**Distance Education:
concepts and bases
that can guide its use**

SUMARY

editorial

The launch of this issue of the magazine concludes our work for 2010, and we begin to prepare for next year. We have no doubt whatsoever that we have strived hard, over the past 12 months, to offer our readers quality information relevant to the worlds of education and performance of health technicians and the international technical cooperation, addressing issues such as interculturality, cooperation in crisis situations and now Distance Education. On the other hand, we are confident that much needs to be done to make the magazine, the newsletter and website of the RETS more appropriate to the purposes of the Network and the interests of all.

Distance learning (DL) is the central topic of this edition of the magazine. Far from feeding a distorted and unreal vision of this type of education, which some still see as a miraculous panacea for all social ills while others condemn it without trial, our goal was to encourage reflection and critical behavior before an educational proposal that is increasingly growing by the day with greater strength and power in our reality.

The cover story includes an interview with Brazilian sociologist and educator Maria Luisa Belloni, a researcher at the Federal University of Santa Catarina (UFSC) and one the leading experts in Distance Education in the country, in which she discusses important aspects of the issue and indicates the opportunities and challenges that DL brings into the realm of Education.

Also within this topic, the "On the watch" section presents some free short courses mainly directed to health workers, to which interested parties can freely access through the Internet.

Finally, the issue continues the presentation of the issues addressed in the online Forum on Health Technicians –'Mid-level Health Workers' – conducted by the Global Health Workforce Alliance in May this year and, under the "Network News" section, welcomes the two newest members of the RETS: the Portuguese Red Cross Health School (ESSCVP) and the Institute of Hygiene and Tropical Medicine (IHMT), also from Portugal.

Happy reading!

RETS Executive Secretariat

DL: In what contexts? To what extent?

In the beginning, there were only language courses and a few techniques, such as typing, sewing and auto mechanics, among others. Following that, offers have grown in importance and became more diversified until 1969 when, according to several experts on the subject, the creation of the Open University of England placed Distance Learning (DL) on the world scenario and determined most of its current features. At that time, an agreement with BBC television allowed the institution to offer, through the integrated use of printed materials, radio and television, as well as personal contact performed at call centers throughout the United Kingdom, university-level education for students whose only requirement was to be 21 years of age.

Today, more than 40 years after this English initiative and almost 300 years after what some consider to be the first experience with DL (see box), there is no doubt about the fact that the distance education is a new kind of education modality that has been increasingly used – according to some, since it represents a possibility of increasing access to education – and, as such, should be subject to constant reflection by experts and society.

According to researcher Maria Luiza Belloni, in her article 'Educação à distância e inovação tecnológica'[1], two major trends have been established on the global scenario over the last few years: the convergence of the presential and distance education models, on account of social transformations, especially in the labor market, and the integration of Information and Communication Technology (ICT) into everyday's life and cultural processes. In this context, she says, DL emerges both as a means of providing education that meets both the current capitalistic logic of globalization, exclusion, uniformity and standardization, and a new mode of access to education which attracts different clientele, especially the younger people. "What is important from the viewpoint of education's sociology

From letters to the Internet, transmission of knowledge to those who are distant

By its very nature, the educational process in which teacher and student are separated in space and also, generally, in time, distance learning (DL) can only exist in the presence of technical communication means. However, its story has a very specific reason since its inception: the need to disseminate knowledge to a growing number of people.

For some, like Cláudia Landim, in her book 'Educação a Distância: algumas considerações', or Lobo Francisco Neto, a researcher at the of Joaquim Venâncio Health Polytechnic School (EPSJV/Fiocruz), it would have started back in the eighteenth century, more precisely in 1728, when the newspaper The Boston Gazette published the advertisement of a teacher offering a shorthand correspondence course.

Several other initiatives have emerged since then, combining the advancements made by the development of communications technology with countless other factors such as, for example, the cheapness of postage rates, the popularization of radio, whose first "studio-station" was established in 1916, and the need to train workers on a large scale for the social and economic reconstruction of European countries and the United States after World War II.

In this sense, Americans Michael Moore and Greg Kearsley, in the book "Distance Education: A Systems View", divide the story of DL into three evolutional cycles, noting, however, that between cycles, new means do not replace earlier ones but incorporate the other to allow the creation of new models.

They say that the first cycle goes until 1970 and is marked by correspondence studies, with the primary means of communication being printed materials, usually with a study guide with exercises or other tasks mailed. The second, from 1970 to 1990, when the first Open Universities and courses begin to be implemented using, in addition to printed materials, by public television broadcast, radio and audio and video tapes, interaction via telephone, satellite and cable TV. Finally, the third cycle, from 1990, whose trademark is computer conferencing networks and multimedia workstations.

And if there is some doubt about the onset of DL's modern history, one certainty is that the modality gradually becomes the object of interest of experts and education authorities. In 1883, the

and public policies of the sector is to understand the pedagogical and educational innovations required by the explosive combination between the growing demands and the incredible possibilities for distance communication and interaction offered by the technical advancement of ICT", she says.

"In this context of change, one can no longer consider the distance education as only a means to solve emergency problems or to remedy some failings of the educational system at a given moment in its history", says Maria Luiza, highlighting that the modality tends to become a regular element in educational systems, with an important role in the education of adults, mainly due to the growing need for continuing education resulting from the fast obsolescence of technology and the accelerated generation of new knowledge.

While agreeing that, in some cases, the use of distance education is justified, Marise Ramos, professor and researcher at the State University of Rio de Janeiro (UERJ) and the Joaquim Venâncio

Health Polytechnic School (EPSJV/Fiocruz), states that some aspects should not be forgotten when thinking about adopting distance learning in graduate and post-graduate levels. "In general, the democratization of access and, in some specific cases, the territorial extension and the lack of basic education teachers usually trained in the graduation courses, have been some of the main justifications for the use of DL in graduation courses. In this sense, the possibilities generated by the technologies are legitimate and should not be considered as alternatives to face education, but as complementary to it", she ponders, adding: "The issue is that the use of DL at graduate and postgraduate courses affects the concept of university, seen as a space where the multiplicity of science and arts gathers and where one has access to 'universal' knowledge, i.e. in its multiple dimensions and in various areas."

According to Marise, DL does not provide this function of university, which depends on the physical presence and personal interactions that occur especially during the graduate and post-

graduate courses. "For example, to what extent do the virtual spaces created in DL experiences and knowledge objectified in electronic media can keep up with the culture and everything else that is produced within subjective relationships, that is, of the multiplicity and multidimensionality of the knowing, doing, being and relating to humans?" she asks.

