to health, we need to recover, the role of the State and public sector in the training of professionals and technicians that society needs: supportive, committed and with solid knowledge bases. In this sense, one of the strategic lines of work proposed by Unasel, Mercosul and Oras Conhu is the management and development of health human resources in Latin America.

For health human resources, the difficulties of the Andean region are generally the same as in most of the continent: pre-eminence in the training of health professionals and technicians is thought of in a medicalized, fragmented and dehumanized way, focused on over-specialization, lack mechanisms for recognition of qualifications from one country to another; the constant shift of staff to private practice in the face of the loss of public sector credibility, as wells as for economic reasons; the fragile human resource policies that our ministers possess, which do not guarantee coverage of the areas having the most in need; migration to the first-world countries, which has become a pillaging of trained personnel. The amount of Latin American nurses who head to North America or Europe to work is amazing — hundreds of thousands of our professionals and technicians, whom we have painstakingly trained, are stolen by more developed countries.

All of these difficulties, and their underlying causes, are demanding action that countries can hardly develop on an individual basis, requiring a joint approach. We come back, therefore, to the need for integration and Health as a bridge to our mutual strengthening.

PAHO launches multimedia DVD on Safe Hospitals in risky situations

The preparation of hospitals for coping with disasters is an increasingly essential measure. As proof, this was the theme chosen by the World Health Organization (WHO) for the last World Health Day, celebrated on April 7.

To educate health professionals on this issue, the Pan American Health Organization (PAHO) launched the multimedia DVD "Virtual trip through a safe hospital" ("Viagem virtual por um hospital seguro," in Portuguese), in which various resources — audio, video, animation, images, presentations and technical documents - were combined to create a virtual learning environment.

The trip was divided into independent modules, giving the user the possibility of going directly to topics of interest, although it can also can be viewed in its entirety, allowing for a complete visitation of a safe hospital. The material allows up to three hours of use and, due to the inclusion include of a library with supporting documentation and PowerPoint presentations, is a versatile tool that can be used by the self-taught, in distance education or as a classroom aid.

Those interested may request a hard copy of the DVD at the Regional Center of Information on Disasters (CRID) - Latin America and the Caribbean, via **email** or via **download** of approximately one gigabyte (1GB) directly over the Internet, as well as the **User's Guide** (see below).

E-mail the DVD request to: crid@crid.cr.or
Download: http://www.disaster-info.net/downloadzone/VirtualSafeHospital.zip
User's Guide: http://www.paho.org/spanish/dd/ped/ViajeVirtualHosSeg_Folleto_06_01_09.pdf

Additional reading:

- World Health Day 2009 (WHO): http://www.who.int/world-health-day/2009/es/
- Disaster Info (PAHO): http://www.disaster-info.net
- World Health Day 2009 (PAHO): http://new.paho.org/hq/index.php?option=com_content&task=view&id=775&Itemid=1

"The Capacity Project": free access to the digital library on RHS

To help developing countries build and sustain their health workforce, enabling systemic responses to the challenges of implementing and strengthening health systems and establishing quality programs, the U.S. Agency for International Development (USAID) established, in October 2004, The Capacity Project (www.capacityproject.org).

The initiative, led by IntraHealth International, along with six other global partners and numerous regional and local organizations, develops and maintains numerous resources, among them the Center for Global Health Human Resources (HRH Global Resource Center - www.hrhresourcecenter.org), a digital library focused on the issue of health human resources in developing countries, in which persons have free access to documents and reports, evaluations and reviews, daily articles, statistics and training materials, among other things.

ObServer: sharing information about RHS on the Web

The ObServer is a list of electronic messages specifically geared toward the exchange of knowledge and practices of health workforce planning and management in the Americas region. They exchange with government institution tools, research and teaching centers, labor associations, experts and other persons and institutions connected to the Observatories Network of Health Human Resources (information network that monitors the problems and solutions related to health care professionals in the region).

From the messages received, users can stay updated on news, trends, events and publications relating to the area in question. Those interested in receiving messages from ObServer need to register at the following URL: http://listserv.paho.org/scripts/wa.exe?SUBED1=observer&A=1.

Observatories provide a new perspective on the health workforce

This year, the strategy of the **Observatories of Health Human Resources,** created by the Pan American Health Organization (PAHO / WHO), completes10 years and is an example to other world regions. It is time to take stock of successes, the difficulties to be overcome and the challenges the future brings to this initiative, which aims to increase access to information and analysis on the health workforce, therefore improving the formulation, monitoring and evaluation of policies and sector programs, as well as the social regulation of education and work in that field.

In 1994, during the 1st Summit of the Americas held in Miami, the Heads of State and Government present recognized the growing importance of issues relating to workforce development in the health sector. This concern led the Pan American Health Organization (PAHO) to develop a strategy to support the operation of national forums for the permanent collection, analysis and dissemination of information on the subject, which subsidized both the formulation of policies by national authorities as well as services management.
In 1999, the deployment initiative of the Health Human Resources Observatories was officially launched at the regional level and was initially composed of nine member countries.
The next step was the establishment of observatories and national networks by meetings in which the national health authority, the principal educational institutions and class associations, among others, participated. The idea was to gather information on four topics and publish the results: (1) quality and standard of work, (2) human resources training, (3) productivity and services category, and (4) governance and labor conflicts in the sector.
Today, ten years after being established, the majority of the observatories are the responsibility of national agencies and research centers, dependent on PAHO to implement actions and other initiatives to ensure and strengthen the network dynamic.

Brazilian Network: 21 observatories in action

In Brazil, the Observatory Center of Health Human Resources (ROREHS), part of the project under the PAHO umbrella, is coordinated by the Secretary of Management of Labor and Education of the Ministry of Health (Sgtes / MS).

Currently with 21 workstations, the network has encouraged direct technical cooperation, the publication of several papers of interest to the sector, the programming achievement of national and international events, becoming one of the most important initiatives in the field of human resources in the country.

