

REVISTA

Year 4 - nº 15 - Jan./Feb./Mar. 2013

RETS

International Network of Health Technicians Education

Edición bilingüe
español inglés

International cooperation: Angola, Japan and Brazil together in the education human resources for health



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Whereas South-South bilateral cooperation is considered priority for Brazil, the country currently keeps several technical triangular cooperation programs and projects with international organizations and countries. These partnerships, which can involve international organizations or countries, represent an alternative and complementary arrangement in regard to bilateral efforts and are based on the following parameters (among others): demand-driven actuation; technology and knowledge exchange without impositions; and reproducing best practice to be transferred and adapted to each country's reality. Brazil's triangular South-South Cooperation (SSC) is accomplished through thematic programs or projects focused on technical specialized learning and advice, often combined to small-scale infrastructure construction and provision of necessary equipment for carrying out activities. The cover story of RETS Magazine's latest issue is on one of these projects – Proforsa – which brings together Brazil, Japan and Angola, with initiatives that aim to strengthen the African country's health system, through structuring actions; among these, specialized learning on human resources for the health field.

Besides, the magazine resumes the discussion on health technicians' "invisibility", through an interview with Carlos Einesman, director of Argentina Nuclear Medicine Technicians Association (Asociación Argentina de Técnicos en Medicina Nuclear – AATMN), whose recent presentation at the II International Seminar on Specialized Education for Health Technicians of Mercosur can be watched through

section 'arquivo de eventos' at Joaquim Venâncio Polytechnic School of Health (Escola Politécnica de Saúde Joaquim Venâncio - EPSJV/Fiocruz) website.

In 'Health Technicians Worldwide' section, it is Uruguay's turn. To finish, a beautiful specialized learning experience, based on culture and expressed artistically, developed by the Ministry of Health of Buenos Aires Province, in Argentina; the arrangements for the Third Global Forum on Human Resources for Health, which will be set in Brazil, in November of this year; and the new director of the Pan-American Health Organization (PAHO/WHO), Carissa Etienne, whose speech emphasized the importance of cooperation and exchange of experiences and knowledge among the countries of the region.

Enjoy your reading!

RETS Executive Secretariat.

ACKNOWLEDGEMENTS

Year 4 – nº 15 Jan./Feb./Mar. 2013
RETS Magazine is a quarterly publication edited by the Executive Secretary of the International Network of Health Technicians Education.
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CIRCULATION

1,000 copies

PRINT

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Carlos Einisman

“The invisibility of the technical health professional is a particular case of a much wider phenomenon”

By Elisandra Galvão



Andrea Siffredi

The Argentinian Carlos Einisman is the president of the Argentinian Association of Nuclear Medicine Technical Professionals – AATMN. He started as a technical Nuclear Medicine professional in 1981, in the National Atomic Energy Commission (CNEA) and currently, he is finishing the Image Diagnosis degree, with emphasis in nuclear medicine, applied at the National University San Martín (UNSAM). In an interview to the magazine RETS, he talks about the situation of the technical health professionals and also the invisibility of the technical health professional in his country.

How is the situation of the technical health professionals in Argentina nowadays?

We, Argentinian workers, are still in the recovering process after the disastrous neoliberal wave that happened in the 90's. We can summarize it as a renewed fight for everyone's rights versus the privilege for few people. Community and social networks which allow the appropriation of these rights, in such a way that guarantees their enlargement and consolidation are being reconstructed. In this last decade we made progress especially in respect to the possibilities of access to education, professional training and the scenarios of negotiation of salaries and working conditions, which result in ascending social and labor mobility.

As health professionals, the current situation is fragmented and juxtaposed, just like the Argentinian Health System itself, in which coexist the public sector, the private sector and the social security. The labor relations, the forms of contracting and the working conditions are very different, each of them, characterized by the sense which organizes the sub-sector activity, being: the private context profit; the attention to the affiliated at the social security or the complex conditions for the access to the exercise of a constitutional right in the public context, like the right to health. Other harmful sequel of neoliberalism was disabling the State in the exercise of effective control of the working conditions and professional exercise, reason why irregular working practices and conditions in the health field still subsist.

Inside the health team, the situation of the technical health professionals in Argentina is the same repeated in other countries of the region which we showed in the presentations of 2008 and 2012, on the occasion of two editions of the International Seminar “Education of Health Professionals Technicians in Mercosur”. Our reflection was done through the invisibility of the technical work in health, not because it is excluding in other situations, but because we consider that it is the shaft which supports, structures and organizes the ideas and practices which we live with every day.

What are the challenges of training in this field?

We can emphasize two of them: one that is urgent and one that is important. The urgent is the standardization and the organization of the training field. It is a first key stage to guarantee a common basic curriculum and homogenous activities reserved to the union in the whole country. This task is still being performed, in national level, by the Interministerial Commission for Education and Health, since 2003.

What I identify as an important factor in the training of technical health professionals refers to ideas and values which are transmitted in this key stage of life. The ideas relate, for example to the role of the technical health professional and his place in the health team. Because these ideas are the ones which determine how will be applied the lessons learned, the future training needs and the professional development horizon of the technical health professionals. In some countries of our region, the idea of the subsidiary or paramedical characters of the technical health professionals bases their little academic preparation and vice versa. They are dogmas which are not presented as such, but as a certain “dominating common sense” installed and validated by habit.

How the rights of the technical health professionals are guaranteed?

We are supported by labor laws that cover workers in general and by collective labor agreements. Some technical health specialties have their rights protected in some provinces, but still there is not a na-

tional law of the professional practice of the technical health professionals which all Argentinian provinces can join. It is a pending task.

Which aspects have you observed when writing the article *Siluetas de lo invisible: los técnicos de salud en la Argentina*?

In 2006 I consulted the representatives of distinct Argentinian technical health professionals associations to estimate the number of coworkers in each technical specialty. The result of this informal counting multiplied the official number in many times. This led me to study the question comparing different national and regional reference documents, which began putting in numbers and words something that until that moment was just an impression, a shared feeling which formed part of an uncomfortable and bad accepted status quo, which is: the invisibility of the technical health professionals in Argentina.

You define the technical health professional as “the health professional responsible for specific technological processes who works to guarantee the procedures quality”. Is the definition agreed in Argentina and Mercosur?

Given our diverse and disperse realities, this definition is at the same time a description and an aspiration, but its collective discussion is pendent. However, it was presented in many national and regional forums, without any objections I can remember. The next RETS meeting could be an excellent space for this debate to be started!

Which is the origin of the term “invisible workers”? Who are they?

