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International Network of Health Technicians Education

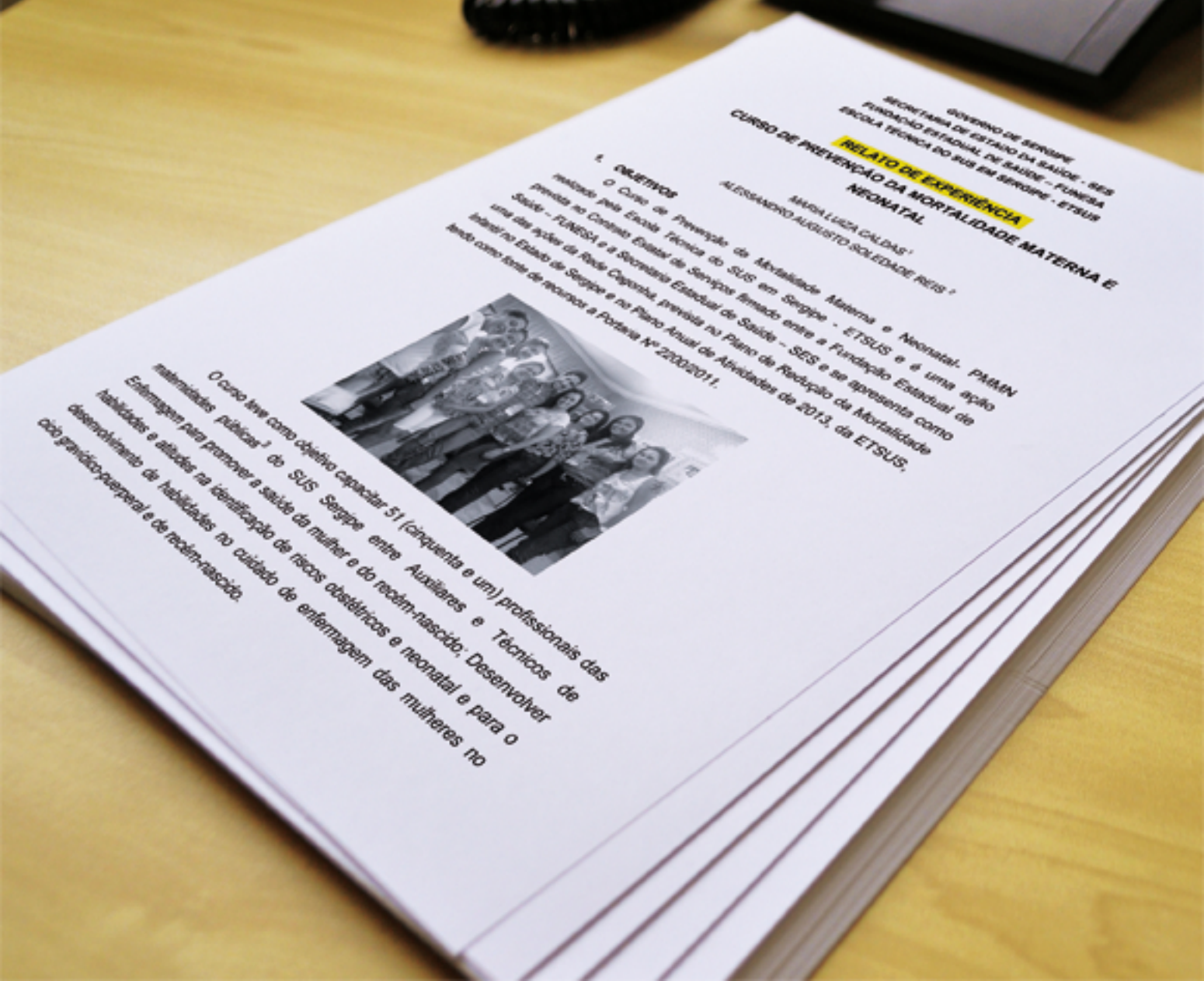
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WHO with an
eye on the
post-2015

CURRICULUMS (final)
The education
policies

Health technicians:

forming workers who
think their practices



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Check It Out!!!

Dear readers,

According to the Work Plan of RETS, approved by its members at the meeting in November of 2013, we would publish two special editions of the magazine (September and December) with experience reports in the area of training technical workers in health.

The idea of the initiative was to disclosure in a journalistic format, the largest number of possible experiences in all areas and levels of training, from those targeting the auxiliary health workers and those related to the middle level technicians or higher level and technologists.

