

Magazine

RETS

International Network of Health Technicians Education

CURRICULUM
A brief
overview of
critical theories

HRH
New easurements of
the Regional Goals
in 23 countries



Community health:
Chubut (Argentina) innovates on technical education
and create interdisciplinary field of knowledge

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Although we are engaged in final preparations for the 3rd General Meeting of RETS, which will take place on November 7th and 8th in Recife (Pernambuco), Brazil, we feel very happy to publish another issue of RETS magazine. There are many tasks to be done; sending out invitation letters, booking accommodation, finishing the schedule, contacts with speakers and dissemination of the meeting for members of the Network. The most important thing, however, is that the new edition of the magazine is not late; it will be published on the website of the Network before our Meeting.

In a very helpful interview, the director of Joaquim Venâncio Polytechnic School of Health (EPSJV/Fiocruz), current head office of the Executive Secretariat of RETS, Paulo César de Castro Ribeiro, denotes the importance of the participation of all members of the Network in the General Meeting and highlights: “The work in Network has some weaknesses such as the fluidity and fragility of the bonds that hold together its members. Overcoming this difficulty requires a very intensive labor, since there is a tendency of dispersion and weakening of the initiative over time”.

The cover story brings, from the province of Chubut (Argentina), a successful experience in the field of community health education. In the article, you will know the book in which the technical-pedagogical multidisciplinary team records various aspects of the process of professionalization of health workers in the province.

Continuing the series of texts on the curriculum of the education of health technicians, we present in this edition, some of the critical theories that guide the discus-

sions in this area. And the topic is not over. In the next edition, the idea is to discuss some of the so-called post-critical theories of curricula.

Finally, we also highlight a story about the results of the 2nd Measurement of the Regional Goals for Human Resources for Health, an issue that becomes important before the realization, also in November (10-13), in Recife, of the 3rd Global Forum on Human Resources for Health. According to information released by the Regional Observatory of HRH, the current measurement data, completed in only nine countries, show that there was some progress on the issue of human resources, but it is too early to celebrate. There is still much to be done and the time seems to be increasingly scarce for overcoming the challenges proposed.

Have a nice read!

Executive Secretariat of RETS

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Paulo César de Castro Ribeiro

“RETS can only continue to exist if all members take a formal commitment in this direction”

By Ana Beatriz de Noronha



Paulo César, or Paulão, as he is affectionately called, was a student of the School, where he graduated in 1990 as a technician in Hospital Administration (now Health Services Management), becoming server of Fiocruz in 1996. In 2007, he graduated in Social Sciences by the Rio de Janeiro State University (UERJ), where he is currently finishing his Master Degree on Public Policies and Human Development (PPFH).

From 2003 to 2011 he joined the Direction of the Syndicate of Workers of Fiocruz, of which he was president from 2009 to 2011. At EPSJV, he assumed the coordination of the Laboratory of Professional Education in Health Management (Labgestão), in 2012, until he was elected director, in May of this year.

Four years after the 2nd General Meeting in Rio de Janeiro, EPSJV/Fiocruz, in its role as Executive Secretariat of RETS, invites all members of the network to another meeting, this time being held in Recife. In your opinion, which is the relevance of these face-to-face meetings?

Firstly, I want to remember that I took over the direction of EPSJV/Fiocruz very recently and that my knowledge on RETS has to follow the discussion on the topic in EPSJV/Fiocruz and especially the re-

In this edition, the Magazine brings to its readers the word of **Paulo César de Castro Ribeiro**, current director of the Polytechnic School of Joaquim Venâncio Polytechnic School of Health (EPSJV/Fiocruz), which is hosting the Executive Secretariat of the Network since 2005. The purpose of this interview is to discuss some issues and begin discussions which certainly will be part of the agenda of the 3rd General Meeting to be held on November 7th and 8th in Recife, in the Northeast of Brazil.

“Hosting the Executive Secretariat is a signal of recognition of the work done by the School in the area of education of health technicians, but also brings a great responsibility to us.”

cent conversations I have had with the team that works with the management of the Network daily. Hosting the Executive Secretariat is a signal of recognition of the work done by the School in the area of education of health technicians, but also brings a great responsibility to us.

Regarding the question itself, it is important to highlight that the networks, by definition, can only be established through communication among its members. It is the contacts among them that enable the exchange of information and, sometimes, working together. RETS brings together members of many countries and the communication among them and the Executive Secretariat usually occurs through the internet or by phone. This type of communication is important, if we consider the purely operational aspects, but it lacks the richness of personal contact, the face-to-face discussion.

These meetings, which unfortunately can't occur more frequently, are essential in forming new bonds between people and strengthen the existing ones. On a face-to-face meeting, you can exchange ideas warmly. It's great when we can personally meet those people with whom we interact only by phone or email. For being face-to-face, the General Meetings tend to strengthen the Network as a strategy for cooperation between the institutions involved.

The goal of the 2nd General Meeting of RETS was raising discussions on consolidation of primary health care in the education of health technicians. This time, according to the promotional material, the central theme of the meeting is the network itself as a space of knowledge production and as a work strategy. Why did you choose this topic?

I think we must rescue a little history of the Network to answer this question.

RETS was created in 1996, after performing in 16 countries of the Americas,

a multicenter study on the education of **health technicians**. This study, coordinated by the Pan American Health Organization (PAHO), showed a bad situation, a negative scenario, quite worrying for all people who, even at that time, understood the importance of the human element in health systems.

Encouraged by PAHO, the countries that were present at a meeting in Mexico to discuss the results of the research decided to create the Network, which Executive Secretariat was given to the University of Costa Rica. After five years of operation, RETS was deactivated.

In 2004/2005, the Polytechnic School becomes a WHO Collaborating Center for Education of Health Technicians and PAHO requests the School to assume the Executive Secretariat and work, with its support, to reactivate the Network which, in its second phase shall also include institutions of Portuguese-speaking African countries and Portugal.

At this time, and with much effort of EPSJV/Fiocruz, there is a growing of the Network and strengthening of joint efforts. Thereafter it is proposed, under both the South American Council of Health (Unasur-Health) and the Community of Portuguese-speaking Countries (CPLP), the creation of a network of Health Technical Schools and government agencies that deal with the subject. In 2009, at the 2nd General Meeting of RETS, are created RETS-Unasur and RETS-CPLP, which start working as sub-networks of RETS.

The case is that, by its own nature, the work of the Network has some weaknesses such as the fluidity and fragility of the links that hold together its nodes. Overcoming this difficulty requires a very intensive labor, since there is a tendency

In the context of RETS, the technical work in health is considered as work that is done by the group of workers who perform technical-scientific activities in the sector and covers from the simplest nature activities performed by community health workers and assistants, to more complex nature activities, performed by technicians of higher level.

This definition of 'health technician', which is not only associated with the level of education of these workers, as it is usually done, is essential to enable working together, as well as the exchange of experiences between institutions of countries with different realities regarding the nomenclature of technical professions, the functions that these workers perform, the knowledge they must acquire in their education and school levels in which they are inserted.

of dispersion and attenuation of the initiative over time. This happens for several reasons, regardless of the effort that EPSJV/Fiocruz as Executive Secretariat, does to maintain the initiative.

What kind of problems do you mean?

Well, I think the most important one has to do with the low institutionalization of networks and the mobility of people in institutions. Each time there are changes in the structure and frameworks of governments, schools, professional associations and even Paho, there is a breakdown of the existing links and we have to start from the beginning. This is a job that has no end and that is very exhausting. The staff who deals directly with the Network has an example that is

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“For being face-to-face, the General Meetings tend to strengthen the Network as a strategy for cooperation between the institutions involved.”

paradigmatic. Once, it took over three months for a process to enter a Ministry in the South American RETS to be finalized. On the following week, because of the elections and, consequently, changes in the structure of government, new officers were named and those three months of work were lost.

If this happened only with one member or another, I think we would be able to meet this challenge. But this happens all the time and, even though we have a team that works exclusively dedicated to RETS and its sub-networks, we can not deal with all changes happening; sometimes we do not know which are these changes.

Another delicate issue is that the education and work of health technicians receives quite varied attention of the countries of the Network. Some give more importance to the subject, and it favors us. In others, however, this area is not yet established or is relegated to the background, which makes our work much more difficult.

Do you think the Meeting can solve this problem?

