

# RETS

International Network of Health Technicians Education

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RECIFE, BRASIL/2013

Meetings and Global Forum show that there is much to think and discuss about health workforce.



**RETS, RETS-UNASUR and RETS-CPLP: meetings in Recife consolidate and strengthen the three networks**



**Global Forum on HRH: a lot of expectations, but a very little room for health technicians**



Dear reader, we are ending another year of work. As Executive Secretariat we could, despite the numerous difficulties inherent function, publish four issues of our magazine, materialize the project of our new website, which will be online and on air in January, strengthen our presence in social networks, and achieve on November 7<sup>th</sup> and 8<sup>th</sup>, our 3<sup>rd</sup> General Meeting, in addition to specific meetings of RETS-Unasur and RETS-CPLP.

Certainly, the achievement of these meetings – with some minor flaws, but with a large surplus – which were attended by over 80 people from almost 20 countries in the Americas, Africa and Europe, was only possible because of the unconditional support of the Direction and with the dedication of several professionals of communication and computing at Joaquim Venâncio Polytechnic School of Health (EPSJV/Fiocruz), but also supported by several partner institutions.

We can't, therefore, forget to thank the Brazilian representation of the Pan American Health Organization (Paho/WHO), the South American Institute of Government in Health (ISAGS), which has been strengthening every day its partnership with RETS, in framework of the Union of South American Nations (Unasur), the coordination of the Technical Group of Human Resources of Unasur-health, which has sought to broaden the dialogue with the network, the issues related to the education and work of health technicians, and the International Coordination of Cooperation of the Community of Portuguese Speaking Countries (CPLP), which, with extreme efficiency and spirit of collaboration, promptly answers every one of our requests, making it possible to strengthen RETS-CPLP and, consequently, its members. That is not all, we also want to place on re-

cord our thanks to the Center for International Relations in Health (Cris/Fiocruz), which was with us throughout the year and to the Secretariat of Labor Management and Health Education (SGTES) of the Ministry of Health of Brazil which, in addition to cooperating with our meetings, also mobilized the participation of RETS at the 3<sup>rd</sup> Global Forum on HRH, held in Recife, soon after our meeting.

As for this issue of the magazine, there is not much to say, because it deals specifically with the events of November. For next year, is the promise to resume some topics that were being discussed and some sessions we consider fundamental. It is also our New Year message and strong desire that, in 2014, although we will make many mistakes (see opposite page), we can strengthen joint efforts in achieving the goals that unite us.

Have a nice reading and a happy 2014!

Executive Secretariat of RETS

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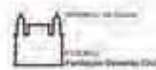
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**3<sup>a</sup>**  
**Reunião**  
**Geral da**  
**RETS**  
 3<sup>a</sup> Reunión General de la RETS  
 3<sup>rd</sup> General Meeting of RETS

**2<sup>a</sup>**  
**Reunião da**  
**RETS-Unasul**  
 2<sup>a</sup> Reunión de la RETS-Unasul  
 2<sup>nd</sup> Meeting of RETS-Unasul

**2<sup>a</sup>**  
**Reunião da**  
**RETS-CPLP**  
 2<sup>a</sup> Reunión de la RETS-CPLP  
 2<sup>nd</sup> Meeting of RETS-CPLP



# Members assess the work done and make commitments to strengthen future actions

By Elisandra Galvão and Raphael Peixoto, with collaboration of Talita Rodrigues (EPSJV/Fiocruz)

Photos: Maycon Gomes and Paulo Alves/PHD Produções Audiovisuais



Paulo César de Castro Ribeiro, director of EPSJV/Fiocruz

“This is the time when we gather to plan and set the routing to the International Network of Health Technicians Education (RETS), and Networks of Technical Schools of CPLP and Unasur in the coming years, so that they can contribute effectively to the improvement of national health systems. It is time to take commitment to do it the best way and in the specificity of each member country”. It was with these words that the director of Joaquim Venâncio Polytechnic School of Health (EPSJV/Fiocruz), Paulo César de Castro Ribeiro opened the 3<sup>rd</sup> General Meeting of RETS, held on November 7<sup>th</sup> and 8<sup>th</sup> in Recife (Pernambuco-Brazil) along with the 2<sup>nd</sup> Meeting of RETS-CPLP and RETS-Unasur.

After the message of the direction of EPSJV/Fiocruz, it was the turn of the other members of the opening panel to transmit their messages of welcome to the participants of the meeting. In few words and very warmly the coordinator of International Cooperation of the Community of Portuguese Speaking Countries (CPLP), Manuel Clarote Lapão; the alternate coordinator of Argentina in the Union of South American Nations (Unasur), Sebastián Tobar; the Regional Advisor of Nursing and Health Technicians from PAHO/WHO, Silvia Cassiani; the technical coordinator of the South American Institute of Government in Health (ISAGS), Henry Jouval; the general coordinator of Technical Actions in Education in Health in the Ministry of Health of Brazil, Aldiney Doreto; and the coordinator of the Center for International Relations in Health at Oswaldo Cruz Foundation (Cris/Fiocruz), Paulo Buss, highlighted, among other things, the technical and political importance of the meeting, the need to strengthen the initiative and the role of the people present in subsequent discussions, bringing a unique vision of the problems of each institution and country and a plural look at the issues that affect health technicians and the Network.

The event, which theme was ‘The Network as a place of production of knowledge about education and work of health technicians’, happened as a preliminary activity to the 3<sup>rd</sup> Global Forum on Human Resources for Health (see page 10), and brought together about 80 representatives of countries and institutions that are part of the networks.



During the opening session, Silvia Cassiani, of Paho/WHO, congratulated the work that RETS has been performing in recent years

The official agenda of the meeting was the discussion and approval of the work and the regulation plan of the three networks and the election of the future headquarters of the Executive Secretariat of RETS and RETS-Unasur, in addition to the joint development of the 'Document of Recife on Education and Work of Health Technicians' (see page 9), to be disclosed among the participants of the Global Forum. In the affective agenda, closer ties among members and strengthening linkages that make possible the work of RETS and its sub-networks.

## Opening lecture discusses the work of health technicians in global context

The first activity scheduled for the Meeting aimed to contextualize the discussions to be held during the event in a broader setting. The task fell to former president of Fiocruz Paulo Buss, one of the great supporters of RETS and one of the responsible people for the creation of RETS-Unasur and RETS-CPLP, with the lecture 'Health in the Post-2015 Global Development Agenda: the role of technical health worker and structural networks'.

In his presentation, followed by discussion, Buss showed how the current social, political and economic situation interferes with the global development agenda, highlighted the issue of social determinants of health; compared the health-related aspects in the context of the Millennium Development Goals (MDGs) and the Objectives of Sustainable Development (ODS), which fall into the post-2015 Agenda, and set out a number of key global, national and local challenges, including aspects of education and work in health.