Created in 2000, the Health Technicians Observatory, which is located at the Joaquim Venancio Polytechnic School of Health (EPSJV / Fiocruz), a workstation that is especially concerned with the issues relating to 'health technicians'. Who are the health technicians in Brazil? How are they geographically distributed and in which fields do they operate? How are they paid?

According to the coordinator of the EPSJV Observatory, Monica Vieira, a sociologist with a doctorate in public health, early studies by the team had a more quantitative bent and sought to understand how the relationship between the two issues of training and the labor market. "There was a desire to know the quantitative distribution of these technicians in Brazil and to understand how the training concentration in private institutions and the movement of decentralization of the National Health System (SUS), among other things, ended up influencing the distribution," she says, adding that it was possible to engage in qualitative studies based on the first results obtained.

As regards the operation of the observatories in Brazil, Monica regrets the lack of a strategy that aggregates the individual work done in the different isolated observatories. "The research guidelines are governed by the Ministry of Health and are inserted into a biennial work plan. Nevertheless, it would be possible to conduct some studies in a more

interesting way – while trying to grasp the complexity of various issues - if we worked together with stations from different regions of the country," she explains.

According to her, this relationship should be based on a national plan of action. "It's important that study groups have autonomy in their analysis, theoretical viewpoints and research methods, but also it would be great to be able to perform studies that are a priority of the Network Coordination," explains Monica, noting that the country's political momentum is in favor of this initiative.

With respect to the global context of observatory networks, the researcher does not believe that the studies conducted here may have impacts on a broader universe. "Even though the studies diverge from general concerns, they are always linked to the historical and local particularities of Brazilian society," she adds.

Andean Network: collaborative workspace

Launched recently, the site of the Andean Observatory of Health Human Resources (ObservaRH 'Edmundo Granda' Network) reflects the good momentum that the initiative has picked up. The apparent vitality, however, hides some weaknesses that must be overcome so that the Network, which includes observatories in Bolivia, Chile, Colombia, Ecuador, Peru and Venezuela, can work at peak efficiency.

According to Mónica Padilla Díaz, Sub-regional Human Resources Assessor of PAHO/WHO for the Andean area, in the beginning, some countries incorporated the idea of observatories mainly as a way to convene stakeholders for discussion of key issues relating to the subject. Today, however, the initiative is entering a second stage. "Before, the network was an area of political agreement. Presently, the major challenge and perhaps the greatest weakness of the initiative has to do with the efficient production of solid and reliable information for decision making and for the actual development of the area in the Andean countries," she says.

Mónica identifies an additional challenge as having to do with the meaning that the Network takes on to national authorities. "Political authorities, in this case the Ministries of Health of the countries, still do not realize the importance of information for decision making and nor the role they should play in strengthening the institutions that work to expand this capability at the societal level. The States must be made aware of the importance of investing in the institutions, especially in academics and research, to boost the training of qualified researchers who are capable of providing adequate knowledge of with a high degree of quality," she stresses.

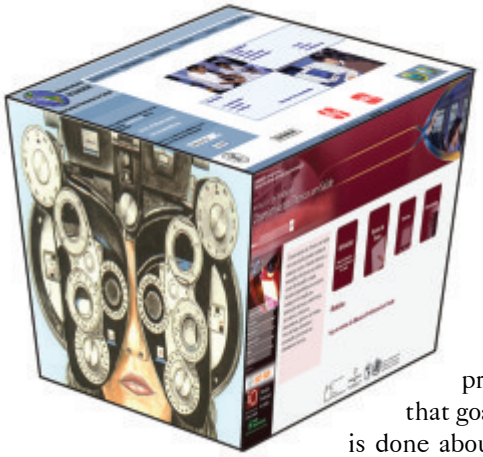
Despite the difficulties, the PAHO Assessor is convinced that the establishment of the Network has brought many benefits to member countries on sub-regional and regional health issues. "Before the establishment of the Network, there had already been a gain at the national level. The observatories have generated major products and were marked by debates and promotion of specific policies for the sector. The creation of the network, however, has been instrumental in fostering national processes and allowing for the construction of a common agenda, focused on five objectives of the Andean Plan of Health Human Resources and in diverse themes that represent a general concern: the migration of workers and training of these professionals," she adds.

Another important benefit, according to Mónica, is the establishment of a space, not solely virtual, of collaborative work between the national observatories. "The case of monitoring targets for the development of human resources was a very interesting collective exercise and the task ended up promoted to the political sphere by entering into the agreement which gave rise to the Andean Health Ogranization (ORAS-CONHU), highlighting the issue of human resources, and to be taken up recently in the formation of UNASUR," she points out.

Among the positives points, she also highlights the increased visibility of areas of human resources departments, the possibility of putting the topic on country agendas, and the overt promotion of the work done and products generated within the country. "The Network is creating a culture of communication," she emphasizes.

In conclusion, Mónica cites the expansion of international cooperation activities, highlighting the role that Brazil played in the construction of the Andean Network. "An agreement between PAHO and the Brazilian government was crucial to the financial viability of the project, but there was also technical support, facilitated by the work

Organization which belongs to the Andean Integration System. Its goal is to coordinate and support the efforts of member countries, individually or collectively, in the improvement of the health of its people, giving priority to the cooperation mechanisms that drive the development of subsystems and methodologies.



experience accumulated in the country, and the possibility of developing some work in partnership with Brazilian colleagues," she reiterates.

In Africa, many difficulties to overcome

Many African countries have initiated reforms seeking to strengthen their national health systems, but the lack of professionals has been an obstacle to achieving that goal. It is a consensus that unless something is done about the crisis affecting the area of human resources for health in African countries, the health targets of the Millennium Development Goals (MDGs) are unlikely to be achieved. Overcoming problems such as international migration, imbalances in distribution, inadequate training, recruitment and retention in the workplace and, especially in Africa, the impacts of HIV/AIDS in the health sector, depend on data and quality information.

"Despite the efforts made by countries to develop policies and plans for human resources in the context of health sector reforms, the lack of reliable information prevents both decision making based on evidence and comparative analysis studies," says Adam Ahmat, Regional Office Technician of the World Health Organization in Africa (Afro / WHO) and Coordinator of the Observatory of Human Resources in Africa (African Health Workforce Observatory - AHWO), noting that the experience acquired in the Americas has shown that this can be an effective strategy to increase the amount of information and evidence as well as to raise awareness of issues related to the health workforce.