Defining DL

• "Distance Learning (DL) is an educational process where most communication is mediated by technological resources that make it possible to overcome physical distance." (Rosa Maria Esteves da Costa, UERJ-Brazil)

• "Distance Learning: educational modality in which the didactic and pedagogic mediation in the teaching and learning processes occurs through the use of information and communication means and technologies, where students and teachers develop educational

state of New York confers academic credibility to distance learning by authorizing the Chatauqua Institute to issue degrees in correspondence courses.

In 1938, the First International Conference on Correspondence Education is held in the city of Victoria, Canada, and, gradually, many DL initiatives begin to be deployed around the world with the help of information and communication technologies (ICTs). At secondary level, it is possible to highlight the Hermods-NKI Skolen, in Sweden; ECCA Radio, in the Canary Isles, the Air Correspondence High School, in South Korea; the Telesecundária, in Mexico, and the National Extension College, UK. At the university level, some of the best known are: the Open University, UK; the Fernuniversität, in Germany; the Indira Gandhi National Open University, in

India; the Universidad Estatal a Distancia, in Costa Rica; the Universidad Nacional Abierta, in Venezuela; the Universidad Nacional de Educación a Distancia, Spain; the Sistema de Educación a Distancia, Columbia; and the Athabasca University, Canada.

But ... if, among experts, there is no doubt that DL depends on the existence of communication technical means, it is also certain that it cannot be limited to them. If pedagogical innovation does not follow technical innovation, it runs the risk, says Maria Luiza Belloni (see interview on pages 8 and 9), of increasing the gap between the ways of teaching, based on writing and media culture, and new ways of learning, developed by digital age "native" children and adolescents in contact with new media.

activities in different places or times". (Decree Nº 5.622/2005, regulates art. 80 of Law nº 9.394 of December 20, 1996 – Brazil)

•"Distance learning is a two-way communication technological system which can be massive and replaces personal interaction between teacher and student in the classroom, as a preferred mode of teaching, through the systematic and joint action of several teaching resources and the support of an organization and a tutoring that propitiate the independent and flexible learning of students."

(Lorenzo Gracia Aretio, Uned-Spain)

It is not easy to define exactly what DL is through all these and many other concepts and visions, although it is possible to highlight some of its constituent elements, including: the separation between teacher and student in space and/or time; the focus on learning (student) and not education (teacher); and the technological mediation between student/teacher and students/students.

This difficulty of defining DL also ends up causing some confusion in the activities developed under this classification, as Milta Torrez, a researcher at the Sergio Arouca National School of Public Health (ENSP/ Fiocruz), who coordinated the Pedagogic Training Course of Professional Education in the Area of Health, explains in the article 'Educa-ção à Distância e a formação em saúde: nem tanto, nem tão pouco'[2] : "These actions encompass training processes that are seriously designed, implemented, evaluated and partially or fully mediated by technological resources, as well as an extensive set of activities which could only be called educational in an extremely broad and vulgarized sense of the term."

A first clue to try and unravel this universe is given by Maria Luiza Belloni, in the aforementioned article. She says that it is possible to identify two main concepts used both as if they were contradictory and synonyms or complementary: 'distance learning' and 'open learning'. "Distance learning is a concept that emphasizes the spatial dimension, i.e. the physical separation

between teacher and student, and the mass scale of production and distribution of materials. On the other hand, open learning is a concept that emphasizes the suitability of a more autonomous and flexible education process, that is more accessible to students, which means, above all, the expansion of new teaching modalities and new access rules and pre-entry requirements", she says, adding: "DL should be understood as a distinct type of educational offer requiring simultaneously pedagogical, didactic and organizational innovation. Open learning, in turn, is a learning mode requiring a learning process focused on the 'learner', who is considered an independent being, manager of his own learning process".

The flexibility and freedom of the student – who can learn anytime, anywhere and in a rhythm of his own – as well as the offer directed to his own interests – with flexible access and teaching and assessment procedures – are, she says, the main characteristics of open learning.

Assessment, dropout and tutoring: points to be considered

With regard to assessment in DL, researcher Liane Rockenbach Tarouco[3], at the Federal University of Rio Grande do Sul (UFRGS), believes that there are countless reasons why a student of the distance modality cannot be assessed only through strategies commonly used in the presential education – exams, tests and assignments. In this sense, she affirms the need to replace the traditional focus assessment with a progressive approach assessment and emphasizes the importance of the study and development of methodologies that enable more dynamic and interactive

According to the Brazilian Distance Learning Association (ABED), the EaDbr 2008 Census data show that while 18.5% of students in the DL courses do not complete graduation, the dropout rate in the presential programs of higher education private institutions arrives at 19.1%. However, according to figures released by the Anísio Teixeira National Institute of Educational Studies and Research (INEP), an institution linked to the Ministry of Education, there is not much to celebrate, since DL's dropout rate in Brazil, at least with regard to higher education, has increased, rising from 8.3% in 2002 (20,685 entries and 1,712 graduates) to 16.3% in 2008 (430,259 entries and only 70,068 graduates).

assessments when used in distance assessment.

"When thinking about assessment in distance learning, it can be clearly seen that a long road still needs to be built, since other perspectives such as self-assessment and adaptive testing (tests adapted to the student's knowledge) are becoming more effective in the education of students that are more critical, creative and have a greater autonomy", she says, suggesting that the implementation of chat rooms, discussion lists and electronic mail can provide subsidies for the evaluation process via WEB, whose goals must be to identify the strengths and weaknesses and help the learner to learn, among others.

Although some consider that the high dropout rates – final withdrawal of the student at any stage of the course – in the DL initiatives is a myth that is being destroyed by recent research in the industry, many still place dropout as one of the challenges to be overcome by distance learning.

Classificatory concept, which focuses on the memorization of contents and individual and action, is presented as an end in itself. It is held at specific times and results in punishment (failure, poor grades) or positive reinforcement (approval, good grades).

Investigative and reflective concept, which focuses on the understanding of contents and collective and consensual action. It acts, as a mechanism to diagnose the situation, is ongoing and results in the improvement of the process.

In order to find solutions to the problem, many studies are seeking to diagnose in detail the causes of dropout, especially when it occurs in free courses offered by public institutions, where the economic factor represented by the payment of fees, may be discarded.

According to research conducted in several institutions[4], the main causes of dropout in DL are related to lack or excess of presential meetings, the length of courses, the low suitability of courses to students' needs, the complexity level and the amount of proposed activities, the lack of time for study, the poor study conditions at work and at home, the inability to use the technologies and the ensuing difficulties in following the activities offered by the courses such as: sending and receiving emails, participating in chats, discussion groups and making suggested links. Dropout also attributed to students' personal issues – family members' illness and loss or change of employment, among others – and the tutor's performance.