It is not about solving the problem. The idea is to make everyone think a little about the Network and on their own responsibility regarding the initiative. Today, RETS is going through a time of high fragility, despite having a quarterly magazine and a website and being represented in many forums, virtual or not. Such fragility decreases the potential of the Network as cooperation strategy and makes everyone a little frustrated.

What we hope is that this meeting might even decide on the feasibility of the initiative, because if there is not a greater commitment of individuals and institutions, the work loses its meaning. Today, PAHO, which encouraged the creation and later the reactivation of RETS is quite off work and this is a serious problem to us. It is also necessary that the member countries of UNASUR and the CPLP, which proposed and ap-

proved the creation of subnets, give us more support on the institutionalization of processes. That is to say, each one must do his part and I think that is what we have to discuss at this meeting.

EPSJV/Fiocruz have been trying to maintain the initiative and it is not easy. We have, under the Coordination of International Cooperation, represented by Grácia Gondim, a three-person team devoted entirely to RETS, in addition to many other workers of the administrative area of communication and IT, who spend a great time of their jobs dedicated to the Network. This, plus the printing of the magazine and the continuing work of translation, among other things, is an expense too great for the school and the Ministry of Health of Brazil, which provides the resources we need. We do this because we believe in the Network as an important tool for improving the education of technical workers in the health field, and more than that, because we believe that it is critical to strengthen the national health systems. The point is that we can not do this isolated, without the assistance of the other members. As I said before, RETS can only continue to exist if all members take a formal commitment.

There is no use in approving a work plan at the Meeting if you do not take it to your institutions and do not discuss it internally. We have an incredible tool in our hands,

“The case is that, by its own nature, the work of the Network has some weaknesses such as the fluidity and fragility of the links that hold together its nodes. Overcoming this difficulty requires a very intensive labor, since there is a tendency of dispersion and attenuation of the initiative over time.”

but we need to decide what to do with it.

How are the Work Plans of the Network and its Sub Networks established?

Well, the Work Plan of Rets-CPLP is prepared based on the guidelines set by the Strategic Plan for Cooperation in Health, signed by countries in 2009 and which is still in operation. In the case of RETS-UNASUR, it was based on the Five Year Plan outlined by the body. This is fundamental, since networks do not exist only to exist; they are working strategies able of enhancing, through the exchange and collaborative work, knowledge produced by each of its members in pursuit of a larger goal.

In the case of RETS, the work plan is defined according to their regimental objectives.

Which is EPSJV/Fiocruz, as Executive Secretariat of RETS, proposing to these work plans?

In fact, we just draw a proposal to be presented and discussed by all members present at the meeting. This horizontal discussion is a characteristic of networking. You can't impose anything to anyone. Moreover, one of the agendas of the meeting is the definition of the institution that will host the Secretariat of RETS and its sub networks in the coming years.

Our idea, however, is to propose a work plan simple and feasible. We believe that the Network should concentrate its forces on projects to resume its central and original unique objective, which is functioning as a space for the production and dissemination of knowledge in the area of education and work of health technicians.

Otherwise, we insist on the need to improve the communication system of the network in order to expand the exchange of information among members and the general public through our website, magazine and social networks. The communication, however, can not be an end itself. It must serve the interests of the Network, disclosing

“The education and work of health technicians receives quite varied attention of the countries of the Network. Some give more importance to the subject, and it favors us. In others, however, this area is not yet established or is relegated to the background, which makes our work much more difficult.”

what partners do and publish bringing topics of interest for the discussion of everyone and disseminating data and knowledge able to enrich our work and foster technical cooperation within the Network and among members who have issues in common.

In your opinion, how is the Network contributing to give visibility to the work of health technicians?

Traditionally, worldwide, there is a certain devaluation of the technical work that reflects an outdated view which sees doing and thinking separately and with different degrees of importance. We defend and fight for the consolidation of a more integrated view of the technician as a worker who makes, but also think about his work and about the system in which he is inserted, proposing necessary changes. That is the discussion we try to bring to society. What kind of technician should we educate to make health systems more effective and efficient, but primarily, to meet the needs of the whole population?

How this may influence public policy makes on the sectors of health, work and education?

Although the famous World Report on Human Resources, published by WHO in 2006, reaffirms the importance of these workers, who represent the majority of the workforce for the industry, the attentions are still primarily focused on the education of doctors and nurses.

The Network can bring the voice of health technicians, regardless of their level of training – higher, mid-level or elementary, depending on the country – to some institutional spaces and important discussion forums. The result of our efforts can't always be perceived immediately, but we continue fighting tirelessly for the authorities and, on some occasions, the health technicians, can better understand their role.

“We do this because we believe in the Network as an important tool for improving the education of technical workers in the health field, and more than that, because we believe that it is critical to strengthen the national health systems.”

You have already talked about the purpose of the November meeting, but what would you say about the program of the meeting and the results expected?

Well, the idea is to start the meeting on November 7th, with a lecture followed by discussion. For this we have already confirmed the presence of the former president and current coordinator of the Center for International Relations of Fiocruz, Paulo Buss, who participated directly in the creation of RETS-CPLP and RETS-UNASUR. On the same day, in the afternoon, there will be two activities. At first, a fast accountability of the Executive Secretariat and the launch of the new website of the Network. Then, a round table, for which we have already confirmed the presence of Mónica Padilla, of PAHO-WHO, which will discuss the major problems we are facing, hoping to help us drawing some strategies to face these problems.

On November 8th, in the morning, there will be specific meetings of each sub network (RETS-Unasur and RETS-CPLP). In the afternoon, at the final plenary, will be discussed the work plan of RETS and held the election of the new headquarters of the Executive Secretariat of the Network for the next four years, among members

“Worldwide, there is a certain devaluation of the technical work that reflects an outdated view which sees doing and thinking separately and with different degrees of importance. We defend and fight for the consolidation of a more integrated view of the technician as a worker who makes, but also think about his work and about the system in which he is inserted, proposing necessary changes.”

who applied. Another point of discussion on the agenda will be an update of the regiment of RETS and its sub networks, which work similarly, but have some specific characteristics. In the case of RETS, this is necessary because some things have changed since the Network was created and we need a regiment that reflects the current reality of work. In the case of sub networks, the idea is trying to harmonize what they have in common, respecting their differences.

About the results, we expect to close the meeting with the work plans approved and regiment changes already defined. Also, we are thinking about the possibility of writing a document to support improving the education of health technicians to be delivered to the organizers of the 3rd Global Forum on Human Resources for Health, which will also be held in Recife, from November 10th to 13th. For the first time, RETS is officially represented at the Forum, which is an important victory to us. ■

Health technician education: special attention to course content (part 2)

By Ana Beatriz de Noronha

Aiming to encourage reflection on the issue of curriculum in the education of health technicians, RETS Magazine started, in its previous edition, publishing a series of articles on this topic. The proposal is based on the **Master's Thesis** of Carlos Eduardo Batistella, professor and researcher of EPSJV/Fiocruz that despite having the education of technicians in the field of health surveillance in Brazil as specific purpose of the research ends up just dealing with universal aspects about this subject.

Traditional theories of curriculum

As mentioned in the previous edition, curriculum only became object of study and research from the late 20th century in the United States, as a result of streamlining processes, organization and control of the school and the curriculum itself.

As Batistella explains, the cycle of industrialization that happened after the War of Succession or American Civil War (1861 to 1865) resulted in a significant increase of workers in factories and production processes more complex, which demanded a workforce more skilled. Along with economic changes, the great social and cultural transformations that occurred at that time also have established a new role for schools, responsible for educating citizens appropriate and adapted to the new model of society that had arisen. In this context, curriculum starts to be seen as a valuable tool for social control.

“This homogenization project, represented by the institutionalization of mass education, marks the adjustment movement of the school to the new needs of the capitalist economy”, affirms the researcher of EPSJV, emphasizing that the need to sort and streamline teaching processes, in order to increase their efficiency, took several educators to consider the curriculum as an object of research and intervention.

According to Batistella, two different streams of thought began to take hold in the early 20th century, both built as a reaction to the classical humanist curriculum: the pragmatic and progressive by John Dewey and William Heard Kilpatrick, and the technocratic efficientist by John Franklin Bobbitt. According to the first one, which tried to bring the curriculum to the interest and experience of the students, the school should be discussed as living space of democratic principles and the ideas should be used to solve real problems. According to the second one, as the author of the Master Thesis summarizes, “The educational system should become effective as any other economic enterprise, incorporating the same principles of scientific management that were already being used in the industry: to define precisely the results you want to obtain, the methods and inputs for its development and measurement instruments to assess whether they were met”.