We summoned on schedule, fulfilling the responsibility assumed in front of the other members, but unfortunately, we received fewer reports than we expected. Fewer Network member institutions took part and because of that, we decided to distribute the works received and approved by all the editions published later this year and into 2105. Our expectation is when seeing some reports published, other authors be interested in sharing their experiences in order to broaden the debate on the many issues relating to the training of these workers, although they perform an important role in national health systems, they not always have their importance recognized. Join! Send in your work! Take the opportunity!

For this issue we have selected two experiments performed in Brazil: one in the area of mental health and the other in the area of maternal and newborn health. In ad-

dition, the magazine features an article about the discussions the elaboration by WHO of a HRH strategy that complies with the new set of global development goals for the period 2016-2030, the so-called Sustainable Development Goals (ODS) replacing the Millennium Development Goals (MDGs). A series of articles on the curriculum in training technicians in health, started on RETS 16 Magazine reaches the end with a brief discussion of the curricular policies. Also included a text about the process of professionalization of Community Health Workers in Brazil and its role in the implementation of primary health care model in the country.

Have a nice reading!

Executive Secretariat of RETS

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It is important to keep going!

*Adaptado por Ana Beatriz de Noronha**



Fotos: coordenação do projeto

The struggle of workers and health-care services to shelter and offer care to the mental patients and people in harmful drug use brought a challenge to the health authorities of several Brazilian cities and led the federal government to consider a form of training capable of changing the present culture and transforming the daily practice of these workers, considering the assumptions of Brazilian Psychiatric Care Reform and the guidelines of the current **National Policy for Mental Health**.

In this context, the national scope “Pathways of care” project is created, whose goal is to provide the Community Health Agents (ACS) and Auxiliary/Licensed Practical Nurses (ATEnfs) the necessary knowledge to recognize the problematic situations in their territory and play their role in promoting access and inclusion of individuals in mental distress or drug abuse in the care network, sheltering them and facilitating the community care network’s articulation.

The idea is for these workers to start working based on a less moralistic and

criminalizing view of the matter and which guarantees, therefore, the respect for the healthcare users’ human rights, as well as the feasibility of appropriation of the psychiatric reform process, emphasizing the psychosocial care network which they are part of.

Where it all starts: primary care

Care to individuals and their health condition is present at all levels of health care, but in primary care, the awareness of professionals that meet the different demands made, especially in the field of mental health and in cases of harmful drug use, becomes essential.

As emphasized by Pilar Belmonte, a professor at the Joaquim Venâncio Polytechnic Health School (EPSJV/Fiocruz) and educator in the “Pathways of Care” project in the states of Rio de Janeiro and Espírito Santo, the deinstitutionalization process that underlies the Brazilian Psychiatric Care Reform, is not just about not having beds in psychiatric hospitals.

“More than simply discharging patients, it represents a paradigm shift in understanding insanity and its insertion into the social tissue”, she explains.

In Brazil, the Mental Health National Policy, based on Law no. 10.216, of 2002, seeks to consolidate a model of mental health care that is open and community-based and ensures the free movement of persons with mental disorders for services, the community and the city. Thus, the model relies on a network of services and various equipment such as the Centers for Psychosocial Care (CAPS), the Therapeutic Residential Services (SRT), the Community and Culture Centers and the comprehensive care beds (in General Hospitals, in CAPS III). The Back Home Program, which offers financial support for long admissions to psychiatric hospitals, is also a part of this policy. In the comprehensive care on alcohol and drugs, aside from all network resources, it includes recovery beds and the Damage Reducers School.

Source: Ministry of Health

***Original text:** “It is important to keep going! Training of Community Health Agents, auxiliary and licensed practical nurses in the states of Rio de Janeiro and Espírito Santo” (Brazil). Available on the RETS website (www.rets.epsjv.fiocruz.br), in “Library”.

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According to her, this process involves a change in the way we understand and take care of mental health, making it possible to develop unique therapeutic, rehabilitation and social reintegration, strategic health spaces projects that contribute to building new life projects. “It is a rescue of people that remained confined in asylums for years and now returned to live in the city, circulating in the territory and regaining their rights as citizens, which among those is the right to health”, she adds, noting that all these changes ultimately result in a new customer base for primary care services, which must ensure the user’s sheltering in its own territory and meet the new health demands.

The strategy of damage reduction - a policy of the National Coordination of Mental Health, Alcohol and Other Drugs, of the Ministry of Health - in turn, establishes the acknowledgement of each individual’s uniqueness as an initial step for the creation of public health interventions that preserve life and maintain their rights, promoting their inclusion to the care network.

“Pathways of Care” Project: trained to shelter



In Brazil, the Integrated Plan to Combat Crack and Other Drugs, established in May 2010 (Decree no. 7179), by the federal government, provided continuous training for human recourses involved in

the care, treatment, social reintegration and prevention of crack and other drug use.