In this sense, the work quality of tutors and the academic management service, which, among other things, is responsible for the control of activities and the monitoring of students during the course, turns out to be crucial for the success of any initiative in the area.

One of the characteristics of DL in relation to conventional education is the replacement of the figure of the teacher – from the Latin profesore, he who teaches – with that of the tutor – also from the Latin tutore, he who protects, supports or directs.

The adoption of this term seeks to strengthen the idea of education based on 'walking together' as well as the sense of a teaching function focused on the learning process. Among the activities developed by the tutors are: clarifying students' doubts about the contents, procedures and course materials, monitoring of learning, correcting papers, student motivation and performance evaluation. Thus, according to Americans Mauri Collins and Zane Berge[5], tutors must be prepared to exercise pedagogical, managerial, technical and social functions, always bearing in mind that students are active agents in the knowledge construction process, by respecting prior experience and acknowledging the progress made by students.

DL and Public Health

One of the great investigations among those working in health education and training is about the possibility of DL being able to meet the demands created in the context of public health.

Some years ago, more precisely so after the Alma-Ata Conference (1978), public health has been facing major changes, as Antonio Ivo de Carvalho, sanitarian and current director of the Sergio Arouca National School of Public Health (ENSP/

Fiocruz), explains in his text 'A Educação à Distância e a nova saúde pública'[6]: "The programmatic and organizational changes proposed by the new public health, involving the construction of an interdisciplinary field of knowledge and a cross-sector field of practices, as well as the emergence of new stakeholders and social responsibilities, generate a set of educational demands of unprecedented magnitude and profile in the area of health."

Currently, he said, with respect to the target audience, it is no longer possible to think only about the training of health professionals. One must also consider the need to 'train' citizens users to enable them assume their role in public health, practicing self-care and exerting social control, among other things. In terms of magnitude, according to Antonio Ivo, both cases end up demanding "very large scale" educational programs, also because, in the case of health workers, changes in public health require both a quality initial training and continuing training to cope with the fast development of technology and knowledge involved in their professional and social practices.

The continuing education for professionals already working in the system, especially in countries where knowledge needs to reach a dispersed audience often located in areas of difficult access, and the need for massive training of certain segments of workers – nurses, health agents, among others – have been some of the motivations for the use of DL in health. Whether in large projects such as the Professionalization of Nursing Workers (PROFAE) or in short courses freely available on the Internet,

the modality has consolidated itself and is gradually generating debates.

Last November, experts of various nationalities participated in a workshop organized by the London International Development Centre (LIDC)[7] to discuss the use of DL in health education in developing countries.

Successful experiences were presented then, such as the nurse training programs in Kenya and India. Potential features of the modality were also identified, such as fostering the creation of national and international practice communities – which have been considered important tools for the strengthening of systems – and some of the most recurring problems examined.

According to Caroline Mbindyo, program manager of the African Medical and Research Foundation (AMREF) in Kenya, more than 7 thousand nurses are enrolled in 34 schools and there are 108 e-learning centers throughout the country, including centers operating with solar energy, and this is already bringing gains for the health system. She said that there was some difficulty in using technologies at the onset of activities, but this is already changing. The increased use of mobile phones to facilitate access by students is also being considered.

Bimla Kapoor, director of Health Sciences Faculty of the Indira Gandhi National Open University (IGNOU) in India, states that the success of the initiative in his country is directly related to the fact that work is being performed in close collaboration with the national and regional health administrations, as well as with hospital and local clinics. He says that this makes it possible to service approximately three million students and ensure that programs meet local priorities.

Among the problems identified, worth noting are, besides the low rate of course completion and the excessive use of technologies, which may be inappropriate in certain contexts, the lack of DL assessment programs and the impact that the performed training process causes in the health systems and the improvement of health conditions of the population. Accordingly, the final recommendation of the workshop was that the issue of assessment should remain in every sense at the center of programs and would no longer be seen as a final or complementary action.

Experts' final warning was, however, regarding the false belief that the increase of health education is the only

or the best way to improve systems. According to them, the best professional performance depends not only on training but also on working conditions and wage policy, among other things.

Distance Learning Commercialization: is it possible to fight against it?

"Education is a public good and DL may represent the deconstruction of what has always been understood as Higher Education. The horizontal relationships between students and the vertical relationships between teacher and students, which take place in the presential education, make a 'class', the whole, much more than the sum of its parts. All this is lost in distance learning". The declaration of Carlos Lessa, former dean of the Federal University of Rio de Janeiro (UFRJ), given to Radis Magazine[8] shows that there are still those who oppose the indiscriminate adoption of DL and are concerned about what it can mean, especially to public education, since DL has a strong marketing slant.

Those who defend the practice, in turn, argue that DL may represent an alternative for the democratization of education, since it allows to meet segments of the population that do not have access to continuous and systematic presential studies.

According to many scholars, however, even though distance learning has come to stay and that, besides being virtually impossible, it can be unproductive and even dangerous to ignore it, one must pay attention to its strong tendency towards commercialization and the negative results this can bring to society.

For example, Argentine researcher Marta Susana Brovelli[9] argues that this issue has to do with one of the challenges of DL: to offer real quality training and education opportunities in all initiatives. "There is no other way but to seek to improve the quality of DL and all efforts point to that direction. This will be the way to combat the commercialization of this education modality and the fast and superficial offers meeting artificial and superfluous demands and that are seen by students as quick and easy professional training", she emphasizes.

The fact that, in contemporary societies, initial education is quickly becoming insufficient, creating the need for a 'lifelong education', more integrated into the local settings and labor demands, as well as the expectations and needs of individuals does not mean, in the opinion of Maria Luiza Belloni1, that education is necessarily geared to market requirements. According to her, in an ideal concept, continuing education should aim at increasing the emancipation of the individual, enabling him to act politically, both as a citizen and a professional able to act in a competent way in new and complex situations.

The final warning is given by Milta Torrez[2]. By warning about the fact that the vulgarization of the educational process underlying the much-touted 'facilities' of DL can serve as an alert about the strong possibility of commercialization of this education modalities, whose features offered by ICT – speed and 'massiveness' – tend to favor this process, she is incisive: "More than ever, we need to know to make choices based on the answers to our questions on the education that we want, the training we need, at all levels".