According to Batistella, in the called traditional theories, the great discussions are not about the purpose of contents and curricula, but about the way those curricula must be mounted so the goals are met. In these terms, the curricular issue assumes a feature of organization and planning, based on teaching and assessment processes.

BATISTELLA, Carlos Eduardo Colpo. *Tensões na constituição de identidades profissionais a partir do currículo: análise de uma proposta de formação profissional na área de vigilância em saúde*. Escola Nacional de Saúde Pública Sergio Arouca (Ensp/Fiocruz), 2009. Available at www.arca.fiocruz.br.

“This model is further consolidated with Ralph Winfred Tyler, who, in the book ‘Basic principles of curriculum and instruction’, published in 1949, states that the organization and curricular development should answer four basic questions: which goals does the school want to achieve? Which experiences can help to reach them? How to efficiently organize these experiences? And how to assess if they were met?”, adds Batistella.

The so-called traditional conception of the curriculum won several developments, especially between English and North American researchers, which remains until the 1970s, when the technicality resumes utilitarian principles and social efficiency of the early century. Such movement, which represents a conservative response to the protests of the 1960s, emphasizes the systematic organization of knowledge and activities needed to increase productivity and satisfactory performance.

A critical view of curriculum

During 1960, the worldwide sociocultural panorama begins to suffer radical changes. In a background of demands for the expansion of civil and political freedom and sexual and major issues about

the way of life and values of capitalism, the school becomes target of criticism due to its great inability to promote social mobility and its oppressive and traditional character.

In this context, according to Batistella, different studies about education start to present a critical perspective, which common point is the concern with the purposes and implications of curriculum. What was previously seen only as an instrument starts being considered a 'political arena' for which converge three fundamental axes: ideology, culture and power.

To emphasize the differences between the traditional theories and the critical theories of curriculum, he consults Tomaz Tadeu da Silva who, in his book 'Documents of identity: an introduction to theories of curriculum', published in 1999, affirms that while the traditional theories were of acceptance, adjustment and adaptation, the critical theories were of distrust, questioning and radical transformation. According to the author, the most important thing to critical theories is not to develop techniques to make the curriculum, but to build concepts to understand what the curriculum does.

Batistella still quotes some French sociologists who, although they have not developed a theory about the curriculum itself, have made important conceptual and methodological contributions to strengthen this critical perspective: Louis Althusser ('Ideology and ideological state apparatuses'), Pierre Bourdieu and Jean-Claude Passeron ('The reproduction') and Roger Establet and Christian Baudelot ('The capitalist school in France').

"The studies of these authors indicated the existence of hierarchies and dualities in capitalist school, bringing out the concepts of ideology, class and breeding to understand the mechanisms of domination", explains Batistella, remembering that some other authors were also important to establish connections between economic production and education, as the Americans Samuel Bowles and Herbert Gintis, authors of the 'correspondence theory'. In England, Batistella highlights Michael Young and Basil Bernstein, the most important representatives of the 'New

"Education, therefore, is a process of living and not a preparation for future living."

John Dewey*

**My pedagogic creed, The School Journal, Volume LIV, Number 3 (January 16, 1897), pages 77-80*

Sociology of Education (NSE)', first sociologist current focused on the study of curriculum.

According to Batistella, the traditional and bureaucratic idea of curriculum as an activity purely technical and administrative is being gradually tackled by different authors and the curriculum starts to be seen as a place where social meanings are produced.

In the United States of America, since 1973, when was held a conference about curriculum at the Rochester University, New York, two critical slopes of curriculum studies were established: at the University of Ohio, the humanist current, which main author is William Pinar; at the Universities of Wisconsin and Columbia, the neo marxist currents of Michael Apple and Henry Giroux. For humanists, the studies of phenomenological hermeneutics nature seek to emphasize the subjective meanings that people give to their teaching and curricular experiences. In the case of neo marxists, the emphasis is in the role that political and economic structures play in social reproduction.

For Apple, for example, the central issue is related to the selection of the contents that make up the curriculum, a process that reflects the interests of the dominant classes and groups, that is to say, which skills are legitimized by school.

"For the author, this process does not occur through a simple and direct economic determination. The social reproduction depends on devices of persuasion and legitimation", adds Batistella, who also highlights the concept of 'hidden curriculum' as another important contribution of the critical theories. The hidden curriculum is the one that covers all aspects of the school environment that are not part of the official curriculum, but contributes, implicitly, to relevant social learning.

Three decades of relevant discussions for education

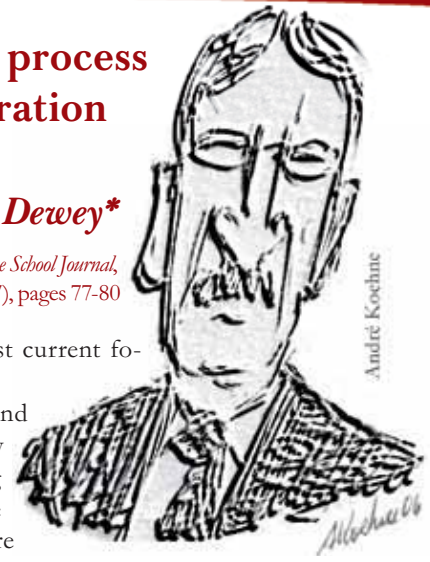
In the book 'Sociology and critical theory on curriculum: an introduction', published in 2005, Antonio Flávio Moreira considers the existence of four distinct stages in critical curriculum theorizing. In the first one, from 1970 to the early 1980s, studies that initially have a more subjective characteristic are overcome by analyzes that investigate the role of the curriculum in the reproduction of social inequalities.

The second stage, which runs through the 1980's can be, according to Moreira, characterized by appreciation of the category resistance and studies analyzing the role played by the state in legitimizing capitalism.

In the third stage, beginning in the late 1980s, works that replace critical language by the language of possibility began to be published, introducing new categories, such as race and gender studies in the curriculum, giving teachers a transformative role.

Finally, at the turn of the 1990s, begins the fourth and final stage, in which, facing new influences and issues brought by post-structuralist studies and multiculturalism, begins to be established a dialogue between the post-critical and neo-marxist approaches. In this period, researches sought to analyze the relations between culture and curriculum, trying to understand the relations among curriculum, power and social identity.

The post-critical theories of curriculum, which arose in this period will be approached in the next edition of *RETS Magazine*. See you in the next edition! ■





Photos: Technical-pedagogical team of the Proposal of Professionalization of Community Health Workers in Field

Health workers share experiences on activities

Education of community health technicians: we can change it and make a difference

By *Elisandra Galvão*

In the early 2000s, Chubut, one of the 23 provinces of Argentina, had about 400,000 inhabitants, of which 92% were concentrated in urban centers and others in places with less than three thousand inhabitants or in scattered populations. Almost 40% of the inhabitants of the province were below the poverty line with unsatisfied basic needs (UBN), and about 15% of them were below the poverty line. Of the total population, 40% had no access to social welfare or private health insurance. In education, the rate of those who had not completed elementary school or secondary school reached 22%.

This was the socioeconomic scenario found by professionals of many areas who, in 2004, accepted the challenge to jointly develop a new health model that would guarantee effective coverage and also, meet with equity and efficiency the needs of the population of that region. The remarkable experience of these professionals began with an invitation from the Secretariat of Health of Chubut for them to work in the education and professionalization of health agents in order to boost reforms aimed at establishing a strategy of primary health care, the provision of the first level of attention and its articulation with other levels.

Maria Andrea Dakessian and Gladys Skoumal, of the technical-pedagogical team of the Proposal of Professionalization of Community Health Workers in Field 2005-2011, joined the project in that year, at the invitation of the provincial director of Prevention and Health Promotion, Elsa Marzoa. They started the work of team building with its central proposal for professionalization of the so-called health agents who today are called 'community health workers in field' (Trabajadores comunitarios de salud en terreno - TCST). The name change, according to

them, marked the beginning of a change and its specificity within the healthcare team.

There were developed several actions until an effective proposal of professionalization was established. Some were aimed at strengthening the abilities of TCST professionals, based on educational proposals formalized of distinct level and modality, and others aimed at strengthening the structure of the system. As a team, Andrea and Gladys, joined a process of work and discussion on concepts of health, education, subjects, assistance, community, professional ethics, collective construction and interdisciplinary.