The “Pathways of Care” project is inserted into the “Care” category of the “Crack, you can beat it” Federal Program, Ordinance no. 3088 (12/23/2011), which establishes the Network for Psychosocial Care for people with mental illness or distress and recurrent use of crack, alcohol and other drugs, within the Unified Health System (SUS), and the National Policy on Permanent Health Education (Ordinance GM/MS no. 1996 of 08/20/2007).

Its main objective is to train Community Health Agents (ACS) and Auxiliary/Licensed Practical Nurses (ATEnfs) from the Primary Care of Mental Health, with emphasis on crack, alcohol and other drugs, from a range of strategies and knowledge that enables the ACS and ATEnfs to holistically shelter and care for the users, facilitating their access and inclusion in the health system.

Started in March 2013, from a partnership of Oswaldo Cruz Foundation (Fiocruz), from Rio de Janeiro, and Conceição Hospital Group, from Rio Grande do Sul, the project aims to bring specific training to all ACS in the country and for an auxiliary or licensed practical nurse per family health team, in a total of approximately 300.000 workers. The work comprehends the 26 Brazilian states and the Federal District, which will be built in three distinct stages. The state of Rio de Janeiro has entered their second stage and the first class began on January 23 this year. The state of Espírito Santo has entered their third stage, with their first class in March 26.



The project’s execution involves various authorities from the Ministry of Health - Health Education Management Department, Primary Care Department and Department of Mental Health, Alcohol and Other Drugs. Furthermore, it has active participation in the areas of mental health, primary care and, in some areas, health education in states and cities, the Health Secretary State and City Councils (Cosems),

the SUS Technician Schools and Public Health Schools.

Respect to practical knowledge and local specificities

The construction of specific teaching materials and selection and training of mentors and tutors in each Brazilian state were the first steps taken towards the project’s goal. The mentors would have to be graduated within the health field, with specialization in Public Health, Mental Health or Primary Care and have two years of experience in Primary Care or Mental Health.

For the tutors, the requirement is to be graduated in the health field, with minimum experience of one year of work in Primary Care or Mental Health. Having in mind that this professional is in training, a strong effort was made in order to region-

Launched in December 2001 and coordinated by the Brazilian Ministry of Justice, the program represents a set of actions of the Federal Government to combat crack and other drugs in articulation with the states, the Federal District and cities, along with participation from the society. The initiative aims to increase the supply of health care treatment and attention to drug users, face trafficking and criminal organizations and expand prevention activities through actions coordinated by the Ministry of Justice, Health, Social Development and Hunger Fight and Education, along with the Executive Office and the Human Rights Secretary. The actions are divided into three areas: care, which provides the structuring of the care network which helps addicts and their families overcome addiction and face their social reintegration; authority, which aims to intensify actions of intelligence and investigation to identify and arrest traffickers and dismantle criminal organizations that operate in the illicit drug trafficking; and prevention, whose bases are the school, community and communication with the population.



alize this tutor, hoping for him to act in his area of residence and work”, says Pilar.

After the selection, mentors and tutors participate of a classroom course, with a course load of 40 hours for tutors and 24 hours for mentors, whose classes are of responsibility of the educational core, with support from the SUS Technician Schools and Public Health Schools. On these classes, which also represent a moment of selection of these professionals, the active methodologies and ACS and ATEnfs courses content is presented, as well as the distance education proposal, in which the practice communities are considered essential for monitoring the mid-level workers’ training, and also for the continuous education of mentors and tutors.

Regarding the training of ACS and ATEnfs, the classroom classes are held once a week, full time, for five consecutive weeks, totaling 40 classroom hours plus 20 hours of practical classes. Each tutor is responsible for a class with an average of 20 students. For larger classes of up to 40 students, there are two tutors.

Through the practice communities, the tutors post reports, classroom cases and situations, as well as cases brought by students, as well as photographs and any other relevant subject that they might want to share, doubts, reading suggestions, videos and dynamics. It is the mentor’s responsibility to monitor, also in the practice communities, to promote the continuous education of their group of tutors, to monitor the work carried out by them along with the ACS and ATEnfs groups, helping them when necessary. The educator, responsible for a group of mentors, has, among other, the role of monitoring the tutor’s and mentor’s activities, supporting and helping them in their difficulties on the thematic content.

