

REVISTA

Year 4 - nº 14 - May./Dec. 2012

RETS

International Network of Health Technicians Education



**International Seminar
broadens debate on
the education of health
technicians in MERCOSUR**

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It is with great joy that we publish this edition of RETS magazine, number 14, and resume contact with our readers. Unfortunately, some operational problems prevented the compliance with our quarterly basis and we could not publish the magazine's editions of June and September. Now, with the arrival of another journalist, Elisandra Galvão, and a new intern, Michele Corrêa, the team is bigger and in a better position to provide a good service to all those who are interested in issues related to education and the work of healthcare technical workers.

In this magazine we bring some important topics and some news. The cover story is about the II International Seminar on 'Health Technical Workers Education in the MERCOSUR'. The event, repeating its first release success, four years ago, showed some of the progress that has happened in this field, however small, and brought some proposals for the expansion of research on the topic.

As a successful experience, we present, in collaboration with the journalist Yesmin Tibocha Patiño, an important initiative Learning National Service (Sena), from Colombia, that works on the issue of intercultural training for child care workers in indigenous communities.

The big news is the release of the section 'Healthcare Technicians in the world', created with the intention of presenting, in each edition of the Magazine, a brief overview of health professionals education in the countries represented on the Network, as well as disseminating aspects of these technicians training and work, giving them greater visibility and highlighting the important role they play in national health systems.

We also bring a small article about the new action strategy from 2013 to 2016 of the Global Health Workforce Alliance (GHWA), whose title is 'Promote the agen-

da of health workforce toward universal coverage'. Finally, tips about publications and websites that are worth exploring and some small notes on Network or on cooperative actions among its members.

May this be a good start, and that our energies are renewed for the coming year.

Happy reading and happy 2013 to all!

Executive Secretariat

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Multicenter study reaffirms the need to increase the production of knowledge about technical background in health in the countries of the Southern Cone

Encourage and conduct multicenter studies of regional scope, of compared character and preferably interinstitutional, allowing deepen knowledge on the training of MERCOSUR health technicians. Remembering this recommendation in the [“Manguinhos Document on the training of health technicians in MERCOSUR”](#), prepared by the participants of the first international seminar on the subject held in 2008, the deputy director of Research and Technological Development of the Joaquim Venancio Polytechnic Health School (EPSJV/ Fiocruz), Marcela Pronko, initiated the “Second International Seminar: Training Health Technicians in MERCOSUR”, held 28-30 November, sponsored by EPSJV.

In the event, which took place four years after the first meeting, were presented the initial results of the multicenter study [“The training of health technicians in MERCOSUR: the dilemmas among the free movement of workers and the challenges of international cooperation 2010-2013”](#).

Besides Marcela Pronko, who also coordinates the research, took part in the opening board the General Coordinator of Regulatory and Negotiation of Health Work of the Ministry of Health of Brazil, Mendes Miraci Astun; the consultant for the Pan American Health Organization (PAHO / WHO) in Brazil, Marcos Mandelli; the president of the Global Health Center (Cris/Fiocruz), Paulo Buss; and the director



of EPSJV, Mauro Gomes, for whom Seminar II reiterated the commitment of EPSJV with the training of technicians, with the Network of SUS Technical Schools (RET-SUS) and with the international cooperation.

The importance of the event and the search for regional integration of MERCOSUR, the Union of South American Nations (UNASUR) and the Caribbean countries was underscored by Buss. “We need compasses to be able to walk with safety and this study generates evidence and fundamental techniques to enhance the training of health technicians and the international cooperation. I hope the results of this research reach the authorities of the [Working Subgroup 11 \(SGT 11\)](#) and the Health Council of UNASUR (UNASUR-Health) so that they understand the need to allocate financial resources to strengthen these areas”.

The difficulties that MERCOSUR have when discussing the issues concerning the free movement of health technicians, which is scheduled to come into force in 2015, were remembered by Miraci. “Establishing the regulation of technicians’ work is not easy due to the differences that exist among countries of the block. She, however, reiterated that the discussion of these workers will continue in the WSG 11 in 2013.

Migration: a social process of high complexity

At the opening conference ‘Migration policies in the context of labor mobility in MERCOSUR’, the geographer Helion Póvoa explained that migration is a politically referenced and regulated social process, which may be caused by unemployment, violence or even personal projects. “Migration creates a web of social relations,

The first 'Manguinhos Document' textually stated the need to "stimulate and develop studies of regional scope, compared character and, preferably, inter-institutional the allows deepen knowledge about the quantitative and qualitative characteristics of the health technicians training, certification, regulation and their regulation of professional practice, their insertion in the labor process and labor market as well as the conditions and characteristics of their movement nationally and regionally". The text still highlighted that such action depended on the development and improvement of "comprehensive and reliable databases that can support the development of the proposed studies".

The goal of the multicenter study 'The training of Health Technicians in MERCOSUR: among the dilemmas about the free movement of workers and the challenges of international cooperation 2010-2013' is to identify and analyze the (quantitative and qualitative) offer on health technicians training in Argentina, Paraguay and Uruguay, in parallel with the data and analysis already produced for Brazil earlier, in order to subsidize the organization and strengthening policies of health, education and international cooperation systems between countries the sub-regional block, ensuring comparability of national studies, and especially respecting the specificities of each country.

The current research, which continues the search 'The Health Professional Education in Brazil and the MERCOSUR countries: prospects and limits to the full training of workers in relation to the challenges of health policies' held from 2007 to 2009, in the called 'Project MERCOSUR', has the developmental milestones of recommendations to the first Manguinhos Document and the Second General Meeting of the International Network of Health Technicians Education (RETS) / First Meeting of Network of Health Schools of the UNASUR, held in Rio de Janeiro in 2009.]

The institutional structure of MERCOSUR includes two major substructures. One consists of deliberative bodies, endowed with decision-making power and the other is integrated by advisory or administration bodies without deliberative power. To assist the process of implementation of the free movement of goods, capital and services within the block, Work Subgroups have been created, such as SGT 10 Labor, Employment and Social Security Matters and SGT 11 Health and Educational Sector of MERCOSUR (SEM). Consisting in three committees - the Products for Health, the Health Surveillance, and the Services and Health Care - the WSG 11 Health aims to harmonize the laws of the States Parties relating to goods, services, raw materials and health care products, as well as the criteria for epidemiological surveillance and health monitoring. Three subcommittees - Health Services, Assessment and Technology Utilization in Services and Professional Development and Practice. They form the Services Committee for Health Care. Source: 'The health work in MERCOSUR: a Brazilian approach on the issue' (Maria Helena Machado, Aída El-Khoury de Paula and Wilson Aguiar Filho)

because migration flows are not random, but rather directed to destinations, jobs, market towns; it's not lacking of references", he said, stressing, however, the enormous legal difficulties faced by migrants. "While emigration is considered a universal right, immigration is regulated by countries that can open and close their borders when they want."

Another problem identified by the lecturer is that, although there are international conventions of the United Nations (UN) and the International Labour Organization (ILO), among others, seeking to address the issue, they only apply to legal migrants. "Generally, illegal immigrants end up unprotected and without access to other human rights," he said.

About migrating within MERCOSUR, Póvoa acknowledged that there are still many challenges to be overcome. "Today, because of economic issues, immigration, in many cases, ends up being seen as a burden for the country," he lamented.



Many differences and big challenges to be overcome

On the afternoon of the first day, the research teams from Brazil, Argentina and Uruguay presented the preliminary results of the study. The results obtained by Paraguay were cited, fairly summarized, by researcher Anamaria Corbo, of Coordination of International Cooperation of EPSJV, since, due to diplomatic sanctions, the MERCOSUR country is temporarily suspended and did not attend the meeting. See in the end of this article how to access the presentations, videos and documents of seminar.

When presenting the study data about university and tertiary education, conducted in 2010 and 2011, Gracriela Laplacette, from University of Buenos Aires, said that the need for conducting statistical studies that describe the situ-

For Argentina, the Institute of Public Health Research from Buenos Aires University (Instituto de Investigaciones en Salud Pública/Universidad de Buenos Aires), and the Directorate of Human Capital and Occupational Health of the Argentine Ministry of Health (Dirección de Capital Humano y Salud Ocupacional de Ministerio de Salud de la Nación). For Brazil, the Joaquim Venancio Polytechnic School of Health (EPSJV/Fiocruz). For Paraguay, the National Institute of Health (INS/MSP). For Uruguay, the Health Technology School at the Universidad de La República (EUTM / UdelaR).

ation of technical training and allow the planning of quantity and geographical distribution of educational institutions and professionals is a consensus among the authors. “In Argentina, the reasons for the research was the lack of an overview of the training of health technicians and the importance of having certain knowledge about careers, titles, registrations and other aspects related to training.” Among many other things, Graciela said it is already possible to say that there has been a change in the study plan of courses, that cease to have a purely instrumental approach and turn to a more comprehensive training. The content linked to the health system and the rights of workers, however, are still only privilege of training given by institutions linked to trade unions. About the training of teachers, it is possible to say that many, especially younger ones, are usually on their own pedagogical training courses, even if there is, in general, a policy of continuing education in institutions.