Notes:

[1] Revista Trabalho, Educação e Saúde (EPSJV/Fiocruz, mar/2005, p. 187)

[2] Revista Trabalho, Educação e Saúde (EPSJV/Fiocruz, mar/2005, p. 171)

[3] O processo de avaliação na educação à distância (UFRGS, 1999)

[4] Evasão na Educação a Distância: identificando causas e propondo estratégias de prevenção (Elaine Maria dos Santos e outros. Projeto de pesquisa, 2008)

[5] Facilitating Interaction in Computer Mediated Online Courses (Background paper for our presentation at the FSU/AECT Distance Education Conference, Tallahasee FL, June, 1996): http://www.emoderators.com/moderators/flcc.html

[6] Revista Olho Mágico – Edição Especial sobre EaD (UEL, jun/2001): http://www.ccs.uel.br/olhomagico

[7] Distance Learning for Health: Potential and Problems Explored at Workshop (LIDC, nov/2010): http://www.lidc.org.uk/news_detail.php?news_id=104

[8] Revista Radis. 'Educação a Distância: estratégia importante para formação permanente' (ENSP/Fiocruz, jan/fev 2003)

[9] 'La Educación a Distancia: una invitación a la construcción conjunta' (Revista Trabalho, Educação e Saúde - EPSJV/Fiocruz, mar/2005, p. 199)

Sociologist Maria Luisa Belloni has been devoted to research in the areas of communication and education or, more precisely, the interface existing between them, for over 20 years. Author of several books and countless articles, she was a professor and researcher at the Federal Universities of Bahia, Brasília and Santa Catarina where she retired in 2005, but where she is still operating. In this interview, Maria Luiza shares some of the enormous knowledge acquired from her studies in Brazil, but also in France and Portugal, where she completed her Masters, Doctorate and Postdoctorates courses.

In your opinion, what is the best definition for Distance Learning (DL)?

Distance learning is an education delivery mode based on the student's independent learning without the presence of a teacher. Strictly speaking, the correct expression should be distance teaching, since the teacher's task is to teach. In the absence of direct mediation of the teacher, learning through DL requires the increased mediation of technical means, which today can include printed materials and information and communication techniques (ICT). Such mediation obviously requires appropriate teaching methodologies, which are different from teaching methodologies used in presential education.

For example, what differentiates DL from e-learning?

E-learning (electronic learning) is a very controversial and polysemous expression which, according to the context, can mean both to offer distance learning courses using electronic media and new modes of learning with these resources within and outside the classroom, for example, with 'games'.

DL is often seen as a "miraculous panacea" capable of solving various problems in the areas of education and health through professional education. In this sense, in your opinion, what would be the indications and dosage for the use of DL, as well as its 'counter indications'?

Considering DL as a miraculous panacea is misleading because quality distance learning requires large investments in technologies and specific training of teachers. Therefore, there are no savings with regard to financial resources or work time for these professionals.

Moreover, distance learning can be a very useful and suitable solution for the ongoing training of professionals from all areas for the obvious reasons related to the organization of learning time and space and also for pedagogic reasons arising from the proper specificity of this mode: DL requires from the learner a great motivation and a consolidated school culture allowing him to manage his own learning process, besides a professional experience enabling a better use of knowledge to be built.

In this sense, DL is not suitable for those who have no school culture or experience in training and is not recommended for supplementary popular education (adult literacy, for example) and, of course, for children and adolescent elementary education. However, thematic popular education campaigns (citizenship, violence, environmental preservation, traffic, health, etc.) can achieve excellent distance results if proper media and materials are used.

> **"Quality distance learning requires large investments in technologies and specific training of teachers"**

How to resist the temptation to incorporate more technical innovation than is necessary into DL, just because of the increasing availability of new technologies? This process does not tend to

increase inequalities existing between richest and poorest countries (regions and even individuals)?

Confusing technical innovation with pedagogic innovation means teaching old contents with old methods through new technical means. The use of new ICT requires new teaching methods that have not yet been developed in the field of education. There is a huge gap between teaching modes (trapped in old formulas based on writing and media culture) and new learning ways developed by digital age 'native' children and adolescents, in contact with new media, which researchers call 'autodidaxia', that is, a new self-teaching skill.

The integration of new ICT into the educational processes at all levels and modalities is a prerequisite for improving the quality of education, provided that it is conducted from a media education perspective, that is, critical and creative. The appropriation of these technologies is a sine qua non condition for the education of any citizen. The unequal access to technologies is exactly what exacerbates social inequalities and not vice versa.

Disparities are not so much regional (poor countries versus rich countries), but rather social: Brazil has more mobile phones than inhabitants, an exclusive record, until recently, of countries like Finland and the United States, and Internet access is growing dramatically. Our privileged children have probably more access to ICT than poor children in rich countries. So it is up to the school to train the responsible, critical and creative user of these technologies.

What is the importance of transferring the focus of discussion on DL from

'modality' to 'method'? What changes when operating this shift?

Shifting the focus from modality to method means investing in the production of knowledge about ways of learning through the ICT and promoting positive synergies between the presential and distance modalities, so that technical, methodological and pedagogical innovations produced in DL are integrated into presential education, adapting it to new generations, and that academic quality of formal education contributes to the improvement of distance education's quality. Most scholars point to the future convergence of the two 'paradigms of education', or an integration of both modalities. The new generations are already learning with ICT, so it is up to the school to integrate them into its teaching methods.

There is a growing trend to put all responsibility on personal success on the individual? How can the distance education proposals help to strengthen this idea and minimize the responsibility of society and institutions?

This is a trend in contemporary society and education does not escape this logic of individualism and consumerism. Globalized capitalism is increasingly demanding towards individuals, undermining the work and using technical innovations to increase the productivity of each worker. As Marx used to say in the famous fifteenth chapter of the Capital, "the capitalist employment of machinery (...) is a particular method to manufacture more added value." Moreover, the role of the enormous cultural and ideological influence of mass media is demobilizing the population and avoiding critical reflection. Social reality, however, is highly

"Confusing technical innovation with pedagogic innovation means teaching old contents with old methods through new technical means"

contradictory. The very same ICT that increase the workday and alienate the individual conscience may also act as a powerful means of democratizing access to knowledge and culture, provided that these are critically and creatively appropriated citizens. Training the new generations to this critical appropriation lies with the school at all levels. Therefore, teacher training via DL can trigger those positive synergies, because the teacher who has learned with ICT will be better prepared to teach with them.

What about the issue of dropouts? Is there any product feature or process in DL which tends to increase the dropout of students?

Dropout is a major problem of DL in any kind of experience. Its causes are multiple and complex and have much to do with both the quality of education – adequacy of methodologies and accessibility of materials (mainly technical issues), for example – and issues related to the student himself – problems of time constraints, access, self-learning ability and motivation to study, among others.

