

RETS

International Network of Health Technicians Education

Teaching materials:
a permanent discussion
for health technical
education



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In issue No. 40 of the of RET-SUS Magazine (<http://www.retsus.epsjv.fiocruz.br>), Brazilian experts in the training of health technicians pointed out the countless difficulties that the country still faces in the production of textbooks for the training for these workers. In May this year, a seminar organized by the School of Health Technology of Lisbon (ESTeSL) under the technical coordination of the Joaquim Venâncio Health Polytechnic School (EPSJV) brought together representatives of institutions from Angola, Cape Verde, Mozambique, São Tomé and Príncipe, Portugal and Brazil and showed that the situation is not very encouraging in other countries. According to the assessment of the event, held under the RETS-CPLP, there are practically no textbooks that

fully meet the needs of teachers in their educational process.

These are just two of many other clues that point to the need to reflect on some important issues related to the production, selection, assessment and use of textbooks in the education of the huge number of technical health workers. Thus, with this purpose in mind, we begin a short series of articles on the subject in this magazine, also bringing the story of a successful experience held by the National Directorate of Human Capital and Occupational Health of the Ministry of Health of the Nation of Argentina in preparing textbooks to support a training project designed to empower community workers in Environment and Health.

Moreover, this issue features the results of the Global Meeting of the Observatories of Human Resources for Health attended by representatives from 38 countries in six regions of the world, also including an interview with one of the foremost authorities on the subject

- Ecuadorian Mónica Padilla Diaz, of the Pan American Health Organization (PAHO/WHO) - and an account of Betsy Moscoso, from the Ministry of Health of Peru, on the construction of the Peruvian observatory of HRH, one of the highlights of the meeting along with Brazil.

In addition, among other things, you will be able to be acquainted with the three latest institutions to join the RETS – the Higher School of Public Health of Chaco's Province, from Argentina; Medised from Colombia; and the Global Community Health Training Center (GCHTC) of Jackson State University, United States – and understand the creation and operation of the South American Institute of Health Governance (ISAGS), which has the RETS-UNASUR in its Advisory Board.

Happy reading!

RETS Executive Secretariat

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Global meeting shows progress in the Observatories of Human Resources for Health

In 2009, the observatories of human resources for health (ORHS) completed ten years of existence and were the subject of an article in RETS issue No. 4, with a lot of celebration among its fans and an important finding: the strengthening of the proposal depends on the continued reflection on the processes developed and the permanent exchange of experiences among the various ongoing initiatives.

And these were the goals that, from July 4 to 7 this year in Lisbon, Portugal, guided the establishment of the Global Meeting of the Observatories of Human Resources for Health. The event gathered about 100 representatives from over 35 countries and more than 10 international organizations and agencies, it was promoted by the World Health Organization (WHO) in partnership with the Institute of Hygiene and Tropical Medicine (IHMT) and appears to have fully achieved its goals.

“I believe that the most important thing was the exchange of experiences between the continents. I really enjoyed seeing what Africans are doing to retain staff and avoid “flight of talent”. We need to feed on other experiences that are succeeding and which may be useful to solve problems we have in our countries”, said Betsy Moscoso, from the Ministry of Public Health of Peru.

“The advancement of the Observatory of Human Resources for Health as a strategy is impressive. The participation of delegates from around the world has highlighted a variety of experiments underway with different levels of development. The event also served to increase the conviction of the relevance of the strategy and our commitment to work, as well as the demand to sustain networking and constant exchange of experiences as the basis for its development”, added Mónica Padilla, PAHO/WHO advisor on the Development of HRH in Central America.

The Peruvian observatory was the highlight of the first day

The meeting’s program began with a conference, in which Mario Dal Poz, from WHO-Geneva, made an overview of the Observatories of HR. Two activities also held on the first day, namely, the panel “Progress, achievements, and contribution of National HRH”, with presentations of experiences from Sudan, Ghana and Peru, and the debate “How to make the Observatories of Human Resources more sensitive to the process of policy making?”, which was attended by national HR managers from various countries.

According to Mónica Padilla, some important lessons were evident on the first day of the meeting.

“It could be observed that the construction of observatories of HRH is a long process, whose strength lies in the establishment and consolidation of a network of stakeholders and requires a persistent leadership that goes by aligning the information and knowledge produced to the needs of national health care systems”, she said, adding: “On the other hand, the quality of information and its use in the elaboration of policies for the sector give legitimacy and credibility to the work performed, resulting in the institutionality that is necessary for the conversion

of observatories into agencies that are specialized and able to assist national authorities in the field”.

She said Peru’s presentation illustrates very well the relationship which can be established between the evidence produced and decision making.

Among other things, Peru showed the results of the allocation of HRH in reducing maternal deaths, and this represented an important moment of the meeting, as Betsy Moscoso explains: “The EU representative was impressed and said that it was essential that the actions’ results be divulged in order to make international donors release more funds”.

Betsy said that this was a very emotional and exciting moment. “The fact that the Peruvian experience was considered interesting makes us proud as a country and motivates us to continue improving our work and militancy in the area” she stated.

Second day: the strategic functions and agenda of the observatories

The second day of the meeting was reserved for discussions of three key issues for the observatories: Information Systems, Governance and Research Priorities.

Growing demand for quality information for decision making, political debate and planning for the labor market; fragmentation of existing systems; diversity of definitions, classifications and terminology for the categories of health workers; and weak processes of collection, compilation, analysis and use of information. These were some of the main problems identified by those present.

The consensus is that a national information system in this field should include data to map the dynamics of the health workforce in the country, considering, among others, aspects of training, working conditions and performance. The suggestion is to use indicators proposed by WHO in the “Handbook on Monitoring and Evaluation of Human Resources for Health - With Special Applications for Low- and Middle-income Countries”.

Event participants agreed on the need to provide both stakeholders directly involved in the processes and society in general with transparent information on

HRH. It is evident to them that the production and use of information on HRH are the responsibility of governments and that the establishment of national platforms that integrate the information necessary for the management of HRH in countries requires specific technical and institutional capacities.

SUCCESSFUL EXPERIENCE

The National Observatory of Human Resources of Peru

By Betsy Moscoso*



In 1999, Peru decided to join in the initiative of the Observatories of Human Resources (ONRHUS)

On the other hand, the Observatory of Human Resources has been actively involved, through its establishing institutions, in all areas of coordination and regulation of the training and work of human resources, providing technical assistance and advocating the formulation and implementation of human resources policies. Also, through the exercise of its powers within the DGGDRH, it provided inputs for the planning of the workforce in the Health Rural and Urban Marginal Service (SERUMS), medical residency, staff deployment in pilot areas of universal guarantee, monitoring of RHUS' decennial goals, etc., as well contributed to the support of legislative initiatives to improve investment in human resources and regulation in the fields of education and work in health.

sponsored by the Pan-American Health and World Health Organizations, the Economic Commission for Latin America (ECLAC) and the International Labour Organization (ILO), in order to be established as a forum for the institutions involved in the training and work of human resources in health, to support the formulation of policies, guide the reforms and strengthen the processes of decision making in the area of Human Resources in Health.

Since 2003, the Observatory has been part of the structure of the National Unit for Strategic Management for the Development of Human Resources, today called General Directorate for the Management of the Development of Human Resources in Health (DGGDRH).