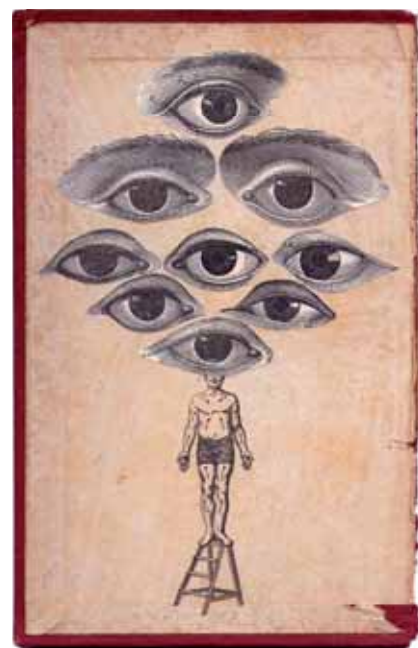
The invisibility of the technical health professionals is a particular case of much wider phenomenon. In the 20th century, from sociology were being determined spaces for the recognition of this situation in relation to distinct groups: women; native peoples, immigrants; religious minorities; diverse sexual orientations; etc. Some of these groups are not numerical minority in absolute, they are symbolic minority. Women, for example, are the majority in the world population, but their access to civil and political rights, etc. is a recent process, slow and unfinished. The visibility processes are possible insofar as the reference positions which work as social models were being reviewed: pater familias and its derivatives. We could say that a new ghost travels the world, as well as many others. And then they are gone... This is the total visibility ghost. This notion was installed as a need, like an imperative of this era. The technical health professionals also find here the opportunity to put in a situation which, besides being in force for centuries, already demonstrates its expiration date. But this visibility will lead to new challenges for the training and conditions for the professional practice which still are not enough discussed either with the other actors, either inside our own community.

In your article *Ecos de una silente decisión: Cambios en la visibilidad de los Técnicos de la Salud en la Argentina (2008-2012)*, you affirm that there is omission of the technical health professionals as part of the team in this area. Why does this happen?

The invisibility of the technical health professional, far of being an abstract category of the human or social sciences, structures and passes through values and beliefs which are learned at classes and sustained at laboratories and health services. It determines the reach and the limit of this task and of these workers regarding the professional development, and opens a gap between the everyday working reality and the formal recognition spaces. Between what we really do and what is supposed for us to be done, or we could do. This invisibility not only corroborates the conditions for the numerical and symbolic sub estimation, but also affects directly and negatively the conditions of life and work of the technical health professionals. In this text, I put that we are not aware that this decision is on purpose, but that the installation of the invisibility of the technical health professionals seems more like an action by omission.

More information

- Einisman, C. *Siluetas de lo invisible: los Técnicos de la Salud en la Argentina*, I Seminary of Technical Health Professionals Training in Brazil and Mercosur, November 25, 2008. ESPJV, RJ, Brazil. Available at the ESPJV site (www.epsjv.fiocruz.br), Publicações > Livros.
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- Argentinian Association of Nuclear Medicine Technical Professionals (www.aatmn.org.ar). Facebook: <http://on.fb.me/1578C9v>.



Federico Huriado

By the way, it is still continues to fully operate in its sense and in its effects. About the reasons for this, I answer paraphrasing Borges, who once said: “Reasons are fallible. Facts are not”. The research of the motives or the origin is framed in what I called in this text works of contextualization. These studies are necessary, but not enough to dissolve the symbolic core of the problem and to enable the transformation of the reality.

What is the contribution of the new diagnostic and treatment technologies for the work of the technical health professionals?

Because there are many and diverse technical health specialties, the impact of new technologies is very heterogeneous. It is related to the quality and reach of the training received. A merely instrumental training conditions and limits the worker to operate certain and determined technologies. This is the training that corresponds to the idea that the technical health professional works as a mere operator, who must work necessarily monitored by other professional. So, it is fundamental to offer full training, which includes basic science, applied science, human science and social science. This enables access to the theoretical bases of the present and future technology, since their substitution will continue to be faster and faster. This is the image of the technical health professional as a health professional who is aligned with the definition mentioned above. This is what makes us impel to go on: better training for greater autonomy and amplitude of our professional horizons. ■

Carissa Etienne assumes the direction of PAHO/WHO defending universalization of health

January of 2013 was the month that marked the takeover of the Dominican Clarissa F. Etienne at the **Pan American Health Organization** (PAHO), which works as a Regional Office of the World Health Organization (WHO) for Americas. Her five-year term officially started on February 1st. She is the second woman to assume the direction of PAHO, substituting the Argentinian Mirta Roses Periago, who directed the organization for ten years. The possession ceremony happened in Washington DC, with simultaneous transmission for all countries of the region. Etienne's election happened on September 19, 2012, during the 28th Pan American Sanitary Conference.

Etienne is graduated in Medicine and surgery at the University of the West India, studied a Master Degree in community health and is specialist in public health at the London School of Hygiene and Tropical Medicine. Despite never dreaming before about the possibility of occupying a post at PAHO, she will face the new challenge with courage and commitment, as she said during the possession ceremony.

She defends that the good health has its roots in the equity, universality, solidarity and integration. "I learned that the universal coverage is the best way to improve all people's health in any country and it is completely possible", observed.

"I am very moved about the perspective of having new approaches for the technical cooperation. Many countries members of PAHO have a great potential, I hope to contribute in the strengthening of networks and to establish mechanisms to make the exchange of knowledge and experiences easier, not only in the region, but also in other continents that are part of WHO. Everyone is benefited with this", told she.

In her country, Dominica, a small Caribbean island with about 750 km² and 70 thousand inhabitants, she worked at the Ministry of Health as general director of health (2000-2002 and 1995-1996), director of primary

attention services and coordinator of national disasters and epidemiology. She also led the National AIDS Program, the National Commission on AIDS, and Princesa Margarita Hospital. At the academy, she was professor at the Ross University Medicine School.

From 2003 to 2008, as sub-director of PAHO, she was in charge of five technical areas: Systems and Services of Health; Technology, Assistance and Research in Health; Sanitary Vigilance and Care of Diseases; Family and Community Health; and Sustainable Development and Environmental Health. Between 2008 to 2012 she took the position of general sub-director for Systems and Services of Health at WHO headquarters, in Geneva, where she fostered orientations of policies to reduce inequality and to enable the universality of access, of care centered on the person, of access to safe and efficient medical products and technologies, among others.

Visit to Brazil

The first official visit as PAHO director was in Brazil. From February 25th to 28th, she was in Brasilia and Rio de Janeiro, where she visited Fiocruz.

In Brasilia, besides meeting together with professionals of technical and administrative areas of the Representation of PAHO/WHO in Brazil, Etienne joined the opening session of the Regional Meeting "Salud en todas las politicas", preparatory for the 8th Global Conference on Health Promotion, happening in October, in Finland. In the occasion, she emphasized the need of the health sector to increase partnership with other segments so they can together, act for the improvement of the population's health in the continent.

Other important point was the importance of Brazil in the context of the implementation of priorities of health policies proposed by WHO and its role in the dissemination of these policies supported by PAHO, for the other countries of the region. For the director, the region has excellence in the elaboration of technical material in the field of health promotion, with potential of dissemination for other nations.

Among the points to be contemplated in the planning of actions 2013-2018 is the post 2015 health agenda. Etienne still recognized the importance of the human resources in the development of the technical cooperation, with special emphasis for the professional qualification, in this process. ■



Ministério da saúde

The Pan American Health Organization (PAHO/WHO), founded in 1902, is the world's oldest international organ of public health, its mission is to orient the strategic efforts of collaboration among its 25 States-Members and other partners to promote the equity in health, to combat diseases, to improve the quality and to extend the life of the people living in the Americas. Besides the countries which are members, PAHO/WHO brings together three Participant States – France, Netherlands and United Kingdom –, four Associated Members – Puerto Rico, Aruba, Curacao and San Martin – and two Observing States – Portugal and Spain.