In Brazil, a presentation by researcher Renata Reis, from EPSJV, showed that technical training in health is largely concentrated in the private sector and in the South and Southeast. About 95% of the institutions that responded to the interview conducted by the research team claimed to have a Pedagogical Political Project (PPP) set. In some cases, however, the document seems to play only the role of a mere formal requirement for the operation of an institution. About creating courses for health and worker profile, it's been noted that the labor market oriented, predominantly, the definition of the offerings in schools. The emphasis is on the knowledge to do and on the “employability” of graduates.

Carlos Paniel, Gonzalo Fierro and Patricia Manzoni, EUTM / UdelaR were the responsables for presenting an overview of Uruguay, where the research sought to quantify the different degree educations in health that exist in the country and their geographical distribution, as well to analyze the distribution of different courses according to their workload and the various denominations of the titles. Based on the data collected, it was found that there is a concentration of technical training in Montevideo, the workload of the courses varies from 2500 to 4000 hours and graduates receive the titles of Technician, Technologists or Licensed. The education in the country is mostly public and free. In a more qualitative way, were evaluated, among other things, study plans, teaching and assessment methods, the processes of definition and development of curricula. There was also a concern to investigate the existence, in the educational process, of considerations on the health system and work processes.

Finally, Marcela Pronko gave a brief summary of the specific national and regional trends. Among the four countries that are part of the survey, Brazil is the only one whose technical training in health has medium level. In the others, the coaches have college degree, although, in many cases, the workload of the training is the same and entry courses have 12 years of formal education as a prerequisite. The regulation of professional training also varies widely from country to country. The Ministry of Education together with the Ministry of Health and the State Boards of Education are responsible for the regulation in Brazil. In Argentina, the responsibility is divided between the Ministries of Education and Health of the nation and the provinces. In Uruguay, the Universidad de la Republica (UdelaR), the largest public education institution, has the autonomy of self-regulation. In Paraguay, the colleges, like universities, are empowered to self-regulation and Technical Institutes of Higher Learning are regulated by the National Institute of Health (INS) of Ministry of Health.

With the exception of Uruguay, there is a regional trend of offering private training, with geographic concentration of courses in the major metropolitan centers. It was noted tension between instrumental and full-time education training, related to the tension between theory and practice; offers heavily structured by demand and the the logic of labor market; and distance from institutions regarding policies of education and health.

Research has shown that the existence of a Pedagogical Political Project (PPP) / Institutional Educational Project (PEI), seems to become relevant only as a requirement / formal document in mostly educational institutions. Overall, there are no clear policies for training teachers who work in the education of health technicians. The existing demand turns more to the needs of specific techniques than to the pedagogical dimensions.



In search of better living and working conditions in the MERCOSUR

The schedule the second day consisted of two panels. In the first, - 'The challenges and prospects of free movement of health technicians in the interface of MERCOSUR Labour, MERCOSUR Education and MERCOSUR Health' - coordinated by the president of the Argentine Association of Nuclear Medicine (AATMN), Carlos Einisman, attended the National Director of Human Capital and Occupational Health and representative of Argentina subcommittee regulatory and professional practice of the SGT 11 MERCOSUR Health, Isabel Duré, and president of the Federation of Public Health Employees of Uruguay, Beatriz Fajian.

The themes discussed were the challenges, the prospects of free movement and the no contemplation of the social dimension the trade of commercial integration. Beatrice commented about the aspects of emigration of Uruguayans to Europe and the return for not finding work outside their country of origin, the feminization of migration and the paradox that brings together in one motion the unemployment and the need for skilled labor. She also pointed

out the difficulty of technical training and questioned: "Is Uruguay training technicians or workers?"

Isabel spoke of the need to broaden the agenda of the negotiations in the SGT 11 and the creation of partnerships for the validation of titles between the MERCOSUR countries. "For a trained professional in a country that wants to work in another is necessary to revalidate the title in the country where you want to work," he explained, adding: "There must be coordination between countries in order to create strategies for professional regulatory agreements under the Block".

In the second - 'Advances in the negotiation process concerning the training, certification and professional regulation of health technicians within MERCOSUR' - coordinated by Anamaria Corbo, were present Isabel Duré, Miraci Astum and Anibal Suarez representing, respectively, the Ministry of Health of Argentina, Brazil and Uruguay in this discussion, and Domingo Khan, the Ministry of Popular Power for Health of the Bolivarian Republic of Venezuela.

The panelists pointed out the limitations, challenges and possibilities of harmonization of training, certification and professional regulation of health technicians, from the discussions held so far,

under the subcommittee of professional practice and development of SGT 11.

"In Brazil, this research is important because it shows the need to discuss the issue of technical professionals. We have 14 professions recognized at higher education, but we need radiology, nursing, and dental health technicians", warns Miraci. She pointed out the next steps of SGT 11 as: harmonize the requirements for qualification of health professionals technical training, conduct research to evaluate the average wage, identify strategies that enhance professional practice, and systematize information related to the regulatory institutions of professional practice.

For Anibal Suarez, the free movement of workers is a right, but it should be planned to not affect other people's rights, such as access to health care.

Domingo Khan used the occasion to highlight the importance of the recent merging of his country as a permanent member of MERCOSUR. "It represents an opportunity to trade integration and mutual help in several areas. The recognition and monitoring of internal processes for health will allow the sharing of processes with member countries and the analyzes of diagnoses and advances through the same mechanisms", he emphasized.



Presentation of papers and publication of the document marked the end of the seminar

The morning of the **third day** was reserved for the presentation of nine works themed on the training and certification of health technicians and on training processes.

The event ended with the discussion and approval of the 'Second Manguinhos Document on Training of Health Technicians in MERCOSUR', which presents a balance and diagnosis of the last four years of the regional integration process under way, the health professionals in integration process and the referrals from considerations made during the Seminar. ■

Text: Elisandra Galvão, with collaboration of Talita Rodrigues (EPSJV). Images: Michele Corrêa, Maycon Gomes and José Luiz Fonseca (EPSJV)

Learn more about the topic:

- Second International Seminar: Training of Health Technicians in MERCOSUR (II Seminário Internacional: Formação de Trabalhadores Técnicos em Saúde no MERCOSUR): presentations and videos available in the EPSJV/Fiocruz website (www.epsjv.fiocruz.br), in the banner 'Arquivo de eventos' > '2012'.
- First International Seminar: Training of Health Technicians in MERCOSUR (I Seminário Internacional: Formação de Trabalhadores Técnicos em Saúde no MERCOSUR): presentations and videos available in the EPSJV/Fiocruz website (www.epsjv.fiocruz.br), in the banner 'Arquivo de eventos' > '2008'.
- Books 'The training of health technicians in Brazil and MERCOSUR (A formação dos trabalhadores técnicos em saúde no Brasil e no MERCOSUR)', with the results of the 1st step of MERCOSUR Project, and 'A Silhueta do Invisível: a formação dos trabalhadores técnicos em saúde no MERCOSUR', with the presentations of the First Seminar (I Seminário). Available on the EPSJV/Fiocruz website (www.epsjv.fiocruz.br), in 'Publicações'.

- 'The training of technical workers in clinical analysis in Brazil'. Bianca Veloso and Favio Paixão.

- 'Changes in the visibility of health technicians in Argentina 2008-2012'. Carlos G. Einisman.

- 'Professional education in the state of Rio de Janeiro: initial studies on the training of health technicians in educational institutions authorized by the EEC-RJ'. Luís Carlos Ferreira.

- 'The Professional Education in Cytotechnology in Brazil: from the 60's to nowadays'. Simone Maia Evaristo.

- 'The qualification of the Community Health Agent in the state of Rio Grande do Sul: opportunities and challenges'. Fernanda Carlise Mattioni.

- 'The competence approach in technical training curricula in Health'. Ondina Canuto.

- 'Investigative methodology as a strategy for teaching and learning in technical level training'. Kellin Danielski and Daniela M. de Souza.

- 'Professional ethnographies and theoretical-methodological issues in social work research: reinterpretation proposal of the health work in Brazil from the experience of Portugal'. Marise Ramos.

- 'The construction of the educational process in the technical course of Community Health Workers in the GHC School: assessment strategies of training modes'. Andriara Cossetin.



Second Manguinhos Document on Education of Health Technician Workers in MERCOSUR (non-official synopsis)

[CLARIFICATION: The present document does not claim to be exhaustive or conclusive (...). In this perspective, without assuming a prescriptive character for the national representatives who participate in the event, or for the policies developed by the countries, propose to establish a balance sheet of the last four years referring to a problem of incipient treatment within the scope of the ongoing process of regional integration]

Four years after the realization of the First International Seminar and the First Document of Manguinhos (...), the participants of the Second International Seminar about Education of Health Technician Workers in MERCOSUR (...) make public the following considerations:

a. The regional integration: balance and diagnosis

1. Along four years (...), are verified important changes in the configuration of MERCOSUR, as well as new initiatives and experiences of regional integration (...).
2. (...) the incorporation of a new member of the block demands new and important challenges of adaptation and mutual knowledge (...). The institutional apparatus of the integration process became more complex with the progressive introduction of new instances and mechanisms of regulation and negotiation, prioritizing specific areas.
3. (...) the creation of UNASUR (Union of South American Nations - União das Nações Sul-Americanas) as an initiative of concomitant and complementary association to the process initiated by MERCOSUR, seems to indicate a kind of division of tasks between both of them, and may contribute in the enhancement of some processes (...).
4. Besides the specificities of the new regional conjuncture, some problems identified in the integration process represented by MERCOSUR four days ago, still persist. The intergovernmental character that assumed the negotiation process and the little social capillarity of integration; the structural asymmetry and the deep political, social and cultural inequalities (...) among the countries that constitute the block; the still deep mutual lack of knowledge among its member countries, especially in those aspects that are essential for the implementation of effective integration which has as an axis, its eminently social character, are examples of problems that are still to be solved (...).
5. Considering this objective, for the integration of Latin America to overcome a rhetorical or utopian character will be necessary to overcome the strictly national type of logic to walk towards the building of a regional type of logic (...). In this sense, we reaffirm the understanding that (...) the free circulation of workers and people constitutes a long term horizon, which should be based in common standards, previous and clear that avoid the weakening of migrant populations (...), at the same time that protect the national efforts of formation and fixation of labor force for a balanced and autonomous regional development.

b. The health technician workers in the integration process

6. In respect (...) to health technician workers (...), there are important advances in relation to the diagnosis performed four years ago. (...) an increasing solid articulation among sectoral agencies of negotiation about education and health, in the perspective to comprehend, in an integrated way, the training, certification and professional regulation of health workers in regional scope. (...) There is also the incorporation of the 'tech-

nician' professions on the working schedule of the correspondent instances (...).