How can this problem be reduced?

Collective presential activities and well-equipped and structured periodic poles student's assistance with presential assistance mentors can help minimize dropouts.

Up to what extent the difficulties faced by DL in the assessment of student performance can affect the credibility of education or the legitimacy of certification?

More serious in the initial than in continued education, this is the biggest challenge to DL, especially in a country like ours with continental dimensions (making it difficult to perform presential exams) and a permissive culture with regard to obedience and enforcement of rules (where the "Brazilian way" is considered a value and not an anomaly). Assessment presential devices and the quality of interaction between the institution (teachers, tutors and mentors) and students are the most used mechanisms to solve this problem.

Is there any other important challenge to DL?

We do not have solutions to laboratory or work experience practical activities, which should be mandatorily presential, and this strengthens the idea of convergence of paradigms or modalities and the positive synergies between presential and distance learning. I believe that, in the future, new generations of people and machines will generate new solutions and new problems, with significant changes of cultures, mentalities and technical devices. These are the scenarios that would matter to be imagined. And to this end, we must listen to young people and children who already know more about ICT than their teachers.

Books:
'O que é Sociologia da Infância'(Autores Associados, 2009); 'Educação a Distância'(Autores Associados, 1999); 'A formação na sociedade do espetáculo'(Loyola Edições, 2002); 'O que é Mídia-Educação' (Autores Associados, 2001); 'Crianças e mídias no Brasil: cenários de mudanças' (Papirus, 2010).

Some articles:
'Educação a distância e inovação tecnológica' (Trabalho, Educação e Saúde, v. 3 n. 1, p. 187-198, 2005): http://www.revista.epsjv.fiocruz.br
'Infância, mídias e aprendizagem: autodidaxia e colaboração' (Belloni & Gomes, Revista Educação e Sociedade, n°104, 2008): www.scielo.br/pdf/es/v29n104/a0529104.pdf
'Mídia-educação: conceitos, histórias e perspectivas' (Beloni & Bévort , Revista Educação e Sociedade, n°109, 2009): www.scielo.br/pdf/es/v30n109/v30n109a08.pdf
'Ensaio sobre a Educação a Distância no Brasil (Revista Educação e Sociedade, n° 87, 2002): www.scielo.br/pdf/es/v23n78/a08v2378.pdf

Forum GHWA:
the health technician (Part 2)

From May 4 to May 18 this year, the Global Health Workforce Alliance held an online forum on mid-level workers, according to the nomenclature used by the World Health Organization (WHO). The goal of the initiative was to stimulate a debate on the subject, thus facilitating the exchange of experiences and insights on the subject. The forum was divided into nine topics on which all participants received a reference text and suggested readings. At the end of each daily discussion, an expert summarized the suggestions submitted and presented his findings on the subject.

This article continues the one initiated in the previous edition and aims to bring to the Network the discussions held. All the material on the forum is available on RETS website (http://www.rets.epsjv.fiocruz.br), at: 'Library' > 'Events' > 'Mid-Level Health Workers (Online Forum)'.

Actuality as a reflection of history

On the third day of the Forum, mediated by teachers David Sanders and Uta Lehmann, from the School of Public Health, University of the Western Cape, the purpose was to discuss how differences in the historical processes of the emergence of health technicians in different countries ultimately resulted in the current scenario of great diversity in this area. Moreover, an effort was made to list all the actions at local, national and international levels capable of ensuring the perfect integration of health technicians into a continuum of services provided to the population.

According to Sanders and Lehmann, the role of health technicians in health systems, their skills, the training time and management practices related to this staff widely vary according to the needs and historical contexts of each country. According to them, various categories of technicians have been providing successfully health care around the world for over one hundred years, and are generally responsible for increasing the coverage of systems and people's access health services in poorer countries.

Historically, the existence of these professionals is closely linked with the low supply of higher-level professionals, especially in peripheral countries. However, according to several participants of the Forum, the association of the emergence of these workers with colonial health policies and extremely hierarchical work structures end up assigning health technicians a picture that does not truly reflect the fundamental role they play in the national health systems.

If, in the poorest countries, health technicians are often employed to overcome the lack of more qualified professionals, they emerge in more developed countries, mainly due to the diversification of functions to be performed in the sector. Therefore, the training of these technicians is very much linked to the needs of each country, thus resulting in a very large quantity and diversity of profiles.

How can we incorporate these workers into health systems?

According to Cecilia Acosta and Felisa Fogiel, from the Higher Institute for Health Technical Education, training body linked to the General Directorate for Training and Research of the Ministry of Health of the City of Buenos Aires, several factors led to the emergence of the so-called mid-level professionals, among which the very development of medicine, that is, the increasing specialization of this area and the need for differentiation of tasks within the practice of health teams, from the perspective of separating manual from intellectual work. Currently, however, another context prevails. "Today, those needs hold a relationship with the development

"In the colonial past, mid-level health professionals were usually employed with the intention of providing some services, even of low quality, to the native populations. Today, the main idea is to spend less than one would spend on training and doctors' salaries." (Mwangi Johnson, Kenya)

"Instead of thinking about the reasons why health technicians emerged, we should wonder why some countries are reluctant to introduce these workers or formalize their role in health systems through appropriate regulations. (...) We must examine the perceptions created in several African countries that they are second class workers, a bad legacy from colonial times. (...) Many American countries and the United Kingdom are using mid-level professionals. So why not Africa?" (Jasmine Toure, Mali)

"An important factor for the integration of health technicians into the care chain is the construction of a teamwork concept, where doctors do not feel threatened by mid-level workers and mid-level workers, in turn, are not undervalued by more skilled professionals." (Alfonso Tavares, Angola)

"I would say that we must first create a standard definition for the technical health worker and then check which already existing categories of health workers fit that definition, considering the formation, the complexity of their work and their responsibility." (Abdurahman Ali, Ethiopia)

of medicine, but also with economic issues", says Cecilia, who explains: "For example, diagnostic studies can be made by workers with technical training. While the supervision and validation of the work of several of these technicians rest with more qualified professionals, this ends up generating savings in human resources costs".

On the other hand, Felisa notes that the development and complexity of the technical task require more autonomous professionals that are able to adapt to using new technologies, something which requires continuing education as a tool to allow the integration of these technicians into a health system which is daily setting new challenges to be overcome.

Debaters say that the use of such workers as interim substitutes for higher education professionals and the creation of new profiles just to meet temporary needs hinder the proper incorporation of technicians into the systems and, consequently, harm the monitoring of this staff and the evaluation of the services they provide.