About the global situation, he mentioned some of the main consequences and changes resulting from the economic crisis installed in 2008, which started in the



Paulo Buss, coordinator of Cris/Fiocruz

U.S., and that was reflected in almost all countries, according to him, on account of a "dictatorship of consumerism, headed by mainstream media", there was an amplification of poverty and unemployment, in addition to a food, energy and ethics crisis. "We observed amplification of poverty and unemployment among young people in the world, in addition to the precarious informal work, worst among the lower income. Only in Latin America and the Caribbean, are 127 million and 47% of urban workers in this situation", the speaker said, expressing concern with the fact that there are in the world, according to 2011 data from

the United Nations, around 925 million people with chronic hunger, 885 million without access to drinking water and 2.6 billion without access to sanitation. "In this scenario there is a triple burden of diseases and globalization of unhealthy ways of life, often constrained by commercial interests". Buss called attention to the fact that life expectancy in Sub-Saharan Africa is only 53 years old, or 27 years less than in high-income countries. "It is unacceptable that creatures of the same species have an expectation of life so different, only for reasons of equity investments," he lamented.

Reaffirming the social determinants of health, which results not only biological issues, but issues relating to income, education, employment, child development, culture, gender and environmental conditions, among others, he ensured that no significant reduction of economic and social inequalities, will be impossible to reduce health inequalities and improve health. "Health and healthy healthcare systems require changes in economic, social and environmental global policies," he argued.

About the role of technical health schools (ETS) on the global stage, he was conclusive. "They should generate evidence and translate them into policies; protect health and science for the transformation of social and health policies for social and health equity in national and global levels; educate human resources capable of intervening technical and political processes; defend universal health, equitable, comprehensive and quality systems; make political and technical monitor-

ing; perform work of national, regional and global policies to expand the technical capabilities and networks”, enumerated, also emphasizing the importance of national, regional and global networks for the potentiation of results.

To finish programming of the morning of November 7<sup>th</sup>, it was made a brief summary of the work undertaken by the Secretariat of the Network in recent years. The journalist Elisandra Galvão presented the new website of RETS, which symbolic launch took place during the event and will be online in January. “The new site, built from assessments made by participants of the 2<sup>nd</sup> General Meeting of RETS in 2009, provides a more intuitive interface, which promotes localization of news and documents desired and the interaction among users.”, she explained. She also emphasized the increasing use RETS been doing of social networks to disseminate topics of interest and relevant information about the education and work of health technicians.



The meeting of RETS with the participation of approximately 80 professionals from various countries

## How to strengthen Networks?

Coordinated by Ana Beatriz de Noronha (EPSJV/Fiocruz), the roundtable ‘Networking: the challenge of institutionalization and definition of commitments’ gathered Silvia Cassiani (PAHO-WDC), Manuel Lapão (CPLP) and Isabel Duré (Ministry of Health-Argentina) to discuss strategies to enable the continuity of the work of the three networks: RETS, a knowledge network, established in 1996 and reactivated in 2005 at the initiative of PAHO/WHO, and its two sub-networks – RETS-CPLP and RETS-Unasur – created in 2009 as networks of structural health institutions.

How to prevent the emptying of RETS and expand the production and dissemination of knowledge that can contribute to strengthening education of health technicians in the country? How PAHO/WHO may, resuming its original role, effectively contribute to that? How to make both RETS-CPLP and RETS-Unasur, which creation was proposed and approved by the authorities responsible for their blocks, able to overcome the problems of institutionalization in the countries in order to fulfill their mission to contribute to the creation of health systems suited to the needs of different populations? These were some of the questions that guided the speeches of the members of the table.

Director of Cooperation of the CPLP, Manuel Lapão, made a brief presentation of the Indicative Cooperation Plan (CIP) 2013-2016, which aims to more than six million euros for various projects and confirms, in practice, cooperation in various fields as statutory objectives of the CPLP. Lapão highlighted the work of RETS under the Strategic Plan for Cooperation in Health (Pecs) and showed a video about buying multimedia equipment – TVs, laptops, projectors and screens – to 33 institutions for educating health technicians of Palop that comprise the Network. He highlighted the important role that civil society has to influence public policies of States. He recalled that the

geographical discontinuity faced by CPLP countries located in four distinct geographic regions, represents a challenge for the community and to the Network. “I believe that the improvement of communication is crucial for the establishment of dialogue and strengthening of the initiative,” he said.

In her lecture, the National Director of Human Capital and Occupational Health, Ministry of Health of Argentina, Isabel Duré sought to reflect on RETS and RETS-Unasur, based on some important networking concepts developed by the Argentine Mario Rovere. In this sense, she sought to give clarity to the role played by each of the actors involved in the process and the proper function of network management. About the difficulties faced, Duré showed that some are inherent in the form of networking, but others may be overcome by working together: “I believe there is no magic solution, but I think to overcome some of the problems that we face, we need to return to basics and focus efforts on the production and accumulation of knowledge in the area of technical education in health; map what each member can offer, i.e., capital and transferable consisting of each member institution; generate and fulfill work agreements, and seek funding sources that can make the actions proposed”.

Silvia Cassiani, Regional Technical Advisor for Nursing and Health



Isabel Duré, representative of the Ministry of Health of Argentina

of PAHO/WHO reaffirmed the role of articulation that national representations can have on countries with respect to networks. Using as example the nursing networks of the Americas, Silvia emphasized the need to build national networks of technical education in order to enlarge discussions and actions, strengthening the feeling of belonging and then, hence work on several levels. “If we have 19 countries, we can have 19 networks”, she said. According to her, the problems faced by RETS are the same faced by other networks and, even if we have the goal of improving our performance, we must recognize that RETS reached a maturity that other networks have yet to achieve.

On the issue of emptying the network, it reinforced the need for dissemination of the work and the proposal. “Who is in RETS need to know what a network is and what are the advantages and disadvantages of belonging to the network and get involved with the work done.”, she suggested. For her, among the advantages and strengths of networks, it is possible to highlight the possibility of mutual learning among members and the formation of a privileged space for the emergence of new ideas and innovative solutions to existing problems.

“All lectures are available on the website of RETS ([www.rets.epsjv.fiocruz.br](http://www.rets.epsjv.fiocruz.br))”

### Specific meetings discuss regiment and work plans of the sub-networks

The morning of November 8<sup>th</sup> was reserved for specific discussions of RETS-CPLP and RETS-Unasur. The purpose of each meeting was to discuss the proposals of regulations and work plan for the next two years presented by the Executive Secretariat, as well as electing the institution in charge of network management in this period. All documents approved at the meetings are available on the website of RETS.

At the meeting of RETS-Unasur, coordinated by the Deputy Director for Research and Technological Development of EPSJV/Fiocruz, a proposal of regulation has been closed and will be sent to the President Pro Tempore of Unasur-Health for approval. The Work Plan, designed in an integrated manner with the commitment by Unasur during the 3<sup>rd</sup> Global Forum on Human Resources for Health (see page 10), was approved almost without exceptions. “The idea was to build a Work Plan more realistic and less ambitious than could be done in full, with the effective participation of all countries, and that serves to generate crucial information for future activities of the Network. In this sense, we proposed the realization, in partnership with ISAGS, of a study at government level that allows us to draw an overview of the education and work of health technicians in 12 countries in the region, identifying the type of existing education, the legal framework of it, regulated professions and other relevant legal and organizational aspects”, explains Ana Beatriz de Noronha, highlighting the importance of the project: “Today, there is a very different picture of technical education in the countries and a great knowledge of what occurs in each of them. This makes it difficult to implement some cooperation actions that could be fully realized in spite of differences. Furthermore, as the survey will be done within governments, our expectation is that this will strengthen the process of institutionalization of RETS-Unasur in the countries”.