The project, which became the book 'Community Health. The construction of an interdisciplinary field. Approaches from the education of health technicians' (*Saúde Comunitária. A construção de um campo interdisciplinar. Aproximações a partir da formação de técnicos em saúde*), was justified, among other things,

by the changes in local health frame that the work of these technicians can bring. For Elsa, as Andrea and Gladys tell on the books, there were no doubts that the health worker in field promotes the construction, with the population, of knowledge on how is produced the process health-disease within social groups, what happens with the individuals of certain population, when, where and about which are the factors of protection with which the community can count on, as well as the risk factors to which it is exposed and that, therefore, it is possible generating transformation processes in the community and the health system from the exchange of knowledge among them, favoring the development of self-care and self-management by part of the community sectors. According to them, the director stated that the health worker plays a fundamental role in the development of epidemiology and an information system that can cope with the needs of the population and its health problems for correct decision making.

According to Andrea and Gladys, from the beginning of the work, which was proposed was a change of the profile of workers in relation to the renewal of the health system and understanding

the needs of the population and the place of professionals in this relationship. As they explain in the book, several actions have been developed to compose a proposal for effective professionalization, some aimed at strengthening the professional capacities of TCST from educational proposals formalized through many levels and modalities, and others designed to make stronger system structure. They also emphasize the protagonist role of the TCST in the organization of field work. About the education proposed, they highlight four major components: an obligatory educational course with educational material, joint actions to complete the educational process, course of intermediate supervision and access to higher education through the Course of Community Health Technician.

“Concepts such as health, education, actors, care, community, professional ethics, collective construction and interdisciplinary, references to the curricular structure of the technical education proposed, started to integrate the teaching practice in different spaces and are reflections on their own teaching-learning process shared by teachers and students in a creative and committed task”, Andrea and Gladys say proudly. For them, the wide look and respect are part of the task that health workers develop, a commitment to a strategy of primary health care and the updating of knowledge, skills and practices in the different themes that give foundation to daily work.

As it gathers and systematizes the experience in Chubut, the book, released in June 2013, can serve as a reference for the development of similar projects in Argentina and other countries, which aim is the prioritization and investment in technical education of health agents.

Investing in the education of health workers: the right choice

Asked to write the introduction of the book, the pediatrician and sanitarian Mario Rovere, who has performed manager functions at various levels of organization of the Argentinean health system and was regional advisor of the Pan American Health Organization (PAHO / WHO) to develop human resources for health, used the occasion to rescue a little history of community health workers in the country.

According to him, currently working in the organization of the Department of Health Sciences of the National University of Matanza (UNLaM), for over 50 years, Argentina has developed programs that have health workers as protagonists; without who we can't explain improvements in health indicators and quality of life in many parts of the country which do not have access to the benefits of economic development and on occasions of other actions in the public sphere.

The community health agents have specificity as the fact that they are employees of the health system and at the same time, members of their own communities. Although,



Art and culture are used in education activities

Salud Comunitaria
La construcción de un campo interdisciplinar.
Aproximaciones desde la formación de Técnicos em Salud

Wladimir Szalay (ed.) / Autores: María Inés Cordero, María Inés Cordero, Luciana Jarama, Luciana Jarama, Claudio Corradi, Beatriz Escobar, Verónica Sosa, Elizabeth Guglielmo, María Inés...

expansión

‘Salud Comunitaria: La construcción de un campo interdisciplinar. Aproximaciones desde la formación de Técnicos em Salud’ - Série Sociedade/Saúde da Editora Universitária da Patagonia, junho 2013. Available at: bit.ly/18pSRxz



Health professionals during activity in Chubut

their initial education is only 400 hours if are added the hours for the development of supervised field work and pre-round courses, the total educational time of these agents often ends up surpassing the educational time of other professional categories with more recognition in the area of health, without taking into account the importance of these workers. “Health workers often constitute the only staff working with promotional and preventive criteria, especially in our country, where the major part of other professions is centered on care and preventive activities,” says the expert.

Among the problems faced by agents, he cites hiring temporary and insecure employment contracts. According to Rovere, the concerns in career tend to lead health agents to other graduations in the area of health and many of them end up becoming nursing assistants, without representing a path of improvement and capitalization of their professional experience. For this reason, he believes that every initiative to improve the education and work of the agents should be celebrated. “When, in recent years, some provinces began designing a career of community health workers, following the path initiated in other countries in their education as technicians, we should feel happy and excited because we are performing an act of justice, reparation and enormous repercussions for the health of our people”, he emphasizes.

“50 years ago, in the most remote and forgotten corners of our country, health agents knocked on doors, vaccinated, weighed, measured and tabulated anthropometry (measurement of the human body and its parts) of hundreds of thousands of children, detected early worrying diseases, performed supervised treatment of dangerous diseases, oriented pregnant women, promoted the development of gardens, helped to treat the water, bury or burn trash, build latrines, educate and monitor those who needed attention”, affirms Rovere, emphasizing that are the registries done by agents which guide health programs. “The agents are understood in the scope of health services, reaching places where no one had come before. A health care agent can go to any place where a family can be settled”, he guarantees.

Rovere points out that the task undertaken by the staff of Chubut that involves the development of a more extensive educational career, without losing its practical and programmatic sense is not simple, because usually the frequency of contents, the bibliography, the design of learning experiences, can lead to an Academics tendency which should be avoided without, however, inhibiting the development of processes of formation of values, theoretical interpretations and never imposing limits to the curiosity, interest and ability of challenge of the students, but that all this is done with the ultimate goal of responding to the needs of the population.

A book, multiple invitations

A book and multiple invitations to socialize experiences in the field of technical education. This is the perspective of the publication ‘Community Health. The construction of an interdisciplinary field. Approaches from the education of health technicians’ (‘Saúde Comunitária. A construção de um campo interdisciplinar. Aproximações a partir da formação de técnicos em saúde’). The book brings together six articles signed by Susana Muñoz, Claudia Coiçaud, Beatriz Escudero, Verónica Turra, Elizabeth Guglielmino and Mario Morón, researchers of many areas which approach the proposal of implementing the career of technicians and propose thinking about health in interdisciplinary perspective, emphasizing the role of the community within the processes that reflect on integral health.

In the book, which retrieves the implementation experience of the Higher Education Technical Course on Community Health Management, an educational experience of the Higher Education Institute of Lecturers Number 807, which started in 2009 and is the result of an agreement between the Ministries of Health and Education of the province of Chubut (Argentina), the authors invite readers to build an interdisciplinary look on the field of health.

“Thinking about health as a community approach is more than a proposal, it is a necessity,” says the journalist, teacher and researcher in communication Washington Uranga, responsible for the prologue of the book. For him, this should be the axis around which should be organized the public health policy, because health is a reality crossed by multiple factors that require an interdisciplinary and transdis-

Paper presented at the 1st International Conference on Health Promotion, held in Ottawa, Canada, in November 1986. The text provides guidelines for the development of the plan ‘Health for All by the year 2000 and beyond’ and represents a response to growing expectations in order to achieve a new Public Health movement in the world. Available at: www.health.qld.gov.au/chipp/documents/32351.pdf

ciplinary approach. Uranga recalls the **Ottawa Charter**, which defines health as a process that strengthens the ability of people to improve their health by increasing the control on determinants of health, and argues that when it comes to community health promotion are included the promotion and encouragement of knowledge, skills and abilities present and active in individuals, as well as their social and cultural contexts, in order to enhance the development of the subject who lives in the community.

According to Uranga, who is also president of the Latin American Institute for the Development of Communication (ILCDF), the experiences and actions narrated by the authors in the book are references to the practices of community health and also to rethink the role of communication. “The understanding of health should be like a cultural key that is also communicational”, he argues. Because of this, one can’t reduce communication to a matter of means and its ends can’t be only manipulation and persuasion. Communication, according to the researcher, is an essential part of the processes of construction of the cultural tapestry that define the identity of a community and the ways of life of the individuals who compose it.

Uranga emphasizes that the promotion of healthy habits can’t be the result of advertising campaigns, but the logical consequence of the appropriation of other direction toward the quality of life and health for citizens. He notes that one of the invitations that the book brings is the lack of dissociation, that is to say, to understand health and community as aspects of the same component: the quality of life. “Health

is a right, and therefore the responsibility of a healthy lifestyle can't be only individual or subject to any condition. It has to be guaranteed by the society-community as part of ethical commitment to the person, subject of rights”.