The consensus among those who participated in this discussion is that one of

the main avenues for resolving the current deadlock would be to improve the management of health technical work, involving aspects of professional regulation, support, training, establishment of career plans, among other things. In this sense, they say, it is important for system managers to define the necessary functions at each level of care, the knowledge and skills required to perform those functions and what would be the most suitable professional profile to compose the general health staff.

Little can be done without adequate data

On the fourth day of debates, which was under the responsibility of English citizen Barbara McPake, from the Institute for International Health and Development at Queen Margaret University, discussions were about the consequences of lack of systematized information on health technicians and measures that can improve the geographical distribution of these workers in order to expand the coverage of national health systems.

According to Forum participants, some countries produce reliable data, while others do not. Because of this, there have been many suggestions for an international effort to improve the collection of data on mid-level professionals. According to Barbara, the more lively debate, however, was the need to effectively define the object being investigated, "Many reaffirm the need to know the current distribution of technicians, by collecting data in order to improve it, but all agree that 'if we have to tell something, we must first define what we are telling,'" he explained.

Debaters say that the lack of reliable data hinders both the definition of the current situation and the establishment of future policies for these workers, including those aimed at the reallocation of the existing staff. Very little is known about the number of technicians working in the countries, as well as their workplace (public or private sector, urban or rural areas etc.).

Regarding measures of attraction and retention that could make the

distribution of technical workers more effective to the needs of systems, one of the suggestions made was linking training initiatives with the place of professional practice, namely, the provision of training courses to candidates who are committed to staying in a particular setting or even in the country for some time after graduation.

The point is that, although this strategy seems to be paying off in some countries in the case of the international migration of nursing technicians, there are doubts whether it could address the issue domestically, where it is always very difficult to restrict the mobility of people. In this sense, the solution would be to provide professionals working in unattractive areas with adequate pay,

good working conditions and an opportunity for career advancement, among other things.

How can we act under a non ideal situation?

To finish the day's discussions, the question was to know what people think of the possibility of the technicians, though with appropriate support, undertaking more complex duties that would normally require special qualification, how would this be possible and what role would they play in this situation.

According to participants, this situation often occurs because of the scarcity of high-level professionals, particularly in certain regions. In this sense, everyone agrees on the need for supervision of these workers by hierarchically superior professionals or even by more experienced technicians, which could minimize the question of the historical supremacy of some formations over others.

Isabel Duré and Alejandro Valitutti, from the National Directorate of Human Capital and Occupational Health of the Ministry of Health of Argentina, both agree with the fact that, in some cases and depending on the specialty, the technician or even the assistant end up performing some tasks originally assigned to workers with other levels of

training. "In this sense, it is possible that, in the absence of other professionals, for example, one could find a health worker, whose role according to the rules of a province is to perform basic health checks, carrying out vaccination of the population, or a nursing assistant performing some duties of a professional nurse", recalls Valitutti. "The ideal, however, is that this does not happen and does not become a normal practice", stresses Elizabeth.

Felisa confirms that such cases do occur, although this should not happen. "This is a clear symptom of the precariousness of work in a health system", she justifies, with the full assent of Cecilia.

"The existence of quality information about health technicians would only be possible if data on these professional were also routinely collected. This does not occur because many of these workers are not properly categorized. This makes it difficult to have a database with good information. Many governments keep records based on payrolls, but these are not always accurate or updated regularly. WHO should support the establishment of global standards and assist countries in collecting these vital statistics. The following adage is true: 'you cannot manage what you cannot measure.'" (Kumar Gopal, India)

"The migration of health workers from rural to urban areas and from public to private sectors is obviously related to the economic issue and the lack of a favorable environment for professional practice. A fair package of items such as salary, incentives, opportunity for continuing education, among other things, would help to retain professionals and, eventually, improve their distribution." (Abdurahman Ali, Ethiopia)

"Information on strategies and success stories and lessons learned should be gathered and disseminated. There is a great need for research on assessment, planning, policies and programs related to the health workforce. The establishment of an international collaborative network and a research agenda that is coordinated and aligned with other research within health systems would avoid wasting time and resources. Health Authorities and international organizations should be encouraged to transform research results into actions." (Hela Kochbai, Tunisia)

RETS adds two new members from Portugal: IHMT and ESSCVPs

In November, two new health training institutions from Portugal have joined the Technical Schools Network of the Community of Portuguese Language Countries (RETS-CPLP) and, consequently, the RETS: the Institute of Hygiene and Tropical Medicine (IHMT) and the Portuguese Red Cross Health School (ESSCVP).

IHMT

E-mail: informacao@ihmt.unl.pt
Website: www.ihmt.unl.pt

ESSCVP

E-mail: secretaria@esscvp.com
Website: http://www.esscvp.eu

The IHMT was created on April 24, 1902, by Law Letter of the then King D. Carlos, with the name of the National School of Tropical Medicine. It has been operating in the current premises since 1958 and went on to establish itself as an Organic Unit of the New University of Lisbon (UNL) in 1980. Throughout its more than one hundred years of existence, it aimed to foster scientific knowledge of health problems related to the tropical and inter-tropical environment through postgraduate training, scientific research and development cooperation.

Now directed by physician and Professor Dr. Paulo Ferrinho, the IHMT has been nationally and internationally recognized for the relevance and quality of its work, focusing mainly on Tropical Medicine and problematic health areas in developing countries.

With regard to development cooperation, due to its ability to design, program, execute and assess cooperation projects in the area of health, the IHMT has acted as principal interlocutor of Portuguese-speaking countries governments in the context of the University, integrating various cooperation activities with several national institutions and international organizations, among which the Executive Secretariat of CPLP, the European Tropical Medicine Schools, the Health Care and Education Institutions of African Countries of Portuguese Official Language (PALOP), the World Health Organization (WHO), the European Union and the World Bank.

According to Paulo Ferrinho, IHMT's director, entering the RETS will allow the Institute to strengthen its ties with the PALOP and Brazil, establishing a more refined effort to improve the qualification of human resources in health and thus to achieve more and better health for the populations. "Furthermore, it may also expand the performance of joint actions with other training institutions with regard to the exchange of teachers and the achievement of Masters and PhDs", adds Ferrinho, noting the possibility of effective contribution to the site and the RETS Magazine, with the publication of articles of common interest.

The history of the Portuguese Red Cross Health School (ESSCVP) begins with the "Lady Nurse Rules of the Portuguese Red Cross Society" published in 1917, which refers to the establishment of central and elementary nursing schools, setting admission conditions and arrangements with respect to education, teachers, exams and diplomas. After a while, the courses were discontinued and resumed in 1947/1948, with courses for assistants in the area of Emergency Relief. In 1950, the General Nursing Course was created to meet the demands of the Portuguese Red Cross.