At the meeting of CPLP, coordinated by Grácia Gondim, current coordinator of International Cooperation of EPSJV/Fiocruz, the discussion was restricted to network regulation, leaving the discussion of the Work Plan until the first half of 2014, at a meeting



Representatives of Africa at the meeting of RETS-CPLP

to be held in Portugal. According to the text of the regulation approved at the meeting that will be submitted to the Technical Health Group of CPLP, the four functions of RETS-CPLP are:

1. Monitor and systematize, permanently, the information related to the area of technical education of health workers and its interface with the organization of health work, facilitating the identification of trends and educational needs, in order to support the definition of public policies for the area;
2. promote technical-scientific and educational cooperation among member institutions for the development of educational proposals, curriculum projects, courses, teaching materials, teaching methods and education in priority areas, seeking alternatives and experiences that can be shared;
3. develop mechanisms to facilitate the production, dissemination and systematization of information and communication on the field of technical education in health among members of the Network;
4. foster the development of research among member institutions in the interface of areas of Health, Education and Work, which can widen and strengthen their teaching activities and technical cooperation.

In the case of RETS-CPLP, the technical coordination of the Network is still responsibility of EPSJV/Fiocruz, which was also indicated to remain as manager of the institution RETS-Unasur. “This situation flatters us a lot, because it represents recognition of the work we have developed. However, we also know that it is very important to share the responsibility of management with other mem-



Members of RETS-Unasur update their work plan

bers of the Network, even for that in the future, they feel more willing to assume the role”, Ana Beatriz said.

## Panel prepares participants for final discussions

The afternoon of November 8<sup>th</sup> began with the panel ‘Networking: recognizing the potential and overcoming difficulties’, which aim was to anticipate some questions that would be important for the final plenary of RETS. On the panel, coordinated by Grácia Gondim, Human Resources consultant of PAHO/WHO for the Sub-region of Central America and the Dominican Republic, Mónica Padilla, and Marcela Pronko brought their valuable practical experience and network research to share with the people present.



Monica Padilla, of Paho/WHO, discloses oriented educational tools for technical education

In her presentation, Mónica emphasized learning in networking and made a critical review of the work she has done and still has been doing in the establishment of the Andean Network and Central American Network of Observatories of Human Resources in Health. Highlighting some already established strategies, she reminded the importance of proper use of management and technological resources to strengthen labor, as well as the need for capacity building in this area. “We can cite the integrated information system of the HRH Observatory (<http://dev.observatoriorh.org/centro>), in which information on the Measurement of Regional Goals of HRH and Virtual Campus of Public Health are available ([www.campusvirtualesp.org](http://www.campusvirtualesp.org)), which has played an important role in the development of health personnel”, she said. Another good example of capacity building for networking, according to her, would be the practical course: ‘Gestión de Observatorios de Recursos Humanos em Salud para los países de Centroamérica y República Dominicana’, which is available free on the internet (<http://dev.observatoriorh.org/centro/?q=node/75>) and adds quite useful material for the development of HRH observatories, as well as management of websites and use of Drupal CMS content manager.

As coordinator of Project Mercosur (see RETS 14), which sought to evaluate quantitatively and qualitatively the provision of technical education of health workers in the Southern Cone countries – Argentina, Brazil, Paraguay and Uruguay –, Marcela presented the methodology used and some results obtained in the study. Her presentation aimed to first clarify some important aspects of the proposed work plan for RETS for the next four years, which main point is to try to extend the ‘Mercosur Research’, to other interested countries, with appropriate adjustments to the specific of each coun-

try and with the support of the teams that have participated in the project.

## Changes in regulation of RETS are for another time

The final plenary of the Meeting had four objectives: discussion and approval of the Work Plan for the period 2014-2017; revision of the Regulation, election of the Executive Secretariat headquarters and, finally, the joint preparation of a document on the education of health technicians to be taken to the 3<sup>rd</sup> Global Forum on Human Resources for Health.

“Our proposed Work Plan for the Network followed the same logic of the others. We wanted something that could be implemented and allow us to focus. We were happy because the present document, which was approved with minor modifications, incorporates three goals – (1) to produce, promote and foster the exchange of knowledge in the field of technical education in health; (2) strengthen, broaden and diffuse RETS, and; (3) enhance and expand communication activities within the Network – and only four actions, among which, the realization, with sup-





port from PAHO/WHO, in a multicenter study in countries that meet our invitation and who undertake to work in accordance with the methodology already applied by Mercosur countries”, commented Ana Beatriz.

The election of the Executive Secretariat headquarters also occurred without major problems. As there was no presentation of any application, it was decided that EPSJV/Fiocruz remains in this role for four more years.

The lack of time has led the plenary to opt for discussion on the Document of Recife, considered more politic, leaving the modifications of the Regulation for a later time. The document, approved after much debate and negotiations, calls attention of the world’s authorities for the lack of visibility of the technical work and worker in health and asks the subject to be placed more frequently in the discussion about health workforce.

After two days of intense and invigorating work, the director of EPSJV/Fiocruz, Paulo César Ribeiro, closed the meeting with thanks and promises. “I’m thrilled to be here. This is a space full of energy, while I appreciate the confidence placed in the School, I also commit myself to work even harder, together with all the staff that is directly involved with the issues of the Network, to strengthen this initiative that represents a lone voice in defense of these workers who, despite their strategic importance to health systems, are constantly forgotten by the authorities of the sector”, he said.

## With the word, some members of the Network

To João Lobato, president of the School of Health Technology of Lisbon (ESTeSL), the Meeting was a time of consolidation of RETS as thematic network of international interest for the education of health professionals. He also considers relevant the fact that the panels have contributed to a gain of awareness about the nature and concept of network as well as to expand the sense of belonging and full integration of partners.

“In the specific case of the meeting of RETS-CPLP, I highlight the possibility of rediscovering partners we have worked with over the last few years, in side projects and the discussion and approval of the Regulation which enabled the enhancement of under-



João Lobato, of ESTeSL

standing of the position and the importance of partners in RETS, in addition to promoting a fruitful discussion on the status of the partner network of RETS, on basis of understanding of free and universal membership”, he adds. “For the next meetings, I think that apart from one or two general thematic panels on the nature, importance and role of networks, it is also interesting opening up space for the involvement of partners in order to raise awareness of the realities and experiences in the countries. This would serve



At the end of the 3<sup>rd</sup> meeting, members collectively celebrated the advances achieved during the update of Network documents and the Document of Recife

to increase mutual understanding among partners of the network and exchange experiences. It could also be interesting to promote spaces with prior registration of the partners to present free communications, thus opening the Meeting of RETS for integration of a political, scientific, educational and technical perspective”, João suggests, reminding that we could think of a few workshops or spaces aimed for teachers, others for leaders and other times for student meetings of various institutions and realities portrayed by RETS, enabled through the free registration and paid by participants/partners themselves. “Finally, I leave my best wishes to keep doing a good work and a strong appreciation for the effort and dedication of the Executive Secretariat of RETS. Congratulations! Greetings to all on this side of the Atlantic”, he concludes.