The creation of an African observatory was recommended during the regional consultation for Africa, held in July 2005 in Brazzaville (Congo). The observatory was conceived as a mechanism to promote political dialogue on the subject, learning and sharing of information and experience, facilitating the formation of strategic alliances to overcome the difficulties and increasing understanding of the need to create and strengthen information systems for the health workforce in the countries. The AHWO is seen as a network that includes the national observatories, a steering committee, and a regional secretariat.

Ahmat believes that the construction of the African Network still faces several challenges that persist in most countries of the region. "The process of setting up national monitoring continues to be long, due to lack of resources and institutional arrangements within countries; information systems about human resources continue to be weak and lacking tools for monitoring and evaluation; inferior capacity to produce reliable information and evidence for decision making; lack of coordination, integration, synergy and leadership in the sector; and in many countries, managers in the area still have no authority to address and solve the existing challenges," he adds.

He noted that the strengthening of the Regional Observatory is essential to support the establishment of functioning national observatories. "In this process, we are seeking to expand the documentation and dissemination of practices and research related to the issue of health human resources in the region, creating links and encouraging collaboration among the sub-regional institutions, partners and WHO to facilitate the creation of national observatories; to support countries in strengthening their health workforce information systems; and to act as a permanent voice in defense of the importance of these issues and the mobilization of resources for the area," he says.

"Observatories should assume a new identity"

According to PAHO / WHO consultant Felix Rigoli, the Observatories were a privileged place for discussion and analysis of human resource policies in Latin America during the early years of this century. Despite the initial success, he believes the time has come for the observatories to search for new paths. "After the 'Toronto Call to Action' and World Health Day 2006, devoted to the topic of health human resources, the observatories diversified their operations to meet the new challenges. Now, they must assume a new identity, acting as generators of information linked to the regional policies and goals of HR. This involves a much more specific research agenda and must be negotiated with the authorities and decision makers."

As for the evaluation of the work, according to Rigoli it is necessary to keep in mind that the observatory deployment process varied widely from place to place. "The Andean Region has used the computer technology of the Brazilian Network in the mounting of the Edmundo Granda Network, which is clearly focused on the Andean Plan of Human Resources and the monitoring of Regional HR Goals. The Brazilian Network, on the other hand, is undergoing a period of redefinition of master plans to comply with a mandate by the authorities that the issues and the production technique of these forums be aligned with the

new demands of the SUS. The regional network (www.observarh.org/regional), comprised of 28 countries and more than 100 workstations, tries in turn focus its attention on the so-called 'Decade of Human Resources 2006-2015' and establishes nexuses with the sub-regional networks and other continents," he explains, adding that the repositioning of observatories in the Americas should occur in line with the PAHO Web 2.0 Strategy which reflects changes in theh technological platform.

Felix Rigoli thinks that the current priorities of HR policy should be the creation and development of a workforce that is focused on primary health care (PHC) and a system of universal and equitable provision of high-quality services. In this regard, the observatories should provide information to facilitate the achievement of these goals. "There are some questions to be answered: What are the differences in coverage and inequity of health personnel between regions and systems? How to attract and retain highly-qualified personnel to work in poor areas? How to train health professionals to work in appropriate APS programs?" he points out.

In conclusion, according to him there is another crucial issue: the creation of systems for monitoring and evaluating the proposed programs in order to reporting to the authorities the results (or lack of results) that are being obtained.

Additional Reading:

• Observatory of Health Human Resources in Brazil: Studies and Analyses. Volume 1 - (Editora Fiocruz, 2003). Available at: http://bvsms.saude.gov.br/bvs/publicacoes/orh_completo.pdf (in Portuguese)

• Observatory of Human Resources in Health in Brazil: Studies and Analyses. Volume 2 (PAHO / WHO, 2004). Available at: http://www.opas.org.br/rh/publicacoes/textos/Livro_inteiro_portugu% C3% AAs.pdf (in Portuguese)

• Translating information into health policy (Felix Rigoli, Mónica Padilla, Allison Foster and Jose Paranaguá de Santana). Available at: http://healthexchangenews.com/2009/ (in English)

• Toronto Call to Action of (PAHO, 2005). Available at: http://www.observarh.org/regional/fulltext/desafiostoronto_por.pdf

Web Rings: an idea which broadens work potential

On October 25, 2007, at a meeting held in Brasilia, attended by representatives from PAHO/Washington and central, African and European offices of the WHO, the current manager of the PAHO/WHO International Cooperation Program (TC 41), José Paranaguá de Santana, presented a project whose objective was to strengthen the communication dimension of HR observatories and their relationships in the virtual arena. In Brazil, little more than two years after launch, the proposal has already started yielding results.

"With the proposal to expand the initiative of the Observatory Network of Health Human Resources to other regions, the use of the Internet to broaden the appropriation and use of products produced within the realm of the Network and enhance its goals becomes even more attractive", explains Paranaguá.

According to him, the plan consists of establishing a minimum set of parameters for voluntary adoption by the participating institutions of the human resources observatories worldwide with the view to developing the use of Web tools and allowing for the construction of a Web Ring composed of such websites.

In accord with the project, three types of websites make up the Web Ring: the 'links', whose role is to encourage interaction among participants and promote the use of communication technologies mediated by computers; the coordination sites of a national network, or of a country in cases where there is only one observatory; and the Workstations. Currently, the link functions are carried out by the central office of the PAHO (PAHO / WDC) for the Region of the Americas, and Brasília (Project Arc / ObservaRH) for Brazil. At some point that this role will be directed through sites published by the WHO, Afro/WHO and other regional or sub-regional health organizations. The linking websites should, according to the project, be published in Portuguese, Spanish, English and other official languages of the WHO.