In May 1993, the Nurses School of the Portuguese Red Cross became the Nursing School, with the creation of the Bachelor's degree and then the Nursing Degree.

In March 2003, the old institution becomes known as the Portuguese Red Cross Health School, with the task of providing Polytechnic University-Level Education in the fields of Nursing and Health Technology.

Today, as part of International Cooperation, the School works with both European Community and Portuguese-speaking countries. "In addition to collaborating in conducting courses in Angola, Cape Verde, Guinea Bissau, Mozambique, São Tomé and Principe and East Timor, we have sought, with the support from the Calouste Gulbenkian Foundation, to give a special assistance on the issue of scientific documentation, through our Computerized Platform, and the improvement of local health libraries", said Luís Aires de Sousa, ESSCVP director, highlighting the important role of the Health Technical Schools Network of the CPLP to the world of the Portuguese language.

Brazil: Publication of RET-SUS Magazine is resumed

The month of September marked the resumption of publication of the Unified Health System Technical Schools Network (RET-SUS) Magazine which had been suspended in June 2008, after its 37th edition. The RET-SUS, whose Communication Executive Secretariat is established at the Joaquim Venâncio Health Polytechnic School (EPSJV/Fiocruz), was founded in the year 2000 by the Brazilian Ministry of Health with a view to improving the articulation among the 36 technical schools of the national health system and therefore strengthening health technical education in the country.

In the RETS, RET-SUS is represented by the Technical Actions Coordinating Office of the Health Education Management Department (DEGES) of the Health Work and Education Management Secretariat (SGTES) of the Ministry of Health.

Published in Portuguese, the magazine's electronic version is available on the RET-SUS website (http://www.retsus.epsjv.fiocruz.br). Those interested in receiving the printed version should contact by telephone +55 (21) 3865-9779 or by e-mail (retsus@fiocruz.br).

Salud, interculturalidad y derechos - Claves para la reconstrucción del Sumak Kawsay-Buen Vivir


Edited by Professor Gerardo Fernandez-Juárez, the publication features contributions from participants of a seminar held by the Ministry of Public Health of Ecuador and the United Nations Population Fund (UNFPA-Ecuador), during the period November 10-13, 2009. The event gathered experts, representatives of public institutions, academia and non-governmental organizations, as well as indigenous leaders to share experiences, discuss the issue from a conceptual and methodological perspective and outline strategies to turn interculturality a reality in public health policies.

Internationally, the seminar aimed to discuss public health's cultural aspects that can facilitate universal access to services, particularly women facing more difficulties in the Andean region, such as indigenous and of African descent, focusing on the Millennium Development Goals, especially maternal and child health-related goals.

The publication 'Salud, interculturalidad y derechos – Claves para la reconstrucción del sumak kawsay - Buen vivir' (Ministerio de Salud Pública del Ecuador. Ediciones Abya-Yala, mayo/2010) is available on the website of UNFPA-Ec (http://www.unfpa.org.ec), at: 'Multimedia' > 'Documentos' > 'Interculturalidad y Género'

Objetivos de desarrollo del Milenio – La progresión hacia el derecho a la salud en América Latina y el Caribe
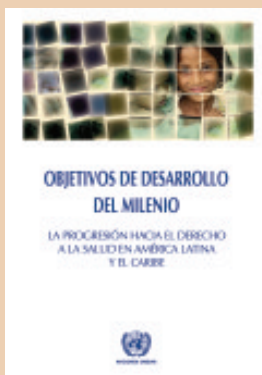
Under the coordination of the Economic Commission for Latin America and the Caribbean (ECLAC), all agencies, funds and programs of the United Nations in the region gathered in 2005 to conduct a systematic, integrated and shared review of the achievements and obstacles towards attaining health-related MDGs. The proposal was to identify the causes of constraints – international trade protectionist practices and policies relating to the range of social health determinants (education and basic infrastructure, among others) and to try and assess what additional measures could be taken so that each country could fully meet its own commitments.

Between 1990 and 2007, a period covering two thirds of the allotted time to achieve the Millennium Development Goals, Latin America and the Caribbean showed a great progress in health, especially maternal and child health. However, the document shows that the regional goals end up masking the great disparities existing, in isolation, among countries. In addition, the report shows the estimated cost for the implementation of additional measures in the area of health, taking into account the principles of solidarity and universality and bearing in mind the issue of social protection and tax progressivity.

The publication is available on ECLAC website (http://www.eclac.org), at: http://www.eclac.cl/id.asp?id=33064

Online courses contribute towards health education

Despite being the object of much debate (see cover story), Distance Education has been constantly used in health education at different levels and in different contexts. For example, free courses have been increasingly used to disseminate information that may assist health professionals in performing their duties.

The free courses, also called self-learning courses, are available to anyone interested in the subject matter and may or may not offer a course completion certificate. Generally short and free of charge, these courses do not have mentors or advisors. They function as a directed study in which professionals have themselves access to reference materials, experiences reports or may possibly develop some practical experience on the topic.

Basic course on Human Rights and Health

Offered by the Pan American Health Organization (PAHO/WHO) in partnership with the Spanish Agency for International Development Cooperation (AECID), the Basic E-Learning Course on Human Rights and Health is directed to everyone working in the area of health promotion and protection. Contents include several reference documents, as well as learning verification exercises.

Available in English only, the course is free of charge and be accessed directly through the link: http://www.xceleratemedia.com/clients/TATC/clients/PAHO_7_23_2010 or the side menu of PAHO's website (http://www.new.paho.org), at: 'Human Rights and Health' > 'PAHO Basic E-Learning Course'

Gender Equality, health and humanitarian aid actions

Launched by the Inter-Agency Standing Committee (IASC), the course 'Different Needs - Equal Opportunities: Increasing Effectiveness of Humanitarian Action for Women, Girls, Boys and Men' is based on the Gender Manual published in 2006 by IASC. The initiative aims at providing students with the necessary knowledge for the integration of gender issues into services delivered in moments of crisis, mainly those related to health.

Available in English, the course is free of charge, with an estimated duration of around three hours. Upon completion of activities, which encompass health, nutrition and education aspects, among others, those enrolled in the course receive a certificated issued by IASC.

Course registration is done through the IASC online learning portal (http://www.iasc-elearning.org/home). On the other hand, the IASC Gender Manual for Humanitarian Action is available in various languages at: http://www.humanitarianreform.org/Default.aspx?tabid=656.