In summary, ONRHUS Peru has contributed to the creation of spaces for analysis, is a repository and provider of information and evidence on RHUS, develops research, helps to guide the planning and cycle of RHUS policies, ranging from development, implementation, monitoring to assessment, as well as guiding the regulation and management of human resources in health.

In the early years of its creation, the state financial support to sustain its activity was null, this started as from its integration into the strategic information unit for Human Resources of the Institute for the Development of Human Resources, today named DGGDRH of the Ministry of Health. However, the budget available to support its activities has always been scarce and there was a need to seek funding sources through external cooperation and PAHO.

In 2004, a process of interaction started with institutions that are part of the observatory – entities recruiting human resources, health professional associations, faculties training human resources for health and PAHO – to establish analysis groups aiming at processing and analyzing information and evidence produced and identifying and characterizing the most important problems and challenges in the field of human resources for publication and dissemination among human resources managers across the country.

This process of producing and generating evidence to support decision-making was strengthened by initiatives of the leading team of the observatory, such as the improvement of the quality of information sources, the creation of a grants fund for research in human resources (which produced 11 surveys in 2010), the active participation in building a priority research agenda of human resources in the country, the decentralization of the national observatory through nodes in departments of Peru and the dissemination of all the production through the website, printed books, scientific journals indexed to major databases of wide international use, brochures, etc., to convert them into inputs for decision-making in the fields of training and work of human resources in health.**

* Observatory of Human Resources, Ministry of Health (Minsa) of Peru.

** Part of the production of the observatory which is shaped in the production of human resources statistics and publication can be found at the following website: <http://www.minsa.gob.pe/dggdrh/observatorio/index.html>

Observatories are very important in the **governance of HRH**, given its potential for the production of knowledge and evidence necessary for the definition, planning and implementation of policies for the sector.

“The presentations of Peru and Brazil have shown that the establishment of an observatory represents an impor-

System of values, policies and institutions promoting the development of HRH, including: (1) mechanisms and processes enabling the development and implementation of HRH strategies; (2) skills for effective leadership and the implementation of policies addressing and solving the problems in the field; (3) rules and distribution of roles among different stakeholders; and (4) institutions governing HRH's issues and the interaction between them. (Adapted from a note on governance for human development, 2004 Instituto del Banco Mundial, Brinkerhoff & Bossert, 2008)

INTERVIEW - MÓNICA PADILLA*

“I think it is a mistake not to discuss the issue of health technicians in the countries.”

Why do observatories emerge and what progress would you highlight to date?

Observatories respond to the situation that existed in the Americas' region in the 1990s when major reforms in the health sector began and many social processes were defined by the market. There were few regulatory mechanisms and, in the case of human resources for health, it ended up resulting in lack of planning, which is basically a process of social agreements to seek some balance directed to the needs of targeted countries. In this context, the idea of observatories emerges, which, without being a formal instance of the State, act as a sectoral negotiation mechanism for the definition of matters that are State policies. Thus, in the Americas, the ORHS arise as **concertation** and planning instances in the absence of States capable of intervening. From 1990 to 2005, most countries of the Region have established

According to Jorge Ruben Biton Tapia ('Pactos sociais, globalização e integração regional'. Editora da Unicamp), the concept of “social concertation” was born in the European context of the 1970s and the term “concertation” refers to policy-making through negotiation between relevant stakeholders in certain sectors.

intersectoral committees to review information on human resources. There are committees set up in this period in the eight Central American countries with which I am working. This is a huge gain that I attribute to observatories, beyond what would be their main task, which is to produce and disseminate information. However, while all countries have established intersectoral committees, conducted studies on HRH and established national plans for the sector, only a few in which the initiative has gained a greater institutionality managed to advance research and production of information on the subject.

In 2005, a new stage begins for the observatories, at least in the Americas. The **“Toronto call to action”** helps to define a common agenda, and now HRH plans or policies reflect in some way the five points agreed regionally. Since then, many universities have created lines of research on the issue of HRH, and more information is available. Despite these advances, there is still much to do because countries that have managed to consolidate their experience with observatories can still be counted on the fingers of both hands.

What examples can you single out as positive? And what factors do you consider critical to the success of the enterprise?

In terms of successful experience, Peru is a good example. They are

The “Toronto Call to Action for a Decade of Human Resources for Health (2006-15)” gathers discussions held at the VII Regional Meeting of the Observatories of Human Resources in Health, held in Canada in October 2005. The document proposes the collective construction of policies and interventions for the development of HRH, targeting the Millennium Development Goals, the national healthcare priorities and access to quality healthcare services for all peoples of the Americas by the year 2015.

publishing heavily and working very hard. The Peruvian model is based on a State organizing the research agenda on the basis of policy and allocating resources to that end, but which does not yet have a research network such as Brazil, because this depends on the national policy. Another good example, considering other models, is the Colombian: more informative and consensus-like. It is also important to highlight the activating role of sub-regional observatories, such as the Andean region, which is a feature of direct negotiation between countries, a setting of aggregation of national information to try and give visibility to the issue in the political environment. Many social processes must be aligned so that observatories are

consolidated, not to mention the issue of technological development, but the role of those conducting national HRH policies is essential. The importance of observatories in the political agenda increases or decreases according to the managers who are performing. In most countries, HRH management is still carried out by those who do not understand the subject and not perceive it as a priority.

How important is the realization of the Global Meeting of Observatories and what are the results that such an event can bring over time?

A global meeting always carries a value of exchange, with the production of new knowledge, as well as incentive. It was beautiful to see the leadership that the Americas' Region plays in the issue of observatories, with Brazil and Peru bringing good examples to other regions of the world. Hearing managers say that observatories are producing relevant information for decision making also feeds the spirit of those who are working. I would say that these are the two short-term results.

In the medium term, I would highlight the issue of cooperation and the possibility of keeping the issues discussed by observatories on the agenda of international agencies. This is crucial, since most countries, especially LDCs, do not allocate resources for this type of activity and we need the agencies. It was great to see that all the agencies present are working, to some extent, with HRH. What we must ask is which activities are receiving the support, whether it is only training or also more structuring activities. In this sense, the event served to evidence the need to investigate more seriously HRH issues so that the knowledge produced subsidizes the most effective interventions in health care systems. The event showed that Brazil's performance as a cooperative party has been key to the success of the Andean Observatory and this is a very concrete example of the possibilities of interaction, but which relies heavily on Brazilian politics, that is, how the issue of international cooperation will be shaping the country. At the meeting, however, it

became clear that, besides the job very well developed by the Peruvian team, the success of the Andean Observatory was the result of construction, with the technical and financial support of Brazil and PAHO/WHO, in a collaborative space for exchange between the national observatories of that sub-region of the Americas.

In the long term, I would mention the opportunity to seek sustainability mechanisms for the initiative. In my opinion, the problem is that this will only happen if it is associated with the professionalization of HRH policies management. This will be very difficult if there are no better prepared managers mastering policy tools, including information.

Were there any specific discussions on health technical workers at the meeting?