The adoption of the name, visual identity and basic architecture common to all sites, always respecting the identity of the institutions and the freedom to add other specific elements, are some of the parameters proposed for the formation of web rings. The adoption of a 'interconnectivity drive' which facilitates the consulting of users of other sites in ring is also considered important, as it may lead to a common database which would allow for simultaneous searching for content on multiple sites. In the case of the Brazilian Network, once a consensus is reached in the adoption of minimum criteria established by PAHO, the Arco Project (ObservaRH of Brazil) has agreed to host the websites of the institutions they need hosting, register the domain name, and develop the standard for a visual identity and minimum common architecture for the three types of sites, in addition to the ' interconnectivity drive' among them.

Education of Health Technicians · part 2

In the previous issue, we showed that both the purpose of education and the meaning of knowledge and theories and practices used in the educational process depend on the conception of the world in which they historically participate. Another idea discussed was that each of the conceptions gives rise to pedagogical trends that can be classified as critical, those that enable the understanding of reality, increasing the action of transforming individuals and acting on behalf of human emancipation, and non-critical, those aimed at the adequacy of the subject to a reality seen as natural and stable.

Based on the text 'An overview of critical and non-critical pedagogical currents' by Marise Ramos (see interview in RETS Magazine No. 3), we will search for, from now on, better understanding of some of these currents in order to comprehend the difficulty of unequivocally defining the term 'education of health technicians', the whole reason for creation of the Network.

Traditional pedagogy: the professor as exclusive possessor of knowledge

The school systems began to be formally established in the early nineteenth century, inspired by the Enlightenment and into the new economic order that was established with the rise of the bourgeoisie. School is given the task of eliminating ignorance, considered a cause of social exclusion, and for the first time ever, education is perceived as a universal right.

The nature of education, in turn, leads to a profound historic conflict between those who defend its humanistic aspect - as a means of access to culture and values of an era - and those defending its economic aspect, i.e., the need for training workers for the new mode of production that was beginning to be established. The result of the dispute ended up being the establishment of separate educational projects: one for teaching the ruling elite and another for training the working class.

Continuing the work of scholars from various fields - John Locke, Jan Amos Komenský (Comenius), Jean Jacques Rousseau and Johann Heinrich Pestalozzi, among others - and supported by Immanuel Kant's thoughts, the German philosopher and psychologist Johann Friedrich Herbart (1776-1841) established the first formal theory of instruction and imbued education with a scientific nature. Backed in psychology, Herbart took into account representations, stemming from sensations - man's relationship with the world through the senses - as the basis for the functioning of the human mind. To him, it was through the sensory experience that man formulates his subjectivity.

With regard to the learning process, the teacher is deemed to be the receptacle of all knowledge and is given the responsibility of not only transmitting knowledge to students - passive recipients of teaching - but also of driving the development and moral education of each them, educating their will, by means of the clarification of the representations that are on their minds, and controlling their impulses, desires and emotions. According to Herbart, the success of the educational process depends on the correct application of the following teaching procedures:

- Preparation: The teacher observes what the student already knows;
- Presentation: New knowledge is transmitted;
- Assimilation: The student must compare what he already knew with what he has learned, noting similarities and differences;
- Generalization and systematization: Based on what was learned, the student should be able to formulate general rules and abstractions; and
- Application: The students must show the usefulness of what he has learned, through new examples and exercises, giving meaning to knowledge that is no longer a mere accumulation of information.

Near the end of the century, the Herbartian doctrine began to be widely criticized for overly systematizing the teaching process, overstating the role of teacher and ignoring both the action of the student and his capacity for self-learning. Along with the criticisms, there was the movement of the active school, led by John Dewey (1859-1952), and a new theory of education - a new pedagogy - which, among other things, disapproved of the mechanical, artificial and outdated character of traditional school content.

A philosophical, religious, scientific and political movement, started the second half of the seventeenth century, that exerted great influence on the intellectual and political life of most Western countries. Enlightened ideas, based on rationalist principles, eventually prompting the bourgeois revolutions and the resulting end of the ancient regime and the emergence of liberal doctrines.

New pedagogy: learning to learn

While retaining a strong resemblance to the traditional pedagogy of Herbart, as it credited the school with the role of equalizing society, the new pedagogy brought a very different explanation for the marginality of being. The social ills, previously blamed on ignorance, were now considered to be fruits of rejection. Social integration, in turn, which in traditional pedagogy was seen as the result of 'education' received in school, was now considered by the new pedagogy as the result of acceptance of the individual by the group. In this sense, it would bring to the school social harmony through the adjustment and adaptation of individuals to society, leading them to accept differences and respect individuality.

According to Marise Ramos, to the Brazilian educator Demerval Saviani (School and Democracy, 1985) the transition from traditional pedagogy to a new pedagogy produced several important shifts, among them: from intellect to feeling; from the objective dimension to the subjective dimension of knowledge (the logical to the psychological); from content to methods; from teacher to student; from effort to interest; from discipline to spontaneity; and from quantity to quality. In the new pedagogy, as highlighted Saviani, "what's important is not learning, but learning to learn."

Inspired by pragmatism, John Dewey saw education as the process by which teachers seek to develop in students the practice of reflective thinking, that is, as explained by Marise, the active examination, persistent and careful of every belief and knowledge form in the light of the reasons which support them and the conclusions derived therefrom.

To him, the teaching-learning process should start with something 'concrete' and gradually oversee that the practical concerns of students, in carpentry, for example, are transferred to intellectual matters, such as geometry. In this sense, the educational method proposed by Dewey would be developed in five phases: perception of the problem; formulation of the problem, based on the difficulties that it represents; hypothesis to guide observation and other operations; logical reasoning; and testing and verification of the hypothesis.

According to Dewey, thinking is an inherent function of human intelligence and therefore cannot be learned nor taught. Thus, the role of teachers is to make students learn to "think well," that is, they acquire the habit of reflection. Learning, he says, is something that students should do their own initiative. It is up to the instructions to guide their students in the desired direction. The school curriculum should not predetermine any experience, but rather aim at transforming experiences. The classrooms, in turn, constitute areas of analysis and transformation of these experiences through alternatives, consequences and assumptions in the process of knowledge construction.