Collective challenges and professional possibilities

One of the propositions of the book is that the collective challenges presented must be observed in a critical perspective so their appropriation can enrich their own practices with many systematic approaches. The focus is on the profession of higher education community health technicians from the perspective of the living and experience of the authors in six articles.

The historical context of the experience and the possibilities of the profession, recently created are made by Claudia Coicaud, one of the professors of the Higher Education Technical Course on Community Health Management, established in 2009 in the city of Comodoro Rivadavia. In the text ‘Higher Education Technical Profession on Community Health Management: an educational experience’ (“De profesión Técnico Superior en Gestión en Salud Comunitaria: una experiencia de formación”), she remembers that the course serves especially workers of the public system in the southwestern region of Chubut who worked at the Regional Hospital of Comodoro Rivadavia, Sarmiento, Rio Mayo and Alto Rio Senguier, all linked to the first level of health care.

According to her, the policy of education on human resources on Primary Health Care suffered discontinuities over time, while the context of deepening social inequalities of the 1990s exposed the precarious health situation and the vast majority has focused discussion on the health of the population both in international and local levels.

Regarding the proposal of Higher Technical Education on Community Health Management, she mentions two fundamental antecedents. The first is that the Community Health Workers in Field (TCST) should participate actively in promoting healthy practices that encourage participatory and collective pursuit of equity in living conditions and health of people, from health technolo-



Some students were integrated into the health system, others not.

gies that enable the development of new abilities built in different populations, given that this increases the exchange of knowledge between the community and the health system, generating important transformative processes. The second is that, at the time of creation of the educational program, the Ministry of Health, through the Provincial Department of Capacity Building, is intended to supplement, develop or improve education of staff, developing specific skills to work in health care, disease prevention and health promotion for the population through primary health care, as planned on the document of the Basic Educational Program in Public Health of the Secretariat of Health for 2008-2009.

According to Claudia, these definitions served as basis for discussions, which she deepens throughout the article, about the relationship between theory and practice, education, upgrading and in-service capacity building, knowledge, social participation, as well as a model of institutional management in the field of public health and the profession of the community health worker.

Regarding the professional practice, it should be structured over three years of education and an annual assessment, based on the analysis of the professional role, the definition of the unit of analysis, diagnosis of health problems, drawing an action plan and the development of this plan. Claudia explains that the specific educational program refers to linking up with the territory, allowing establishing socio-cultural relationships of the recipients of a health practice and, in parallel, constituting the link between the health team and the community to

conduct community researches and projects on health services.

After discussing about the idea of continuity that the new type of education brings about the challenge of building a profession, Cláudia concludes her text, emphasizing the political role of systems and health workers. “In an excluding context, in time of destruction of collective belongings, public health advances as a space where it is possible to exercise and claim rights.”

Integral health and educational projects

In the article ‘Integral health and community empowerment in education of the Upper Technician in Community Health Management’, doctor Susana Muñoz seeks help systematizing this innovative experience, from a review of projects of Education for Health (EFH) and Participatory Action Research (PAR) of two groups of students of the Degree Course in Community Health, at different stages of their education.

In the analysis of projects, developed from the perspective of community health and education for health, the main axes were considered: assistencialism/empowerment of community, completeness of the proposals and interpretation of the local contexts within the framework of systemic-ecological paradigm, including community perspectives.

The result showed that in the group of students who were already working in the health system, it was a little more difficult to read the local context and apply the information obtained. In this group the incorporation of tools



Education and prevention with young people.

and work guides for PAR facilitated the incorporation of dialogic components to the projects, the characterization of communities, the mapping of social actors to identify perceptions and perspectives of the social groups involved. The group has progressively evolved towards proposals more dialogical and integral, gradually incorporating the perspectives of communities and the factors that favor the processes of personal and community empowerment.

In the second group, formed by students not yet integrated into the system, it was perceived a more critical view regarding health practice and personal practice of the students themselves. Were also noted productions oriented to completeness, assistance and strengthening, rather than assistencialism, and recovery of the perspective of communities.

For Suzana, there are still many questions to be answered about how educators can strengthen the process of building the dynamic profile of these technicians who play the dual role of interpreter and mediator, as the political activist and sanitarian Edmundo Granda said: “interpreter of the ways in which individual and social actors in their daily lives, build their knowledge, develop actions related to the promotion of their health and take care of their diseases; and strategic mediator with scientific, political and economic powers to support the elevation of health and life levels”, without taking a position of superiority and authoritarianism; without abandoning the role of educator and researcher in health.

Communication in health

Thinking about communication in health as an interdisciplinary space is the goal of the professor of the National University of Patagonia San Juan Bosco, Beatriz Escudero, on the article ‘Communication/Health: A pedagogical experience in Community Health’.



Supported on a theoretical and methodological basis, it presents a pedagogical experience in Communication in Health. She also deals with the social cartography as a methodology able to generate intervention processes from planning of health promotion and seeks to analyze the communicational perspective adopted in these cases. Beatriz also does some reflections from the systematizing of works and productions of the first students of the Higher Education Course on Community Health.

In the second year of the course are taught the subjects of Theories of Communication and Communication, in which, according to Beatriz, it is sought to recover a long history in the field of Media, with contributions of the popular education, social medicine and alternative communication, among others. The goal is to conform a powerful theoretical and methodological core to think about practices of community intervention with a look of communication.

It is this conceptual basis that students will take in order to reflect on the issue of communication in various stages of their field practice, thinking about the production of meaning, community mapping etc. For the professor, this communicational focus on planning processes ends up highlighting the protagonists, their territories and relationships that arise from the production of new meanings. In this context, the pedagogical work must lead to the generation of processes that take the communities out of silence.

The author believes that the experience recorded in the book can contribute to generate processes of communication / education in which it is possible to put the theoretical practice in service of educational processes where the place of listening is a condition to recover the ability to grant value to social knowledge.

The field diary and health records

In the text 'The importance of records and documented experience', the student of Media and intern in Communication of the course of 2010-2012 Verónica Turra emphasizes the importance of the field diary, data and production of information for community health.

She deals with the specific tools of ethnographic field and their professional uses to define problems, know the scenarios, the professional position, relationships with informants and groups, their languages and strengthening the observation.

She also highlights the "field notebook" as a powerful tool for the work of technicians, in which shall be recorded all observations over the territory and the context in a complete, accurate and detailed way. According to her, because of that, one hour of observation can generate from four to six hours dedicated to notes.

Veronica also noted the possibility of using digital devices such as audio recorders, camera or video camera, when it is allowed to capture more details. Throughout the text, the author also highlights numerous important practical procedures for those making the mapping of a territory.



The notes are made during visits to communities

Disability and identity

With the title 'Disability and Health. Readings and dilemmas in discussion', the article by Elizabeth Guglielmino, professor of the National University of Patagonia San Juan Bosco and Southern Patagonia, makes references to current discussions in the field of community health, and proposes to overcome biologicist postures focused on health disorders and their carriers, conceptions that naturalized the association disability/illness, without considering people as whole beings, made of human and cultural differences. The goal is to open a discussion on the different perspectives of thinking about health and disability, highlighting the place of community health in the framework of an interdisciplinary work centered on the person, the family and the community.

Therefore, she believes it is necessary to turn community work in health into a space of opening and reconstruction of the collective, which are put considered the social ties, the need to establish and build networks, a plurality of voices, and the importance of denaturing exclusive living conditions, to assume, in corresponsable way, a work that requires an interdisciplinary perspective of integral health.



This change, according to Elizabeth, is a challenge to think about professional practices and to intervene in the processes of formation which regard a genealogical and critical perspective on this topic, leading students to understand the socio-historical processes that impact not only the lives of individuals, but also their family and community.

The origins of ethics

The book ends with the essay 'Development with ethics and freedom. A possible subjectivity', by the physician Mario Morón, which articulates the origins of ethics, relating it to myths, archetypes and biological basis of consciousness, in order to promote a reflection on some aspects of the ethics that are inserted into the current dynamics of living.

Among other things, Morón reviews the ethics of capitalism, neoliberalism and current ethical requirements, and highlights the fact that we are now beginning to understand the world not only as the place where we live, but also as a system to which we belong and includes us.