7. Some initiatives of compared and interinstitutional investigation start to perform a diagnosis about who they are, what they do and where are the health technician workers at MERCOSUR, allowing to outline the silhouette of the invisible (...).
8. (...) in many cases, the education walks away or ignores the guidelines that lead the public health systems, decreasing technician work to its merely instrumental character. (...) the profile of the training worker seems to indicate, also, a conception of technician work in health (...), without appropriation of scientific and social bases which allow to develop a critical reflective vision about the social 'make' and the social determinants of their professional performance.

c. Perspectives/proposals of action

From the previous considerations, the participants of the II International Seminar (...) emphasize the need to:

- Continue to foster and develop studies of regional reach, of compared character, preferably interinstitutional, which allow to deepen the knowledge about characteristics of regulation of the professional exercise of health technician workers, their insertion in the work process and in the labor market as well as the conditions and characteristics of their circulation in national and regional scope, emphasizing the material and symbolic conditions which maintain the invisibility of the technician health workers. This presupposes to develop and improve comprehensive and reliable data bases which can serve as a base for the elaboration of the proposed studies.
- To reaffirm the need to propitiate spaces of debate to contribute in decision making, in a regional level, concerning the circulation of these workers (...).
- To deepen and strengthen more and more the articulation of regional negotiation scopes which deal with questions related to training and certification of technician workers, the regulation of the professional exercise (...).
- To reaffirm the defense of the integrated and integral character of any public project which could organically articulate the training of health technician workers in regional level (...). This implies considering social determinants of health and the primary health care model as the central axis of the organization of these workers' education (...).
- Referring to Sub-Group of Work 11 – Health of Mercosul – and Educational MERCOSUR the report containing the discussions and conclusions of this (...) Seminar (...) and, with the support of the Health Technical Schools Network of the UNASUR (Rede de Escolas Técnicas de Saúde da Unasul - RETS-Unasul), to disclose information at the Work Group of Development and Management of HRH of Unasul (GT de Desenvolvimento e Gestão de RHS da Unasul) and at the Third Global Forum of Human Resources for Health, to be realized in 2013 at the city of Recife, Brazil.
- To accomplish an International Seminar about the Training of Health Technician Workers in the South American integration processes (...).

WHO publishes the World Health Statistics 2012

Launched by the World Health Organization (WHO), the 'World Health Statistics' 2012 version report presents some news in comparison with previous editions. For the first time, the report compares data from 2000 and 2010, showing how public health advances have helped, among other things, to save children's lives in the last ten years.



The 'World Health Statistics' collection is the annual compilation prepared by WHO containing health data from its 194 Member States and includes a summary of Millennium Development Goals (MDGs) achievement on health-related goals. The 2012 document edition also includes a synopsis of the most relevant data about the following topics: non-communicable diseases, health and civil registry coverage.

Those interested in seeking statistics in this area can also directly access the Global Health Observatory website (www.who.int/gho/en), where they have access to the most recent statistics from all countries, and may even draw regional or global comparative tables. The database is available online in English only. ■

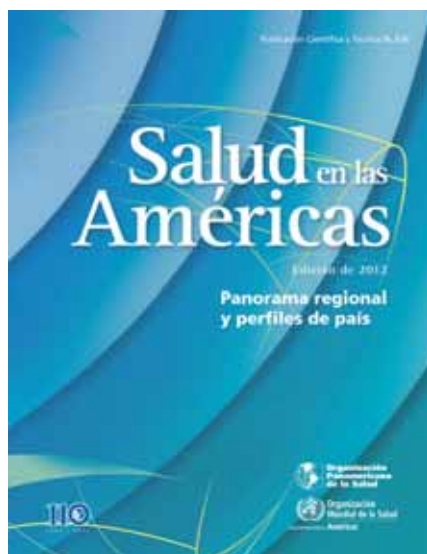
'Health in the Americas 2012' analyzes regional health landscape

In 1956, the Pan American Health Organization (PAHO/WHO) released for the first time, a publication containing the health Americas population status – the 'Summary of Reports on the Health Conditions in the Americas, 1950-1953' – which had been prepared to be presented at the 14th Pan American

Sanitary Conference, held in Santiago (Chile) in 1954. Nowadays, the 'Health in the Americas' is the main PAHO/WHO publication concerning the generation, compilation, analysis and dissemination of information in the health field about the countries of the region.

Presented during the 28th Pan American Sanitary Conference, held from 17 to 21 September, the 2012 report version includes the description and analysis of health conditions in 48 countries and territories of the Americas and also an overview of the most important health issues, considering the region as a whole.

Innovatively, this "Health in the Americas" edition plan on going beyond their specific audience health authorities, academics, professionals, students and workers who work in the health field and international technical and financial co-operation presenting main contents for all those who are interested in knowing about the health situation in a specific country or to explore some of the major regional issues related to health. ■

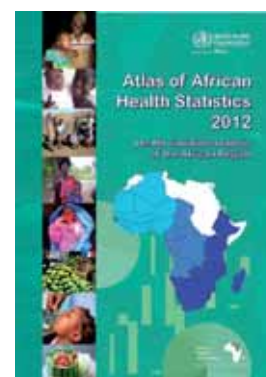


Atlas presents updated data of the health situation in Africa

Published by World Health Organization Regional Office for Africa (WHO/AFRO) the Atlas of African Health Statistics 2012 presents an important information collection, making possible numerous analyzes about the health situation in the continent. This second issue publication was regarded as the most significant balance sheet data ever produced by the African Health Observatory, because it is upgraded and includes new indicators and expanded coverage.

To complement the print publication, it was also created in the African Health Observatory portal an Atlas Web version, in which, through interactive tools, users can do specific searches and conduct their own analyzes. The purpose of this electronic database creation was allowing a continuous process of indicators expansion and improvement of data quality. In the 105 pages of the publication, only available in English for now, those interested can find, among others, important information about national health systems – finance, labor, medical supplies and equipment, information systems and technologies –, on specific programs, such as malaria, HIV/AIDS and women's health, on various social health determinants, and also on the progress of countries related to MDGs.

The digital file of the print publication is available on the African Health Observatory website (www.aho.afro.who.int) on Publications. ■



PAHO / WHO Regional Observatory Centre's new website helps strengthen initiative in the Americas

By midyear, the Regional Observatory of Human Resources for Health launched its new website www.observatoriorh.org, which besides a modern design, incorporates new resources and navigation tools that facilitate consultation and more complete access and updated information about the topic.

The launch, occurred about a year after the Global meeting on Human Resources for Health Observatories, held in Lisbon (Portugal), from 4 to 7 July 2011, confirms the importance of observatories as a platform for global action for the development and management of human resources and a mean for the national health systems to achieve their goals.

The initiative, sponsored by the Pan American Health Organization (PAHO/WHO) since the late 1990s, seems to live a phase of consolidation and growth. From 5 to 6 September 2012, in Lima (Peru), a management of observatories and information systems HRH workshop was held in which

many countries, among them Argentina, Chile, Uruguay and Paraguay, presented advances in the implementing process of their national observatories.

The workshop also served to define a work plan for monitoring the human resources observatories for the national and subregional levels. (Watch presentations www.observatoriorh.org/?q=node/442).

The observatories importance

Created in 1999, the national observatories have been playing an important role in analysis producing, dissemination and information exchange, knowledge and experiences aimed to support decision making, the formulation and implementation of public policies, in response to national priorities and regional goals for human resources in the health field.

The observatories integrate a regional network of governments, academic institutions, service and social organizations which share interests and seek solutions for problems related to the population's health. National groups which integrate observatories have as main function monitoring, through the available evidences, trends that allow defining human resources policies that combine population's needs to the health agenda sector reform priorities and values. These groups also convene and mobilize stakeholders, identify information sources, prioritize the most important issues and form consensus about necessary policy interventions. ■

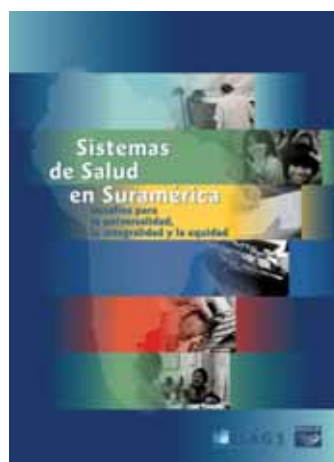


Isags Book presents national health systems of South America

South America has been experiencing a profound transition period in the Public Health field. Deep demographic, epidemiological, food, cultural and technological changes have brought new challenges to the development and inequalities overcoming besides interfere in the region states and governments on acting with this intention.