According to Marise Ramos, such pedagogical currents, which are based in pragmatic philosophy, politico-economic liberalist conceptions and a functionalist view of society, are considered non-critical for taking into account social inequalities as individual differences and believing in the power of education to promote the acceptance of one another, forging a process for people to adjust to existing conditions and seeking to ensure the smooth functioning of society. According to Saviani, traditional pedagogy as well as new pedagogy overlook the historical perspective, dealing with teachers and students on an individual basis and not as social subjects and, in an "inverted idealism," convert education from a component determined by social structure into a determining component capable of transforming society.

According to its critics, even though it has brought important contributions to education, the New School ended up strengthening instrumental efficiency which gave rise to technicality, a new educational theory bento on industrialism and productivity which are characteristic of postwar capitalism.

(To be *continued in the next issue)*

The philosophical school of American origin, which emerged around 1870, which is characterized by disbelief in fatalism and the belief that intelligence must go beyond the mere knowledge of things, allowing for human action within its real. Charles Peirce, William James and John Dewey, who coined the term 'instrumentalism', are some of the main representatives of this movement.

UNASUR approves creation of Network of Health Technical Schools

Argentina Bolivia Brazil Chile Colombia Ecuador

Acute social inequality, which is directly reflected in the health of more vulnerable populations; non-universal and therefore exclusionary health systems; difficulty in controlling epidemics of infectious diseases and simultaneous increase in morbidity and mortality caused by chronic diseases; intense migration of health professionals. Overcoming these and many other issues of concern to the authorities of South American countries depends on the expansion of social inclusion policies and the strengthening of national health systems in the region, with increased supply, universalization of access and improvement in the quality of services.

Amid the growing and accelerating current process of globalization, there is a consensus that problems do not affect countries in isolation and therefore solutions must also be sought through regional policies that take account of the complexity and scope of the phenomena. Solving these problems, especially those occurring in the health field, at the continental level, while taking into account the specificities of each country, is one of the purposes of the Union of South American Nations (UNASUR), the supranational body that is composed of a bloc of all 12 countries of South America.

In search of South American identity and citizenship

The idea of creation of UNASUR was finalized in the Cuzco Declaration, signed in December 2004, during the Third Meeting of Presidents of South America. It was, however, only in May 2008 during a meeting of Heads of State and Government in Brasilia, the capital of Brazil, that UNASUR was formally established.

The objective of UNASUR, expressed in its constituent treaty, is "to build, in a participatory and consensual manner, an integration and unity in the cultural, social, economic and political relationship between their peoples, prioritizing political dialogue, social policies, education, energy, infrastructure, finance and environment, among others, with a view to eliminating socioeconomic inequality, achieving social inclusion and citizen participation, strengthening democracy and reducing asymmetries within the framework of strengthening the sovereignty and independence of states." Its institutional hierarchy is quite complex, being composed of the Council of Heads of State and Government, Council of Foreign Ministers, Council Delegate, and the Secretariat, which supports the other bodies in carrying out their duties. The *pro tem* president (PPT) of UNASUR will be assumed successively and annually by each of the Member States, in alphabetical order. On August 10th of this year, with the rejection of Colombia, Ecuador took on the role, replacing Chile.

In addition to economic integration, inspired by the model adopted by the European Union, adoption of joint measures for the areas of defense and health also constitute part of the project. To this end, the Council of South American Defense and the Council of South American Health, UNASUR-Health, were created during the Special Summit of UNASUR, held in December 2008 at Costa do Sauipe, Brazil, composed of 12 ministers in the area. At the same meeting, the members of the Council of Heads of State and Government defined the Agenda of South American Health, to be implemented within three years.

UNASUR-Health establishes a continental agenda

In April 2009, in Santiago, Chile, in the first meeting of the South American Health Council, an account was giving of the activities of each of the five points of the South American Health Agenda: (1) establishing the epidemiological shield South America; (2) developing universal and equitable health systems; (3) providing universal access to drugs and other health products; (4) promoting health and jointly tackling its social determinants; and (5) strengthening the training and management of health human resources. At the same meeting, an organizational committee was created, responsible for executing the decisions of the Council and the Technical Secretariat of the Technical Groups (TGs) which will work in each of the priority items.

To the former president of the Oswaldo Cruz Foundation (Fiocruz) and the Brazilian representative on the Coordinating Committee, Paulo Marchiori Buss, although the work is just beginning, it is possible to measure the importance of the first agenda item: establishing the South American epidemiological shield to jointly address major health problems of the continent. "When the first cases of the new flu were detected in Argentina and

Chile, other countries were immediately alerted, allowing a true war maneuver at airports and border areas to stop the expansion the disease," he recalls, adding, "Several measures have been taken to provide diagnostic and therapeutic resources to all countries. In addition, we designed a common strategy for a specific influenza vaccine, once it becomes available. The Council also stated that in cases of public health emergency, the needs of public health and the right to health should outweigh the interests of the market."

Developing their monitoring and evaluation of national health systems, encouraging the exchange of experiences to extend coverage and improving quality in health care, based on the strategy of Comprehensive Primary Care, and implementing initiatives to provide health services to migrants in the region are some of the guidelines established to ensure citizens' universal right to health, the second item on the Agenda.

It is up to the GT of Universal Access to Medicines to, among other things, map and try to increase the capacity of the continent in the production of medicines and other health supplies; exchange experiences for the creation of integrated coping mechanisms of the barriers that limit access to essential and costly medicines; and establish an area of communication of risks to the quality control of drugs, as well as pharmaceutical counterfeiting and illegal trafficking.

For the fourth item on the Agenda, the Work Plan provides five directives: the creation of the South American Commission on Social Determinants of Health; the stimulation of exchanges in the fields of training and research on Social Determinants of Health; the development of actions that publicize health inequalities in South America; the sharing of

Institutions that develop research activities and training of health personnel, which enable effective, efficient and sustainable operation of health systems and services.

experiences and monitoring the Social Determinants of Health; and dialogue with other UNASUR Councils, to enable people to work together in addressing the Social Determinants of Health.