There were not, and I think it is a mistake not to discuss the issue of health technicians in the countries. This is probably the segment of the health workforce where major problems but also very important opportunities for national systems are found. In my view, the issue is that the size and complexity of this quota eventually reduce the interest in specific research. I do not like it, but the technician's image only emerges when one realizes the difficulty of hiring doctors and starts the discussion on the training of a worker with a skill mix that is more affordable for the systems. Unfortunately, at present, the matter of technicians appears more on the issue of this combination

The Network of Human Resources in Health Professionals (<http://www.observarh.org/prorhus>) is an initiative of the Andean Network Edmundo Granda. Its purposes are: to foster the production and dissemination of information and knowledge on HRH; to facilitate the exchange of experiences among professionals working in the area; and to contribute to the recognition of these professionals.

of skills rather than as a fraction of the workforce which should be valued.

You played a very important role in the organization of the Andean Network of HRH Observatories. What is the "secret" of the success?

I would say it is the motivation of working with an extremely important topic, but which still has low visibility, as well as care for the human issue and understanding of the role that technology can play in this process. The Andean page reflects five years of hard work, whose agenda was built collectively, and represents a space where you can gather so many good things that are produced when working in groups, systematizing the results and sharing in writing the progress made. It is very important to discover how technology can facilitate and strengthen human relationships, enriching group work.

One of the most important issues in research is the definition of a set of variables to be investigated. It is a beautiful, yet more often than not lonely task. On the issue of research on migration, the majority of research subjects were eventually produced by collective work and this gave it a great legitimacy in the political sphere. The proof is the report of the meeting with the Andean Community of Nations on the issue of migrations. ProRHUS Network is another of those ideas that helps us to be together and share specific information about our topic of work.

*The Ecuadorian Monica Diaz Padilla is a doctor with a Masters in Public Health and specialization in International Health and Human Resources Policies. She is an advisor to PAHO /WHO on Human Resources Development. She is recognized as one of the leading authorities on the subject and one of the most committed to the cause. In 2010, after five years leading the Andean Observatory - Network Edmundo Granda, she took on another major challenge: to consolidate the initiative in the Central American Region.



tant input to improve HRH governance in countries”, says Mónica, causing a caveat: “However, this instance must be institutionally recognized and have a minimum framework of operation for this to occur”.

With regard to research, the following were deemed priority areas: education; regulation, funding and organization mechanisms; planning, policy development and intersectoral collaboration.

The group that discussed this subject emphasized, among other things, the need for research and dissemination of effective policy options for the recruitment and retention of health staff, as well as the construction of a research agenda aligned to the health agenda in order to maintain the political nature, the technical usefulness of information and knowledge generated and its relevance to the national context.

The present and the future of observatories

On the morning of the third day, representatives from the six regions present at the meeting - Africa, Asia, Europe, America, Eastern Mediterranean and Western Pacific - were able to discuss about their situation and the future of national and regional observatories of HRH.

The event showed that although there are different organization models

for the observatories, adapted to the peculiarities of each country, some common developments can be identified, especially with regard to consensus on the strategic role that the workforce represents for health care systems and the need to insert the development of the workforce in the sector into national political agendas.

Among the listed challenges to be overcome were the establishment of an integrated work strategy to consolidate the institutional capacity for conducting HRH policies and improving the quality of information produced in order to expand its use in decisions related to national health care systems.

“In general, it was found that observatories have matured and that, with what we have learned so far, we can move forward at cruising speed”, celebrated Mónica, referring specifically to the Americas Region’s context where the initiative was implemented in 1999.

The lessons learned

After four days of hard work, the consensus was that the event resulted in a great learning experience for everyone.

The possibility that observatories would be consolidated over time was very clear, even in very complex or unstable social and political contexts, playing an important role in the processes of information, guidance, validation

and assessment of HRH policies and the impacts they may have on health policies.

The sharing of experiences showed that, in the world, observatories present quite distinct levels of development and maturity, but there are already guiding examples that can be used as role models.

“The meeting was excellent! There was much excitement and the assessment of the work done in the field of HRH in the last ten years will certainly serve as a stimulus to overcome the great challenges that lie ahead”, said Monica, excited, at the end of a series of daily reports on the meeting she sent to the list of Network of Professional in Human Resources for Health (Red ProRHUS -prorh@groups.org).

Recalling that the observatories are a powerful strategy, but are not the only one, she stressed the importance of maintaining the creativity and diversity of work, according to the different existing realities and the various opportunities that present themselves. ■

Read more:

The quoted publications, the presentations documents of the event are available on RETS’ website: (<http://www.rets.epsjv.fiocruz.br>), at: ‘Library’ > ‘Events (presentations, documents, reports, etc.)’ > ‘Global Meeting of Human Resources Observatories’

Teaching materials in the education of health technicians: something to ponder on

In December 2010, the RET-SUS Magazine published a large article on the issue of teaching materials, especially the textbook (TB) for the training of health technical workers in Brazil. The diagnosis was not good: there are but a few titles and there is still a problem regarding the quality of the materials available. Among the broader issues permeating the entire area of technical education in the country, two deserve special mention, in the opinion of Professor Luiz Augusto Caldas, from the Ministry of Education: a lot of translated books, which points to the low domestic production, and the conceptual confusion between “textbook” and “technical book”. For the most part, he said, the books existing today can be classified as technical, since they present their contents as manuals, showing little concern with the training process which requires mediation and non-prescription.

And if in Brazil the issue of teaching materials on health technical training has entered the agenda of some specific sectors of the Ministries of Education and Health, how is the situation in other countries? What difficulties are there and what kind of initiatives are being taken to remedy the problems?

The production of teaching materials is the topic of a seminar in the RETS-CPLP

Based on actions foreseen in the Work Plan of the RETS-CPLP - advice on development and adaptation of educational material for the courses offered by health technical schools -, a seminar for the sharing of experiences regarding the production of educational material, which brought together representatives of institutions of Angola, Cape Verde, Mozambique, São Tomé and Príncipe, Portugal and Brazil was held from May 10 to May 12 May this year. The meeting which took place at the School of Health Technology of Lisbon (ESTeSL) and counted on the technical coordination of the Joaquim Venâncio Health

Polytechnic School (EPSJV/Fiocruz) and financing of the Project Supporting the Development of Human Resources in African Countries of Portuguese Official Language (PADRHS-PALOP), served to show that the shortage of teaching materials for health technical training courses is not a problem unique to Brazil.

Following a brief presentation of RETS-CPLP and PADRHS-PALOP Work Plans, whose purpose was to show the link between the two projects, as well as the inclusion of the seminar into the work plan of the network, each country presented a diagnosis which addressed various aspects of the production and use of teaching materials for the training of technicians. An analysis of some available materials was then made with respect to text structure, contents and proposed activities.

Anakeila Stauffer, from EPSJV/Fiocruz, made a theoretical presentation that focused on the historically developed criticism about the materials, the discursive genders used, the functions performed by this cultural artifact - referential, instrumental, documentary, ideological and cultural - and the design of the educational material permeating the School's work.

At the end of the seminar, it was possible to identify some problems faced to varying extents by all countries: the need to adapt materials produced elsewhere and to conduct a systematic review of the materials currently used; the student's difficulty of understanding the materials available; the limited availability of materials for practical classes; inadequate library collections; limited access to scientific journals and digital technologies, among others. In the case of PALOP, the lack of tenured teachers in institutions and the lack of teachers with appropriate pedagogical training to work with the technicians were also highlighted.