He recalls that as relational beings, humans are surrounded by nets full of meanings, values and ethical issues. According to him, hopefully, today, cooperative networks are emerging fast in social movements of great political weight. The indignant people in Europe, the occupiers of Wall Street, the Chilean students and others who become fascinating examples of the power of citizens on networks, asking for fairness, justice and an ethic of government. ■

The technician in cytopathology as agent of health promotion

By Simone Selles

In May this year, the Lisbon School of Health Technology (ESTeSL) held with the participation of teachers and students of the degree course in Anatomical Pathology, Cytology and Thanatology (APCT), an important action to promote health, focused to about 30 students of the Secondary School José Gomes Ferreira, also in Lisbon.

Through lecture 'Human Papilloma Virus (HPV) and cervical cancer: relation, risk and prevention', volunteers of ESTeSL, sought to inform adolescents about HPV and its incidence and prevalence, as well as about the mortality associated to cancer of the cervix. Furthermore, they gave explanations about the ways of transmission, emphasizing the importance of prevention against virus infection. Finally, they showed how laboratory diagnosis of HPV in gynecologic cytology and molecular pathology is done.

Social integration in teaching-learning

This activity is not an isolated initiative. It is embedded in a large project of social integration which ESTeSL develops and gathers several actions for community intervention from cardiovascular and respiratory screenings up meetings to raise awareness about healthy eating, always aiming to raise awareness of the population and encourage an attitude that favors prevention of diseases and health promotion. The degree course in APCT, for example, performs actions of disclosure about cervical cancer / HPV, smoking, alcoholism, and colorectal cancer, among others.

For the director and professor of the course, Amadeu Ferro, who participated as volunteer in the work done at José Gomes Ferreira Secondary School, the fact of all actions being programmed according to their target audience, mostly young people from 12 to 18 years old, brings positive results. "A crucial point of this activity is that we use a fun, interactive way to invite young people to intervene with their family and friends, by disseminating important information, including a brochure prepared by us especially for this purpose", explains, emphasizing: "Such responsibility makes young people assume a posture more active and more aware to health issues".

According to Ferro's evaluation, the lecture was well received by the students who were very interested and made several interventions over the meeting. "Some of them showed that they had previous knowledge about the topic, but the information, usually received from friends with little scientific and technological foundations was not always complete or up to date", he comments.

The professor also emphasizes the fact that health intervention always starts with prevention and the importance of the technical area to be involved in these activities. "At the end of the actions, we always think, with our words, that if we can prevent at least one child of that group from being infected with HPV and developing cancer because of that; we have won a victory in the fight against the disease", he observes.

This was not the first action against cervical cancer performed by the center of APCT of ESTeSL. In January there was an event focused to 150 students of Campo de Flores School, in Monte da Caparica. In September and October there will also be a new cycle of actions focused to the association of young people and integration projects for groups in need.

According to the World Health Organization (WHO), cervical cancer is the second most common type among women, losing only to breast cancer. Annually, there are approximately 500,000 new cases and 250,000 deaths worldwide, given that nearly 80% of cases occur in low-income countries.

The infection caused by papillomavirus (HPV), responsible for 95% of cases, is the main cause of this type of cancer.

There are more than 100 types of HPV, but just a few can cause disease. In most cases, the virus usually regresses spontaneously, that means to say, the progression to cancer is rare, as this cancer takes time to develop and the altered cells that lead to the disease can be easily recognized in the preventive exam, known as Papanicolaou.

In addition to the exam, there is already a HPV vaccine, which should be applied to those who have not initiated sexual life and have had no contact with the virus.

According to WHO, in 2012, 41 countries have offered the vaccine in their health networks, with varied target audience. For example, in France, girls of 14 years old are vaccinated; in England, of 12 and 13 years old; and, in the United States, of 11 and 12 years old. In Brazil, which recently adopted the procedure, the goal is to vaccinate at least 80% of the 3.3 million girls of 10 to 11 years old. In 74 countries; however, there was still no implementation project for the procedure.

The effectiveness of the vaccine has been proven by several studies, although it has not been possible to evaluate the long-term results of this type of control.

Beyond the laboratories

Regardless of the degree of education – middle level or higher in Brazil, among others – and the different titles they receive – technician in pathological anatomy, technician in cytopathology, technician in histology, depending on the country – the professional in this area should be able to draw reports from the analysis of cellular samples of practically the whole human body. His work is fundamental for the diagnosis of a great number of diseases, including cancer.

Generally, with small variations from country to country, in the description of its functions, the focus is on the work they do within the laboratories under relevant professional supervision: to perform or help activities related to standardized laboratory tests referred to micro and macroscopic evaluation of tissue samples and cells used in the diagnosis of tumors and lesions. It is also their work to operate and ensure the proper functioning of the technological apparatus of health laboratory.

According to the Brazilian Simone Maia Evaristo, president of the National Association of Cytotechnology and professor of technical education course in cytopathology that the National Institute of Cancer José Alencar Gomes da Silva (Inca) provides in partnership with Joaquim Venâncio Polytechnic School of Health (EPSJV/Fiocruz), the work of these technicians is of great importance to cover and expand the supply of cytopathology exams. “In Brazil, for example, they are an indispensable group of health workforce, especially in the segment of prevention and detection of cancer. Their role within health services assumes a strategic character, in view of the epidemiological, economic, social and political magnitude the illness reaches in the country”, Simone emphasizes.

However, it is not only inside laboratories that technicians in cytopathology perform critical tasks to people’s health. They can also perform, like the experiment done by ESTeSL shows, relevant social role with regard to health promotion and prevention of numerous diseases.

“As workers that integrate multidisciplinary teams, always committed to the different aspects of health, we have received many invitations to attend lectures and school and community events focused on health promotion”, Simone tells. “I think people identify with the technician because his language is more accessible, which ends up making communication easier,” she explains.

We need to invest in education

The relevance of the work of the technician in cytopathology cannot be questioned and surely, initiatives that serve to enlarge the view of this worker about his own professional practice are always welcome.

The educational process of those technicians should not ignore any of the functions performed by those workers. Not limited only to the technical aspects of the work, it must, however, seek to overcome the difficulties that impede their improvement.

The difficulties in the education of technicians in cytopathology begin in high implementation costs, due to the necessary equipment, and include, among other things, the lack of qualified personnel for teaching. “You need a microscope to each student in training of visual acuity and hiring monitors for technical support, classes should be small for a good quality of learning and it is essential that the course is added to a quality lab that can provide many materials for training”, Simone adds.



The Cytotechnology Series ‘Gynecologic Cases Session’ was released in Brazil in 2012, by the Brazilian National Cancer Institute José Alencar Gomes da Silva (Inca). The books in Portuguese and Spanish are available on the site of RETS (www.rets.epsjv.fiocruz.br), in: ‘Biblioteca’ > ‘Livros’.

She also highlights the lack of teaching materials that show a practical objective vision for the daily work of these technicians as another difficulty to be faced.

“To try minimizing the problem, I decided organizing a book, in which are gathered experiences of clinical practice that can help other technicians to use the best possible criteria in technical reports in the field of Cytotechnology”, she adds.

According to her, the series, in addition to being a way to disseminate ‘what’ and ‘how’ we work on our routine, crossed the borders of Brazil, providing integration among colleagues from different countries. ■



Education activity on HPV.

Regional Goals of HRH: despite advances, there is still much to do

By *Elisandra Galvão*

Insufficient number of health professionals in certain categories and also to meet sectors of the population, lack of relationship between supply and needs of the health care systems, constant mobility of workers, poor working conditions, low motivation and low productivity, inefficient allocation of resources, deep imbalances in the composition and distribution of the workforce among and within countries. These are some of the problems that characterize the crisis that the area of human resources for health (HRH) has faced in decades.

Since 1990, the Pan American Health Organization (PAHO/WHO), concerned with such radiography, started to look this sector more closely and also the impact on health services of barriers diagnosed. Because of this, in 2005, it began to be held a consultation in the Americas, with the goal of identifying the five critical challenges faced by countries. The challenges have become a common platform for a regional agreement – the **‘Toronto Call to Action 2006-2015: Towards a decade of human resources in health for the Americas’** – which final period coincides with the end of the Millennium Development Goals, released by the United Nations in 2000.

The next step was taken at the 27th Pan American Sanitary Conference (PASC), held in October 2007, when the countries have committed with 20 goals (see Box) for human resources for health from 2007 to 2015, which correspond to the five critical challenges identified on the ‘Toronto Call to Action’ and the Health Agenda for the Americas. The goals represent the desire and the renewed commitment of the countries to act and work collaboratively to design HRH policies and plans focused on the development of health systems based on primary health care (PHC) and strengthening the public health infrastructure.