The idea of respecting and valuing the specificity of each territory, qualifying listening and expanding the ACS and ATEnfs work “toolbox”, eventually established a training process that results in an encounter of daily practices experienced by the students and thematic contents defined for the course, demanding a more comprehensive care for patients with mental disorders and drug users. “We use teaching strategies that allow them to problematize situations, also providing the production of knowledge based on SUS principles and on Mental Health, Primary Care and Damage Reduction Policies. I think that is the big differential about the course”, said Pilar.

The course is divided in three blocks: block 1 “Knowing the territory, care networks and mental health care practices”, which is divided in three classes; block 2 “The ACS and ATEnf Toolbox in Primary Care”, which is presented in two classes; and block 3 “Psychiatric Care Reform, Damage Reduction and holistic Care as guidelines for intervention in mental health and use of alcohol, crack and other drugs”, a transverse axis, whose themes permeate the rest.

At the end of each class, the student has a task to carry out within the practical period (consisted of one week), related to the theme of the class and to their work in

the basic healthcare unit and their territory. “This is a moment of reflection to unite theory and practice, constructing new views and possibility on the health care network in which they work in”, says the educator.

All participants receive a student’s notebook, a material produced specially for this training, including planning/scheduling of meetings, handouts, cases taken from situations experienced in primary care and orientation on the performance of practical activities.

Positive evaluations show the initiative’s success

The states of Rio de Janeiro and Espírito Santo, have, respectively, about 16.006 community agents, auxiliary and licensed practical nurses being trained. Until June 2014, both states trained together 5.058 mid-level workers in Primary Care, in 109 classes throughout their territory, which implies in an agreement, local policy coordination and infrastructure work which demands great effort from state coordinators and Health Technician Schools teams.

122 tutors and 11 mentors were trained in both states, each tutor having as goal to train, at least, three classes. Today, the state of Espírito Santo has a group of six mentors that are responsible for 52 active tutors. In Rio de Janeiro, there are five mentors, each one responsible for 13 tutors.

At the end of each training, the students verbally evaluated the work done. In addition, they fill in a questionnaire with questions about the course’s three dimensions - content, methodology and resources - and a space for notes, criticisms and suggestions.

According to the State Coordination of Espírito Santo and Rio de Janeiro, an analysis made with the first 1404 questionnaires completed showed a very positive result. The students say that the course adds new knowledge on the three proposed topics, aside from enabling an acknowledgment of various mental health actions that were already being developed in the territory even if they weren’t recognized as such. Posteriorly, shall be evaluated the possible effects on this training in these workers daily lives and the impact of training on care for patients with mental disorders and drug users through Primary Care.

The course content was positively evaluated by 97% of the students, who pointed out that the three topics proposed have appropriate content. Almost all students (95%) stated that the proposed methodological strategies (videos, texts, dynamics) were efficient in the learning process. Regarding mental health practices already carried out and their relation to the work, 94% of the analyzed questionnaires agreed that the course meets their labor activities demands.

A large number of participants realized that they were more sensitive and attentive to the care of patients with psychological distress and harmful drug use, recognizing the importance of mental health actions on primary care. However, many students pointed out difficulties to involve the team in this kind of care and emphasized the importance of a similar training for other team professionals.



Many students stated that the course led them to review their concepts and prejudices about the drug use thematic, which became clear on the discussion held throughout the course, on class seminars and tutor’s reports. For the Project’s team, an example of

this change is a report made by a student in which a member of their team said that when the course ended and the tutor left, everything would be just the way it used to be before, but the student promptly replied: “there is no way back to how it used to be before, because I have changed”.

Another important consequence of training has been the possibility of dialog between ACS and licensed practical nurses and between health units that are different from the ones they work in. Moreover, students also highlighted that the course has served to legitimize knowledge and tools they already used in their daily work. For Pilar, this perception may be the result of the methodology used in the course, which promotes empowerment of professionals in relation to their daily practice with users and regarding their role in the family health team, not only in identifying cases, but especially in their longitudinal follow-up.

According to the professor, the partial results obtained so far show the importance that the community agents, auxiliaries and licensed practical nurses themselves have given to the training proposed by the “Pathways of Care” project. Also, she emphasizes the need to register the Project’s acceptance by the different cities of both states: “That, in our view, reveals the perception of managers, the fragility of the health network on the approach, treatment and monitoring of the mental health cases, especially the ones with abusive use of alcohol and other drugs and, therefore, the urgent need of professional training”.