Also from Portugal, are the pleasant words of Deolinda Cruz, who participated in the Meeting representing the Institute of Tropical Medicine and Hygiene (IHMT), a traditional partner of RETS.

She said the RETS-CPLP is a privileged space, a “gathering of friends” that the same language approaches and is an important Forum for exchange of views and personal enrichment, because it allows to extend knowledge and understanding of the difficulties and the Herculean efforts and not always recognized the leaders of schools with such different problems, coming from countries where often only the language is common, because the realities differ starkly. “The speech is alive and spontaneous, with lively discussion and the consensus is reached, though



Deolinda Cruz, of IHMT

sometimes with difficulty. I believe that the effort of the Executive Secretariat in the future lies in trying to maintain a line of continuity of the participants, and they, abandoning a vision of individual participation, start to effectively represent their country and their school”, she says, adding: “I think we will get, but it will take time”.

“RETS-Unasur was a new experience for me, but very nice because it allowed me to know a different reality, combined with a culture unknown to me. Consensus will be harder because of the existing differences, but it is undoubtedly a privileged place to share experiences that can complement and enrich both parties”, she says. “I highlight again the work of the Executive Secretariat in getting together ‘two worlds’, so professional with high technical competence, but also an extraordinarily friendly atmosphere where everyone is involved and which I am aware, will bear fruit in the future”, she adds.

In the opinion of Carlos Einisman, president of the Argentinian Association of Nuclear Medicine Technicians (AATMN), the Meeting of RETS meant a new opportunity to rediscover and deepen the bonds among members, know the different situations and be able to build a broader vision and enriching the regional reality. “We see with pleasure the steps in this space and recognition of the place that workers and health professionals take, even with the significant differences that persist in diverse local realities. The Network is an excellent political and intellectual scene for interaction among members and the best strategy to strengthen the joint work”, he argues, suggesting that it is time to generate, within RETS, research on the invisibility of health technicians and to think together a strategy to reverse it. “We, from the societies of health technicians shall participate more in RETS, since education is a determinant of the quality and scope of professional practice”, he concludes. ■



Carlos Einisman, of AATMN



Members of RETS-CPLP, director of EPSJV/Fiocruz and Coordination Team for International Cooperation

## DOCUMENT OF RECIFE ABOUT THE EDUCATION OF HEALTH TECHNICIANS

Discussed and approved during the 3<sup>rd</sup> General Meeting of the International Education Network for Health Technicians (RETS) held on November 7 – 8, 2013 in Recife-PE, Brazil, as an activity prior to the 3<sup>rd</sup> Global Forum on Human Resources for Health meeting also scheduled to be held in Recife. The statement below presents the operating guidelines of RETS and its two sub-networks: the Technical Health Schools Network of the Union of South American Nations (RETS-UNASUR); and of the Community of Portuguese Speaking Countries (RETS-CPLP) from the conception. The goal of this statement is to showcase visibility and encourage reflections and discussions on and about education/training and the work of health technicians and their roles in the organizations and operations of health systems able to fully meet the health needs of populations.

RETS and its two sub-networks – RETS-Unasur and RETS-CPLP –, that represents some 100 members from 19 countries, drafted this statement with intending to spread the analysis of the current context of health technicians education and the pertinent proposals arising therefrom.

### I. Whereas:

1. In recent decades most of the member countries endured market-based liberalizing reforms. As such the policies pertinent to education and health were particularly reconfigured injecting tension between the historical legacies and revenue as these countries faced the challenges of globalization. Consequently, deepened structural, sociopolitical and cultural differences have emerged leading to increasing disparities within and among these countries.
2. The Education of Health Technicians condenses key elements both in terms of the regulations of labor relations and as well as educational policies, and it is also directly associated with the principles and characteristics of national and regional health policies.
3. Despite the fact that health technicians represent the most significant portion of the workforce involved in health services, there is lack of a unified definition of the expressions ‘health technicians’ and or ‘technical professionals in health’. Although the terms ‘technician’ and ‘professional’ present certain specificity, the meaning of each one depends on the historical development of national educational systems and the particular character that health labor process assumes in each case. The lack of knowledge about ‘who’ they are, ‘what’ and ‘where’ they practice in the health field reaffirms the poor visibility of the category and the lack of professional recognition.
4. Accordingly the existing evidences:
  - a. The education of health technicians is determined by market imperatives (either in the institutional offering of education, or the curricular definition of specializations).

This in turn contributes to deepen, in different degrees, the social inequalities in the national and regional contexts.

b. These health workforces receive education that focuses on a high degree of instrumentality, fragmentation and specialization. It tends to compromise a full ownership of the necessary skills to the work in health, that are presented in a disjointed manner of its scientific and social foundations, the development of a critical and reflective view about their social responsibilities, their position in the national health system and the social determinants of their professional performance, that is precondition for the actual construction of the universal public health care systems that member countries aspire.

### II. RETS and Its Sub-networks affirm the willingness to:

1. Encourage, within Networks, conducting studies that, in the same time that stimulate the development of comprehensive and integrated databases, generate new knowledge about the education of health technicians and their inclusion on labor market, as well as their mobility in national regional and global contexts.
2. Intensify dissemination, information and communication in health, as essential to the strengthening of a collective critical in the field of health technicians education, seeking to involve other partners and national authorities responsible for decision making on various dimensions involved in the issue.
3. Support comprehensive and integrated public projects that propose to articulate the education of health technicians and incorporate the social and scientific foundations of their activities, as well the assumptions and issues that guide the organization of national health systems, in accordance with the social determinants and a primary health care approach.

### III. And claim that:

1. National, regional, global health authorities, and international organizations involved with health technicians’ education, put the issue of the health technicians and the technical professional in their agendas and discussion spaces, in order to remove them from their current and historical positions of invisibility – in an essence working for the solution of the problems outlined in this statement.

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# Event held in Brazil points out common problems and seeks solutions shared by countries

*By Ana Beatriz de Noronha, with collaboration of André Antunes (Revista Poli – EPSJV/Fiocruz) and Mariana Moreno (ISAGS)*

The 3<sup>rd</sup> Global Forum on Human Resources for Health, held in Recife, Brazil from November 9<sup>th</sup> to 13<sup>th</sup>, 2013, had the challenge of drawing up concrete proposals to extend universal health coverage worldwide through qualification policies and increasing the number of health workers. The event, which allowed the assessment of the results achieved in the last ten years in compliance with the targets of the Millennium Development Goals (MDGs) related to health workers, also as a basis for developing future strategies in this area.

Held at the initiative of the **Global Health Workforce Alliance** (GHWA) and organized by the Ministry of Health, the Pan American Health Organization (PAHO) and the World Health Organization (WHO), the Forum, which theme was 'Human Resources for Health: foundation for universal health coverage and post-2015 development agenda', eventually brought about two thousand people from more than 90 countries.