New board of directors for the biennium 2012-2014 of APTM



The Pan-American Association of Medical Technologists (APTAM), a RETS member since November 2011, elected its new board of directors for the biennium of 2012-2014 during the VII Pan-American Journey of Medical Technologists, which happened from September 26th to September 29th, 2012, in Quito (Ecuador), together with the II International Congress of Medical Technology Specialties.

The new board of directors of APTM is composed by the Chilean Juan Carlos Araya, who is still at the Presidency, with Sara Valer Gonzáles, from Peru, at the Secretary and the Argentinian Carlos Sánchez, as the director of the Association.

APTAM was created in Arica (Chile), in 1992, during the I Pan-American Journey summoned by the School of Medical Technologists of Chile, with the purpose of increasing the communication and the exchange of experiences among the participating countries, also benefiting the professional exchange, to strengthen the diffusion of knowledge in several specialties. At the V Pan-American Journey, which happened in 2010, in Santiago (Chile), APTM was revitalized, after some years of inactivity. ■

Executive Secretary of RETS participates at the conference of Asa Cristina Laurell which happened at Isags



Isags

On February 21st, the Executive Secretary of RETS was represented at the conference 'Universal Health Systems: objectives and challenges', performed by the researcher Asa Cristina Laurell at the South American Institute of Health Government (Isags) headquarters, in Rio de Janeiro. Asa Cristina, who is author of ten books and has more than fifty articles published in specialized scientific magazines, was born in Sweden and settled down in Mexico, where she led the Secretary of Health. The event was

transmitted online, with simultaneous translations to Portuguese and English, and registered more than 1.600 connections in 20 countries of three continents.

Asa Cristina emphasized the current consensus about the need to reform the national health systems, to seek universal coverage, and showed the differences between the great schools of thought, in which is referred about the content of these reformations: the first one treats health within the scope of the neoclassic economy and neoliberal ideology, commercializes the sector and proposes a system with multiple fund managers, buyers and service providers which favors the canalization of costly tax subsidies; the other one, inspired on the social state, in which the important thing is to guarantee equal access, defends the creation of a unique public health system.

After the conference, the researcher answered countless questions made by the people who were present as well as those sent by e-mail, Twitter and Facebook. The slides of the presentation of Asa Cristina Laurell, the whole conference in three idioms and also an article prepared by her about the theme can be accessed at the Isags' site (www.isags-unasur.org). ■

EUTM releases new corporate image



The University School of Medical Technology (EUTM) of Uruguay debuts its new corporate image. Designed by Fernanda López, Bachelor's Degree in Clinical Laboratory student,

Inca releases book about cytotechnology



The first book of the Cytotechnology Series – Gynecological Issues Session (Série Citotecnologia – Sessão de Casos Ginecológicos)–, recently released in Brazil, gathers the clinical cases which the technicians in cytopathology (cytotechnicians – health professional responsible for the elaboration of technical reports to support the diagnosis of a great number of diseases through analysis of cellular samples of practically the whole human body) showed at the monthly sessions of control of quality of the National Cancer Institute (Inca), Brazilian organization focused on integrated national actions to control and prevent neoplasia.

The idea of the book was to make an unprecedented report of the actuation of these professionals, to give visibility to the work performed and to stimulate the exchange of knowledge. The prediction is that until the end of this year, all four publications of the series are ready. Two books will approach clinical and non-clinical gynecological issues and the other two will focus the technique of coloration and immunocytochemistry. At the moment, the first book is available in Portuguese only; the good news is that the online version in Spanish has been already approved. The complete file can be accessed at the Inca's website (www.inca.gov.br), in: 'Publicações' > 'Sessão de Casos Ginecológicos'. ■

the logo represents in its shape and color ranges, the diversity within the unity, or else, 18 careers, students, professors, employees and graduates, all part of the same institution. ■

Proforsa:

project brings new perspectives for Angola's health system

By Elisandra Galvão

Photos: team EPSJV



Located in the region of the Southern Africa, Angola, a former Portuguese colony, needed more than 20 years of fights to conquer its independence, which finally happened on November 11, 1975. After this, already as a democratic constitutional state, it faced 27 years of a civil war that brought the country several damages. With peace established in 2002, this multicultural and multilingual nation, which official language is Portuguese, finally could take some important steps for its restructuring. In the health area, was established a system, formed by public and private components, based in the principles of universality and gratuity of healthcare.

The need to improve population's health inspires cooperation project

The **state of health** of Angola's population is characterized by low life expectancy at birth, high maternal-infant mortality rates, elevated burden of contagious diseases and growing chronic and degenerative diseases as well as avoidable premature mortality.

The limited accessibility to quality healthcare is one of the main problems, since the coinsurance in costs, in the current models of implementation, in the public sector, is known as an obstacle to the access to services and equity. Many factors contribute to a weak performance of the health system like the low health cover and the reduced work force, the problematic management of the available resources and the weak

health promotion in a social-economical context and environment favorable to endemics and epidemics.

To complete this delicate situation there is insufficient access to food, drinking water, sanitation, education, electric power and other amenities. In extremely poor places, the daily consumption of calories is lower than one third of the recommended amount. Only 25% of the urban families consume the daily recommended amount of calories. And also, the global heating, the deforestation, the noise pollution and other environmental degradations due to the exploitation of natural resources have a negative impact on the population's health, although the accurately magnitude of this in Angola is unknown.

It was exactly the need of improving the quality of the healthcare offered by the public health subsystem – National Health Service – and qualifying **its professionals** that determined the elaboration and creation of Proforsa, a financial and technical cooperation project which objective is to strengthen the Health System, through the development of Human Resources at Hospital Josina Machel and in other health services, and the revitalization of the Primary Health Care of Angola.

Proforsa: three countries, an objective

Proforsa, which is developed with the support of the Japanese International Cooperation Agency (Jica), involves Angola Ministry of Health (Minsa), Bra-

In the governmental ambit, the health professionals are classified as public servants of special careers in health. They have the following distinctions: physicians, nurses (basic, medium and higher levels), technicians of diagnosis and therapeutics (pharmacy, laboratory of clinical analysis, radiology, medical statistic, physiotherapy, stomach treatment, ophthalmology, nutrition, biochemical, pathologic anatomy, and microbiology) and hospital supporting people.

The professional training and refinement, besides permanent qualification in the health field, are in the article 15 of the Law of Bases of the National Health System. The document states that the graduation is a goal to be reached. The National Direction of Human Resources of the Ministry of Health of Angola (DNRH/MINSA) elaborated a National Plan of Development of Human Resources (1997-2007), which had as priority the duplication of the formation of the amount of existent physicians and the acceleration of their specialization. For the nurses and technicians in diagnosis and therapeutics was preconized the promotion of the professional of basic level for medium level, and of the promoters for auxiliary. Specialization courses for medium level and actions of professional actualization were expected. Besides the plan was developed in some provinces that provided the courses of technician promotion, the specialization modules did not happen due to the lack of teaching staff in specific segments.

Today, the technical health training institutions of the country have the following organization: Health Technical Schools (ETPS), for training basic technical professionals; Medium Health Institutes (IMS), for training medium technical professionals; Graduate Schools for Health Technical Professionals (EFTS), for training medium and experts of the same level; and the Higher Institute of Health Science (Iscisa) and universities, for training higher technical professionals.