“The cases of abusive drug use bring to SUS professionals and managers the challenge of creation actions and strategies that fit into the different contexts and effectively meet the health needs of these patients, considering the universality of access, comprehensive care and respect for the autonomy and dignity of people. The “Pathways of Care” project follows that direction”, concludes Pilar. ■

Sergipe invests in the prevention of maternal and neonatal mortality

*Adapted by Ana Beatriz de Noronha**

In the past 20 years Brazil has shown a continuous drop in infant mortality rates. According to the 5th National Monitoring Report on the Millennium Development Goals, released by the federal government in May of this year, the rate has gone from 53,7 deaths per thousand live births in 1990 to 17,7 in 2011, mainly in the neonatal stage (up to 27 days of age). The report confirms a tendency indicated by a study from the Health Ministry that showed a rate of 19,3 deaths per thousand live births in 2007.

The same study showed that approximately 70% of newborn deaths in Brazil have avoidable causes, such as the lack of proper care to women during pregnancy, and to fetuses and babies as well. Other factors that contribute to this scenario are: the family income standards, the difficulties to access health and education services, the availability of treated water and sewage treatment and the mothers' level of awareness.

In 2008, to try and reduce the problem and guarantee equity in the Legal Amazon and Northeast regions, the Brazilian government established an inter-ministerial agenda that set as priorities the illiteracy reduction, eradication of civil under-registration, the strengthening of Familiar Agriculture and the reduction of infant mortality. The Health Ministry, responsible for the coordination of this enterprise, established the Reduction of Infant Mortality Pact in the Northeast and Legal Amazon, aiming at a reduction in the infant mortality rate in at least 5% until 2010.

To reach these goals, the Ministry, in collaboration with the states' governments, developed several strategies, like the Health Education, with projected qualification for more than 100 thousand workers – about 65 thousand professionals in the Northeast and 44 thousand in Legal Amazon – that work in the teams and Family Health Support Centers, in maternity hospitals, in Neonatal Intensive Care Units (Utin), in the Emergency Mobile Care Service (Samu) and in Health Surveillance.

The General Coordination of Technical Activities in Health Education, ministerial organ in charge of professional education for mid-level workers, was responsible for the specialized training in child and maternal area, focusing on Primary Care, prenatal and postpartum, aimed at Communitary Health Agents (ACS) and Nursing Assistants and Technicians (ATENf).

The courses' curriculum frameworks were developed by representatives of SUS Technical Schools (ETSUS) and the Ribeirão Preto's Nursing School of São Paulo University (EERP/USP), in workshops conducted by the Secretariat of Work and Education Management in Health in Brasília. It was established that, from the the-

Photos: PMMN/ETSUS Collection



Students of the São José Maternity Ward (city of Itabaiana), with teacher Gustavo Ávila Dias.

matic axes identified in the workshops, each ETSUS would project the courses contemplating the local specificities.

In the state of Sergipe, the State's Health Secretariat (SES), along with the State Health Foundation (Funesa), began the process of qualifying the Family Health Teams (ESF) in November 2009. By way of the state's ETSUS, 1,007 ACS and 171 ATENf in the Family Health teams were trained. In 2010, nursing assistants and technicians in the state's public maternity hospitals participated in the Infant and Maternal Mortality Prevention Improvement Course.

Nonetheless, even though Sergipe presents an average annual reduction of 1,72% in infant and maternal mortality rates, going from 28,7 per thousand in 2001 to 14,95 per thousand in 2010, the reduction of maternal and infant morbidity and mortality remain a great challenge.

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In 2013, 51 more workers trained

Created in August 2011, *Rede Cegonha* (Stork Net) establishes itself as a strategy to the implementation of a network of care able to guarantee to women and children a quality humanized care, through the qualification of healthcare, the improvement of work relations and assurance of access rights to the best available practices recommended by scientific evidences. As a strategy, Rede Cegonha projects various actions.

One of these actions - the Neonatal and Maternal Mortality Prevention Improvement Course – was added to the Infant Mortality Reduction Plan of Sergipe and the Annual Activities Plan of ETSUS. Its objective is to contribute with the qualification of healthcare and implementation of good practices for women during labor, which must be incorporated to the services' routine or inserted in new work processes, aiming at the reduction of maternal and infant mortality in the state and consequently in the country.

The goal in 2013 was to enable 51 Nursing Assistants and Technicians of public maternity hospitals of SUS Sergipe - 19 from Amparo de Maria Maternity hospital (city of Estância), 15 from Zacarias Júnior Maternity Hospital (city of Lagarto) e 17 from São José Maternity Hospital (city of Itabaiana) – to develop abilities and attitudes in identifying obstetric and neonatal risks and in nursing care for women no in the pregnancy-puerperium cycle and new born. To participate in the course, workers that hadn't participated in the qualification course made in 2009 and 2010 were selected.