Hospital Disaster Planning

Created by the Pan American Health Organization (PAHO/WHO), the 'Hospital Disaster Response Planning' course ['Planeamiento hospitalario para la respuesta a desastres'] aims at providing the personnel in charge of hospital management with methodology and contents that facilitate action during emergency situations resulting from disasters. The course is divided into five lessons and presents the specific procedures for each type of emergencies that might

Created in June 1992 in response to UN General Assembly Resolution Nº 46/182 on humanitarian aid strengthening, the Inter-Agency Standing Committee (IASC) gathers 21 humanitarian aid organizations linked (or not) to the UN. The Committee acts as an inter-institutional forum for coordination, policy

occur and the necessary actions to be executed in order to minimize damages.

Available in Spanish only, the course is free of charge and can be accessed directly through the link: http://www.planeamientohospitalario.info or the side menu of PAHO's website (http://www.new.paho.org), in: 'Disasters and Humanitarian Assistance' > 'Hospital Planning'. Prior registration is not required.

Chemical disasters prevention and response

The 'Chemical emergencies and disasters prevention, preparedness and response' self-learning course is the result of a partnership between the Pan American Health Organization (PAHO/WHO), the Environmental Company of the State of São Paulo – Brazil (CETESB) and the Ministries of Health of Brazil and Argentina.

The proposal considers that any chemical emergency – of natural or technological origin, occurring during the extraction, production, handling, transportation, storage and destination of chemical products – may directly or indirectly affect the safety and health of the population, as well as lead to environmental disasters. In this sense, the course provides theoretical and practical elements, as well as adequate means for the prevention, preparedness and response, in timely and efficient fashion, before chemical emergency and disaster situations at local, regional and national levels in Latin American and Caribbean countries.

Free of charge and with Portuguese and Spanish contents, the course can be done by all who are interested in the subject. To participate, just access the course's page at (http://www.bvsde.paho.org/cursode/p/index.php) and register. The candidate will receive a course completion certificate after finishing the reading, solving the proposed exercises and undergoing a final assessment – activities for which there is no time limit.

Public Health Virtual Campus

The Public Health Virtual Campus (CVSP), which is a technical cooperation tool of the Pan American Health Organization (PAHO/WHO), is a network of people, institutions and organizations sharing courses, resources, services and education activities, information and knowledge management. CVSP aims at collaborating towards the initial and continuing education of the health workforce with a view to improving public health practices. CVSP's portal (http://portal.campusvirtualsp.org) contains a page where one can find eight free courses in various languages and on different topics, among which are: Influenza A/H1N1, occupational health and epidemiology principles for disease control. To access the page, please click on 'Virtual Health Classroom' > 'Free Courses (self-learning)'

Management Science for Health (MSH)

Created in 1971, Management Sciences for Health (MSH) is an international health non-governmental organization gathering over 2 thousand members from 73 countries. It aims at disseminating its knowledge on public health with a view to contributing towards the strengthening of national health systems, especially in the poorer countries.

An e-learning page is available at MSH's portal where one can find links to four free Self-Instructional Learning Programs' courses. This page can be accessed through the MSH's portal (http://www.msh.org) side menu at: 'Resource Center' > 'eLearning'. Four links are currently available for courses in various languages:

• 'The Provider's Guide to Quality & Culture': presents the interculturality in health issue and what can be done to improve the quality of services in multicultural settings.

•'The Health Manager's Toolkit': offers an easy access to practical management tools.

• 'The International Drug Price Indicator Guide': presents information that can improve the acquisition of proven quality drugs at the lowest possible price. Available in English, French and Spanish.

• 'USAID Global Health E-Learning Center': the page offers self-learning courses, combining technical contents with case studies aiming at improving health practices.

Health Workforce: indispensable for the achievement of the Millennium Development Goals

Discussing the importance of human resources for the achievement of the health goals of the Millennium Development Goals (MDGs). This was the objective of the seminar "No Health Workforce, No Health MDGs. Is that acceptable?" sponsored by the governments of Brazil, Norway and Cameroon, and organized by the Global Health Workforce Alliance. The event was part of the Summit's program (high-level plenary) of the Millennium Development Goals convened by the United Nations (UN), and held on September 20-22 in New York.

During the panel discussion, several speakers reiterated the critical relationship between health work and, in particular, MDGs 4, 5 and 6, which are directly linked to the sector (see box). According to experts, there are currently are more resources in national budgets to support the health workforce than there were five years ago. They say governments have become more willing to invest in health when they realized that this is not an expense but rather an investment in the development of the country.

Among the essential actions to strengthen national health systems are the improvement of HR management, the creation of career plans for health workers, the quantitative and qualitative increase of vocational training at all levels, the control of migration and international recruitment and the development of effective systems for the collection and storage of data on the health workforce, essential to the establishment of programs and policies for the sector.

In one of the presentations, André Mama Founda, the Minister of Health of Cameroon, spoke about the terrible plight of his country, where there are only four health workers for every 10 thousand inhabitants and that these workers earn on average US$ 331 annually. The positive example was provided by the experience of Malawi, a country from the interior of Africa, which adopted an emergency health plan six years ago, focusing on human resources. The reduction of the migration flow to a minimum level, the rehiring of several retired professionals, the salary increase of selected staff and greater investments in management have resulted, among other things, in the providential 66% increase in the number of workers and put the country very close to its goals in the area of mother and child health. "Today, we are almost reaching the target for MDG 4 and have already managed to provide prenatal care service to 68% of women. 13 thousand lives have been saved over a period of six years", said Minister of Health of Malawi, David Mande.

At the close of the event, the petition "Hands Up for Health Workers" was presented with 12 thousand signatures, with an impassioned plea to world leaders to act against the health workers' crisis and ensure they are able to meet the needs of individuals and communities. The gesture led the board members and about 100 people present to raise their hands in support of health workers around the world.

Millennium Development Goals (MDG)

In September 2000, Heads of State and Government from 189 countries meeting at the UN signed the Millennium Declaration, through which they pledged to achieve eight goals (MDGs) within 15 years, for the future of humanity:

1. To eradicate extreme poverty and hunger;
2. To achieve universal primary education;
3. To promote gender equality and empower women;
4. To reduce by about two-thirds child mortality in children below the age of 5;
5. To improve maternal health, by reducing maternal health by 75%;
6. To combat HIV/AIDS, malaria and other diseases;
7. To ensure environmental sustainability; and
8. To develop a global partnership for development.

Samantha Chuva (RETS)

Read more:
'Hands Up for Health Workers' Campaign: http://www.handsupforhealthworkers.org/
Website of RETS (www.rets.epsjv.fiocruz.br) > 'Library' > 'Topics of interest': Malawi Emergency Human Resources Programme