Finally, the group established the need to prepare a book in printed and digital formats for teachers linked to training of technical workers who work in public health, particularly in the area of community health, and drew a work plan to that effect. “The idea is that the book presents papers on

RET-SUS (<http://www.retsus.epsjv.fiocruz.br>) is a governmental network created with the aim of strengthening the Health Technical Education in Brazil through the articulation among the 36 Technical Schools of the Unified Health System. (ETSUS).

The Network of Technical Schools of the Community of Portuguese Language Countries (RETS-CPLP) was created under Axis 1 - Training and Development of the health workforce - of the CPLP Strategic Plan in Health Cooperation (PECS CPLP 2009-2012) and operates as a sub-network of the RETS.

the educational character of the health worker, without being directed to a specific professional category. It should

also provide directions to the teacher's work, with suggestions of activities, movies and research and questions for

reflection on the student's professional daily routine", explained Anamaria Corbo, RETS coordinator. According to

SUCCESSFUL EXPERIENCE

Training of human resources in health: management for the development of teaching material in an inter-institutional work context

By Isabel Duré, Erica Riquelme and Virginia Jalley*

Vector-borne diseases represent a public health problem in Argentina and worldwide. In 2009, a dengue outbreak was recorded in the north of the country, which highlighted the key role that community agents play in vector control and the prevention of these diseases because of their proximity and knowledge of the community. Several initiatives were then developed, whose purpose was the training of community agents on this issue.

The construction of an inter-institutional training project

In order to intensify actions to solve the problem of vector-borne diseases (dengue, yellow fever, Chagas disease, leishmaniasis and malaria), the Ministry of Health of the Nation decided to carry out a training project designed to train community agents in Environment and Health.

To give effect to the proposal, the participation of various stakeholders was necessary: the Ministry of Health of the Nation and provincial ministries, but also educational institutions to facilitate access to training across the country. The Association of Medical Sciences Faculties of the Republic of Argentina (AFACIMERA) was called in to play this role.

An educational approach was defined, with monthly classroom sessions and practical field activities, supervised by community health agents responsible for the various jurisdictions, aimed at training about one hundred agents in each province. In addition to the mentioned

diseases, contents would also include fundamental cross-cutting issues in a human resources development policy, such as public health, first aid, personal protection and work in social and community networks.

Each party pledged to contribute substantially to make the initiative successful in all provinces. AFACIMERA was responsible for the recruitment of teachers for the courses in different provinces. The Provincial Ministries of Health selected the participants (community reference persons), provided appropriate uniforms and indicated places for field work and presential meetings. The Ministry of Health of the Nation funded teaching activities, scholarships for students from communities and set the contents of the course program, as well as the preparation of teaching material. The Ministry's units involved in the work were: the Directorate of Vector-Borne Diseases, as the reference area, and the National Directorate of Human Capital and Occupational Health (DNCHySO), as responsible for the technical-pedagogical staff.

Educational objectives, it is only the beginning

The training proposal presented a variety of challenges, both in terms of teaching and management. DNCHySO committed to strengthen the proposal, identifying it not only as a project for the training of health workers, but also as a quality educational opportunity for adult education.

Educational material played an important role, both through the

possibility of systematizing timely and valuable information on vector-borne diseases and by providing students with a global health perspective focused on PHC, in accordance with national guidelines. Moreover, as there was participation of several medical schools, the material would end up establishing a structural axis with minimum contents.

It was necessary to have a starting point that would allow a consistent development with the interdisciplinary and inter-institutional training proposal in order to conceive this material.

The recipients of the material would be adults with basic education, with ages ranging between 20 and 60, who perform actions in their community and who had no previous training in spite of their role as community agents. Teachers, in turn, were professionals with extensive university experience, but teams were heterogeneous and there was no updated material and focused on the specific demands of the proposal.

With this acknowledgment, some guidelines were defined for the elaboration of the material:

- To address the various diseases and issues with updated information and stemming from various sources;
- To be prepared by specialists from various subjects and be pedagogically appropriate. The monitoring and validation of contents would rest with the responsible for the various programs of the Ministry related to the subject;
- To define clear guidelines about the role of the community agent and link with the local health care systems;

her, the inclusion of topics addressing the specificities of countries was also suggested. “If we manage to reach the

end of our work plan, it will be a unique product. Now, this only depends on us, the way we work, meet deadlines and

reaffirm our agreements. We have to enhance RETS’ experience exchange possibilities”, she added.

- To adapt the language and the organization of contents to recipients and to their local realities;
- To offer a critical perspective of reality and suggest lines of action that include activities for the participants and the instructions for the teachers;
- To facilitate for the student the articulation between the presential instance of the course and field work;
- Incorporate a complexity within each module and among modules; and
- To serve as support and complement for teachers in classrooms and not to enable self-learning.

A complex articulation process

The management of the material ended up being a complex route requiring an additional effort to identify those responsible for the overall management of the project, the interaction with experts, the traffic of contents validation circuits and the articulation for the graphic design of the material.

The signed covenants defined the responsibilities of various institutions, however, in the Ministry they ended up stumbling into the traditional difficulties of articulation. The roles of the Directorate of Vector-Borne Diseases in the definition of contents and the DNCHySO in the pedagogic field were clear, but the responsibilities in the production of teaching material, which included circuits other than those normally crossed by both parties, were not clearly established.

There was no staff fully dedicated to the development of the material, and both the pedagogic team and the reference personnel for contents ended up accumulating this task to their regular activities. This is uncommon, since the material is generally developed in programs. In this case, however, specialists famous in their subject field

were invited in, they were able to work considering the targeted population, discuss the public health guidelines given by the Ministry and, mainly, committed to working jointly with faculty members in the construction of the material, revising the successive drafts until the consolidation of the final document. It was not easy, since some ended up giving a marginal attention to the work in the context of their several activities.

What really hampered the achievement of production deadlines ended up, however, resulting in one of the strong points of the material: not contaminated with the thematic issue and not subordinated to the requirements of program managers, the pedagogic team was more creative in the search of information and in the questioning of specialists. It was often necessary to overcome the differences among unlinked authors, with regards to the wording criteria, the level or quantity of contents or the proposed activities. Curiously enough, this difference, which on one hand delayed the process, ended up enriching the production. It was a great challenge for the pedagogic team to act as bridge and articulation, enabling work continuity.

Another complex task was the obtainment of images to be included in the publications. The Ministry did not have a bank of its own and thus ensued constant adjustments and resulted in a great learning for the team in the search for quality pictures and illustrations. The role of specialists was fundamental in this process since they offered their own productions, and so was the role of Information and Communication Technology.

The production of teaching material was performed simultaneously with the implementation of the proposal. The emergency of the situation, in turn, ended up turning the educational material into a priority space and enabled the performance of visits

to the provinces during classroom sessions to interact with students and teachers and assess the characteristics of the material at work and in the learning process. The interviews and studies carried out during these visits provided valuable information for the adjustment and improvement of subsequent publications.

More than teaching material...a management experience

Finally, with the emotion to see the material edited and printed and the concern to reach their recipients, DNCHySO ended up being a reference for the whole process of production, which often times meant undertaking the responsibility for the management of the graphic design and the printing of copies up to their distribution.