Colective construction: paramount for the success of the initiative

From this demand, ETSUS, through the course coordination, began the creation of the proposal with the participation of representatives of the technical area of SES and with managers or technical references of the selected maternity hospitals. A meeting schedule was established for the appreciation and alignment of the course proposal, as well as the presentation of the proposal elaborated in Service Teaching Integration Comission (CIES) of SES and for approval in the State's Inter-federative Commission (CIE), which, in Sergipe, is the same as the Bipartite Interagency Commission (CIB).

The next step was to make a pact with the workers and service managers and undertake a research to identify the profile of the Nursing Assistants and Technicians stationed in the capital's and the state's public maternity hospitals. The research contributed to the development of a course plan adequate to the profile of the target audience and also to generate relevant information about the participation of the workers in qualification courses aimed at their work processes.

The educational material was elaborated by a teacher-author, hired through simplified selective process by the Editorial Management Coordination (Coged) of Funesa, oriented by the Course Coordination and the participation of the Infant Healthcare Line of SES. The material, divided in two modules – theoretical and practical subjects – utilizes the proposal of the teaching learning active methodologies and has Paulo Freire's problematization pedagogy as a theoretical-methodological referential. "The idea is to develop in the students, through a dialogical relation, attitudes of critical reflection about certain themes, based on the concrete practices in health, considering its determinants and looking to interact with the requirements of their profession", explain Maria Luíza Caldas and Alessandro Augusto Soledad Reis, of ETSUS.

Brazilian Health Ministry strategy that aims to implement a network of care to assure women the right to reproductive planning and humanized care to pregnancy, parturition, puerperium, as well as assuring children the right to safe birth and healthy growth and development. Its objective is to structure and organize maternal-infant healthcare in the country and its gradual implantation will be conducted through epidemiological criteria, considering the infant mortality rate and the reason for maternal mortality, as well as the population density.



The state of Sergipe is one of the 27 federative units of Brazil. It is located in the Northeast region and is limited by the Atlantic Ocean in the east and the states of Bahia, in the west and south, and Alagoas, in the north, by which it's separated by the São Francisco River. It's capital and biggest city is Aracaju. The smallest of Brazilian states, it spans over an area of 21,915,116 square kilometers, slightly larger than Israel, with a population of 2, 3 million people.

The course was developed with a workload of 40 hours distributed in six shifts of six hours each, with concentration activities, and a four-hour shift for dispersion activities, in schedules suitable with the Nursing Assistants and Technicians work process. The classes were given in the maternity hospitals and it was initially projected the assembly of two distinct classes, not to compromise the assistance given in each unit. Along the process, however, it was decided to form only one class. “The local management support in providing an adequate space for the methodological project and in making the effort to guarantee the participation of the staff was fundamental”, say the authors.

ETSUS was responsible, through Funesa, for the teachers, the multimedia equipment and support material, as well as the transport to the teachers and technical team and snacks for the course participants. All participants were certified in the end of the course.

Continuous evaluation to assure the quality of the course

The evaluation of the PMMN course happened in a continuous form, says Maria Luiza. “Various meetings were carried out through the process of building this proposal, with participation of the technical areas of SES and Funesa/ETSUS”. “Seeing as the team was fo-

cused in guaranteeing the quality of the activities in all their stages and in reaching the objectives proposed in its project, these moments were seen as privileged spaces to align the Educational-Political project of ETSUS and the formatting of the course”, she complements.

“In this sense”, points Alessandro, “the use of the Active Methodologies, permeating all the programmed activities, contributed in a significant way to the enhancement and discussion of the program contents, allowing for a procedural, continuous and reflexive evaluation of the group, valued as social subjects and builders of knowledge, in a dialogic relation between students and teachers”.

At the end of the course, the students also received a questionnaire with open and closed questions, with the indication of the grades great, good, regular, bad and inadequate for the numerous aspects and dimensions to be evaluated. “Our intention was to be able to identify the opinion of the participants about each of the course components, consolidating this information, in a way that it could orient the realization of the next courses to be offered. Every participant in the course has answered the evaluation instrument”, emphasize Maria Luiza and Alessandro.

Results show that the effort was worth it

The methodologies used in the activities developed were considered great by 65% of the participants. The grade Good was attributed by 30% of the students. None of them has deemed this aspect bad or inadequate.

According to 67% of participants the practical activities and shared experiences in the groups were perceived as great, 28% as good and 5% as regular.

The time projected for the development of the educational activities was considered great by 50% of the participants and good by 45% of them. The remaining 5% considered the time regular.

The quality, language and the clarity of the educational material offered were considered great by 72% of the participants. The grade good was attributed by 20% of the students and only 8% considered it regular.