Data of The United Nations Children's Fund (Unicef) and of the World Health Organization (WHO) reveal that the Angolan population is very young, 50% are under 15 years old, while 60% are under 20 years old, in 93% under 50 years old. These indexes have an aggravating, the life expectation, which is of 51 years old for men and of 53 years old for women. The average of Healthy Life Expectancy at Birth is of 32 years old for men and of 35 for women. This is due to the elevated kids and adolescents mortality and avoidable mortality at the adult age caused, mostly, by endemic diseases like malaria which has impact on maternal mortality.

Information disseminated by the Ministry of Planning, in the document **Strategy to Combat Poverty in Angola**, complements the previous data. The mortality rate in kids (under 5 years old) is the third highest of the world, calculated in 158 deaths by 1.000 born alive. A reduced number of diseases like malaria (first cause of morbid-mortality), acute respiratory infections, diarrhea related diseases, tuberculosis, trypanosomiasis (sleeping sickness), immune predictable (measles and tetanus), aids and congenital anomalies are the direct responsible for two thirds of deaths in kids.

zilian Cooperation Agency (Agência Brasileira de Cooperação - ABC), the Federal University of Campinas (Unicamp) and two unities of Foundation Oswaldo Cruz (Fiocruz): Sergio Arouca National School of Public Health (Ensp) and Joaquim Venâncio Polytechnic School of Health (EPSJV).

ABC is the agency of the Ministry of External Relations (MRE) responsible for coordinating the execution of the technical cooperation programs between Brazil and other countries and international organizations. The agency operationalizes the Brazilian technical cooperation policy according to the orientation and guidelines from the Ministry of External Relations. The functions of ABC, both in Proforsa and other cooperation projects, cover from the advice to the beneficiary institutions of cooperation in the elaboration of the project, support to MRE in negotiations with international organizations and cooperation agencies (in the case of Proforsa, Jica), coordination of programs and technical cooperation activities, monitoring and evaluating them.

Changes in the political-social cartography affect the health scenario

To understand part of the transformations which Angola suffers, a country formed by 18 provinces, 164 counties and 532 communes, it is necessary to retake marks of the last 30 years. The first decade of independence was marked by the enlargement of the sanitary network and by the lack of human resources in health, compensated by the professionals recruited under cooperation agreements. At a second moment, it is observed the resurgence of the conflict, political, administrative and economic reforms which, in a way, had negative impact on the health system, with the dramatic destruction and reduction of the sanitary network.

In the 90's, which mark the peak of the neoliberal wave in the world, is established in Angola the Law 21 – B/92 of August 28, Basic Law of the National Health System (SNS). With this document, the State no longer has the exclusivity of healthcare provision and it is given the authorization for the functioning of the private sector. The notion of the citizens' coinsurance in health costs was also introduced, however, maintaining the system tending towards free health.

The second stage of the market economy is characterized by the reach of peace, brought in a macroeconomic stability, intense effort of rehabilitation and national reconstruction which have benefited the National Health System (SNS). This is a period when there was no significant increase of the State's financial resources for the health sector.

Triangular cooperation aims the training in health

Proforsa was signed in 2009, but its bases were established around the decade of 1990, when started the cooperation between Angola and the Japanese government to restore the installations of Josina Machel Hospital, which is an organization of national reference, and of Lucrecia Paim Maternity. During the process, in which were applied around 40 million dollars, the need of training professionals able to improve the quality of the services offered by health organizations in Angola became clear. Were the Japanese advisers who appointed the importance of establishing a triangular cooperation Angola-Brazil-Japan to reach this goal. The Brazilian actuation in Angolan territory is registered since the decade of 1980, when was signed the Agreement for Scientific, Economic and Technical Cooperation between the two countries.

The meeting to establish the cooperation between the three nations was promoted in 2007. The preliminary stage of the work lasted until 2009 and, in this period, were graduated more than 750 health professionals in the areas of hospital administration, imaging, nursing and clinical laboratory. The initiative got positive results and enabled the identification of new demands to improve health assistance in Angola, on primary and tertiary attention levels. The final evaluation led to the formulation of Proforsa, designed with strong structuring characteristic, besides turning to strengthen the present policies of Angola's health system through support given from Brazil and Japan to the National Human Resource Planning and Development and to the Provincial Plan of Primary Assistance Revitalization.

Grácia Gondim, coordinator of the International Cooperation of EPSJV, joined the two last **missions in Africa** and tells that the implantation of Proforsa, formulated based on

Goals

- To deepen and strengthen the awareness of the health situation in Angola, with emphasis in the areas of coverage of the four CS-R, pilots in Proforsa.
- To analyze the management practices, emphasizing the negotiation ability, the conduction of the work process and the control of the results of the production process, aiming to ensure the functioning of the CS-R.
- To do activities to strengthen the political support of Proforsa.



- Population: 19,6 million (2011 data).
- 55% of the GDP and 95% of the exportations of Angola depends on the oil sector.
- 160th place is the position of Angola in a ranking of 173 countries. More than 61% of the population lives below the poverty line, of which 26% in extreme poverty.
- Between 67% and 76% of students are at the first teaching level. At higher education, are 3,2%.
- 33% of the population older than 15 years old is illiterate. The index is up to 50% among women, who are part of around 70% of the workforce of the informal sector.
- Only five cities of Angola are benefited with partial coverage of the sewage network: Luanda, Huambo, Lubango, Lobito and Benguela.

a reflection about Angola's health system and the objectives of the millennium, covers all levels of system complexity. "In the pilot project, which is being executed since 2011 at the capital city, Luanda, the role



of Fiocruz is providing technical support to the development and implementation of primary attention activities previewed in the work plan, through the qualification of the Angolan health professionals in Brazil and in Angola. Simultaneously, Unicamp provides technical support for the development and implementation of tertiary attention activities. Minsa, in turn, assumed general responsibility for the execution of the project, providing physical infrastructure, rooms, teaching materials, training instruments, and management and use of equipment and materials provided by the coordinators of the project”, explains.

She also marked some important points about triangular cooperation: the collective construction of knowledge, the shared and structuring perspective, and the respect to local knowledge and culture.

The general lines of Proforsa (executing institutions, time of execution, objectives, activities and expected results) were defined in group by representatives of Jica, ABC, Minsa, Josina Machel Hospital, Lucrecia Paim Maternity and Luanda Provincial Bureau of Public Health.

The project analyst of ABC, Josué Ferreira Nunes Neto, emphasizes that the role of the organization is to keep the fluidity in this relationship between the three nations, defending and adding the guidelines of the Brazilian external policy and the priorities of the government to the cooperation, besides favoring the deepening in the relationships between Brazil and other countries and agencies. “This monitoring is the guarantee that

which was planned will really be executed for all actors involved”, affirms.

About triangular cooperation, he emphasizes the way that was constructed all the process of the cooperation project. “Proforsa is characterized as a common work among institutions, constituted by a set of activities which aim the transference, absorption and development of specific knowledge, using expert Brazilian consulting, human resources training and complementation of the infrastructure of the institutions in the benefited country, always respecting the principle of equal relationships and social justice, not imposing any conditions to the partners”.