The countries have also established a roadmap for HRH assessment in the following years and to define priority areas of development, pointing out the strategic plans and monitoring their progress to be done based on indicators agreed upon by the countries and with technical support of PAHO/WHO, when necessary. The first step was to establish a baseline for the beginning of the

process, with an initial measurement done by countries between 2009 and 2011. Were also established an intermediate measurement, scheduled for 2013, and another at the end of the period, in 2015.

Time to measure advances

This year, some events were held to present the results of the 2nd Measurement of Regional Goals of HRH. In San Jose, Costa Rica, from May 29th to May 31st, was held the 4th Meeting of Human Resource Development of Central America and the Dominican Republic, where there was a presentation of the results of the measurement performed in the countries of the sub region, as well as presented and approved the Health Plan of Central America and the Dominican Republic set for 2013-2015. During the event, attended by representatives of Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, Panama and the Dominican Republic, were also discussed important topics such as skilled migration, management of HRH observatories and national capacity building for the management of HRH policies.

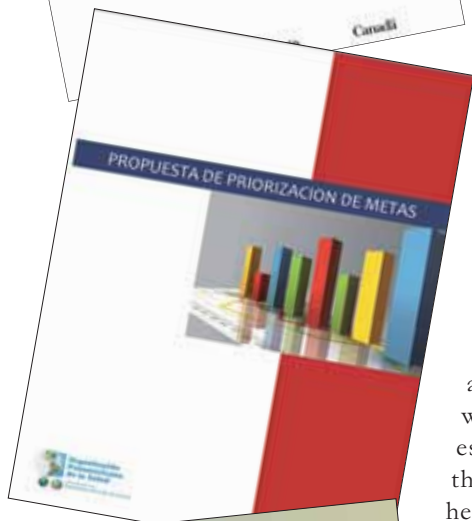
In his speech during the Meeting, the coordinator of Human Resources for Health of PAHO-WDC, Charles Godue said that what is at stake in this moment of convergence in the construction of a new agenda for human resources is to maintain the centrality of the HRH in the transformation of health systems and services; to align and strengthen the synergies between the global, regional and national agendas of HRH, and to improve the pro-

The document records the discussions made in the working groups of the 7th Regional Meeting of the Observatories of Human Resources for Health, held in Toronto (Canada), in October 2005. The purpose of the meeting, promoted by PAHO/WHO, was to mobilize national and international actors in the health sector and other relevant areas of civil society to collectively construct policies and interventions for the development of HRH, which pointed towards the Millennium Development Goals (MDG), to the national priorities of health and access to services of good quality for all the people of the Americas until 2015.

The three basic principles that guided the discussions were: (1) human resources are the basis of health systems; (2) health work is a public service and social responsibility; and (3) health workers are key players in development and improvement of the health system.

Regional Goals for Human Resources for Health

Challenges	Goals
<p>Build long-range policies and plans to adapt the work force to the changes in the health system.</p>	<ol style="list-style-type: none"> 1. All countries of the Region will have achieved a human resources density ratio level of 25 professionals per 10,000 inhabitants. 2. The regional and sub-regional proportions of primary health care physicians will exceed 40% of the total medical workforce. 3. All countries will have developed primary health care teams with a broad range of competencies that systematically include community health workers to improve access, reach out to vulnerable groups, and mobilize community networks. 4. The ratio of nurses to physicians will reach at least 1:1 in all countries of the Region. 5. All countries of the Region will have established a unit of human resources for health (HRH) which will be responsible for the development of HRH policies and plans, the definition of the strategic directions, and the integration of HRH with other sectors.
<p>Put the right people in the right places, achieving an equitable distribution according to the health needs of the population.</p>	<ol style="list-style-type: none"> 6. The gap in the distribution of health personnel between urban and rural areas will have been reduced by half in 2015. 7. At least 70% of the primary health care workers will have demonstrable public health and intercultural competencies. 8. 70% of nurses, auxiliary nurses and health technicians including community health workers, will have upgraded their skills and competencies appropriate to the complexities of their functions. 9. 30% of health workers in primary health care settings will have been recruited from their own communities.
<p>Promote national and international initiatives for countries affected by migration to retain their health workers and avoid personnel deficits.</p>	<ol style="list-style-type: none"> 10. All countries of the Region will have adopted a global code of practice or developed ethical norms on the international recruitment of health care workers. 11. Each country of the Region will have a policy regarding self-sufficiency to meet its needs in human resources for health. 12. All sub-regions will have developed mechanisms for the recognition of foreign-trained professionals.
<p>Achieve healthy workplaces and promote a commitment of the health work force with the mission of providing quality services to the whole population.</p>	<ol style="list-style-type: none"> 13. The proportion of precarious, unprotected employment for health service providers will have been reduced by half in all countries. 14. 80% of the countries of the Region will have in place a policy of health and safety for the health workers, including the support of programs to reduce work-related diseases and injuries. 15. At least 60% of the health services and program managers will fulfill specific requirements for public health and management competencies, including ethics. 16. 100% percent of the countries of the Region will have in place effective negotiation mechanisms and legislation to prevent, mitigate or resolve labor conflicts and ensure essential services if they happen.
<p>Develop mechanisms of cooperation between training institutions and the health services institutions to produce sensitive and qualified health professionals.</p>	<ol style="list-style-type: none"> 17. 80% of schools of clinical health sciences will have reoriented their education towards primary health care and country health needs and adopted interprofessional training strategies. 18. 80% of schools of clinical health sciences will have adopted specific programs to recruit and train students from underserved populations with, when appropriate, a special emphasis on indigenous, or First Nations, communities. 19. Attrition rates in schools of nursing and medicine will not exceed 20%. 20. 70% of schools of clinical health sciences and public health will be accredited by a recognized accreditation body.



cesses of managing changes for HRH plans that ensure the effective right to health.

In July, Paraguay did its Workshop on Measurement of Goals of Human Resources for Health in Asuncion, attended by 36 participants, including members of the National Strategic Board of Human Resources for Health (Direção Nacional Estratégica de Recursos Humanos em Saúde – DNERHS) and other sectors of the Ministry of Public Health and Social Welfare (MSPBS), as well as experts from PAHO and different institutions that comprise the National Observatory of Human Resources for Health.

According to the director of DNERHS Guadalupe Rolón, in an article published on the website of the Regional Observatory, measurement data allow knowing the situation at national level, making a comparison with other countries in the region and establish planning strategies to improve the conditions of human resources for health the country. She added that the preliminary results worked and consolidated at the Workshop will be presented at the Global Forum on Human Resources, which will take place from November 10th to November 13th in Recife (Brazil).

At the meeting in Paraguay were discussed the background of the first measurement, done in 2010, the advances of the second edition, the methodology of data analysis, and the results and goals. Benjamin Puertas Donoso, sub regional advisor on Human Resources for Health in South America (PAHO/WHO), in his presentation at the Workshop, noted that the measurement methodology, which allowed establishing a baseline in 23 countries, seeks to promote the monitoring culture and evaluation of HRH policies and strengthen the planning ability of the countries and the quality of their public policies. “The measurement identifies the situation of each country in relation to the 20 regional goals. The second measurement, carried out in two phases (March/April and May/June 2013), seeks to contribute with information to estimate the progress made and identify what is still pending and requires attention, as well as technically strengthening

the political decision of the national authorities”, he explained.

Regarding the methodology of measurement, Donoso said that it is similar in the countries of the region which applies to instruments previously developed, considering scenarios, priorities and interventions in each country. “The final product of the first phase was the national report results of Measurement of the Regional Goals for Human Resources. In the second phase there were setting goals and identifying priority programs, analysis and validation of the Report of Analysis.”

Running against time

In September 2012, almost five years after the adoption of the Regional Goals, the report 3 of the 28th Pan American Sanitary Conference (PASC) presented a report in progress with information about the main results of the initial measurement, held in 23 countries, identifying the most problematic areas and proposing recommendations to ensure compliance with the targets set by 2015.

According to the document, only 12 of the 23 countries have a minimum density recommended by WHO, i.e., 25 health professionals – physicians, nurses and midwives – per 10,000 inhabitants and only six countries reported that more than 40% of total work strength of physicians was devoted to primary health care. Only three countries have fully met Goal 5, which refers to the establishment of a unit of HRH with full capacity for strategic planning, management, monitoring and evaluation.