Overcoming this challenge enabled the aggregation of skills in the DNCHySO’s team as well as accumulating a valuable experience for future projects. In the context of closed-ended programmatic logics where all units self-feed themselves, the articulation among sectors and institutions offers alternatives for better educational quality processes, even if this entails a greater complexity for the task.

The achievements become clear in quality publications which were well received by its recipients. Today, we can count on an updated material gathering multiple voices and meeting the needs of participants which can be recreated and complemented in the spaces upon guiding actions and open-ended reflections. The proposal is currently being successfully implemented in four provinces.

* National Directorate of Human Capital and Occupational Health of the Ministry of Health of the Nation - Argentina

** Publications are available on RETS website at: (<http://www.rets.epsjv.fiocruz.br>), em “Teaching Material” > “Health Surveillance” or “Community Health”

For starters

By definition, teaching material is any instrument used for teaching and learning. Thus, as stated by Egon de Oliveira Rangel, a professor in the Linguistics Department at PUC-SP, in the text “Material adequado, escolha qualificada, uso crítico” (Materiais Didáticos: escolha e uso. Ministério da Educação, 2005), both a pen, when used to illustrate what one possible reference to the word “pen” would be, and a globe, in which the teacher points to the exact location of a country, or the book, with detailed illustrations of the digestive system, are considered teaching materials. According to Egon Rangel, the difference is the specialization degree of each one, that is, the didactic intention at the time of its creation. It is worth reminding that,

He says that a teaching material can be considered of quality if it serves to provide an adequate interaction between teacher and student regarding the subject knowledge to be assimilated, promoting pedagogic mediation in the teaching-learning process and contributing to the achievement of objectives. Furthermore, it should be conceptually correct, allowing, through an operation called “didactic transposition”, a representation that is both possible for the level and timing of the teaching-learning process and acceptable to socially legitimated reference knowledge.

Thorough selection and critical use

The choice of teaching materials to be used is always a very complex process that must take into account countless

of each? What materials are most appropriate, considering the school’s pedagogical project, the student’s and teacher’s profile and the educational context? Are there in the school conditions enabling the good use of the material? These are just some of the questions that need to be asked by all.

According to Rangel, it is no good trying to equip schools with videos, computers, books, magazines and other materials or equipment if, in parallel, the material and human conditions required for the effective educational and cultural functioning of these facilities are not developed. “The school should incorporate into its daily routine - and therefore its pedagogical project and its regular operation - a permanent reflection on the characteristics and possibilities of each teaching material effective alternative, thus developing a culture of assessment,



whatever the degree of specialization of the teaching material, the important thing is that it is appropriate to the teaching-learning situation in which it operates.

As stressed by the expert, the potential and limits of each material do not depend only on their degree of specialization, but rather on several factors. “However good and more specialized the material is, a significant part of its didactic nature stems from the use that the teacher and student involved in a particular situation of teaching and learning particular make of it”, Rangel justifies.

factors related to its physical characteristics and its social integration, among other things. “Each educational material implies a certain circulation circuit and gains a specific cultural value”, highlights Egon Rangel, exemplifying: “Books do not circulate the same way as CDs or globes, nor have the same meaning as newspapers or magazines”.

Reflection on the teaching material and its role in the teaching-learning process should be a continuous practice of teachers and other school staff members in the context of pedagogic planning. What resources are available? What is the pedagogical and didactic potential

selection and critical use of these resources”, he emphasizes, noting that a wrong choice can end up resulting in the underutilization of the selected material and often a waste of resources, which will hinder the teaching-learning process and penalize students and teachers.

On the other hand, it is important to always keep in mind that no matter how good it is, no teaching material can guarantee the quality and effectiveness of teaching or learning. “The boundary for the adaptation and effectiveness of any material will always be the uniqueness of any situation, subject, goal and object of knowledge”, Rangel reiterates. ■

RETS-UNASUR: ISAGS' inaugural workshop confirms the poor visibility of technical workers in the South American national health systems

Created from a demand of the “Development and Management of Human Resources in Health” Technical Group of the South American Health Council (UNASUR-Health), the South American Institute of Health Governance (ISAGS) was launched in Rio de Janeiro on July 25th. Over the next three years, ISAGS' Chief Executive Officer will be former Brazilian Minister of Health, José Temporão, who considers that his biggest challenge in this role is related to the task of work organization at the Institute.

ISAGS appears as an innovative institutional design that will work based on knowledge management, providing ministries of health on the continent the best evidence in the health sector in an integrated manner with the priorities set by the ministers within the framework of UNASUR. The challenge is to organize ISAGS' work to enable it fulfill this mission”, Temporão said in an interview published in the Institute's website (see box). According to him, it is important to remember that, despite being based in Rio de Janeiro, ISAGS is a South American entity, created from a large discussion group involving the Ministers of Health from 12 countries in the region - Argentina, Brazil, Bolivia, Chile, Colombia, Ecuador, Guyana, Paraguay, Peru, Suriname, Uruguay and Venezuela -, whose work involves the sharing of the challenges

- (1) Social Rights and Health;
- (2) Structure and Organization;
- (3) Universality, Integrality and Equity;
- (4) Financing Model;
- (5) Macro management;
- (6) Health Surveillance;
- (7) Health workforce;
- (8) Action on Social Determinants;
- (9) Strategic Supplies;
- (10) Research and Innovation;
- and (11) Technical Cooperation.



and the national proposals under the democratic perspective of consensus building.

First activity: Focusing on South American Health Care Systems

Establishing the exchange of knowledge and systematic reflection on the health care systems of each country member of UNASUR, with the identification of strengths and weaknesses in order to enable the development of lines of cooperation and work for ISAGS. This was the aim of the workshop “South American Health Care Systems: challenges to universality, integrality and equity”, which took place from July 26th to 29th at the Institute's headquarters.

The idea was that the presentation of each national health care system would try to include, as far as possible, the 11 dimensions previously defined by the coordinators of the workshop, in order to enable, in the near future, the organization of a publication gathering

this information in a standardized manner, allowing a comparative analysis between the systems. In addition to country representatives, members of ISAGS' Advisory Board and representatives from partner institutions attended the workshop.

In presentations which have evidenced the progress achieved by health on the continent, some points were highlighted. The constitutional recognition of health as a fundamental human right is already a consensus among UNASUR countries, although this still does not totally reflect reality in all of them. As noted by Ligia Giovannella, researcher at the Sergio Arouca National School of Public Health (ENSP/FIOCRUZ) and one of the coordinators of the Workshop, the issue of the quest for universal access was present in all the speeches, despite the different paths taken by countries to that effect. She said that while some efforts invest in the building of public and unified health care systems, others choose to integrate different historically constituted segments of service providers,



“The Institute is a vital step towards improving the quality of life of South American citizens at the onset of UNASUR’s

institutionality. It is a perfect example of how different countries are finding space within the UNASUR to meet, share, learn and improve their social policies, contributing in a supportive way to reduce the huge social debt of the South American region”.

Maria Emma Mejia,
UNASUR’s Secretary-General



“What we want is to leverage the best level of health for our people. Developing leadership, new approaches and

technical support in health; always integrated with the ministries of Health of UNASUR.”

José Gomes Temporão,
ISAGS’ Chief Executive Officer



“We are determined to build and contribute to the unity of South America. The evolution of UNASUR

has been dynamic and we appreciate good health governance. We have to celebrate this magnificent result, the collaboration between 12 countries for health.”