The coherence of the program content with the objectives of the course received one of the best evaluations. According to 82% of the participants, this aspect was great. For the remaining 18%, the grade was ‘good’.

The teachers’ evaluation regarding the program content had the same numbers: 82% of the students didn’t make any remark in this aspect and considered that the teachers’ knowledge was good. “It’s worth pointing out that, of all the necessary procedures for holding the PMMN Course, the hiring of teachers with

the appropriate profile to minister the course was the one that required the most attention from the coordination”, stresses Alessandro. According to him, there was a great concern that the staff mastered both the topics related directly to the essential issues for the undertaking of good practices in the work processes and the ethical aspects that permeate the daily activities of the professionals in the qualification process.

To 75% of the participants the organization of the course was great; to 25% it was considered good.

The assessment instrument proposed by the school brought open questions in which the students could openly express their personal opinions about various aspects of the course. When they highlighted what they liked the most in the course, the students mentioned, among other



Class of Zacarias Júnior Maternity Ward (city of Lagarto), with the teacher Itamara Damázio.

things, the adequacy of the course to the local reality; the opportunity to acquire knowledge that could improve the work processes, grant more security to the workers and provide personal development. “Of the knowledge I acquired because now I’ll improve my work even more”, wrote one of the participants.

Of the topics covered in the course, some were asked to be deepened or reviewed in other actions: diabetic pregnant women and newly born; vaccination and high risk pregnancy; milk bank; diseases that bring complications in childbirth and newly born, among others. To be added to the theme discussions, the students suggested: abortion and STDs; STDs and women’s health; high-risk pregnancies, neonatal resuscitation and prenatal nursing conduct (which are the auxiliary and the technicians attributions), as well as laws that govern their professional practice.

“The course was very good, it reached my expectations, solved many doubts, I discovered some things I didn’t know existed. The faculty was very good, and left no doubts. The material was very explanatory. It was very rewarding for me”, emphasized another participant.

Some points to consider

According to the authors, the dispersion activity, with a four hour workload, to be executed by the students in the gap between modules I and II, thus completing a total workload of 40 hours of the course, was a very timely proposal so that the participants could establish a relation between teaching and services and carried their experiences to group socialization.

For them, even though the goal of qualifying 51 nursing assistants and technicians wasn’t reached in full, the result was considered very good. “We managed to reach 78% of the initial goal, qualifying 40 workers”, justifies Maria Luiza.

She explains that for various reasons, none of the maternity hospitals contemplated filled 100% of the vacancies offered. In some, there was disinterest from the professionals about to retire. Another problem was the workers with other employments somewhere else, which made impossible for them to be present at the agreed schedules for the meetings. “It should be highlighted that there weren’t any abandonment by participants during the delivery of the course”, Alessandro adds.

In their account, the authors highlight some aspects that made the fulfillment of the projected activities difficult, such as: the non-fulfillment of some of the agreements made by the managers; the difficulty for the professionals to attend the public notices and selection processes; the unavailability of these professionals at the shifts suggested by the school; the lack of knowledge by some of the teachers involved about the theoretical-methodological proposal defended by the school and the need to qualify these teachers, resulting in extra expenses; the unavailability and difficulty the teacher-authors had to engage in the dynamics of development of the educational materials; the time spent making the educational material by the teacher-authors was larger than initially predicted by the courses.

However, they recognize the importance to list the initiative’s strong points. “I think we can’t neglect to mention the agreement between workers and man-



Students of Amparo de Maria Maternity Hospital (city of Estância), with the teacher Monalisa Guimarães Santos.

agers to make the course possible; the course decentralization, which assured a low level of absenteeism; the agility in the hiring processes through the publication of public notices, selective processes, credentialing of professionals by Funesa; the theoretical methodological proposal utilized and the availability of the school’s staff to undertake the pedagogical capacitating of the new teachers; and the existence of an Editorial Management Coordination at Funesa to develop the educational materials together with the teacher-authors”, adds Maria Luiza.

According to the authors, the participation of several distinct teams in organizing and executing the PMMN Course also represented, in some moments, a challenge to the collective construction of the process. However, the commitment of everyone in the search for quality in the activities was constant, helping overcome the hardships. “That became very clear when we saw the level of satisfaction of the participants and local managers. We have no doubt that the course participants are better suited to intervene in their work processes and consequently in the improvement of the services offered to SUS users”, assure Maria Luiza and Alessandro. ■

EPSJV celebrates 10 years as a WHO Collaborating Center

Member and current Executive Secretary of RETS, the Joaquim Venâncio Health Polytechnic School (EPSJV/Fiocruz) celebrated, on August 27, 29 years of foundation (completed on August 19) and 10 years as a World Health Organization Collaborating Center for Health Technicians Education. The EPSJV's designation as a WHO Collaborating Center, in 2004, was crucial for the reactivation of RETS. The following year, upon request of the Pan American Health Organization (PAHO/WHO), the School began to host the executive secretary of RETS, which was deactivated since 2001. The event schedule included conferences, debates, musical performances and book launches.