Aiming to contribute to a debate concerning Health on continent, the South American Institute of Government in Health - Isags, launched the book 'Health Systems in South America: challenges to the universality, integrality and equity', which was presented to the 12 Health Ministers of the block, on the 6th September in Lima (Peru), during the Seventh Meeting of South American Health Council (UNASUR-Health).

The publication which was the result of joint work with the governments of



the 12 South American countries, presents a broad overview of health care systems in the region, highlighting the

challenges for a health care guided by the principles of universality, integrality and equity.

In its fourteen chapters, the book presents a cross-sectional analysis of the Health Systems of South America and the difficulties for universalization health coverage, and a profile on the health system of each country, drawn with contributions from governments, from a methodological guide composed of eleven dimensions, collaboratively developed by the countries. Towards universal health coverage in the region, the text also highlights the needs of each country and the possibilities they have to cooperate with others.

The book, first published in Spanish, is available on the website Isags (www.isags-unasul.org) on Library. ■

II RESP-UNASUR Summit: a privileged space to discuss the education of HRH in South American countries



Invited to participate in the II Summit of the Network of Public Health Schools of UNASUR (RESP-UNASUR), held in October 18 e 19, in Rio de Janeiro (Brazil), RETS' Executive Secretariat had the opportunity to follow important discussions

about the education of human resources for health (HRH) and to know the policies and programs that different countries in the region have been developing.

During the event, successful experiences of Venezuela, Uruguay and Brazil were presented, highlighting the actions of cooperation between the countries. It was also shown the results of a quantitative mapping of the education on public health in South America, conducted via web in the directories of universities and higher education schools of public health in the member countries. The analysis, in turn, was based on studies of the researcher Eliana Labra, of Sergio Arouca National School of Public Health (Ensp/Fiocruz). According to the study, 304 were identified educational institutions, where there are 528 specialized courses, 332 master's and 102 doctorate courses.

The communication and information technologies importance to the operation of the networks and to strengthen interdisciplinary cooperation in the field of public health education was highlighted in two presentations: one about RESP's communication management and another about the Virtual Public Health Campus (VPHC), a space of communication and learning, the result of a partnership between the Pan-American Health Organization (PAHO/OMS) and countries of the Americas. The event ended with a discussion of the Network Work Plan 2012/2013.

RESP-UNASUR was established in Asunción (Paraguay), on April 1st, 2011, in compliance with Resolution 07/2009 do UNASUR Health Council (UNASUR-Saúde), which governs the creation of the Structuring Institutions Networks for Health Systems in the Region, among which the actual RETS-UNASUR. RESP, of which the Executive Secretariat is based at the Ensp/Fiocruz, is a network of institutions working in the education of human resources for the health systems of the bloc member countries, indicated by their respective health ministers.

RESP-UNASUR: www.ensp.fiocruz.br/resp ■

Brazil-Chile: course fosters reflection on Primary Care within the National Health Systems



Brazilian experience on Primary Health Care (PHC) was the topic for a course conducted by the Joaquim Venâncio Health Polytechnic School (EPSJV/Fiocruz) and inten-



ded for 80 workers on the APS's National Health System region in Chile. There were two groups of 40 students each: the first, with classes from October 22nd to November 1st, and the second from November 21st to 30th. The course was part of an agreement with Fiocruz, established by the Ministry of Health of Chile.

Among the goals of the course were the understanding of the health-disease-care and its implications on how services and health practices are organized, the discussion of the historical perspectives and critical analysis of the PHC and the contextualization of the PHC in Brazil. With a workload of 80 hours, the course was divided into six modules that address topics such as models of health care, construction of Brazilian politics of PHC, operationalization of Basic Health Care and the work of Community Health Agents (CHA). In the last mo-

dule, the students visited health facilities in the municipalities of Rio de Janeiro (large-sized) and Pirai (small-sized) to know the differences in the structure and functioning between the units. According to Camila Borges, EPSJV researcher and coordinator of the course, the idea was to stimulate the exchange of experiences based on a theoretical reflection.

On the last day of class, students presented seminars comparing between the contents seen in class and the reality of the Chilean health system. "I believe there is a set of reflections, not necessarily verbalized and discussed here in Brazil, that will have an effect on their day-to-day work when they return to Chile. I believe that the work of reflection about the organization of PHC should not end in this course", said Camila. ■

Argentina-Brazil: technical cooperation aims at improving the quality of educational institutions

A workshop held from May 30th to June 1st in Buenos Aires (Argentina), signaled the end of the first stage of the technical cooperation project, signed between the Ministries of Health and Education of Argentina and Joaquim Venâncio Health Polytechnic School (EPSJV/Fiocruz) for the deployment of the 'Quality Improvement Plan of Training Institutions of Health Technicians' in the country (see RETS Magazine number 13, page 17).

The event brought together three professionals from EPSJV/Fiocruz, heads and teachers in technicians education

Aims to modernize framework conditions and improve teaching and learning processes in those institutions, enabling continuous education and empowerment of teachers and managers, the exchange and cooperation between educational jurisdictions and national and international institutions.



institutions from the provinces of Tierra del Fuego, Chaco, Buenos Aires and Santa Fe, city of Buenos Aires and representatives of the Ministries of Health and Education of the provinces and Nation.



At the meeting, discussions were resumed on the formulation of the Institutional Educational Project (IEP), the analysis and elaboration of plans for studies of selected careers, and production and analysis of teaching materials.

In the workshop, the institutions could, among other things, present the progress already achieved on the formulation of IEP, share experiences on the development of curriculum for education health technicians and discuss the relation between the development of the education curricula of these workers and the social, cultural and historical context of local people and students.

According to the evaluation made by the attendees, the two workshops - the first, in September 2011, also in Buenos Aires – were fundamental to the work's development. According to them, the process has caused changes and now has a positive impact on the institutions.

Using the web platform to continue the discussions was also positively evaluated, despite some reservations about the difficulty of access and use of such new technologies of information and communication. In almost all the workshop attendees' opinion, the web is an important tool for the exchange of experiences between institutions that live quite different educational and social realities, but their incorporation into the work still needs to be more elaborate. ■

Technical Group on Human Resources in Health of UNASUR moves forward with the agenda in a meeting in Brazil



From November 19th to 21st, in the headquarters of the Pan-American Health Organization (PAHO/OMS), it was conducted in Brasilia (Brazil) the IV Meeting of the Technical Group of Development and Management of Human Resources in Health (TG-DMHRH) of Union of South-American Nations (UNASUR). Placed under the TG's Operational Plan 2012-2013, the meeting was attended by representatives of nine countries in the continent, PPT

Presidency of UNASUR-Health, currently in charge of Peru, of the PAHO/OMS, of some of the other technical groups and networks that structure UNASUR. The meeting enabled the extension of the debate about several topics and the discussion of common experiences for member countries, always aiming to identify the major problems faced for the the provision, qualification and retention of health professionals, and to support the construction of common policies.

At the opening ceremony of the event, Maria Alice Fortunato, representing the Secretariat of Work and Education Management in Health (SGTES) of the Ministry of Health of Brazil, and current Coordinator of the TG, Mozart Sales, underscored the fact that health issues transcend national boundaries and that therefore must be faced together by the countries. "The Brazilian ministry believes that strengthening UNASUR is the key to building public policies that meet the needs of each country, creating better governance of human resources for our national health systems", he said.

Henri Jouval, from the South American Institute of Health Governance (ISAGS), presented a profile of the health systems workforce in South America, based on the informations gathered from the countries for the elaboration of the book 'Health

Systems in South America: challenges to the universality, integrality and equity', recently released by the Institute (see page 8). It was up to Miraci Astun, the Ministry of Health of Brazil, to show the progress and challenges that must be faced by the Subcommittee of Professional Practice of SGT-11 from Mercosur-Health. Still on the first day of the meeting, there was a presentation about the "Sérgio Arouca Platform as a tool for Minimum Registration Matrix of Health Professionals of Mercosur and a table on the Observatory of the Americas Network".

The schedule of Tuesday, the 20th, started with a table about the intersectoral human resources policies in South America, with the participation of representatives from the TG of 'Promotion, health and determinants' e from the Council on Social Development of UNASUR. Representatives of the networks that comprise the UNASUR, among which is RETS, talked about advances in networks as a tool for sharing experiences.

The meeting's last day began with the table 'Advances in the Operative Plan 2012 of the TG-HRH within the framework of the Five Year Plan 2010-2015 UNASUR-Health' and continued with presentations about what was accomplished within the framework of the Plan's 3 and 4 activities, related to the survey of conditions for the exercise of professionals from other countries of UNASUR and to the existence of databases and national surveys about the migration of health professionals.