Photos: Ana Paula Evangelista (RET-SUS)

The GHWA was established in 2006 as a common platform of action to face the crisis in human resources for health. Closely linked to WHO, the Alliance is a national partnership between governments, civil society, international organizations, financial institutions, researchers, educators and professional associations dedicated to identifying, implementing and advocating solutions to the crisis.



## At the opening ceremony, emphasis on the need for changes

“Our goal is explicit and profound: nothing less than ensuring access for all families and communities to a good quality, comprehensive health care, no matter income, language, sexual orientation, place of residence, ethnicity”, said the director of PAHO/WHO, Carissa Etienne, during the opening ceremony of the event. According to her, in spite of the Americas region have moved in this direction in recent years, expanding the number of people with access to health, the challenges remain. “There is still much to do if we want to achieve and overcome the challenges of a continuously changing environment, to meet those who still have no access to health without making them suffer financially. We must change the way we see the workforce in health; not only as service production component, but as agents of change in society”, continued Carissa. She defended the need for guidance on human resources policies in order to establish a “culture of open management, which gives power to workers and their creativity, and that through education policies that go beyond the fragmentation of health systems, is possible the formation of workers with a holistic view of health and strongly imbued with core values of universal coverage”, noted the director of PAHO. Carissa concluded her speech emphasizing the need for educating health workers to be able to lead their political involvement, contributing to what they “refuse to accept the inequalities of poverty and social injustice, to create constructive social change”. She questioned: “How to help them, for example, to question an industry like tobacco, which makes profits from the addiction of the people? None of this is easy or simple, but these workers are needed, unless we want to jeopardize the future”.

Marie-Paule Kieny, assistant general director of WHO in the area of Health Systems and Innovation, said the goal was that all countries have universal health systems is ambitious, particularly if one considers the shortage of health workers in the world, which according to her, currently reaches 7.2 million professionals. “This gap will increase even more if we do nothing. Communicable diseases and aging may become an acute problem. We need paradigm shifts in several dimensions: funding, management, governance. We need a more systemic approach that recognizes connections between actions and place them within a broader health system”, she emphasized. For her, the debates and reports produced during the Forum should contribute to this. “Our clear challenge is the mobilization of political resources for the renewal of human resources in health. This forum will emphasize the centrality of human resources in health and stimulate strong decisions to ensure that employees are engaged and motivated and that they have access to work”.

The Minister of Health of Brazil, Alexandre Padilha, said the challenge of the country is to offer free universal coverage for its population of more than 200 million people and listed the four key strategic challenges that must be overcome: (1) financing the system, (2) coordinated planning and management of actions of the three levels of government – national, state and municipal –, (3) production of supplies and essential drugs, and (4) quality and quantity edu-



## Commitment by Unasul reiterates importance of educating health technicians

According to GHWA, the success of its action depends directly on the contribution of its members and partners, committed to resolving the crisis in human resources for health. Accordingly, the Forum held in Brazil served both for members of the Alliance could talk about the work being conducted, as to make further commitments and responsibilities which aim to reduce the crisis. On behalf of the Forum, the Alliance has received since the event, more than 80 commitments of States members of WHO and other groups, agencies and organizations, all structured according to a model previously defined by the Alliance itself and the Secretariat of WHO. Of commitments, 70 were presented during the Forum of Recife, divided into five different sessions, and are available on the GHWA's website.

On November 11<sup>th</sup>, the session aimed to Latin America and coordinated by the director of the Pan American Health Organization (PAHO), Carissa Etienne, besides several national commitments, were also presented commitments of the Andean Health Organization – Convênio Hipólito Unanue (Oras-Conhu), which is part of the Andean Integration System, the Council of Ministers of Health of Central America and the Dominican Republic (Comisca) and the Union of South American Nations (Unasul).

It fell to the Peruvian Pedro Diaz, representing the Technical Coordination of the Technical Group of Human Resources (GTRHS) of the South American Council of Health (Unasul-Saúde) presenting the commitment of the block that was the result of a collective work, articulated by the South American Institute of Government in Health (ISAGS), which involved the International Education Network for Health Technicians (RETS), the Network of Schools of Public Health (RESP) and members of the Technical Group.

The document handed to GHWA, reaffirms the obligations regarding HRH previously assumed by Unasul globally, with WHO and the Kampala Declaration at regional level, with regional goals of PAHO/WHO, and sub-regionally, with Mercosur, Oras-Conhu and the Caribbean Community (Caricom). In addition, it makes direct reference to the Five-Year Plan 2010-2015 of Unasul, which is related to the issue of human resources for health.

With regard to health technicians, Unasul has committed to perform, over the next two years, a broad survey with national governments in order to give an overview of the education of these workers in the 12 countries that make up the block. The initiative aims to identify, among other things: legislation related to the topic, the nature of educational institutions (public or private), the professions (careers) officially recognized, bodies responsible for regulating the education and professional practice, the prerequisites and learning time. The idea is that the result of the work can serve to increase the knowledge we have on the subject, facilitating the identification of similarities and particularities that exist among the countries and strengthening the technical cooperation for education of health technicians at regional level.

## Parallel events confirm the complexity of HRH

In order to broaden the discussion on some specific issues, were held 44 events parallel to the 3<sup>rd</sup> Global Forum on HRH selected among the many proposals received by GHWA. The choice of events that occurred on November 9<sup>th</sup>, 10<sup>th</sup> and 13<sup>th</sup>, was taken, according to the Alliance to meet the need for regional/institutional balance, multisectoral representation of organizations members/partners of GHWA, the relevance of the theme and expectations of the participants. Six of the 44 activities were proposed by the Brazilian government and showed some experiments that have been conducted in the country.

The parallel events covered topics such as: planning, recruitment and retention, migration, leadership, management, occupational health and safety, the roles of the private sector and civil society, community health workers, nurses and midwives, among others.

“The child who does not die early needs pediatricians, nutritionists, psychologists and qualified health agents. All these problems require public policies to provide professional quality to help solving them”.

The Brazilian minister used the occasion to highlight the shortage of doctors in the country. “Brazil has 1.8 doctors per thousand inhabitants, below countries as Argentina, Uruguay and Portugal. There are few doctors, badly distributed: 22 states have fewer doctors than the national average of 1.8 per thousand inhabitants and five states have less than one doctor per thousand inhabitants”, he said.

## The State’s role in the regulation: the core theme during the second day of the Forum

The State’s role in the regulation of labor and health education was the focus of several discussions on the second day of the event. The Round Table ‘Social needs and the regulatory role of the State’, in which representatives of the ministries of Health of Argentina, Brazil, France and Italy, tried to understand when and how the State should intervene to ensure universal health coverage to the population through educational policies of health workers and their distribution throughout the territory according to the needs and epidemiological characteristics of each region. The idea was to choose which policies the State might adopt to induce equitable distribution of health workers across the country while taking into account the autonomy of educational centers and the right of workers to choose where they want to work.