Diary of missions

In the first mission, done in February 2012, were incorporated the Executive Secretariats of the Committees of Coordination and Implementation of the project. In the second one, happened from May to June with more technical character, the Brazilian professionals dedicated themselves to the analysis of the context and of the main health questions in many places of Luanda. In the occasion, the seminary O Contexto político institucional do Proforsa: reconhecimento atores, repactuando responsabilidades de ações e a oficina Metodologia de Análise de Contexto – Módulo 1 do Curso de Gestão em Atenção Primária em Saúde was held.

In October 2012, was held the third mission and Módulo 2 – Indicadores para o Planejamento Local e Gestão em Saúde, which is determinant in the construction of the proposal of revitalization of the primary attention in Luanda. In the fourth mission, happened in March 2013, were held Módulo 3 – Transformar ideia em ação – Operacionalização do CS-R and some professional meetings of the Committee of Joint Implementation of Proforsa.

The next mission is expected for the months of May and June, 2013. “The

missions structure technical specialization courses of one thousand hours, divided in theme modules of 80 hours, which include mini courses, workshops and seminars. In the first group, for example, we had professionals of medium and high levels in one of the mini courses”, explains Grácia.

In Luanda, the modules for technical health professionals are ministered in four Healthcare Centers of Reference (CS-R) – Samba, in Samba; Cassequel, in Maianga; Ilhá’s, in Ingombota; Terra Nova’s, in Rangel.

The students of the courses are managers of the centers and the activities, in the first year, they aimed to outline a situational diagnosis with the main problems and the priority needs of each CS-R, as well as showing specific training proposals to promote changes in the work processes.

The qualification course ministered at Josina Machel aimed to turn it a reference in Angola in the healthcare area, of training for the workers and the improvement of services at the target institutions. The result for the three countries was the triangular cooperation and the strengthening of the articulation between Brazil and Japan, besides the guarantee of quality of Brazil-Japan Partnership Program (JBPP).■



Consulted fonts:

- Brazilian Agency of Cooperation (Agência Brasileira de Cooperação): www.abc.gov.br
- Central Intelligence Agency (CIA): www.cia.gov/library/publications/the-world-factbook/geos/ao.html
- Diagnóstico de Situação das Escolas Técnicas de Saúde dos Países Africanos de Língua Oficial Portuguesa. Rede de Escolas Técnicas de Saúde da CPLP/Secretaria Executiva. Escola Politécnica de Saúde Joaquim Venâncio/Fiocruz. Centro Colaborador da OMS para a Educação de Técnicos em Saúde (report – November 2012).
- United Nations Children’s Fund (Unicef): www.unicef.org/
- Ministry of Planning of Angola: www.minplan.gov.ao/
- World Health Organization (WHO): <http://www.who.int/countries/ago/en/>
- Official Site of the Government of Angola: www.governo.gov.ao/
- The World Bank: <http://data.worldbank.org/country/angola>

Buenos Aires Province strengthens culture as health strategy

To use possibilities of culture acquisition and artistic practices as health strategies: this is the aim of Culture and Health Program, presented in 2011 by the Under Secretary of Health Plan of Ministry of Health of Buenos Aires Province (Argentina), and implemented initially as an experimental version. “The central idea of the program is to carry out health actions using the effective culture resource in its broadest sense as a code shared by a social group which can be a neighborhood, a city, a nation”, explains teacher Alejandro Dinamarca, responsible for the artistic coordination of the project.

As specific aims, the program seeks: to identify the dominant cultural constructions that cause great part of sanitary inadequacies at present, outlining fight paths to revert the situation; to develop different artistic proposals based on health education topics; to create a space of permanent reflection and expression to strengthen interinstitutional relationships and to act as a creative mean to communicate health policies for society; to establish links with social networks of similar aims, to expand experiences and resources exchange; to sensitize society about health issues stimulating active participation in campaigns; to capitalize institutional human resources individual experiences to strengthen the collective and to generate new action horizons; and, finally, to coordinate activities with other education, production and third sector institutes, to add resources and make actions more effective.

According to teacher Alejandro Fontenla, who coordinates the program’s theoretical/conceptual area, the initiative was developed based on two central moments: a series of seminars, exhibitions and cultural events, which aim was to promote the program and to bring the community, questions that would usually be restricted only to health system agents, and a course, conducted at the second semester, focused to health area workers and teachers, aimed to train multipliers of the activity.

Extension activities were also planned, as an art workshop conducted with kids at the Children’s Hospital. “The proposal is doing similar activities in other health and education institutions, suggesting greater interaction among them, promoting cultural activities that implicitly address the health issues”, affirms Dinamarca.

Culture and Health Program will be based on two fundamental conceptions, articulated between them. “The first one is regarded to a new health interdisciplinary work concept, which is being considered by the Ministry for many years. The second one is that, with oriented specialization, all people can learn to express themselves artistically, not only those who have special or innate conditions”, explains Fontenla.

Under its theoretical/conceptual aspect, the program seeks to analyze culture construction mechanisms, their fundamental values and speeches, the structure of its identity paradigms, as well as their relation with reality, exposing critically formulations predefined by the imaginary “white, cult and European”, visualizing procedures and components of these excluding concepts, seeking to propose alternatives that consider ethnicity and multiculturalism.

“We work within the cultural and social contemporary phenomena framework, approaching topics as interculturality, health social determinants, national and Latin-American culture, among others”, affirms the coordinator.

Within its practical aspect of cultural and artistic production, the project aims to approach the concrete possibilities of art and culture as health strategy and as a factor to provide work training and to promote people.

“At the same time which culture, understood as a code, enables communication and interaction among people, it can also be a closed mesh that makes actions difficult, for example, educational actions, which we want to develop within the collective”, adds Dinamarca. “Our task is to solve this code and to understand the context which we live and in which we want to develop these artistic expression actions”, completes.

Programa Cultura y Salud



Journey on active aging was one of the special activities which gathered great public.

When theory and practice complete each other

Oriented to province health system teachers and workers who study or do medical residency, professional, technical workers and community agents of health, the training course of Culture and Health Program also aims to benefit indirectly the citizens of Buenos Aires Province, who are users of the system.

The idea was to allow participants to learn and express freely through literature, speech, music, corporal expression, theater, dance and visual arts, within a mark outlined to aim at the specific problematic of its labor activity.

“With this learning and professional knowledge, as well as experience in health field, they were able to work in the construction of works which messages they would like to transmit to population. In the first year of the course, the final work was a musical comedy about healthy life habits and child violence”, tells Dinamarca.

The course was conducted in ten fortnightly meetings of four hours duration; two hours to analyze the theoretical/conceptual content and two hours to do the art/performance workshops.

The general methodology is participative and experiential, since all topics approached will be experienced in practice; it is flexible because it can be adapted to each real situation; it is integrating be-

cause it promotes collective experiences which favor social inclusion; and, finally, it is rewarding, due to its ludic, group and participative character and transformer, because, no doubt, it tends to focus on earlier human attitudes.

“When finishing the year of 2011, we, teachers, made a balance of experience together with the participants, and we noticed that it was an absolute success”, says Fontenla, emphasizing that the following step was the formalization of the culture and health discipline’s programming character which did not exist. “We did a research work to determine the program’s theoretical mark”, said.

In 2012, the experience consolidation

The positive evaluation of the pilot project determined Culture and Health Program’s continuing and a new edition was conducted from August to December, 2012.

The success was repeated and of the 38 students enrolled, 24 finished the course successfully. Complications in schedule and changes in workplace were the main drop off reasons. “The students who needed to leave felt very sorry, because they had faced a new vision on health issues”, tells Dinamarca.