Before the final discussion about the "Operative Plan 2013 of the TG-DMHRH", within the framework of the Five Year Plan 2010-2015 UNASUR-Health, There was a presentation by the Executive Secretary of the Open University of SUS (UNA-SUS) and member of the Global Health Workforce Alliance (GHWA), Francisco Campos (SGTES/MS), on the III Global Forum on Human Resources for Health, to be held in Brazil from November 10th to 14th, 2013. The group approved a motion to support the Brazilian government, endorsed by the Council of Ministers of UNASUR, in the organization of the Forum UNASUR, committed to encourage the participation of national delegations at the event. ■

On Sena (Colombia), harmonized know-how for indigenous early childhood

The experiences lived by a child in their early childhood – from zero to six years – forever determine their existence. Regardless of their ethnic background or the culture they live in, these experiences end up strongly affecting their personality, their values, their cognitive development and their way of relating to other members of society. To foster the full development of indigenous early childhood in areas that are suitable to their culture and worldview, with well prepared educational agents, is one of the purposes of the strategy ‘From zero to always’, established by the Colombian government, and of the Learning National Service (Sena) on



According to the Colombian Institute of Family Welfare (ICBF), as part of the government strategy “From zero to always” more than 41,000 indigenous children in early childhood programs have benefited from intercultural training implemented by the Sena.



The National Learning Service (Sena), established in 1957 as a result of a joint initiative of organized workers, entrepreneurs, the Catholic Church and the International Labour Organization (ILO), is a public establishment of national legal order and has its own patrimony, independent and with administrative autonomy, attached to the Ministry of Social Protection of the Republic of Colombia.

The Sena meets the function that corresponds to the State to invest in social and technical development of Colombian workers, offering and executing comprehensive vocational training for the incorporation of people into productive activities for the social, economic and technological growth of the country.

Besides vocational training, held in its various training centres, the Sena also offers continuing education courses tied to companies; info; guidance and training for employment; business development support; technological services to the productive sector; and support projects of innovation, technological development and competitiveness.

Source: Sena (www.sena.edu.co)

child care workers training in indigenous communities.

As an answer to the Public Policy of the Early Childhood, Sena created, for Bogota’s indigenous communities, training courses for technicians on comprehensive care for early childhood in the cabildos Huitotos, Pijaos and Muisca. Those actions add up to the training of other educators, such as 20 thousand community mothers, inside the agreement between Sena and the Colombian Institute of Family Welfare in Bogota. The goal of the strategy ‘From zero to always’ is to move from 500 thousand children fully attended to 1.2 million in 2014, according to that established in the Development Plan.

Intercultural training: respect and understanding for each other

According to data from the Alcaldía of Bogotá, about 20 thousand indigenous people live in the capital, which equates to 0.33% of the total population. In the district, the existence of **five cabildos** are recognized, organized in the Association of Indigenous Cabildos (Ascai): Muisca of Suba and Bosa, Kichwa and Ambika Pijao; and the Inga Cabildo. However, in the capital there are still members of other indigenous people, such as: yanacona, pastos, tubú; kankuamo, iká, wayuu, hitoto, muinane, páez nasa, emberá katíos, waunaan, kamsá and curripacos, among others.

Sena Capital District has been making partnerships with indigenous cabildos for entitled training. In the case of health programs, about 150 members of these communities have already been trained as technicians in Nursing, Public Health and Health Administratives and now, for the first time, as Technicians in Integral Attention to Early Childhood.

According to the deputy director of the Human talent training in health center of Sena, Gerardo Arturo Medina Rosas, the training project is built in along with indigenous authorities or the leaders of the associations of indigenous cabildo. “We have a design that tells us what it is, but we need a project that will tell us how it is, which in this case is related to transcultural aspects. Those actions meet the experience of intercultural training, that we have developed in our centre, a training that is based on respect and understanding of the indigenous identity. Within this framework, we find a very important opportunity to recover this culture and retrieve the early childhood with the construction of this

new country with indigenous communities”, he said.

In this articulation, with the strategy ‘From zero to always’, multiple public and private entities participate along with Sena, as a way to retrieve, revitalize, strengthen the identity and historical memory, in hundreds of indigenous children who receive intercultural training in the Colombian capital.

Citizenship woven with ancient chants and songs

Emily Quevedo, coordinator of the Initial Education Project for Indigenous People, of the Alcaldía of Bogotá, explains: “Five kindergartens were implemented, three years ago, and it is expected the creation of another two: Wawita Kunapa Wasi (House of Children), from the inga people; Uba Rhua (Spirit of the Seed), from the muisca people; Makade Tinikana (Walk walking), from the huitoto people; Ambika Pijao Seeds, from the pijao people and Gue Atyqíb (House of Thought), also from the muisca people”.

Two students from Sena work in the Makade Tinikanakidergarten from the huitoto people, and they are training as Technicians on Integral Attention to Early Childhood: Ensura Garo, garden helper, and Bernardita Remui, Governor of Indigenous Cabildo Huitoto on Bogotá. “We are applying parts of the child care and the relationship between parents and teachers, which help us to strengthen the organizational part and the garden part, for which we are training 18 members of the community with Sena: 17 women and one man”, Remui explains.

These kindergartens, which are small huts (indigenous community houses) are projected to have the proper objects of indigenous peoples (sisal nets, swings, ceramic pots, baskets and seeds). It is in

this environment that learners deal with children, using the ancestral and the western knowledge.

Songs, stories, dances, rituals and knowledge are passed on to children in conjunction with indigenous knowledge acquired in their training on the Sena: health, participation, child protection and education.

The Pedagogy instructor, Olga Lilia Prada, explained that the knowledge of the program are shared in the learning environment, and that every 15 days a community’s ‘knowing person’ shares his/her knowledge with the whole group, so that children can relate to their world, with the customs of his people, his native language, the relationship with nature, chants, songs, dances and, in this way, they can recreate the places where communities build knowledge.

For María Celina Ninicoñe, one of the knowing grandmothers of the Huitoto community in Bogotá, the experience has been enriching: “I work here in the garden as a grandmother and knowing woman and in our traditional part, as singing, massage, lullabies and other things of Huitoto’s history. I feel proud that the new generation learns what is taught by the Sena and join what is ours with the Westerners’. The youth have to learn again, but without losing their ancestral traditions.”

For these indigenous communities located in Bogotá, it is very important that the processes of interculturality begin in early childhood. They consider that the ancestral knowledge is important, but remember that children live in an urban environment, which leads to many other particular needs, they must learn without losing, however, its roots, its customs and its essence as native peoples. ■

Basic text: Yesmin Tibocho Patiño (Sena)
Photographs: Communication Workshop (Sena)

An “indigenous cabildo” is a special public entity whose members have been elected and are recognized by the community; it is a traditional socio-political organization, which function is legally represent the community, exercise authority, and undertake the activities attributable to it by law, uses and customs, and the internal rules of each community.

Ensura Garo, assistant in the kindergarten community Huitoto, Makade Tinikana, is happy and feels proud of the education she is been receiving for Integral Attention to Early Childhood. In her practice, she combines the songs and traditions of Huitoto with pedagogical knowledge transmitted by the Sena.





Portugal

In Portugal, health technicians' education has gone through many changes over the years, both at the level of entry and the degree conferred by courses. Currently, there are 18 technical careers in the country, regulated under diagnosis and therapy, as well as other high-level careers in health technology undergoing a regulatory process. There are also several courses for technical assistants that can be performed during or after high school, as is the case of, for example, the Health Technical Assistant course established by Administrative Rule 1041/2010 of the Ministry of Education.

Portugal's education system: a general overview

The organizational principles of the Portuguese education system are established in the Education System's Basic Law (LBSE), originally established by Law 46/86 and later modified by Laws 115/97 and 49/2005. According to the LBSE, the education system is "the set of means by which the right to education is achieved, a right which is expressed by ensuring a permanent training activity aimed at fostering the overall development of personality, social progress and the democratization of society".

The education system is divided into three levels: basic, secondary and higher. Pre-school education is aimed at children aged 3 to 6 years of age and is not compulsory. Basic education, in turn, is universal, compulsory and free and in-

Within RETS, health technical work is regarded as all that is done by the group of workers engaged in technical and scientific activities in the field and ranges from the more simple activities performed by community health agents and the assistants to those executed by high-level technicians, of a more complex nature.

By allowing that the definition of "health technicians" not to be associated only with educational level of these workers, as is usually done, this vision becomes critical to the existence of the Network. It enables the joint work and exchange of experiences between institutions from countries with very different realities in relation to the classification of technical professions, the tasks that these workers perform, the knowledge they must acquire in their training and educational levels in which they are inserted.

Accordingly, this section was created with the intention of presenting, an overview of the education of health professionals in the countries represented in the Network in each issue of the magazine, as well as disseminating the training and work aspects of these technicians, giving them greater visibility and highlighting the important role they play in national health systems.

cludes three sequential cycles: the first, of four years; the second, two years; and the third, three years. Secondary education, which includes a three-year cycle – 10th, 11th and 12th schooling years – is taught in public schools, private schools with public funding and independent private schools.

Higher education is taught in public and private educational institutions and is divided into two subsystems: university education and polytechnic education, traditionally understood as that of a more practical and professional nature, aimed especially at the understanding and solution of concrete problems.