For the Secretary of Labor Management and Health Education in the Ministry of Health of Brazil, Mozart Sales, “the perspective that professional bodies work together with the State

of workers that can guarantee universal free health care for the Brazilian population. “This is the most critical challenge that requires greater political effort, greater exchange of experience and knowledge”, said the minister. According to him, over the past 25 years, through its Unified Health System (SUS), Brazil has worked hard to achieve the MDGs, especially with the reduction of infant mortality rates. “Brazil is the country that most reduced infant mortality rates in Latin America. A multidisciplinary approach was decisive, not only focused on doctors, but also giving significant weight to community health agents, community leaders who know the reality of the population”, said Padilha. The minister also pointed out that the increase in aging and reduction in mortality rate, occurring simultaneously, eventually bring new issues for SUS. “The country is aging fastly and this ends up exerting a strong impact on health care costs and requires the training of professionals and multidisciplinary teams with other profiles. These seniors need special health care, intensive care beds, doctors educated to take care for the aging, public spaces for exer-



Programming included several discussions over three days

is crucial, partnerships are necessary, but the most important is the health interest of the population, which may clash with the interests of market reserve”. He said the State should be guided by the collective interests of the majority, we must know which clashes and formatting it takes to make the necessary changes. “So we are conducting national registry of medical experts. Until today, Brazil had no such database of experts, with the educational area and region where they are. This tool is important for us to plan up to 15 years of studies needed to health professionals according to the epidemiological aspects of the population”, he added.

Asked by journalist Ghida Fakhry, mediating the table, on how the State should act to ensure the establishment of health professionals in remote and poor areas of large urban centers, Mozart Sales was emphatic: “Today, in Brazil, we face problems because of early over-specialization of the professionals and the difficulty of educational institutions to establish educational processes focused on primary health care. In regions where the attachment has proven almost impossible we have to create conditions of attractiveness. In areas of difficult provision due to geographical location, such as the Amazon and indigenous districts, one must think in establishing a career path for professionals, giving them

access to tools that enable decision making and provide the infrastructure necessary for them to work. I also believe that we should structure the educational apparatus to think about health needs and educate personnel who works in order to help reduce poverty”.



2000 people from over 90 countries participated in the Forum

For Jean Marc Braichet, chief of staff of the Ministry of Health of France, the reporter asked if it is the role of the State forcing workers to move to places they do not want to go. Braichet replied that the State must adopt policies based on stimulating displacement. “I take the example of France, where in fact we have regions where there are no doctors because there is no regulation that requires doing so. We will allow complete freedom to doctors, but we will establish incentive-based regulation to fix doctors where there is need for doctors, among them: signing contracts with the State, if they wish, and scholarships for the duration of the contract, which may be two or three years. It would be important to motivate health professionals to settle in deficit areas, especially midwives, doctors and nurses graduates. The young graduates today have new expectations, we have to see how they want to work and what might motivate them to work where they are needed”, he explained.

When asked by the mediator if the regulation does not mean a financial burden for the State, Gabriel Yedlin, representative of the Ministry of Health of Argentina, agreed that the prospect of putting the State not only as a regulator but as a service provider, as in Argentina, costs a lot of money, but he pondered: “When countries grow much, the cost increases due to the increase in the number of public officials responsible for service delivery being quite understandable. We have to consider that this may represent the increasing accessibility of the population to these services, especially those who had no such right”. According to Gabriel, the State also has an obligation to act in the regulation of those sectors that impact on the health sector, such as alcohol, tobacco and processed foods industry. “All this affects long-term health. When we analyze the problem on this perspective, we realize that any solution must encompass society as a whole. A regulated society is not the same as a society without freedom, but rather a society that creates standards for its population to be healthier”, explained the Argentine.

Mozart Sales, in turn, made reference to the 1988 Brazilian Constitution to argue that the State should also take an active role in guiding the education of workers for the health care system. “Our Constitution states that it is an obligation of SUS to organize the human resources education. This understanding of the regulation is the construction of affirmative action policies, monitoring of the labor market, the construction and acquisition of technologies to make them accessible. This must be coordinated with the educational system. It is unacceptable that this should be subject to corporate interests, which want to reduce the State’s ability to implement necessary changes”, he said, to then conclude: “The State is not an authoritarian process, but social-legal representation of a political platform, the possession of which is held every four years”.

At the end of the discussions, a review of Ghida Fakhry on the organization of the Forum: “I hope that in the next tables we have more room for other actors outside the government, I think this discussion was unbalanced. I think people also want to hear the voice of civil society in this debate and not just governments”.

## Health education should serve the interests of the system

After the end of the roundtable, began a round of smaller debates that sought to discuss possible developments of the central theme. The regulation of educational institutions of health workers was the subject of debate ‘Cultivating excellence: regulation of the bodies responsible for educating and training health workers’, attended by the executive secretary of the Open University of the Brazilian Unified Health System (UNA-SUS), Francisco Campos, Professor of the Faculty of Medicine of Marília, Carlos Rodrigues da Silva Filho, and the Minister of Health and Social Assistance of Guatemala, Jorge Alejandro Villavicencio Alvarez, and a representative of the government of Cambodia. In the debate, the centrality given to issues of education of doctors and nurses has generated controversy.

“Today we have five states in Brazil with a very low ratio of doctors per capita, at the same time; we have more nurses than we need. The education of doctors and nurses has public subsidies, and we have to think about whether, from the point of view of resources spent, it is worth having 200 medical schools and 500 nursing schools pouring professionals into the labor market. We can’t give up the State to regulate such educational process so that public interests are covered”, said Francisco Campos, calling attention to the fact that, although public money subsidizes the educa-

tion of doctors and nurses, the provision of continuing education today is guided by private interests. “A doctor spends 30 years in the health service and what has been the provision of continuing education to him? Here in Brazil, a survey by the Federal Council of Medicine (CFM) found that the bulk of the supply comes from representatives of pharmaceutical companies that have interests related to their industry. The public sector must not let the only form of continuing education is guided by the interests of the pharmaceutical industry. That is why we defend the State’s presence in the regulatory apparatus of health education”, he concluded.

Carlos Rodrigues da Silva Filho, in turn, defended ‘More Doctors’, the Brazilian government program, which, in his opinion, has potential to reduce inequalities in the proportion of doctors among Brazilian regions. “In 2011, while in northeastern Brazil there were 300 cities with no health professionals, the vast majority of medical schools were in the Southeast region of the country. The State and medical corporations do not always have common agendas, and countries need to rescue their capacity planning in medium and long term. What ‘More Doctors’ will do is opening schools for bidding, according to social need, establishing parameters for institutions wishing to open new courses as a way to plan the workforce, something that was not accomplished in the past 20 years”, Carlos said. He said medical corporations, which have positioned themselves against the program, were “accustomed to put their agenda on the national agenda”, and must “stop to think, since 80% of the population supports the program”. “We need to rescue our ability to see how many doctors we have and how many we need in each area. For this, we need dialogue”, he said.