The evaluations performed by the students (see box) are plenty of compliments to the coordinators of the program – “the

two Alejandros”, as they are called affectionately – and the initiative which; however, must suffer some changes.

The difficulty in providing a course with the present model to all locations of Buenos Aires Province, especially the farthest, can cause the transformation of the originally planned quarterly course, into shorter periods, with varied subjects that can be accessed through a virtual network linking different locations. “This certainly makes us think about a new way to work, especially in regard to the perform aspect, which is under my responsibility. The capacity building for resources like theater, corporal expression, music and drama games requires time from the moment when the participant ‘releases’ himself until he is able to be part of a performance”, explains Dinamarca.

With or without changes, the important thing is, as the student Sandra Duarte emphasized in her final evaluation, that the continuity of the course enables the capitalization of the success and brings financial support for the transformation required by the health system. ■

Related videos:

- Programa Cultura y Salud: www.youtube.com/watch?v=0UDmyimtRxY
- Programa Cultura y Salud - Trabajo Final Cursantes 2012 - “Sanitur”: youtube/ad85D-IYtvE

Students of the course of 2012 were excited about the initiative

Ana Claudia Barbieri: “The course exceeded my expectations. I discovered many shades of gray which, before, used to be only black and white for me. The teachers are genius. I came back to the hospital and told my coworkers to do the next year’s course, because it encourages us to think, read and take another look into reality. I think it would be a nice proposal to offer the Culture and Health course in each hospital, so it would be possible to perform joint actions and to encourage people to discover and solve problems”.

Dolores Garcia: “The course helped me to discuss the performance ways within my work, my intervention ways and their reach; to enlarge points of view and look into realities which allow me to think about my professional role. I had opportunity to add to my daily work, other ways of thinking about it as well as other ways to carry it on”.

Laura Maciel: “Doing the course was very nice; the aim is to enlarge the way we look into our daily actions. Through readings, which make us ask about our identity and its relation with daily practice, and artistic interventions, which are a way to talk about reality through a new perspective, which is not related to rationality and statistics”.

Verónica S. Trevisán: “I liked the fact of the course being divided in two modules: one more theoretical and other, performing. Of each one, I could take elements for reflection and work, in the sense of rethinking about my practices, as we kept working. The texts proposed for reading were enriching and interesting, they invited to debate and to put into words, sensations and feelings which we do not express and share at workplaces. The performing module proposals of ac-

tion – to sing, dance and act – challenged me to break the ‘solemnity’ many times imposed at our workplaces and the stereotype of the roles we perform within them”.

Sandra Viviana Duarte: “I want to express, firstly, my thanks for them because they allowed me having a brand new teaching-learning experience. I consider that the course’s proposal is a real hit to introduce changes in health field, which can improve healthcare quality. An experience like this cannot go unnoticed by the ones who work in health area, since it introduces us to the world of culture and enables us to discover in it, and through it, a set of tools extremely accessible, transmissible and humanizing. All values that are highly scarce within the context of daily institutional violence which, like actors, we produce and reproduce”.



Photo: GHWA

III Global Forum on Human Resources for Health will discuss the post-2015 development agenda

By Michele Corrêa

Brazil will host the third edition of the Global Forum on Human Resources for Health, one of the greatest events of the sector. With theme 'Human Resources for Health: foundation for Universal Health Coverage and the post-2015 development agenda', the Forum will be set at the city of Recife (PE), from November 10th to November 13th of this year. The expectation is that about 2 thousand people, from 40 countries, participate at the meeting organized by the **Global Health Workforce Alliance - GHWA** and sponsored by the Brazilian government, the World Health Organization (WHO) and the Pan American Health Organization (PAHO/WHO).

The idea of the Forum is bringing together health professionals, experts, government authorities, representatives of international organizations and academic institutions, members of civil society organizations, of the private sector, of syndicates and trade associations, besides donor institutions and health professionals training, to discuss the main questions about the sector's

workforce. At meetings, the aim is to create networks, consensus and collaboration ability to seek answers and solutions for the challenges which must be overcome.

The Japan International Cooperation Agency (Jica), the United States Agency for International Development (USAID), the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) and the United Nations Population Fund (UNFPA) are some organizations which support the organization of the event.

In 2008, the beginning of the history

The I Global Forum on Human Resources for Health happened in March 2008 at the city of Kampala, in Uganda, and the theme was 'Action on the Health Workforce – The time is now'. At the end of the event, the estimated 1.500 participants disclosed two documents which became very important for the sector: the Kampala Declaration and the Agenda for Global Action.

GHWA was created in 2006 as a response to the world crisis in the area of human resources for health and to the lack of attention to the topic in the global health scenario. Approaching topics like the lack of professionals for the sector, bad distribution, lack of work conditions and quality of life, migration and inadequate training, GHWA tried to bring together partners which could collaborate for a development of a broad multi-faceted approach to solve the problems faced by the sector.

Despite all the efforts, the crisis of the Human Resources for Health is still a limiting factor for many countries, in their fight against maternal-infant mortality, to control many priority diseases, both infectious and non-communicable, to reach the broadest target of universal coverage in health.

In the declaration, the participants of the event demand from governments and institutions the compromise of searching solutions for the crisis of the health professionals, highlighting 12 needs considered primordial at that time, among them the qualification of community workers and of medium education for the sector, as well as the increase in the supply of professionals with higher education and specialization.

The Action Plan, in turn, defined six strategies to be implemented at national level – formulation and implementation of human resources for health policies – and supranational to eliminate the critical blank spaces about human resources for health, besides reaffirming the role of the Alliance as supervisor of the actions to be developed, conciliatory of the different parties concerned and promoter of knowledge and continuous dialogue about the topic.

Three years later, in Bangkok

The II Global Forum on Human Resources for Health had as expectation, the review of the process reached since the I Forum and the aim to progress the pending priorities. It was set at Bangkok, in Thailand, in January 2011 and culminated with the adoption of the Bangkok Declaration. In this document, sponsored by the expected more than one thousand participants of 105 countries, were repeated the principles of the Kampala Declaration and the Global Code of Practice on the International Recruitment of Health Personnel published by WHO, considered instruments of alignment and accountability in global, regional, national and local levels.

At the end of the event, was expressed the need of a global movement to change ‘compromise’ into ‘action’ and ‘resolutions’ into ‘results’, to enable that in a near future, all people, no matter who they are and where they live, can have access to a health professional.

In Brazil, the Forum concerns about universal coverage

In the two first editions of the forum, the great concern was to search the decrease of the lack of health professionals which prevented the countries to reach the objectives of the Millennium Development Goals (MDGs), in the established term (until 2015). The term is already close to an end and many countries were still not able to decrease children mortality and to improve maternal health up to the established levels either to control the propagation of AIDS, malaria and other diseases. The thought of global authorities on health, however, goes further than 2015, and the concern now starts to be about what must be done in the area of human resources for health so all countries can reach universal coverage, which, according to WHO, means to “ensure access to adequate healthcare for all people at affordable costs”.

The importance of the theme was repeated at the last General Assembly of the United Nations (UN), set in September 2012, which, when publishing the resolution 67/36, recognized the role of health in reaching MDGs, and pointed the need for the countries to put the universal coverage in the post-2015 development agenda.