Polytechnic education: a brief historical background

The term "polytechnic" adopted to refer to a form of an applied, technical or professional higher education of a practical nature taught in Higher Education Schools, outside the classical sphere of universities, was used in Portugal for the first time in the Decree of January 11, 1837 which established the Polytechnic School of Lisbon. With nothing to do with health issues, the main objective of the new institution was "to enable students with the knowledge required to attend different courses of the Application Schools of the Army and Navy while providing means to disseminate higher general education and to acquire the subsidiary one for other scientific professions". According to Maria de Jesus Fonseca, in the article "Polytechnic Education in Portugal: a recent history", the name, however, was short lived and the concept is only resumed under the Education System Reform Act (Law 5/73), better known as the Veiga Simão Reform, whose implementation was delayed because of the Carnation Revolution on April 25, 1974. According to the then vice-president of the Viseu Polytechnic Institute, Antonio Soares de Souza, in a speech in January 1999, only in 1977, by Decree-Law 427-B, the short-duration higher education was definitely established in Portugal as that which would not only diversify higher education, but also meet the country's needs for the training of skilled technicians in various fields, among which, that of health.

The Act also states that studies aimed at the consecution of a Bachelor's degree at Polytechnic Institutes would have a three-year term and would be organized to provide the necessary conditions for the exercise of certain professional activities. Shortly after, in 1979, by Decree-Law 513-T/79, short-duration higher education is renamed to "Polytechnic Higher Education".

The consecration of the existence of polytechnic education in Portuguese higher education came with the Basic Law of 1986, considered as the legislative framework of the duality of higher education in Portugal. Under the law, polytechnic higher education should "provide a solid cultural and technical higher education, develop the capacity for innovation and critical analysis and teach scientific knowledge of theoretical and practical nature and its applications for the pursuit

of professional activities". In contrast, university education should provide a strong scientific and cultural preparation and provide technical training to enable the exercise of professional and cultural activities and foster the development of design, innovation and critical analysis skills. Thus, the law strengthened the concept that polytechnic education would be practice-oriented, guided by the application and development of knowledge and the understanding and solution of concrete problems, while the university would be theory-oriented, guided by research and creation of knowledge.

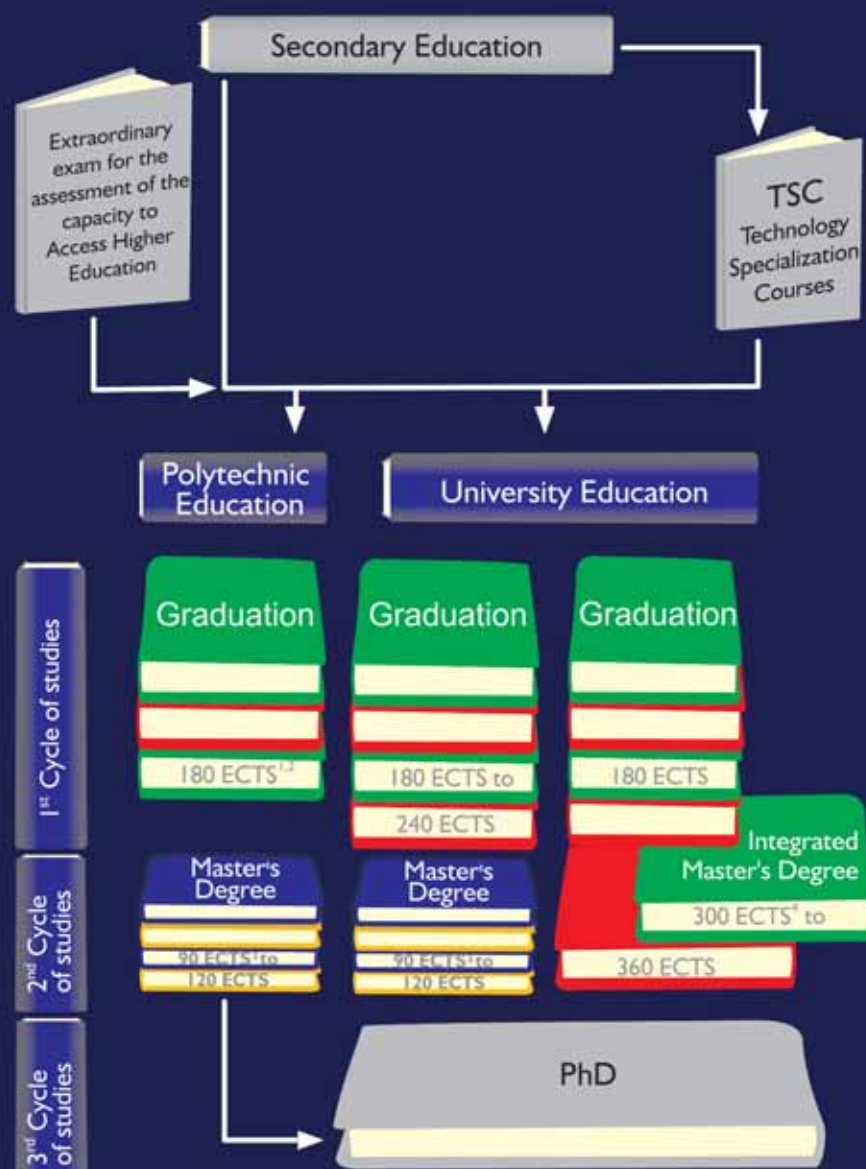
Health technologies: from CPTASC to polytechnic higher education

In the final report of "Implementation of the Bologna Process Nationwide, by area of Knowledge: Health Technologies", prepared in response to a request from the Ministry of Science, Innovation and Higher Education, and presented in November 2004, António M. F. Lopes explains that, in Portugal, the term "Health Technology" is linked to the process of integration into higher education (1993/4), to diagnostic and therapeutic professions education and to the name that former Health Services Technical Schools received as from 1999.

He said that this name, despite having great operational value, has suffered a challenge "because of its reductive nature, given the true nature and the evolution process of the professions involved". Also according to the document, the emergence of some of the careers of the so-called Health Technologies occurs in Portugal during the first half of the XX century, with the first historical records dating from 1901. Major advances in this process, however, only occurred in the early 1960s, with the creation of the first Centers for the Preparation of Clinical Services Technicians and Assistants (CPTASC) who worked in the central hospitals of the major urban centers in the country.

From 1974, when these courses are extinct, to 1980 there is a void in education in all areas of health technolo-

Organization chart of higher education in Portugal



1: ECTS: see box on page 16.

2: Exceptions are cases where education ranging from 210 to 240 ECTS is required in order to have access to and pursue a particular career.

3: Exceptionally, and subject to ensuring satisfactorily all the requirements related to the characterization of the goals of the degree and its conditions for achievement, the cycle of studies leading to the master's degree in a specialty may have 60 credits as a result of a stable and internationally consolidated practice in this specialty.

4: A master's degree may be conferred after an integrated cycle of studies where, to access to the practice of a particular professional activity, the duration: a) is established by the legal norms of the European Union and; b) results from a stable and consolidated practice in the European Union. In these cases, a degree is awarded to students who have obtained 180 ECTS (3 years - 6 semesters).

Source: 'Reconhecimento de qualificações. Guia para estrangeiros' (MCTES/DGES) (Adapted).

gy. In 1980, however, Centers for the Training of Assistant Technicians from Diagnostic and Therapeutic Services start to be established in Lisbon, Porto and Coimbra, which, in 1982, are transformed to Health Services Technical Schools (ETSS).

In 1993, health technology education is finally integrated into the national higher education system through the polytechnic education subsystem, and the educational institutions are then called “Higher Schools of Health Technology” and start to operate under the double supervision of the Ministry of Education and the Ministry of Health, as explained by vice president of the Pedagogical Council of the Higher School of Health Technology of Lisbon (ESTeSL), Ana Almeida: “Until 1993, this school was under the entire responsibility of the Ministry of Health and courses had a duration of three years but did not confer academic degree, just a diploma. In 1993, with the integration of health technology education to the polytechnic education system, schools are being supervised by both the Ministries of Health and Education, and courses become bachelor’s degree courses”.

In 1999, the Portuguese courses are organized in two cycles, with students receiving a bachelor’s degree at the end of the first cycle, consisting of six semesters, and a licentiate degree at the end of the second cycle, with two semesters of study. “In the beginning we opted for a two-cycle licentiate degree, the so-called two-phase licentiate degrees, until, upon implementing the Treaty of Bologna, we now have “from-the-root” licentiate degrees”, adds Ana Almeida.

In that same year, the legal status of the public career of “Diagnosis and The-

rapy Technician” is established and defines a set of higher education specialized professional training categories.

In 2005, due to the Bologna Process, new changes were made to the Basic Law, with the introduction of a new credit system (ECTS) for cycles of study, mobility mechanisms and diploma supplement, among others. From 2008, the graduate health technology licentiate degree courses are finally adapted to the Bologna Process and there are already proposals for the 2nd and 3rd cycle courses – master’s and PhD – in the field.

And if in 1993 there were only three Higher Schools of Health Technology in Portugal in 2010, according to the Coordinating Council of Portuguese Higher Institutes, there were more than 20 institutions, including Polytechnic Institutes, non-integrated Schools and Universities with higher polytechnic course in health, among them the ESTeSL, offering 12 of the 18 careers regulated in this field.

Diagnosis and Therapy Technicians (DTT)

In 1993, aiming to qualify the professional training and performance of health technical workers in the country, Decree-Law 261/93 was enacted, which, among other things, states that the training courses and the diploma should be recognized and validated by both Ministries of Health and Education, and professional practice depends on holding a Professional Card issued or validated by a public entity.

In turn, Decree-Law 320/99 regulates the diagnostic and therapy professions and establishes the National Council of Diagnosis and Therapy Professions as a supporting body to the Minister of Health.