Paulo Buss,
FIOCRUZ International
Relations Coordinator

establishing different baskets for each population group. Another common point is the attempt to organize (or reorganize) systems from Primary Care and health promotion, as suggested by the World Health Organization (WHO), based on the new paradigms for public health.

Some weaknesses also seem to be common to almost all countries: funding problems, with lack of financial resources, service fragmentation, increasing pressure for the indiscriminate inclusion of new technologies and especially the lack of human resources in the indicated amount and with the training that is adequate to the systems’ needs.

And if in all the presentations the question of the health workforce was cited as a challenge to be overcome with regard to its many aspects - training, working

conditions, distribution, migration, among others -, none have mentioned the technical workers in the field, even if they represent, as stated by the WHO in its 2006 report, the basis of systems. Presentations made it clear that the current medical training is already a great concern for health managers, generating a movement of approach between health and education to solve the problem. However, invisibility is almost total in the case of technical or mid-level workers.

Topics relevant to health systems management are in ISAGS agenda

At the end of the event, seven strategic areas which ISAGS’ work agenda will focus on during the

RETS is a member of ISAGS’ Advisory Board



The South American Institute of Health Governance (ISAGS) is an intergovernmental entity of public character, a member of the South American Health Council of the Union of

South American Nations (UNASUR). It was created by the Heads of State and Government Council of UNASUR, as proposed by the South American Health Council in Cuenca, Ecuador, in April 2010.

The creation of the Institute aims to promote exchange, critical thinking, knowledge management and generation of innovations in the field of policy and health governance by making the best practices and evidence to qualify management in the field available to the South American Ministries of Health. ISAGS’ proposal is that its three basic functions - knowledge management and production, leadership development and technical assistance - are developed in a participatory manner, both to identify problems and forward and share solutions. The work of the Institute will always be based on the priorities identified in the 2010-2015 Five Year Plan of the South American Health Council, in addition to the needs identified by countries.

Its organizational structure consists of two Boards - Directors and Advisory - and the Executive Director’s Office, which is in charge of the management of ISAGS according to its goals, functions, policies, plans, programs and projects determined and approved by the Board of Directors consisting of delegates appointed by Health Ministers from member countries.

The Advisory Board, which is composed by Coordinators of the five Technical Groups¹ and the five Networks of the Structuring Institutions² of UNASUR, makes recommendations about the planning, management, implementation and assessment of programs developed by ISAGS.

1. Technical Groups: ‘Universal Access to Drugs’; ‘Development and Management of Human Resources for Health’; ‘Development of Universal Health Care Systems’; ‘Epidemiological Shield’; and ‘Health Promotion and action on Social Determinants’.
2. Network of Structuring Institutions: Network of National Health Institutes (RINS); Network of Public Health Schools (RESP); Network of Health Technical Schools (RETS); Network of Offices for International Relations in Health (ORIS); Network of National Cancer Institutes (RINC).

ISAGS' Portal: gathering and disseminating quality health information



The portal of the South American Institute of Health Governance (ISAGS), launched on July 25 during the opening ceremony of the Institute, can now be accessed by all who seek to improve the health of our populations. Like the Institute itself, which will base its operations in knowledge management, the portal proposes to operate as a space

where the best health-related information is available or, failing this, point out the paths leading to it.

“The goal is to test to the highest degree the power of democratization of access to knowledge allowed by the use of computer technology,” said journalist Edmilson Silva, ISAGS’ Communication coordinator and responsible for the portal. According to him, besides giving visibility to ISAGS’ actions with the broadcast of news in its various formats, guided by the priority actions of the Five-Year Plan of the South American Health Council (UNASUR-Health), the intention is to transform the portal into a space in which the user can find and use updated information about health and countless issues related to the topic, such as letters and statements guiding the Global Health Diplomacy.

Users will also find information concerning the functioning of health systems in general, especially the 12 countries of the Union of South American Nations (UNASUR). “The successful experiences in health will always have a guaranteed space in ISAGS’ portal, as well as pertinent criticism, aimed at efficiency and effectiveness in health,” says the journalist.

For the future, according to Edmilson, the insertion of a virtual health library in the portal, which will enable access to a select collection of titles covering these priority issues, is already being discussed.

ISAGS’ Portal: <http://www.isags-unasul.org>

RETS-CPLP: RETS’ secretariat participates in a mission to East Timor



CPLP

Between August 15th and 19th, in the context of RETS-CPLP, Anamaria Corbo, RETS’ Executive Secretary, participated in a prospecting mission to East Timor, along with Felix Rosemberg, Executive Secretary of the National Institutes of Public Health of CPLP (RINSP-CPLP), and Paulo Ferrinho, Director of the Institute of Hygiene and Tropical Medicine, New University of Lisbon, Portugal.

The visit responds to the cooperation plan established in the 1st Meeting of the National Institutes of Public Health and Equivalent Institutions of the CPLP, held in March 2011 in Guinea Bissau. On that occasion, when RINSP-CPLP was founded, the Network’s priorities set were advocacy and support for the creation of the National Institutes of Public Health in the CPLP member countries that still lack this type of institution.

The mission participated in meetings with senior officials from the Ministry of Health, National University of East Timor Lorosa’e (UNTL) and the University of Peace (UNPAZ), as well as the representative from the World Health Organization (WHO) and the diplomatic missions of Brazil and Portugal in the country.

The mission’s objective was to establish contacts and mechanisms to foster greater integration between national institutes of public health and similar entities working in East Timor in order to increase the independence, sovereignty and autonomy of the country in the political and strategic decisions regarding its national healthcare system. ■

coming years were established: public policies and health; primary health care; economics and health financing; health regulation; communication, information and education in health; health industrial complex; and diplomacy and health.

On the afternoon of the 29th, the 1st meeting of ISAGS’ Advisory Board was also held. It approved the proposal of its Internal Rules. At the time, it was also decided that the Board would immediately support all the strategic lines defined in the Workshop, as well as some events already planned by the Institute’s Coordination Office for the second half of 2011 on the topics of “Diplomacy and Health”, “Social Determinants”, “Epidemiological

and health surveillance” and “Communication and Health”. ■

* The presentations made during the workshop, as well as the list of articles about the event published on the websites of ISAGS and the Sergio Arouca National School of Public Health (ENSP/FIOCRUZ) are available on RETS’ website (<http://www.rets.epsjv.fiocruz.br>), at ‘Library’ > ‘Events (presentations, documents, reports, etc.)’ > Workshop Isags - ‘Health Systems of South America: challenges to the universality, comprehensiveness and equity’

Collaboration in this article: Antonio Fuchs (ENSP/FIOCRUZ), Tatiana Escanho and Edmilson Silva (ISAGS)

Photos: Virginia Damas (ENSP/FIOCRUZ)

TCC Paraguay, Bolivia and Brazil: INS graduates the first class of the Health Surveillance Technical Course

August 20th, 2011 witnessed the graduation of the first class of the Health Surveillance Technical Course sponsored by the National Institute of Health (INS) of Paraguay.

The course was organized and developed by the INS, with support from the Joaquim Venâncio Health Polytechnic School (EPSJV/Fiocruz), per the Term of Cooperation between countries (TCC) Paraguay-Brazil-Bolivia on the health technical level education.