The solution of questions concerning the last item on the Agenda - education and management of the health workforce in - as a priority for improvement and strengthening of health services, is incumbent upon the Technical Group for Development and Management of Human Resources (GTRRHH — UNASUR), coordinated by the Secretary of Labor Management and Education of the Brazilian Ministry of Health, Francisco Campos. "Considering that the health sector, like education, is intensive and highly dependent on the quality of its work force, this South American agenda item is considered extremely important," says Paul Buss.

Technical Schools Network: Improving the training of health technicians

According to the Pan American Health Organization (PAHO/WHO), although the situation of health professionals varies among South American nations, all have major imbalances in the availability, distribution and composition of the workforce, i.e., there may be, for example, staff shortages in certain locations and excess in others, or an excessive number of professionals trained in a particular specialty to the detriment of others.

The solution to these and other issues that tend to worsen with the growing economic integration between countries and the increasing mobility of workers across the continent, is, according to Paul Buss, the establishment of reciprocal recognition of curricula and particularly mechanisms for licensing and accreditation between countries, which does not seem to be something very simple to do. "Today there is an enormous diversity with regard to training, certification, regulation and legislation as to professional workers. Training of these professionals, in turn, is generally linked to market imperatives - be they in the institutional offer of training or expertise in defining the curriculum - which helps to deepen the picture of inequality in each country and the regional bloc as a whole," he stresses.

Among the plans of the GT is the creation of the Institute of South American Government in Health (Isags), based in Rio de Janeiro and dedicated to educating leaders of the highest levels of health systems in the region, and the formation of exchange networks among health structuring institutions, among them Health Technical Schools, taking into account the work performed by RETS.

The idea is that the member institutions of the networks be committed to linking up with each other to ensure the convergence of actions in the area of personnel training; to promote technical cooperation among their peers and with other service, teaching and research-related entities; and to develop and maintain systems which monitor the health workforce and the training of health workers. The management of each network will be carried out by one of its member institutions, as defined by the GT among those previously nominated by Member States, for terms of four years.

Guyana Paraguay Peru Suriname Uruguay Venezuela

Training and information are essential to the strengthening of PHC

This is the latest in a series of materials, began in the first RETS magazine, whose aim is to highlight issues related to the workforce in the four reforms for the strengthening of Primary Health Care (PHC) as proposed by the World Health Organization (WHO) in its 2008 report.

Services with a people focus: principles call for changes in the training of health workers

According to the WHO report, giving priority to people, enhancing the health, welfare, values and skills of the workers and users of the system is the only way possible for primary care to contribute – in a safe, effective and socially productive manner – to health promotion, prevention and curing illnesses and overall health care. "The biomedical sciences occupy and must continue to occupy a central place in modern medicine," the report says, citing the views of the Canadian physician William Osler, one of its pioneers. "It is more important to know what kind of patient has the illness than what kind of illness has the patient," he said, highlighting the importance of the human side of health.

Prioritizing people, however, is not a trivial principle. It requires significant changes in normal routines and overcoming, according to WHO, the greatest limitation of contemporary health care: the lack of service capacity to meet the particular circumstances of each community and each individual. The way services treat people generally receives criticism from people. Many workers in the sector, in turn, have begun to understand the shortcomings of purely biomedical approaches, linked with a host of problems that they often already face in their daily work lives: low wages, poor stability, lack of resources and infrastructure, overwork, etc. tend to further complicate the relationship with users.

It is essential, according to the text, that health professionals, especially those working in primary care, understand that each individual lives his health problems in a certain way and develop their ability to respond to this diversity and recognize important aspects of the problem that are not related to diseases, such as domestic violence, for example.

However, users are not the only ones who gain from the proposed changes. Various studies, according to the report, show that the adoption of person-oriented services ends up being, depending on the effectiveness of the actions, a major factor in the satisfaction of the health professionals as well. The challenge, as the text highlights, is that few health workers are adequately trained in this type of care. Even if they cannot solve all the cases that arise on their own, the primary care teams must find answers to most problems health in the communities where they live, through the mobilization of extra resources, directing users to specialist services, helping them navigate the complex environment of health systems or even recognizing and attempting to minimize the difficulties encountered by patients for continuity of care.

For the WHO, changing of the current systems of vocational training, career structures and payment mechanisms, which are far from reflecting the importance of those who work at the primary health care level, leads to the last two reforms: public policies and leadership.

Public policies need to be improved

Public policies, in the health and other sectors, directly interfere in communities health matters. The lack of coordination between these policies greatly reduces their effectiveness in overcoming challenges posed by the growing importance of aging, urbanization and social determinants of health, among other things. For this reason, the WHO provides the improvement of public policies as one of the four reforms necessary to strengthen PHC in the countries.

In its proposal, the WHO considers three types of policies that can be strengthened and aligned with ambitious goals for the other reforms in favor of PHC: the "systemic," responsible for the required reorganization of the structural elements of health systems; essential drugs, technologies, human resources, accreditation, etc; "public health," which provide actions that respond to priority health problems through, for example, preventive interventions and health promotion; and the "other sectors" that are able to contribute to health within the gamut of the in the mantra "Health in all policies."

Among the systemic policies, the report highlights that of human resources, mentioning that the area has been neglected in most

countries, making the shortage of workers one of the main impediments to the development of more efficient national health care systems and to the very achievement of the Millennium Development Goals (MDGs). The issue of the migration of health workers, exemplified the growing dependence of the richest countries of migrant workers to meet their internal shortages, is cited to show that the public policies of a country may also have a significant impact on others.

When it comes to human resources policies, according to the WHO, the choices that countries make or do not make will have major long-term consequences, since the health workforce is both an indispensable resource to the deployment of primary care and universal coverage reforms which embody the values that define PHC. "In the absence of a deliberate choice of aligning health workforce policy with the goals of PHC, market forces in the health care system will induce workers to a greater subspecialization in tertiary institutions, oftentimes prodding them to migration to large cities or other countries," the organization posits.