Despite the insufficiency, in many countries, of adequate data, the baseline for the Challenge 2 – placing the right people in the proper places – showed that there was need for immediate action to ensure universal access to health care in the region. Nine countries have not reached even 50% of the threshold level for the percentage of workers in primary health care has intercultural competence and proven public health.

About the Challenge 3, the report stated that the countries of the Region had not yet achieved self-sufficiency to eliminate their HRH gaps and meet the national needs. In most countries, there was already some type of regulating migration through bilateral and multilateral agreements recognizing medical certification and cooperative notification. In 2012, however, only two of the 23 surveyed countries – Barbados and Jamaica – had already adopted a code of ethical conduct for the international migration of health professionals establishing ethical standards for this type of recruitment.

Regarding the promotion of healthy work environments and commitments to the institutional mission of ensuring good quality health services for the entire population (Challenge 4), the initial analysis revealed that many countries had mechanisms for resolving labor disputes. Few, however, had regularized the practice of written agreements or established guidelines for regularization of jobs, although this is one of the practices that are proven to reduce disputes in the workplace.

Most countries had a high proportion of employment contracts unprotected and precarious for health professionals. Five of them did not have any strategy for settlement of contracts that provide social protection for the workers. Only four coun-

tries have fully met the goal, that is to say, they had already defined some protection for formal workers and regularization of precarious jobs. On the other hand, two thirds of the countries surveyed had already developed mechanisms for conflict resolution and to ensure continuity of service to the population during labor disputes.

Issues concerning the proper education of health workers, inserted in Challenge 5 – developing cooperation between educational institutions and health services – were some of the most difficult to evaluate, given that most ministries of health of the participating countries had no authority over educational institutions. At the time of the report, only Jamaica had achieved that at least 80% of the schools of health sciences of the country focused on primary health care and adopted a model of multidisciplinary education. In the other countries, the performance on this goal was too low.

Despite the differences among countries, some issues were considered indisputable: improving the ability for monitoring and evaluation by the ministries and the need to refine and adjust the Regional Goals to the individual needs of each country.

Based on results so far, the orientation of PAHO/WHO was for countries to redouble their efforts and investments in planning and increasing human resources for

health, considering an essential requirement for universal access to health services of good quality and the implementation of the strategy of primary health care. Furthermore, it was requested to the countries that they worked for equitable distribution of health workers, specifically with regard to recruitment and retention in sub assisted areas, rural and indigenous, as well as implementation of systems of continuing education and educational programs in service to managers of HRH

and health professionals, in association with academic institutions.

The strengthening of the National Observatories of Human Resources for Health as qualifying strategy of HRH information in order to support decision-making and policy formulation for the sector was another recommendation received by countries.

Finally, the document demanded commitment of the countries to conduct the second evaluation of the 20 Regional Goals in 2013, while reaffirming the willingness of PAHO to support countries in this endeavor.

Despite the recommendations and the apparent willingness of countries, until the 13th of September this year, according to the Regional Observatory, only 11 countries had accomplished the second measurement of the 20 Regional Goals. Of the four Southern Cone countries, Paraguay and Uruguay have already finished the two measurements; in Argentina, the process is still ongoing, and Brazil, which ended its initial measurement this year, postponed the second measurement to 2014.

Of the six Andean countries, Ecuador and Peru have already finished the second measurement. Colombia and Chile are still finishing the measurement. Bolivia had not initiated this stage of the process and Venezuela had not sent the data or the first measurement; that means to say, the baseline.

Of the Central-American sub region, are already tabulated the data of Belize, Costa Rica, El Salvador, Guatemala, Honduras, Panama and the Dominican Republic. Nicaragua had not finished the measurement. Anguilla, Barbados, Dominica, Grenada, Jamaica, Montserrat, St. Lucia and Trinidad and Tobago, countries of the Caribbean sub region, did not present data on the new measurement.

All countries that have done two measurements showed improvements in several aspects evaluated, but there are few data for a more comprehensive evaluation and an overview of the results. As 2015 is close and the scenario is not the most favorable, here is the question: will we be able to celebrate at the finish line? ■



The results of the measurements are available on the site of the Regional Observatory on Human Resources for Health: www.observatoriorh.org

SENA (Colombia): where aesthetics and health find themselves¹

In Colombia and worldwide, cancer is the leading cause of non-violent death. The International Agency for Research on Cancer (Iarc) estimates that in Colombia, during the year of 2008, there were more than 55 thousand new cases of cancer, given that about 30 thousand (60% women and 40% men) manifested in people under 65 years old.

The hair loss resulting from chemotherapy can become a big problem of loss of self-esteem for women affected by cancer. To relieve this trauma, many patients choose to use wigs, which is not always possible due to the high cost that this object can achieve.

Thinking about these women, the Technician Hairdresser program of the Educational Center of Human Talent in Health, of the National Learning Service (Sena) of Bogota initiated a special project, in which is developed a cosmetic and aesthetic procedure for women facing cancer treatment.

The educational project is specifically directed to the program 'Look good, feel better' ('Luzca bien, siéntase mejor') of the Chamber of Cosmetics Industry and Cleanliness of the National Association of Entrepreneurs of Colombia (Andi), which goal is to help women who have had their self-esteem affected by cancer treatments. The program, which has helped more than 20 women, includes a campaign of hair donation.

For Maria del Transito Salamanca, academic coordinator of Sena, this alliance between Sena and Andi seeks to provide a change of life for these people, through the educational processes of technical programs for hairdressers and aesthetics and aesthetic care of hands and feet. "We seek that the students, in addition to their technical education, also make a commitment with social responsibility", she added.

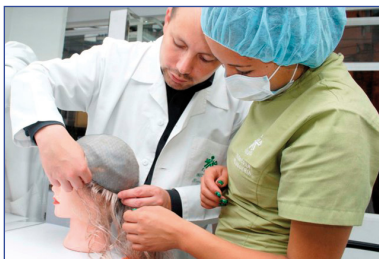
Roman Oswaldo Diaz Fajardo, leader instructor of the Technical Hairdresser Course of Sena, emphasizes that the project aims to recover the self-esteem of the patients, to increase their quality of life. "By making a wig less expensive and manually, we can cause an impact on the lives of patients with cancer, on the other hand, we sensitize students about a health problem, so they assume attitudes of social responsibility", he explained. ■



Chemotherapy and radiation therapy, procedures used in cancer treatment, cause alopecia or hair loss.



Students of the Technical Hairdresser Course cut the hair of the donors in a workshop of the educational environment. The donated hair must be from 20 to 30 cm.



The wigs are mounted on anatomical bases to allow perfect adjustment to the head of the patients.



Approximately 20 patients of 'Look good, feel better' program are benefited by this project.

RETS-CPLP: new members



CPLP

In July this year, in addition to the three Technical Schools of Health (EFTS) of Angola that were already members of the Network – EFTS-Luanda; EFTS-Lubango and EFTS-Benguela –, other 12 were registered at the Network by Ministry of Health (Minsa): the EFTS of Bie, Cabinda, Caxito, Cunene, Huambo, Kuanza Norte, Kuanza Sul, Lunda Norte, Lunda Sul, Malange, Moxico and Uige.

The Ministry of Health of Cape Verde also joined RETS, represented by the National Center for Health Development (CNDS), which is chaired by Dr. Artur Jorge Correia. Among the tasks of the Center are: the relationship between the health sector and other public and private sectors to participate in health development; promotion and implementation of activities of Information, Education and Communication (IEC) for health, and the promotion and organization of education on human resources for health. ■

2nd Meeting of RETS-Unasul

2nd Meeting of RETS-CPLP

3rd General Meeting of RETS

"The Network as space of production of knowledge on education and the work of health technicians"

GENERAL GOAL
To discuss and strengthen cooperation strategies within the Network.

November 7th and 8th, 2013

PLACE
Hotel Transamerica Prestige
Beach Class International
Avenida Boa Viagem, 420
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PARTICIPANTS
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BRASIL

¹ Summary of the story sent to RETS Magazine by the journalist Yesmin Tibocho Patiño, of Sena Distrito Capital. The full text, in Spanish, and other pictures are available on the website of RETS, at: [www.rets.epsjv.fiocruz.br//home.php?Area=Noticia&Num=511](http://www.rets.epsjv.fiocruz.br/home.php?Area=Noticia&Num=511).