Both educational institutions are members of the RETS.

According to Raúl Gulino Canese, Director-General of the Institute, the graduation of 30 students, all of them employees of the Ministry of Public Health and Welfare, is a matter of great satisfaction. “It is a moment of great joy for us to know that the TCC is giving its first fruits”, he said, referring to graduates of the 2010-2011 class. ■

Publications

Revista Salud Pública de México 2011: Atlas of Health Care Systems in Latin America

“The increase of economic resources for health is a necessary, yet not sufficient condition to achieve better health conditions. Such resources must be used effectively in order to achieve expected results”, said Julio Frenk, dean of the School of Public Health at Harvard University, in the editorial of the Atlas of Health Care Systems in Latin America (ASSAL) - published as a supplement of the Revista Salud Pública de México. According to him, it is essential to know how national health systems work in order to improve their performance.

The generation of evidence that can contribute to the implementation of better health public policies in Latin America was the main objective of preparing the Atlas of Health Care Systems in Latin America (ASSAL), which is the result of a project implemented in 2007 at the Health Observatory of Mexico.

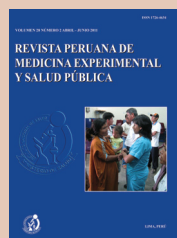
Apart from a few texts addressing health aspects of the Region, the publication presents health systems from 17 countries: Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Peru, Dominican Republic, Uruguay and Venezuela.

Founded in 1959, Salud Pública de México (SPM) is a bi-monthly, interdisciplinary journal published by the National Institute of Public Health (INSP, from Instituto Nacional de Salud Pública).

Available at: <http://bvs.insp.mx/rsp/inicio> > ‘Archivo’ > ‘2011’ (Vol. 53)



Revista Peruana de Medicina Experimental y Salud Pública: Human Resources for Health



“The world faces a crisis of human resources for health, which particularly affects developing countries. According to the World Health Report 2006, there is a group of 57 countries, mostly in Africa, with critical deficiencies in the number of health staff. Peru has the sad honor of being the only South American country included in this group”. With this observation, physician Alonso Soto, scientific editor of the Revista Peruana de Medicina Experimental y Salud Pública (RPMESSP), begins the editorial of Vol 28 (2) of the publication, whose articles address different issues about the health workforce in the country and the world.

Among the issues addressed by authors are the training of these workers, the migration, the initiatives that begin to emerge on a global level and the importance of the implementation of quality health information systems. All articles are freely available on the internet.

The Revista Peruana de Medicina Experimental y Salud Pública (RPMESSP), the official publication for science dissemination of the National Health Institute of Peru, is a quarterly journal. First edited in October 1942, with the name of Revista de Medicina Experimental, it keeps the actual denomination since the year 2002.

Availa: <http://www.ins.gob.pe/rpmesp>

Warning! Error in the Magazine

Dear Readers,

After sending the last issue (RETS Magazine N° 10), it was found that, due to the printing company’s error, some pages of the magazines in English and Spanish have just been switched. If you have received a defective magazine, please contact us (email rets@epsjv.fiocruz.br) and we shall provide you with another copy.

Medised – Education Institution for Labor and Human Development – Colombia

Founded in 1996, Medised - the Education Institution for Labor and Human Development - emerged as a response to a clear need of an important sector of the community and, since then, its objective has been to train health assistants with a high technical, humanist and social qualification, according occupational profiles defined in Colombia, requirements of the current health care model and focus on competence training.

A private institution linked to the National Education System for Labor (SNFT), one of Medised's main working principles is the offer of a contextualized education based on needs, interests and skills of the student and the group in general that is developed through the students' knowledge and prior experience.

Over time, some courses were added to the first course offered by the School - Nursing Assistant -, namely: Facial and Corporal Esthetics Technician, in 2002; Clinical Laboratory Assistant, in 2003; Health Administrative Assistant, Public Health Assistant and Pharmaceutical Services Assistant, in 2005; and finally, the Computing Equipment Maintenance program.

Besides being linked to the SFNT, Medised management pillars are: it is one of the institutions with several quality certificates awards; it receives the National Apprenticeship System's (SENA) recognition for its programs; it has Education-Service covenants with important and renowned



service providers institutions in Bogotá; it performs educational practices for students as from the first cycle; it has alliances with SENA for its assessment-certification processes of human capital in health; and it gathers teachers with an educational background in Quality Management Systems and Pedagogy

and focus on competence training.

According to Medised's Academic Director, Bertha Alcazar Castillo, in its history, Medised has managed to overcome a great challenge. "Upon Medised's creation, the technicians training level in Colombia was considered very low, however and thanks to various factors, among which are the firm purpose of its leaders, a set of multiple rules fed and required by the Ministries of Education and Health, the constant monitoring and support of SENA, it was possible to adopt high quality standards which guided the daily work of the institution and resulted in the full achievement of the proposed objectives", she said, explaining that the persistence of these ideals generated an enormous difference of quality before many other similar establishments which bring a certain distrust to the sector. "Medised undertook its task with social accountability. We endeavor to provide to society a competent human capital which contributes to the development and progress of the country", Bertha added. ■

More information: <http://www.medised.edu.co>

Higher School of Public Health of Chaco's Province – Argentina

The School of Public Health was created in 1998 through Decree N°2298/98 sanctioned by the Executive Power of Chaco's Province which approves the Framework Agreement between the Ministry of Education, Culture, Science and Technology and the Ministry of Health. Both Ministries undertake different and complementary responsibilities in the operation of the School, whose mission is to develop a quality academic education, adapted to the needs of each field and which allows the student to enter successfully the labor world or higher studies.

The proposal of the institution is to teach in human values so that students would be transformed into responsible and sympathetic professionals integrated into a democratic and pluralist society. The institution aims at fostering the integration of health teams in the various settings, ethnic groups and cultures, based on knowledge, respect and appreciation, strongly contributing to the health and cultural development of the region.

According to its Director, Alicia Nora Luis, the Higher School of Public Health of Chaco's Province is

strengthening itself as a space of participation of official and non-governmental organizations to increase the coverage of health care and environmental services, facilitating access to those interested to health educational offers and coordinating the resources of most social stakeholders in health and education.

The School services around 800 students in six careers: Nursing Higher Technical Education; Obstetrics Higher Technical Education; Clinical Analysis Laboratory Technicians; Health Care Services Statistics Higher Technical Education; Health Care Services Maintenance Technical Education; and Bilingual Intercultural Nursing Technical Education (Aboriginal community within the Province), as well as extension courses within the province, with the careers of Obstetrics and Clinical Analysis Laboratory. The practical training activities are held in hospitals and health care centers subordinated to the Ministry of Health of the province. ■

More information: <http://portal1.chaco.gov.ar/pagina?id=371>

Global Community Health Training Center (GCHTC) at Jackson State University – EUA

The Jackson State University Global Community Health Training Center (GCHTC) was established to provide training for the community health workers who will be involved in our Primary Health Care initiative in the Mississippi Delta, the Mississippi Community Health House Network in 2010.