The emphasis given to doctors in discussions sparked a review of Villavicencio Alvarez, who made sure to remember that “not only are the doctors who perform health”. “Unfortunately, we are educated in hospitals and the concept of public health takes a biologist character, focused on disease and so, the doctors”, he said. However, he said, reducing malnutrition, which reached half of children under five years old, and maternal mortality, which reached 139 per hundred thousand births, occurred because of a policy of certification of dietitians and midwives. “Unfortunately, although all speak in

primary health care, the focus remains on hospitals and drugs. Primary care is critical, but has not deserved repercussion in the countries. Establishing primary health care in the millennium goals is important, but it is not enough. We can't keep doing the same thing, we have to focus on disease prevention, incorporating actors other than just doctors and nurses", defended the Guatemalan minister.

## Policy statement disclosure marks the end of the 3<sup>rd</sup> Forum

The disclosure of a targeted policy statement, according to its organizers, for the renewal of commitments made by countries in the previous two editions of the event – Kampala (Uganda) in 2008, and Bangkok (Thailand) in 2011 – marked the end of the 3<sup>rd</sup> Global Forum on HRH.

The document will be taken to the 67<sup>th</sup> World Health Assembly of WHO, to be held in May 2014 in Geneva, Switzerland, and it is expected to give rise to a specific resolution to be adopted by the members of the Organization.

At the closing ceremony, speaking on behalf of WHO, the assistant general director of Health Systems and Innovation, Marie-Paule Kieny, said the "achievements" of the Declaration of Recife "should not be underestimated". Marie-Paule said, in this declaration, countries "traced actions that will transform and improve the setting for health workers, and prioritize their needs in a world where they are increasingly demanded".

For the government of Brazil, country which hosted the event, the Secretary of Labor Management and Education in the Ministry of Health, Mozart Sales said that the document "reflects our desires and wishes, and expresses the path we must follow to overcome the challenge of providing health care professionals in adequate and equitably distributed number in order to overcome regional inequalities, both in the world and within countries". According to him, the Declaration should serve as a guide for the establishment of mechanisms for regional governance articulated to build interesting formation processes based on the exchange of experiences and finding evidence to show the correct paths.

Throughout its 23 articles, the Declaration addresses the need to increase financial resources for the area of human resources for health at global level and also that existing resources are better utilized through improved governance and management. For the Alliance, the Declaration emphasizes the importance of strengthening information systems on human resources for health, adopting innovative solutions and investing in research. Based on the document, each country will have to take appro-

appropriate measures according to their own situation, keeping in mind that funding is only part of the problem.

Although considered one of the most significant moments of the Forum, the presentation of the Final Declaration of the 3<sup>rd</sup> Global Forum was marked by criticism, among them one of the representatives of 12 countries of the Union of South American Nations (Unasul), which attempted unsuccessfully to propose small changes in the document presented. The main criticism (see box on page 11) is that, differently from the previous forums, which final documents were more democratic and represented the position of all participants of the event, the declaration of the Forum held in Brazil only mirrored the position of countries that have representation in WHO.

The document begins by stating that the enjoyment of the "highest attainable standard" of health is one of the fundamental rights of the human being, "without distinction of race, religion, political belief, economic or social condition [...] Healthy populations and national health systems with good performance are essential for equitable and inclusive sustainable development. The achievement of health goals requires coordination and solidarity in international, regional, national and local action. "Human resources for health play a vital role in achieving health goals such as the Millennium Development Goals". However, the Declaration warns later, "investment in human resources for

## Publications posted on the event

### Mid-level health workers for delivery of essential health services: a global systematic review and country experiences

(Global Health Workforce Alliance, nov/2013).



Available on the Page of the Forum: [www.who.int/workforcealliance/forum/2013](http://www.who.int/workforcealliance/forum/2013)

Critical shortages, maldistribution, retention and performance gaps in human resources for health hamper the provision of necessary services for the achievement of the Millennium Development Goals (MDGs) and the path towards universal

health coverage (UHC). The purpose of the publication is to evaluate the effectiveness of care provided by health professionals considered mid-level (MLHWs), i.e., who receive two to five years of education to acquire basic skills in the diagnosis, management of common conditions and prevention of diseases.

### Transforming and scaling up health professionals education and training: WHO Education Guidelines 2013

(OMS, nov/2013).



Available on: [www.who.int/hrh/resources/trans\\_scaling\\_hpet/en/index.html](http://www.who.int/hrh/resources/trans_scaling_hpet/en/index.html)

These guidelines point to new approaches to the education of health professionals. Approaches that will transform the systems, changing the traditional focus, centered on tertiary hospitals for initiatives that promote community involvement. The publication provides recommendations that can facilitate the implementation of efforts that will transform the education of health professionals, encouraging, among other things, the interaction between the areas of education, health and other sectors in order to improve planning.





Representatives of EPSJV/Fiocruz joined the debates at the event

health remains low; there are discrepancies between supply and demand of health workers; planning in human resources for health is often weakened by uncoordinated interventions on individual issues, focusing on a specific situation or illness and not on prevention [...]. As a result, severe shortages of human resources for health, deficiencies in the distribution and performance, gender imbalances and bad work environments for health workers remain a matter of concern”.

Then, the text affirms the recognition that “the needs of health workforce in the future will be affected by a load of evolving disease, characterized by a greater need for prevention, treatment and care for NCDs; demographic trends including the aging population; technological advances; and macroeconomic factors and broader development with potential to reduce public sector budgets, but at the same time creating new opportunities for investment in health”.

With regard to the migration of health workers from countries that primarily affects the poorest countries with the departure of workers to other countries in search of better wages, the Declaration recommends the adoption of global commitments such as the Global Code of Practice on the International Recruitment of Health Personnel, launched in 2010 by WHO.

In addition, other measures suggested by the Declaration are: increase information systems on human resources for health to facilitate analysis of the labor market in projections of human resources for health; boost skills of health workers through educational approaches transformative and ongoing professional development opportunities; prioritize the development of the workforce in health in primary health care to increase health equity in access; promote equal opportunities in education, management development and career progression for all health workers without any form of discrimination based on gender, race, ethnicity or other; improve the distribution and retention of the workforce in health and advance the research and evidence-based practices to inform and maximize return on investment in human resources for health, including improved data collection and strengthening of information systems.

## The Forum under a critical view

The mood was festive in Recife, people from many different countries and cultures in a spirit of brotherhood, seeking to exchange experience and actually believing they can make a difference in the world. A more critical look, however, just brought up some issues that should not be forgotten and need to be effectively discussed, if the purpose is really to bring changes to the world in which we live.

Two representatives of Joaquim Venâncio Polytechnic School of Health (EPSJV/Fiocruz) on the 3<sup>rd</sup> Global Forum on HRH, the director, Paulo César de Castro Ribeiro, and chief of staff, Cláudio Gomes, were quite apprehensive about some of the discussions in which they participated. “Firstly, it is worrying to see that even though the Forum is about human resources for health, people speak practically only about doctors and nurses in it”. “I have heard almost nothing about health technicians”, says Cláudio. “This leads us to reiterate the importance of the Document signed by the members of RETS, at the General Meeting of the Network, which took place on the eve of the Forum (see page 2). Health authorities really need to open space to discuss issues of the technicians, who, although being important workers to health systems, remain in almost total invisibility”, said Paulo César.