As population health is not just a product of the activities of the health sector, but also depends on social and economic factors, the WHO maintains that it is in vain that PHC teams try to improve the health of populations on a local level if comprehensive public policies are not adopted at the national and global levels which change, for example, nutrition standards and influence the social determinants of health. In this respect, the text warns: "It is imperative that health authorities commit not only to obtaining the cooperation of other sectors on specific actions, but also to ensuring that health be recognized as one of the socially valued outcomes of all policies."

Although intersectoral action is one of the fundamental principles of the Alma-Ata Declaration, not all health officials can coordinate their activities with other sectors or use their influence beyond the health system by which they are formally responsible. The idea of "health in all policies" and not part of a specific health problem seeking contribution from other sectors in its solution, but by identifying the effects of agricultural, educational, environmental, fiscal, housing and transportation policies and others in populations health. In this regard, the WHO is assured that with regard to the issues related to the work force, only a joint effort comprised of the national health, work and education authorities will be capable of preparing professionals on a more significant scale, with a broader perspective and better prepared to manage the complex public health challenges of the future.

Reforms in leadership: authorities and citizens acting together

Lastly, the WHO stresses the need to create and strengthen new forms of leadership in health as the last reform necessary for the consolidation of PHC as the basis of national systems. The reins of the other reforms should be assumed by public power through collaborative models of political dialogue with all interested parties. "Because that's what people expect and because that's what's the most effective," argues the report, explaining: "Governments have the ultimate responsibility of formatting the national health systems, but they should not - and cannot - alone reform the health sector in its entirety."

According to the document, without a structured and participative political dialogue, the policy choices are vulnerable, for example, to appropriation by interest groups, changes of political figures or the fickleness of resource donors. "Without a social consensus, it is equally much more difficult to achieve an effective coordination with all of those involved, whose interests differ from the options undertaken for reform of PHC," stresses the text.

Among other things, the report highlights the strengthening of information systems as an essential measure for strengthening the political dialogue. "The communities and civil society organizations need better information to protect the health of its members, reduce exclusion and promote equity," says the WHO, reminding that quality information is also essential for health professionals to improve their work and perfect the management of services, as well as for politicians who need to know whether or not health systems meet the needs of society and how public resources are being used.

Forming a critical mass of people and institutions who are committed and experienced, who carry out not only technical and organizational tasks but also understand, believe credible and give legitimacy to the new paradigm of work proposed is, according to the report, a prerequisite for the realization of all the proposed reforms.

Two new members join the list of RETS institutions

The Argentine Association of Nuclear Medicine Technicians (AATMN) and the Provincial Director of Health Training, of the Buenos Aires Ministry of Health, are the latest institutions to join RETS. Both joined the Network in October of this year.

The AATMN (http://www.aatmn.org.ar), established in 2006, is a professional organization that brings together technical graduates, technicians and students of Nuclear Medicine, in order to promote the formation and development of the class, encouraging continuous improvement of technical and professional practice.

Further information:
RETS
website (http://www.rets.epsjv.fiocruz.br)

Primary care is the subject of series of conferences in ESTeSL

On November 24th, The School of Health Technology of Lisbon (ESTeSL) held the second event of the Conference Series: Technologies for Health in Primary Care, addressing the theme of team intervention. The course aims to promote the reflection of health technology workers in the context of primary care.

The theme of the first event, which occurred in early June, was "Course reform and Health Technology Professionals." Participation in the series of conferences is restricted to ESTeSL students and teachers and professionals in the field.

PAHO / WHO update data on the landscape of health in the Americas Region

The Pan American Health Organization (PAHO / WHO) recently launched the publication "State of Health in the Americas - Basic Indicators 2009 '. With versions in English and Spanish, the booklet provides statistics on various demographic aspects, health, etc., divided into sub-regions in order to facilitate local analysis.

Available on the PAHO website (http://www.paho.org), under: 'Data and statistics'.

Publication shows that health in Africa improved over the last five years

Launched in Portuguese, English and French, the publication 'Strategic orientations for WHO action in the African Region (2005-2009): a tale of the last five years' shows the result of work done by African countries, with support from the regional office WHO and other key partners in recent years, and the main challenges that must be faced by countries in the health field.

Available at the Afro/WHO website: (http://www.afro.who.int)

Manual facilitates monitoring and evaluation of the health workforce

Lack of staff has been a major obstacle to the improvement of national health systems. Many countries still lack the technical capacity to properly monitor their health personnel and the data are unreliable and often obsolete. Moreover, effective analytical tools are not often used.

The 'Manual for monitoring and evaluation of health human resources - with special applications for low- and middle-income countries', published by WHO, provides interested parties with tools aimed at controlling and evaluating health human resources for health, as well as with highlights of successful experiences conducted in some countries.

Available on the WHO website (http://www.who.int), under: 'Publications' > 'How to obtain WHO publications' > 'Database of the WHO library' (http://dosei.who.in t)

WHO report identifies the main risks to global health

The report 'Global Health Risks', launched by WHO in October, brings a broad assessment of the 24 main factors responsible for premature mortality, disability and loss of health in the world. The publication includes information linking environmental risk factors, behavioral and physiological diseases and injuries that afflict humanity. For all these reasons, the report is considered of great importance for health planning and construction of national health policies.

Available only in English on the WHO website (http://www.who.int), under: Programs and projects > Health statistics and health information systems > Global Burden of Disease (GBD).