It is also worth mentioning Decree-Law 564/99, which establishes the legal framework of diagnosis and therapy technician career, reaffirming the importance of these workers to improve the quality and effectiveness of providing better health-care and establishing a wage scale level that is adequate to the levels of training and professional performance. According to the document, “the diagnosis and therapy technical career in the public context is developed through the categories of 2nd class technician, 1st class technician, main technician, expert technician and 1st class expert technician, with corresponding functions of the same nature and with increasing complexity and responsibility”.

According to Ana Almeida, however, there are still many young people who are at the base of the “career” and hope to ascend the ranks of the service. However, this is not a simple process. Before running for office in a higher category, they must remain at least three years in the lower category and obtain a positive assessment of their performance. Furthermore, a public contest for the post must be held. “Since no new contests are held, workers end up staying at the same level, with no chance to progress in their career”, complains the teacher.

The issuance of a Professional Card that enables technicians to work in public and private hospitals, private laboratories of clinical analyses, university laboratories, public health laboratories, research institutes and private clinics, is the responsibility of the Health System Central Administration (HSCA), a special scheme public institute, which is integrated in the indirect administration of the State and has administrative and financial autonomy.

Developed by the European Commission, the European Credit Transfer and Accumulation System is a system that measures the workload (modules, courses, internships, projects, dissertations, among others) that the student must have to achieve the objectives of the study program. It was decided that each school year corresponds to a total of 60 ECTS credits.

Signed in 1999 by the Education Ministers of 15 European countries, the controversial Treaty of Bologna provides for the creation of a European Environment of Higher Education, in which students’ mobility is facilitated and credits multi-validated. The Declaration defines the overall objectives – competitiveness of the education system and mobility and employability of young people in the European Environment – as well as specific measures to achieve them –, a system based on two cycles, the first of which awards a diploma for the labor market and with at least a three-year term, adopting a system of credits, in particular ECTS, promoting the mobility of students and faculty, cooperating in the assessment of the quality of education, etc. Since then, the achievement of agreed objectives necessitated the creation of new laws in all countries, major reforms in the institutions and difficult changes in mentality and behavior.

The already-regulated 18 careers

Clinical analyses and public health

Clinical analyses are directly linked to clinical and laboratory research and are one of the key fields in health sciences. The clinical analysis and public health technician is part of multidisciplinary teams and plays an essential role in health care, performing diagnosis, prognosis, therapy and prevention of disease in clinical pathology, immunohematology, genetics and public health, through the study, implementation and assessment of own analytical methods and techniques. Moreover, the technicians' activities can also be developed in the fields of management and education and even in commerce.

In his training, the ACSP professional acquires theoretical knowledge in various fields and learns to develop several processes that include laboratory methods and techniques, laboratory materials and equipment, health, hygiene and security, quality control, research methods and techniques and computing science.

Pathologic, cytologic and thanatologic anatomy

The internal knowledge of the human body through the performance of autopsies contributed directly to the emergence of health science. The emergence and refinement of the microscope and other technologies enable the increase and deepening of human knowledge in the areas of histology, cytology and microbiology. Changes caused by disease in human tissues and cells are increasingly becoming clear, enabling a better adaptation of prognosis and therapy.

The progress of histochemical techniques, the discovery of monoclonal antibodies and the development of techniques for the determination and increase of DNA/RNA sequences turn molecular pathology into a research paradigm of the future in health science.

The professional of this branch can be part of multidisciplinary teams in public and private hospitals and laboratories, specialized equipment companies, health centers or even educational and research centers of higher education institutions.

Audiology

In Portugal, the audiology technician is the health professional responsible for the prevention, identification, assessment and subsequent rehabilitation/habilitation of people with hearing or balance problems. Thus, he must be able to use, both in adults and children, all available techniques to study the functionality of the auditory and vestibular systems, proposing therapies necessary to mitigate damages and to promote the inclusion of the patient in the family and social environment.

The audiologist performs his activities in hospitals, health centers, clinics, audiology, audio-phonology and hearing rehabilitation centers, educational institutions and manufacturing entities. The professional can also develop research and educational activities at the workplace and in higher education institutions.

Cardiopneumology

Professionally, cardiopneumology in Portugal began to settle only in the mid 1950s. Some of the methods and techniques used in the field, however, date back to the XIX century and early XX century, such as spirometry (1846) and electrocardiography (1902).

The cardiopneumology technician must develop the anatomophysiological functional and capacity study of the heart, blood vessels and lungs and the activities for the programming, application of diagnostic methods and their evaluation, as well as specific therapeutic actions in the field of cardiology, pulmonology and cardiothoracic surgery.

At the end of his training, the technician of this field can perform his profession in public and private hospitals, health, sports, education and training centers, private clinics or public and private diagnostic and therapeutic institutions and hospital equipment marketing companies. The cardiopneumology profes-

sional works in a multidisciplinary health team, identifying and solving community problems in the diagnosis and treatment of cardiovascular and respiratory diseases.

Dietetics

Dietetics is a nutrition-based health science which studies the effect of diet and nutrients in humans and ways food can be used in health promotion and disease prevention and treatment, both at individual and collective levels.

The document that sets benchmarks for training and professional practice in Europe mentions that "dietetics professionals collect information about the dietary habits of individuals or groups; they interpret, translate and critically assess information about the nutritional needs and research in different fields to provide practical recommendations about food consumption and other associated resources".

The dietetics technician can work in community nutrition, clinical nutrition, nutrition in collective catering and the food industry, developing his work in health promotion, therapeutics, education, scientific research, food security, administration and management of food services and dietetics.

Pharmacy

Until the XIX century, the specific knowledge of pharmacy was transmitted in the pharmacies themselves. In the XX century, the acquisition of such knowledge was done in practice, usually in hospital pharmaceutical services. The first course for the specific training of these professionals was only established in 1964.

The pharmacy technician participates in the whole drug's circuit, from production to distribution of drugs and other health products, according to galenic formulas and medical prescription, or even in the sale of prescription-free drugs, ensuring their management and quality. While exercising his functions, he should also provide advice to users and health professionals about the use of drugs and health products.

The main area of intervention of the pharmacy technician is therapeutics, but he is also prepared to work in pre-

vention and health promotion, research, education and management. He can work in hospitals or community pharmacies, outlets selling prescription-free drugs, public services of regional and local health administrations, pharmaceutical industry and educational and research centers. Other pharmaceuticals production and marketing and health care services institutions may also require technicians to perform their functions. The possibility to enable these workers to be responsible for outlets selling prescription-free drugs was enacted in 2005.

Physiotherapy

Physiotherapy is the science that studies human movement in all its forms of expression and potential. According to the Ministry of Health of Portugal (DL No. 261/93), this technical career “focuses on the analysis and assessment of movement and posture, based on the structure and function of the body, using specific educational and therapeutic modalities based essentially on movement, manipulative therapies and natural and physical resources”.

The physiotherapy technician is qualified to restore, develop and maintain the patient's health and may act in different fields, such as neurology, pulmonology, cardiology, rheumatology, geriatrics, pediatrics, oncology, pre- and post-surgery, stretching and relaxation.

The physiotherapist carries out his functions in hospitals, clinics and rehabilitation centers, health institutions and associations, schools and sports centers, among others.

Dental hygiene

Dental hygiene is the best way to prevent cavities, gingivitis, periodontitis and other mouth problems, and help prevent bad breath (halitosis).

The dental hygienist is a technician who works mainly in primary health care and, as such, aims highly at prevention, promotion and maintenance of people's oral health.

The professional can work in two settings, namely, clinical and community. In the clinical setting, the dental hygienist performs data collection for diagnosis, prophylactic treatment and patient counseling. At the community level, he is part

of programs that aim at assessing and improving people's oral health.

The technician can work in health centers, nursing homes, kindergartens, institutions for people with special care needs, among others.

Nuclear medicine

Nuclear medicine is a medical specialty that uses radioactive compounds for diagnostic and therapeutic purposes. According to the Portuguese Association of Nuclear Medicine Technicians (APTMN), the nuclear medicine technician is a health care professional capable of developing all nuclear medicine's technical procedures. The technician's work consists of planning, preparation and control of radiopharmaceuticals in the identification and selection of methods and diagnostic techniques.

The professional can perform his activities in hospitals, university laboratories and education and research centers, working in multidisciplinary teams, in conjunction with physicians, pharmacists, chemists, physicists and nurses, often specialized in nuclear medicine and carrying out their tasks in collaborative fashion, each with defined responsibilities.

Neurophysiology

Neurophysiology covers procedures for the functional assessment and monitoring of the central, peripheral and muscular nervous system, aiming at the diagnosis and prognosis of neurological diseases. Problems related to brain function, changes in muscle function and sense organs are studied.

The technician participates in a long process that includes case assessment, decision making on the most appropriate methods and techniques to be used, the establishment of records and the collection of clinical information. His activity is performed in public or private hospitals, in the context of multidisciplinary work, usually in neurophysiology, neurology, pediatrics, psychiatry, and gastroenterology. He can also work in university laboratories and in education.

Orthopedics

According to the Portuguese Ministry of Health (D.L. 261/93 and D.L.

564/99), orthopedics is the “assessment of individuals with motor or postural problems, in order to conceive, design and implement the necessary devices that are more appropriate to the correction of the locomotor system, or its replacement in case of amputation, and to develop activities to ensure the placement of manufactured devices and the respective adjustment, when necessary”.