According to them, when speaking of technical or mid-level workers (as defined by WHO), is always a biased and reductive way. “This opposition appears to the terms used for the formation of these two groups of workers. In the case of the so-called ‘health professionals’, is often used the term ‘education’ (thinking), while for technical workers, the term used is ‘training’, which means giving skills to perform tasks (doing)”, explains Cláudio.

For both, the theme of migration, which also appeared with great force during debates and speeches, is quite controversial and significant. “From what I could follow the discussions, the issue of migration of health professionals just reproduces what happens in almost other areas of human activity and the structure of our society: the low-income countries end up serving as exporters of resources that supply production processes of the richest countries”, notes the director.

“In one of the debates that I was, I was shocked when I heard a representative of the World Bank referring to health workers as ‘*commodities*’. Besides thinking of humans as ‘goods’, it reinforces the idea of the ‘health market’, or health as a market”, Claudio says. “It is the reproduction of the capitalist model in health, an area of services that transforms the workers of the sector in *commodities*, to the point that there is need to be created codes and agreements that seek to regulate the processes”, says Paulo César.

Another point worth mentioning, he said, is the lack of workers’ organizations in a forum like this. “We see representatives from governments, international organizations, non-profit organizations and even companies, but do not see workers’ organizations or unions, except to the International Labour Organization (ILO), which actually speaks in behalf of the government and not the workers”, he says, adding: “I also think the idea that it is possible to find a solution that pleases everyone is very complicated, as if you had all the same interests, whether they are public or private organizations”.

“It’s amazing the ease with which people, for example, speak of an educational experience sponsored by Nestlé, one of the most powerful companies in the food business all over the world, but no one asks what comes along with this educational process”, Cláudio alerts. ■

All material on the Forum is available at: [www.who.int/workforcealliance/forum/2013](http://www.who.int/workforcealliance/forum/2013)

# Comments about the elaboration and negotiation of Policy Statement of Recife on Human Resources for Health

Sebastián Tobar<sup>1</sup>



The 3<sup>rd</sup> Global Forum on Human Resources for Health represents a first step in the consideration of global health forums as a strategic issue like human resources for health.

The Health Sector is characterized by intensive use of labor force. Human resources for health create the production process and shape health services. These workers are not in health services, but are the services themselves. In this sense, the management of human resources is a critical success factor in any health care system.

We can only move forward in a Universal Health Coverage, equitable, comprehensive and of good quality as part of a Post-2015 Development Agenda and the achievement of the Millennium Development Goals (MDGs) and the Sustainable Development Goals (SDG), if consider a key factor of success, as is human resources of health workforce.

This consideration marks a break with the agendas of Sector Reform, driven by multilateral credit organs, which considered human resources similar to physical and budgetary resources.

The Forum also recognizes the complexity of the field of human resources for health, which is integrated by both health and educational authorities as by educational institutions, unions and professional associations.

However, while recognizing the different actors in the field of human resources for health that are driving the Global Health Workforce Alliance (GHWA), the Forum of Recife differs from previous – Kampala (2008) and Bangkok (2011) – for only publishing a final statement on behalf of the member countries of the United Nations and not all the Forum participants.

In this process of preparation and negotiation of the ‘Policy Statement of Recife on Human Resources for Health’, it is possible to highlight some problems and limitations:

- The Declaration was negotiated by 17 Diplomatic Missions in Geneva, while at the Forum; there was the presence of more than 80 countries.
- Developed countries, such as England, Switzerland and Germany, among others, refused to negotiate the document during the event, in Recife, thus preventing the incorporation of the perspectives of other countries present.
- In the final version of the document, the right to health is the same as mentioned in the Constitution of WHO as “the enjoyment of the highest attainable standard of health of all human beings, irrespective of race, religion, political orientation or economic or social condition.” This concept dissolves the State’s responsibility for that right, rather than reinforce it, as is the case, for example, of the Brazilian Constitution of 1988, which places health as a right and a duty of the State.
- The Declaration mentions human resources for health as indispensable to the achievement of health objectives such as the MDGs. However, compliance with them can be regarded as a necessary condition, but not sufficient, to the orientation of formation and development of the workforce in health. The SDGs, agreed at the United Nations Conference on Sustainable Development – Rio +20, toast a broader and more appropriate landmark understanding that human resources for health must work not only on the disease

but in an approach of social determinants and environmental health, both for the poorest and most vulnerable sectors as for the entire population in order to create inclusive, fair, productive and healthy societies.

- In several paragraphs, the Declaration of Recife refers to universal health coverage, a restrictive concept, which represents a step backwards compared to many South American health systems. The universal coverage (to reach everyone) is just one dimension of the universal system, comprising at least the ‘completeness’ (all services to meet all the people at the appropriate time), the ‘fairness’ (equal opportunity of access) and ‘quality’. For this reason one can note the limitation or restricted concept of universal coverage, that does not guarantee a right to full, fair and quality care. Moreover, the concept of universal health coverage is focused more on individual care and curative than on collective attention or public health. The question, therefore, is that the formation and development of the workforce in health should not only give an account of individual curative care, but must also have the intention to strengthen the so-called ‘essential functions of public health’<sup>2</sup>.
- The Declaration of Recife, in its point 13, numeral ii, proposes to use the ‘Global Code of Practice on the international recruitment of health personnel of WHO’ to guide the strengthening of investment in the health of our people, through stronger health systems and human resources. However, the mentioned Code was thought as a regulating element of staff recruitment by some countries and not as a tool to guide investments in the sector.
- The document also recommends prioritizing the development of the workforce in primary health care (paragraph 14, numeral iv), which is far from considering the strategy of primary health care as a reference for education and development of human resources for the sector.

One can conclude that the Declaration of the 3<sup>rd</sup> Global Forum on Human Resources for Health is a good starting point, rather than arrival for discussion within the Governing Bodies of WHO, a key issue as is human resources or health workforce and the establishment of international partnerships among countries, regional groups, academic institutions, civil society, private sector, labor unions and health organizations that allow to build a comprehensive policy for the sector.

Being able to focus on Health Global Agenda with such a strategic issue will depend, among other things, of the ability to schedule regional positions in blocks as Unasur, and discuss its relationship with other member countries of the WHO Executive Board and subsequently the World Assembly of Health.

<sup>1</sup> National Alternate coordinator of Argentina in the Unasur-Health and researcher of the *Cris/Fiocruz*.

<sup>2</sup> The essential public health functions are: (1) Monitoring, analysis and assessment of the situation of health; (2) public health surveillance, investigation and control of risks and damage to health; (3) health promotion; (4) social participation in health; (5) development of policies and institutional ability for planning and management of public health; (6) ability to regulation, supervision, control and audit of health; (7), evaluation and promotion of equitable access of the population to necessary health services; (8) management, development and education of human resources for health; (9) guarantee and improve the quality of individual and collective health services; (10) technological research and incorporation in health; (11) occupational and environmental health, including reducing the impact of emergencies and disasters on health. See ‘Funciones Esenciales de Salud Pública’ (OPS, 2002).