RETS LIST OF INSTITUTIONS

AFRICA

Angola

Technical Professional School in Health of Luanda
(222) 35 78 79 / 222 35 72 04

Technical Professional School in Health of Lubango
(923) 53 74 06

Intermediate Health Institute of Benguela
cfs-b@nexo.ao

National Direction of Human Resources – Ministry of HealthNational Direction of Human Resources – Ministry of Health
(244) 924 215 344 / (244) 923 489 923 / (244) 222 391 281 (Fax)

Cape Verde

Cape Verde University
(238) 261 99 04 / (238) 261 26 60

Directorate of Studies, Planning and Cooperation - Ministry of Health
(238) 261 0900 / (238) 261 3620

Guinea Bissau

National Health School
0021 245 663 98 80 / 0021 245 587 88 64

Human Resources Direction – Ministry of Public Health
(245) 722 3402 / (245) 20-1188

Mozambique

Regional Center For Sanitary Development of Maputo – CRDS – Ministry of Health
(258) 212 470 543

Human Resources National Direction – Ministry of Health
(258) 21 310429

Sao Tome and Principe

Dr. Victor Sá Machado Health Sciences Institute
212 239 910 536

Afro Representation
regafro@afro.who.int

CENTRAL AMERICA

Costa Rica

Health Technology School – Medical School – University of Costa Rica
(506) 2511- 4493 / (506) 2225-8322 (Fax)

Cuba

Faculty of Health Technologies (Fatesa) – Higher Institute of Medical Sciences of La Havana
(053-5) 2860389 / (053-7) 6400192

El Salvador

PAHO Representation
(503) 2298-3491 / (503) 2298-1168 (Fax)

Honduras

The National Autonomous University of Honduras
(504) 232-2110

Mexico

The Integral Applied Clinical Nursing Department / CUCS – University of Guadalajara
(52-3) 10585200 / (52-3) 10585234

Nursing School - The Autonomous University of the State of Morelos
(52 -7) 322 9632 / (52-7) 322 9642

Faculty of Nursing – Autonomous University of Tamaulipas – Tampico Campus
(834) 31 8 17 00 Ext. 3380

PAHO Representation
(52) (55) 5980-0880

Panama

PAHO Representation
(507)262-0030 / (507)262-4052 (Fax)

SOUTH AMERICA

Argentina

Technicians for Health Superior Institut - Ministry of Health of the Autonomous City of Buenos Aires
(54) 11 4807 3341 / (54) 11 4807 0428

Professional Capacity Building, Technical and Research Direction – Government of the city of Buenos Aires
(54) 11 48073341

The National Direction of Human Resources for Health policies - Ministry of Health
(54) 11 43799184 / (54) 11 43799185

Professional Capacity Building, Technical and Research Direction – Government of the city of Buenos Aires
0221 483 8858 / 0221 421 0709

Association of Buenos Aires Surgical Technologists
aib@netverk.com.ar

Argentine Association of Nuclear Medicine Technicians
54 1 4863-4449 / 54 1 4865-9774 (Fax)

TecnoSalud Magazine
54 (011) 4794-8216

PAHO Representation
(54-11) 4319-4242 / (54-11) 4319-4201 (Fax)

Bolivia

National Health School - La paz
(591-2) 2444225 / (591-2) 2440540

Bolivian-Japanese Health Technical School of Andean Cooperation
(591-4) 4257501 / (591-4) 4233750 (Fax)

The Bolivian Chaco Health Technical School "Tekove Katu"
(591) 3 952 2147 / (591) 3 954 6074 (Fax)

Human Resources Unit – Ministry of Health and Sports
(591-2) 248 6654 / (591-2) 2481406

PAHO Representation
(591-2) 2412465 / (591-2) 2412598

Brasil

Technical Schools Network of SUS (Brazilian Public Health System)
(61) 3315.3394 / (61) 3315.2974

Joaquim Venancio Polytechnic Health School
(55) 38659797

General Coordination of Technical Operations for Health Education – Secretariat of Management of Education and Work in Health (SGTES) – Ministry of Health
(61) 3315.2303 / (61) 3315-2425

PAHO Representation
55 61 3426 9595 / 55 61 3426 9591

Chile

Division of Management and Development of People – Ministry of Health
(56 2) 5740345 / (56 2) 5740608

PAHO Representation
(56-2) 4374600 / (56-2) 2649311 (Fax)

Colombia

Association for the Teaching of Dental Techniques
57 1 310 29 71 / 57 1 313 08 73

Center for Health Administration Studies (Ceads)
(57-1) 284-4777 / (57-1) 284-5810

Faculty of Odontology – University of Antioquia
(57-4) 2196718

San Gil University Foundation (UniSanGil)
(57) (07) 7245757 / (57) (07) 7246565

University Foundation of the Andean Region
(57-1) 2497249 / (57-1) 2100330 Ext: 104

Learning National Service (Sena)
(57- 1) 5461500 Ext. 12011 / (57- 1) 5461500 Ext. 12088

General Direction of Analysis and Human Resources Policy – Ministry of Social Protection
(57-1) 3305000 / (57-1) 3305050

PAHO Representation
(011-57-1) 314-4141

Ecuador

PAHO Representation
(593 2) 2460330

Paraguay

Health Higher Education Center – Health Sciences Faculty
(595) 513 432029 / (595) 513 432009

National Health Institute
(595 21) 294 482 / (595 21) 283 798

Higher Technical Institute of Knowledge
(595 21) 583647

Direction of Higher Technical Institutes – Ministry of Education and Culture
(595 21) 498 716

National Direction of Human Resources for Health – Ministry of Public Health and Social Well-being
(595) 21 – 204601

PAHO Representation
(011-595-21) 450-495 / (011-595-21) 450-498 (Fax)

Peru

General Direction of Management of Development of Human Resources - Ministry of Health
(51-1) 333-2899 / (51-1)623-0000

PAHO Representation
(511) 319 5700 / (511) 437 8289 (Fax)

Uruguay

Health Technology School – Republic University
(00598-2) 487 1323

General-Direction of Health – Ministry of Public Health
(598-2) 400 1002 / (598-2) 4097800

PAHO Representation
(5982) 707-3590 / 5982) 707-3530

EUROPE

Higher School of Health Technologies of Lisbon
(351) 218 980 400 / (351) 218 980 460 (Fax)

General-Direction of Health – Ministry of Health
(351) 218 430-500 / (351) 218 430 530 (Fax)

WORLD HEALTH ORGANIZATION (WHO)

Department of Human Resources for Health
41 22 791 2542 / 41 22 791 4747

PAN-AMERICAN HEALTH ORGANIZATION (PAHO)

Human Resources Development Unit
(202) 974 3000 / (202) 974 3612

WORLD HEALTH ORGANIZATION FOR AFRICA (AFRO)

Division of Health Systems & Services Development
(47 241) 39 416 / (47 241) 95 39 511 (Fax)