The health workforce, in its multiple dimensions of availability, distribution, quality and performance, is a critical and integral element in the fundamental interventions and the offer of health services for the population. In this sense, the III Forum represents a privileged space to identify what needs to be changed in the training and management of personnel so everyone can have access to health services. In the world, according to WHO, there is around one billion people who still do not have access to medical care and almost 60 countries which, because they are under a serious critical crisis of health workforce, depend on technical assistance and information to make progress towards the universal coverage.

Attention to preparations strengthen the importance of the Forum

The success of the Global Forum on Human Resources for Health depends directly on the quality of its organization. For this, two distinct teams are instituted: the Forum Working Group (FWG) and the Forum Organizing Committee (FOC), respectively the operational and strategic governance bodies of the event, to propose the guidelines, the topics and the program of the event, as well as to define strategies and actions which can strengthen the initiative. The role of these commissions is to offer strategic orientation and political support to the rest of the people involved, besides to make sure the monitoring of the organization at the time proposed and with the wanted quality.

At the first preparatory meeting for the Forum, performed by FOC, in September of the last year, in Recife, David Evans, representative of WHO and Masato Muginati, representative of GHWA, met together with Brazilian authorities, among them, Mozart Sales and Francisco Campos, from the Brazilian Ministry of Health, and Eduardo Campos, Governor of the state of Pernambuco, who showed his great expectation about the event. “Health is the number one concern of the people of Brazil, and we look forward to welcoming the international community to Recife to advance the global debate on health workforce issues”, affirmed.

Mozart Sales, on his turn, ratified the disposition of the Brazilian government to exchange experiences with representatives of other countries. “Brazil has the world’s greatest healthcare system with universal coverage, we are happy about sharing our experience in the development of health workforce and about listening to examples of innovation and better practices of the rest of the world”, said.

The first opportunity to think over thematic questions and operational aspects of the Third Forum, happened in November, at the first FWG meeting, set in Geneva and chaired by the Brazilian Government, WHO, PAHO and GHWA, which, in May, is releasing a global campaign about the meeting.

The idea of the campaign is to encourage the organizations, partners of the Alliance, to engage in this process, doing symbolic actions which have the human resources for health as their objective and assuming explicit compromises with funding or policies which give support to actions that search to overcome the challenges of this area and that influence the post-2015 development agenda.

In respect to the final program of the Forum, was done a public consultation, in which members and associates could share their opinions and make comments about the initial proposal established by the organizers. The consultation was available from December 21st to January 11th and the results will be disclosed soon. ■

More information about the III Global Forum on Human Resources for Health

- Website of GHWA (who.int/workforce-alliance), in: ‘Global Forums’
- [Facebook.com/HealthWorkforce](https://www.facebook.com/HealthWorkforce)
- Twitter: @GHWAlliance



Uruguay (part 1)

Health Technicians specialized formation in Uruguay has particular characteristics compared to other countries. It is provided mostly in public sphere, through higher education courses that offer graduated, technologist and technician titles, depending on courses length. There are also specialized courses for auxiliary workers, in some cases, as intermediary titles. In medical technologies context, there are 18 regulated careers. There are also courses for Nursing, Odontology, Psychology, Nutrition and Physical Education fields.

An overview in Uruguay's Educational System

In Uruguay, education is considered a basic human right and is based on National Constitution principles and the current legislation: the Education Act, published in December 2008 to substitute Law 15.739, of March 28th, 1985.

According to the Act, the country's education is organized in levels (see diagram), which aim to ensure unity and facilitate educational process continuity. Two years of initial educational, six of primary education and six of middle education (Basic and Higher Middle Education) are obligatory.

- **Early Childhood Education:** comprehends the life cycle up to three years old. It is considered non-formal educational offer due to its specific purposes, contents and methodological strategies.
- **Initial Education:** directed to children from three to five years old, it is obligatory for children from four to five years old.
- **Primary Education – average or special:** directed to children from six years old. Six-year duration.
- **Middle Education:** covers Basic Middle Education, which lasts three years and is offered in three different types – general education, technological education and Basic Rural Cycle – and Higher Middle Education, which lasts three years and is offered in general education and technological education modalities.
- **Technical-professional education:** directed to insertion into the working world. It aims educating middle and higher technicians. Students must be, at least, 15 years old.
- **Tertiary education:** includes Non-University Tertiary Education, which deepens and amplifies graduation in a particular field of knowledge; Specialized Formation in Education, which aims graduating teachers and social educators; and University Tertiary Education, directed to specialized formation on production and reproduction of knowledge at higher levels, integrating learning, research and extension processes.

National Public Education System is formed by Ministry of Education and Culture, National Board of Education (Anep) and University of the Republic of Uruguay (Udelar). MEC must develop general principles on education, as well as facilitate the relationship between educational policies and the other sectors, among other things.

Anep is the organization responsible to plan, manage and administrate the public system and to control private organizations in initial, primary, middle, technical and tertiary educational levels in the whole nation. Public higher education is responsibility of Udelar.

The main laws that rule education in Uruguay are: Law 12.549 or Organic Law of Udelar, enacted on 10/29/58; Law 15.661, which authorizes private universities to operate and provides certificated recognition by the State, enacted on 10/23/84; Law 15.739 on creation of Anep as autonomous entity, enacted on 03/25/85; and Decree-Law 308 on 'Private Higher Education System Planning', which regulates the authorization and regulation

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.

of private universities and university institutes by Executive Power and the existence of an Advisory Board in MEC, for Udelar, Anep and private universities.

Order and discipline in the origin of technical education

Practically in every country, technical education emerges as a solution to educate young people from least favored social classes, to insert them into working world, especially in industrial and military sectors, and Uruguay in not exception.

According to professor and researcher Jorge Bralich (www.rau.edu.uy), the emergence of technical education in the country happened in 1879, due to the concern of the government and dominant sectors in society to establish order and discipline for those young transgressors. At that time, current governor Lorenzo Latorre, created the School of Arts and Crafts in military context, a place where young people who had “bad behavior” were supposed to be “domesticated” and learnt to obey and work as punishment. In 1886, the Lyceum was moved to civil sphere; however, without changing its initial purpose.

In the first decades of the 20th century, Uruguay’s successive governments proposed to strengthen the country’s industry, which means updating technical education, adapting it to the demands of the current time, based on industrialized countries. Therefore, many changes were done at the Lyceum, which in 1916, by Pedro Figari’s initiative, stops working as a boarding school and aims to become an educational center with qualified creative resources, required in current industrial expansion process.

Despite Figari’s efforts, unfortunately, as Bralich explains, in social imagery still prevails the idea that industrial schools, where it is taught to work “with your own hands” is a place for students with little intellectual or economic conditions. Because of this, the growing demand of industries was not supplied by those young people who graduated as technicians in courses that did not supply the national economic profile either the needs of companies.

In the mid of that century, the Lyceum was named University of Work of Uruguay (UTU); however, it still did not allow students higher education access and still had not changed the wrong image that society already had created on technical formation.

Udelar as national heritage

The current University of the Republic of Uruguay (Udelar) was created in July 1849. During its first existing semester, the University focused in writing its Organic Law, which put the whole public instruction – primary, middle and higher education – under its responsibility. At that time, higher education, grouped and named “scientific and professional”, was formed by four schools: Natural Sciences; Medicine,

created only in 1876; Theology; and Jurisprudence, the only one to work in the first decades of Udelar.