Jackson State University (JSU) is a Carnegie classified research-intensive university, and the fourth largest publicly supported educational institution in Mississippi. JSU is seventh largest of the 117 Historically Black Colleges and Universities (HBCUs) in the US, comprising a Graduate School with six colleges that house schools of Health Sciences (SHS), Business, Education, Engineering, Liberal Arts, Science and Technology, and Public Service. The public health program, with accredited Master of Public Health (MPH) and Doctor of Public Health (DrPH) degrees, is housed in School of Health Sciences at College of Public Service.

Over the past four years, JSU has joined with the Jackson Medical Mall Foundation and Oxford International Development Group/Center for International Research on the Social Determinants of Rural Health (MS), and Shiraz University of Medical Sciences (SUMS) to develop and implement a PHC Integrated Delivery Network system adapted for the Mississippi Delta region of our state as a way to address the pervasive and systemic health disparities of our rural poor. Health indicators place our region last in the United States, in particular the areas of infant mortality and chronic diseases. The idea is that a strong PHC system staffed by extensively trained community health house workers is the most viable solution for the region.

In conjunction with this endeavor in Mississippi, it was established a community health workers training program at GCHTC that integrates best practices from community health worker curriculum and courses throughout the PAHO region, as well as from the WHO's Eastern Mediterranean Regional Office. This skill-based curriculum has 21 courses



and month-long 'hands on' field training. These courses are divided into four categories/modules (general, basic, core, and specialty courses). Individuals with a high school diploma and other community-related qualifications can complete the training in 6 months (5 months coursework and month-long 'hands on' field work) and earn a community health worker certification from the JSU's accredited Public Health Program.

Currently a team is in process of developing the mentioned courses. With a plan to prepare identified instructors for training the trainees, it is our hope to start training the first group of community health workers beginning in spring 2012.

According Mohammad Shahbazi, Department Chair and Professor of Jackson State University, despite JSU's reported accomplishments at national level, the available resources to allocate for developing training programs is limited. "It was necessary bring together international expertise to establish a center such as GCHTC (with a primary goal to train competent community health workers in collaboration with the communities)", he said and added: "Now, we hope that by participating at RETS, we will be able to seek RETS' technical assistance to implement our training program, sustain and in turn share it with those already in RETS' network, and to learn from their experiences in a participatory and reciprocal way". ■

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División de Gestión y Desarrollo de las Personas - Ministerio de Salud
(+56) 2 574 0345

PAHO - Chile

(+56) 2 437 4600 - <http://new.paho.org/ch>

Colombia

Asociación para la Enseñanza de Técnicas Dentales
(+57) 1 310 2971

Facultad de Odontología - Universidad de Antioquia
(+57) 4 219 6718 - <http://odontologia.udea.edu.co>

Fundación Universitaria de San Gil (UniSanGil)
(+57) 7 724 5757 - <http://www.unisangil.edu.co>

Fundación Universitaria del Área Andina
(+57) 1 249 7249 - <http://www.areandina.edu.co>

Medised - Institución de Educación para el Trabajo y Desarrollo Humano
(+57) 1 684 5054 (Sede Norte) / (+57) 1 267 8610 (Sede Occidente)

Servicio Nacional de Aprendizaje (Sena)
(+57) 1 285 2448 - <http://www.sena.edu.co>

Dirección General de Análisis y Política de Recursos Humanos - Ministerio de la Protección Social
(+57) 1 330 5000 / (+57) 1 330 5050

PAHO - Colombia

(+57) 1 314 4141 - <http://www.paho.org/col>

Costa Rica

Escuela de Tecnologías en Salud - Facultad de Medicina/UCR
(+506) 2511 4493 - <http://ets.ucr.ac.cr>

Cuba

Facultad de Tecnologías de Salud (Fatesa/ISCM-H)
(+53) 5 286 0389 / (+53) 7 640 0192

El Salvador

Opas - El Salvador
(+503) 2298 3491 - <http://www.paho.org/els>

Ecuador

PAHO - Ecuador
(+593) 2 246 0330 - <http://www.paho.org/ecu>

United States

Global Community Health Training Center of Jackson State University
(+1) 601979 8848

Honduras

Universidad Nacional Autónoma de Honduras (UNAH)
(+504) 232 2110 - <http://www.unah.edu.hn>

México

Departamento de Enfermería Clínica Integral Aplicada/Cucs - Universidad de Guadalajara
(+52) 33 1058 5200 - <http://www.cucs.udg.mx/enfermeriaclinica>

Escuela de Enfermería - Universidad Autónoma del Estado de Morelos
(+52) 777 322 9632 - <http://www.uaem.mx/>

Facultad de Enfermería - Universidad Autónoma de Tamaulipas - Campus Tampico
(+52) 834 318 1700 - <http://www.enfermeria-tampico.uat.edu.mx>

PAHO - México

(+52) 55 5980 0880 - <http://www.paho.org/mex>

Panamá

Opas - Panamá
(+507) 262 0030 - <http://www.paho.org/pan>

Paraguay

Centro Educativo Superior en Salud - Ypacaraí - Facultad en Ciencias de la Salud
(+595) 513 432 029 / (+595) 513 432009

Instituto Nacional de Salud (INS)
(+595) 21 294 482 - <http://www.ins.gov.py>

Instituto Técnico Superior Del Saber
(+595) 21 583 647

Dirección de Institutos Técnicos Superiores - Ministerio de Educación y Cultura (+595) 21 498 716

Dirección Nacional de Recursos Humanos en Salud - Ministerio de Salud Pública y Bienestar Social (+595) 21 204 601

PAHO - Paraguay

(+595) 21 450 495 - <http://www.paho.org/par>

Peru

Dirección General de Gestión del Desarrollo de Recursos Humanos - Ministerio de Salud
(+51) 1 333-2899 - <http://www.minsa.gob.pe/dggdrh>

PAHO - Peru

(+51) 1 319 5700 - <http://www.paho.org/per>

Uruguay

Escuela Universitaria de Tecnologías Médicas - Universidad de la República (+598) 2 487 1323 - <http://www.eutm.fmed.edu.uy>

Dirección General de la Salud - Ministerio de Salud Pública
(+598) 2 400 1002 / (598-2) 4097800

PAHO - Uruguay

(+598) 2 707 3590 - <http://www.paho.org/uru>

EUROPA**Portugal**

Associação Portuguesa de Técnicos de Anatomia Patológica (APTAP)
<http://www.aptap.pt/index.htm>

Escola Superior de Tecnologia da Saúde de Lisboa
(+351) 218 980 400 - <http://www.estesl.ipl.pt>

Instituto de Higiene e Medicina Tropical (IHMT)
(+351) 213 652 600 - <http://www.ihmt.unl.pt>

Escola Superior de Saúde - Cruz Vermelha Portuguesa
(+351) 213 616 790 - <http://www.esscvp.eu/>

Direção Geral da Saúde - Ministério da Saúde
(+351) 218 430-500 - <http://www.dgs.pt/>

WORLD HEALTH ORGANIZATION (WHO)

Human Resources for Health (HRH)
(+41) 22 791 2542 - <http://www.who.int>

PAN AMERICAN HEALTH ORGANIZATION (PAHO - WDC)

Human Resources for Health (HRH)
(+1) 202 974 3000 - <http://new.paho.org>

WHO AFRICAN REGION (AFRO)

Health Systems & Services Cluster
(+47) 241 39 388 - <http://www.afro.who.int/>

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