The orthopedics technician duties are to study, build, adapt and apply mechanical devices on people with amputation or congenital absence of limbs (prostheses/orthoprotheses) or total or partial functional disability (orthoses) to facilitate the rehabilitation and provide a better quality of life to the patient. The orthoprothesist is authorized to work in health centers, hospitals, clinics and rehabilitation centers, private orthopedics facilities and education.

Orthoptics

Formed by the junction of the Greek words *orthos* (right) and *optikos* (related to vision), the term “orthoptics” literally means “correcting the vision”. Orthoptics, therefore, is the science that diagnoses and treats disorders of binocular vision, such as strabismus, and the orthoptist, in turn, is a professional that identifies, quantifies and qualifies vision anomalies and ocular motility disorders.

The orthoptics technician is able to define and implement, based on the diagnosis, a therapy to reduce and eliminate these sight problems. The professional can perform his duties in hospitals, health centers, rehabilitation clinics, schools and commercial outlets.

Prosthodontics

The prosthodontics technician's main functions are to produce and repair all types of dentures, orthodontic appliances, sporting protectors and tooth whitening.

The prosthodontics technician divides his action into four main fields: removable prosthesis; fixed prosthesis; implant prosthesis and orthodontics.

The activity is carried out mainly in prosthodontics laboratories that collaborate directly with dental clinics and facilities. In addition, profes-

sionals can work in professional and polytechnic schools.

Environmental Health

Environmental health is one that refers to aspects of health and quality of human life, determined by physical, chemical, biological or social environmental factors. It also refers to the theory and practice of assessment, control and prevention of the factors in the environment that may affect somehow the human health of current and future generations.

In Portugal, the environmental health technician must identify, assess and monitor health and safety risk factors resulting from human activity or natural phenomena, proposing measures to eliminate or control those risks. The technician can perform his work in health centers, public services of regional and local health administrations and public or private companies, working in public health, occupational health and environmental management.

Decree-Law No. 117/95, which provides for the education and professional work of the Environmental Health technician, identifies eight areas: (1) basic health protection and fight against disease-transmission means and agents; (2) specific health protection and fight against manufacture-related risk factors; (3) habitat hygiene and promotion of urban and rural salubrity; (4) food hygiene and hygiene of the protection and consumption system facilities; (5) hydrology and hydrotherapy; (6) occupational health; (7) school health; and (8) health education and training. The first university-graduated technicians in this area emerge in July 1994.

Radiology

Radiology is the science that studies organs and structures of the human body through the use of radiation, thereby generating an image. The radiology technician plans, conducts and assesses the quality of radiological tests in different intervention areas of radiology (conventional radiology, mammography, computed tomography, magnetic resonance, angiography, osteodensitometry and ultrasonography).

Besides the activities in the clinical setting in the area of diagnosis and the-

rapeutic intervention, the Radiology technician can work in management, education and research. As a member of multidisciplinary teams, the professional can work in hospitals, clinics and health, education and research centers.

Radiotherapy

Radiotherapy emerged in the late XIX century, when it was noted that X-rays discovered by Wilhel C. Roentgen (1845-1923) could be used not only for diagnosis, but also for therapeutic activities. The radiotherapy technician must develop, in close collaboration with the physician and physicist, a set of therapeutic activities, primarily in oncology.

Worldwide, the development of radiotherapy represents a challenge for professionals of the field, who should guarantee the implementation of appropriate protection and radiation safety standards and patient monitoring to ensure maximum accuracy and safety during the radiotherapeutic action.

The radiotherapy technician must develop strong communication skills and personal interaction, since he will be responsible for the ongoing counseling to the family and the patient during treatment. Professionally, he can also perform activities in terms of prevention and health promotion, management and education, as well as participate in research activities, especially in dosimetry, radiologic protection and safety.

The radiotherapist can act in public and private hospitals; private clinics, hospital equipment marketing companies and educational and research centers.

Speech therapy

Speech therapy is the development of activities within research, prevention, assessment and treatment of human communication disorders, comprising oral and written language, nonverbal communication and supporting technologies (Decree-Law 261/93).

The speech therapist is not authorized to perform audiological tests; he works in the fields of speech, language and swallowing, working

to improve the patient's condition in the articulation, voice, fluency, development delays and loss of the ability to speak. The professional is qualified for the technical activity in hospitals, health centers, regular and special education associations and institutions.

Occupational therapy

As an interdisciplinary science and systematic treatment method, occupational therapy emerges in the 2nd half of the XVIII century, from theories and methods of treatment established by French psychiatrist Philippe Pinel (1745-1826).

In Portugal, the first course of occupational therapy began to be implemented in 1957, at the Santa Casa da Misericórdia of Lisbon. In 1966, the Alcoitão Rehabilitation School was officially created.

The goal of occupational therapy is to empower people so that they can successfully participate in the daily activities, thereby promoting their participation in society. The idea is that satisfactory occupational involvement has a positive impact on the health and welfare of the individual, giving his life meaning. Currently, in addition to assessing personal factors, occupational therapists are increasingly involved in the study and promotion of social, political and environmental factors that contribute to the occupational inclusion and participation of their patients.

The occupational therapy technician conducts his activities in health centers, hospitals, schools, prisons, drug addict support institutions, among others. ■

Research and text: Julia Neves (RETS Magazine)

OBS: All documents used in the preparation of the present text are available on RETS website (www.rets.epsjv.br), at Countries > Health Technicians Education > Europe > Portugal. More information about courses and health technical careers in Portugal: ESTeSL (www.estesl.ipl.pt); ESTeSC (www.estescoimbra.pt); ESTSP(www.estsp.ipp.pt) e TDT Online (www.tdtonline.org).

GHWA presents action strategy for the period 2013-2016

The new action strategy for the period 2013-2016 of the Global Alliance for Health Workforce (GHWA) was officially launched on July 3 in Tunis. Titled “Promoting the agenda of the health workforce toward universal coverage”, the document was approved and adopted on the eve of its launch, during a meeting of the Board of Directors of the Alliance.

The new strategy is based on three central objectives: strengthening the advocacy for HRH in order to advance the established agenda; mobilizing activities to be properly executed by Alliance members and partners; and promoting results and responsibilities of those involved.

First stage of works had a positive balance

The GHWA was established in 2006 to respond to the global crisis in human resources for health (HRH) and the lack of attention addressed to the issue in global health. Dealing with issues such as shortage of professionals in the sector, poor distribution, lack of working conditions and quality of life, migration and inadequate training, the GHWA sought partners who could collaborate together to develop a comprehensive and multifaceted approach to solve the problems facing the industry.

In its first phase of existence, from 2006 to 2011, the Alliance's main purpose was to foster the “Decade of Action”, having developed collective activities and inputs that resulted in significant advances for the development of health workers. Among other things, with direct participation of the Alliance, two Global Forums on Human Resources for Health were held. The first one, in Uganda (2008), which resulted in the adoption of the Kampala Declaration and the Agenda for Global Action, which became reference for the development of HRH at all levels. The second one, in Bangkok, Thailand in 2011, which served to gather the global community of HRH, assess progress and renew the commitments made earlier.

Despite these efforts, the HRH crisis is still a limiting factor for many countries in their fight against maternal and infant mortality, for the control of several priority infectious and noncommunicable diseases and to achieve the broader target of universal health coverage.

External assessment points out priorities



In 2011, after the first five years of its original term of 10 years, the Board of Directors of GHWA commissioned an external assessment of the work done so far to Oxford Policy Management. Besides allowing the analysis of the performance of the Alliance so far, the assessment also allowed the definition of new strategies to seek to overcome the challenges that still remain regarding the health workforce.

According to the report submitted by the company, the Alliance's work has contributed positively in various fields related to the development of health professionals, but there are still important gaps to fill in the ever changing global context. Based on the document, the Board designed a proposal that was submitted to open consultation among members and partners of the Alliance and also the general public, from May 22 to June 8, receiving criticism, suggestions and contributions.

The proposal submitted by the Board was that GHWA's work during the period 2013 to 2016 be characterized by a set of strategic objectives, with priorities for work

areas with high added value in which the Alliance will have comparatively more strength; more emphasis on results, with specific responsibility of members, partners, regional and global networks and countries, through their own governance structures; and a business model, with more robust *modus operandi* in which the strengths of members and partners in the activities developed by the Alliance could be better used.

The idea is to make of GHWA a distinct and reliable mark in supporting actions that seek to ensure the improvement of the workforce, considered a critical element in the organization and effectiveness of national health systems.

Health workers are highlighted in the Rio+20 Final Declaration

In the controversial document “Rio +20: the future we want” signed by world leaders at the Conference, some issues seem to be unanimous. One is the recognition that there are inextricable links between human health and sustainable development.

In the Declaration, leaders call for “greater collaboration and cooperation at national and international level to strengthen health systems and mention recruitment, training, development and retention of the health workforce as key aspects for this to occur.

Executive Director of the Alliance Mubashar Sheikh said he is satisfied with the recognition of the importance of health personnel, but reminded that there is still a need to intensify current efforts in this field. “Access to qualified, motivated and supported health care professionals is vital. Therefore priority should be given to train workers able to handle the increasing challenges that health must face due to the aging population, with noncommunicable diseases, scarce resources, urban slums and mobile populations”, he added. ■

All documents quoted in the present article are available on GHWA's website: (www.who.int/workforcealliance)

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