In 1877, the Common Education Law, which removes primary education of the University context, is enacted. In its first stage of existence, up to 1885, Udelar faced many challenges against governments, to keep its autonomy, and experiences deep changes in its philosophical bases.

The Organic Law of 1908 was a severe blow to Udelar, which was dismembered and subjected to national government. However, this same law enabled professors forming College Councils so students could also be represented, even indirectly, at Councils. The law has also provided secondary studies freedom, which second cycle corresponded to differentiated bachelor degree.

New fights for autonomy happened until 1958, when a new Organic Law was approved, instituting, among other things, contests to elect professors, total free education, University autonomy in all aspects and co-government, formed by professors, graduating and graduated students. According to the Law, “The University will be developing, in all aspects of its activity, its most extensive autonomy”.

The period of prosperity ends in 1973, when the current president, Juan María Bordaberry, dissolves the Parliament through a coup. The government intervenes in the University and a period of political persecution and destruction of the academic structure is established.

Structure of education in Uruguay (levels)

Level	Description	Modality (ies)	Duration (years)
0	Initial education: 3, 4 and 5 years old		3 (the latter two are compulsory)
1	Primary education		6 (compulsory)
2	Basic secondary education		3 (compulsory)
3	Upper secondary education	<ul style="list-style-type: none"> • General education • Technological education • Technical and vocational education 	3 (compulsory)
4	Tertiary education	<ul style="list-style-type: none"> • Non-university technical courses • Technical careers/degrees • Higher technological education 	
	University teacher-education programmes		
	University tertiary education	<ul style="list-style-type: none"> • University degrees 	
5	Postgraduate studies	<ul style="list-style-type: none"> • Specialist qualifications • Masters (academic and professionals) • PhD (academic) 	

Source: General Education Law, 2005 (adaptation)

Almost 40% of professors are destitute, waived or do not have their contracts renewed. New professors are appointed by the government. Many courses are cancelled.

Only in 1980, from a plebiscite in which Uruguay's citizens say no to the new Constitution proposed by Executive Power, a reinstitutionalization process begins to get organized in the country. On August 21st, 1984, 12 years later, the intervention at Udelar is ended; and Udelar gradually retakes the plenitude of its functions and starts a much accelerated growth process, reaffirming its role as main higher education and research institute of Uruguay, which still remains. "It is important mentioning that in this last decade, Udelar have concentrated an average of 83% University students", affirms Sergio Núñez, on report 'La Formación en el Área de la Salud de la Udelar', published by the Division of Human Resources of the Integrated National Health System (SNIS).

Technical health graduation

Despite being created in 1849, it was only in 1874, with the creation of Physics and Natural Sciences courses, that Udelar takes its first steps in the organization of medical studies to be added later. One year later, with the publication of the Decree of December 15th, 1975, Medical School of Montevideo is established and its first study plan is approved in 1877. Several issues on clinical teaching have determined the construction of a University hospital, which building started in 1930. In 1950, Hospital Dr. Manuel Quintela is created and then, Medical Auxiliaries Section is created. In 1965, the section becomes Medical Collaborators School and, later, Medical Technology School and University School of Medical Technology (EUTM). In 1979, EUTM headquarters are set in Paysandu.

Besides Medical School and EUTM, Udelar health field covers Odontology, Nursing and Psychology Schools; University Schools of Dental Technology (ETO), Nutrition and Dietetics (EUNYD) and Midwives (EUP); and Higher Institute of Physical Education (ISEF), which offers six technical courses on sports field.

At present, EUTM offers 18 graduation programs, which provide their graduated students titles of technician, technologist or University graduate, according to the courses work load, from 2,5 thousand to 4 thousand hours. At ETO, assistants, hygienists and laborists in Odontology are graduated; at EUNYD, it is offered Degree in Nutrition and the technical course of food operator. At Nursing School, it is offered nursing auxiliaries graduation, as intermediary title on this field.

"Being at Udelar is a differential for our students. Being in a public free university determines quite specific profile of students who graduate in our courses. They are not merely technical courses", emphasized the coordinator of EUTM headquarters in Paysandu, Carlos Planel, during the II International Seminar on Specialized Education for Health Technicians of Mercosur (see RETS Magazine 14).

Even though graduation on human resources for health was historically concentrated at Udelar, today, there are already private institutions offering courses in this field. At Catholic University of Uruguay (Ucudal), created in 1985, there are technical and degree courses in Nursing, Psychomotor, Physiotherapy, Psychology and Nutrition fields. The University Institute of Teaching, Research and Information in Learning (Dediiap) also offers degree in Psychomotor field.

At the 'University of the Companies', created in 1998, with support of the most important business chambers in the country, health field courses – degree, with intermediary title of technician in Physiotherapy, Nursing, Imagenology and Clinical Laboratory – started being offered recently. "In 2012, health graduation courses started being offered in profitable private universities", remembers Planel, emphasizing that, in Uruguay, neither at the height of Neoliberalism, health technicians used to graduate in the private system. Within Ministry of National Defence (MDN) context, are also offered Nursing Auxiliary and Pharmacy Auxiliary courses.

Pathologic Anatomy, Medical Cosmetology, Physiotherapy, Phonoaudiology (Speech Therapy), Hemotherapy, Imagenology, Surgical Instrumentation, Clinical Laboratory, Clinical Neurophysiology, Neurocardiology, Ophthalmology, Podology, Psychomotor, Radioisotopes, Radiotherapy, Medical Records, Occupational Health and Occupational Therapy.

While Udelar has autonomy to regulate its courses, at private universities, courses must be recognized and authorized by MEC. Professional qualification in health, in turn, is under responsibility of Ministry of Public Health's Department of Health Professionals Habilitation and Control (MSP).

Some issues that must be discussed

As one may observe, specialized education for health technicians in Uruguay is concentrated at Udelar and, consequently, in Montevideo. Even though there were some decentralization initiatives, like the opening of learning unities in inland country areas. Though, this is not the solution for the problem, as Carlos Planel explains: "In inland areas, young people chose careers according to availability, not by their own choice".

Another challenge pointed by EUTM team members, responsible for multicentric research ('Specialized Education for Health Technicians of Mercosur: among the dilemmas about the free movement of workers and the challenges of international cooperation') in Uruguay – Patricia Manzoni, Carlos Planel, Gonzalo Fierro and Juan Mila – was the constant tension between theory and practice within formative process. Besides Uruguay, Argentina, Paraguay and Brazil are also included in the research.

But these are not the only issues. According to Project Mercosur coordinator, Marcela Pronko, of EPSJV/Fiocruz, Uruguay is not an exception in the fact that specialized learning offered to health technicians is structured by labor market's demand and logic. "The result is a great distance between the needs of public health systems and the amount of technicians available", explained Marcela, at the II International Seminar on Specialized Education for Health Technicians of Mercosur. "It is a type of graduation that is not ruled by guidelines, needs and guiding principles of public health systems", lamented.

In the next edition of RETS Magazine, you will learn a bit about each health technical career that exist in Uruguay.■

All documents used in the elaboration of this story are available on RETS site (www.rets.epsjv.br), in países > Educação de Técnicos em Saúde > Américas > Uruguai. .