The school's importance in the health technician workers training was reminded in the event's opening session, formed by Fiocruz's president, Paulo Gadelha; EPSJV's director, Paulo César de Castro Ribeiro; and Roberta Santos, representative of PAHO/WHO. "The School is one of the longest relationships we have as a collaborating center. Since 2004, the school operates strongly and has had important achievements", Roberta emphasized. The Fiocruz's president also made sure to emphasize the school's role in technical health training: "The work done by EPSJV is always to reinvent itself, with great density and national and international recognition", he stated, noting that, in the cooperation processes, one must always think about globalization and the contradictions it brings locally. "We're doing it in a very intense way, as we believe that any cooperation must be structural and horizontal", he said. ■

New member: Brazilian cytotechnologists already have representation on the Network



In October this year, RETS now has another Brazilian member: the National Association of Cytotechnology (Anacito). Founded in 2009, the Association is a nonprofit organization whose main goal is to bring together professionally and scientifically mid-level or above workers in the cytotechnology area, promoting scientific and technical exchange between its members and similar institutions, whether of public, private, non-governmental national or international character.

Anacito has held two international conferences, a state conference and a congress, along with government bodies. Also, it has participated in the definition of professional skills maps in the Mid-level Health Workers Professional Training Program (Profaps), in the elaboration of the ordinance which established the National Qualification in Cytopathology in preventing cervical cancer (QualiCito) and in the inclusion, for the first time in the country, of cytotechnologist as a profession recognized by the Ministry of Labor and Employment.

Cytotechnology arose from the need to support and expand the implementation of the Papanicolaou test. Nowadays, professionals from this area are responsible for the preparation of technical reports that support the diagnosis of many diseases, like cancer, for example, in samples of the entire human body. According the Association's president, Simone Evaristo, cytotechnology is a field in constant motion, which tracks changes and evolves from the development of new knowledge, procedures and technologies worldwide. "The cytological diagnosis established by bright-field microscopy, today, already approaches analysis at a molecular level", she says.

To learn more about Anacito, visit the website (www.anacito.com.br). ■

Publications

Book discusses the universal health coverage to sustainable and inclusive development

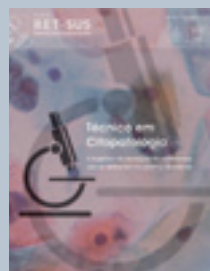


The goals of universal health coverage (UHC) are to ensure that everyone can have access to quality health services and to protect all persons from risks to public health and impoverishment due to illness whether it's out

of pocket payments for health care or loss of income when a family member falls ill.

This book summarizes the experiences of 11 countries - Bangladesh, Brazil, France, Ethiopia, Ghana, Indonesia, Japan, Peru, Thailand, Turkey and Vietnam - implementing policies and strategies to achieve and sustain universal coverage. The study examined the UHC policies for each country based on three common topics: (i) the political economy and political process to adoption, reach and sustainability; (ii) policies of health financing to improve health coverage; and (iii) human resources for health policies for achieving UHC. The results of these national studies are intended to provide lessons to be used by countries wishing to adopt, achieve and sustain coverage. Available on the World Bank website at (www.elibrary.worldbank.org > search > Universal Health Coverage for Inclusive and Sustainable Development: A Synthesis of 11 Country Case Studies)

Technical training in Cytopathology is the cover of RET-SUS magazine



Technical training in Cytopathology, pointing out the role of the technician in cancer control, from opera-

tions in cytopathology laboratories, is the topic of the August issue of RET-SUS magazine. This is the last one in a monthly basis, because the next ones will be bimonthly. The publication tells the story of Atlas of Gynecologic Cytology, a collection made by the Middle Level in Health Training Program (PROFAPS), among other novelties in this area.

A report about technical training in oral health at the time the Smiling Brazil Program completes 10 years of action is also present in the publication. Readers will have access to alternatives that Network schools found to ensure the continuity of activities during that time. The magazine is available in Portuguese in www.retsus.fiocruz.br > revista ret-sus > todas as edições.

Health workforce: WHO and GHWA prepare a new global strategy post 2015

By *Julia Neves*

In 2006, the World Health Organization elected **workforce** as theme for their report 'Working together for health'. The text reaffirmed the importance of health workers, which many claim to be the heart and soul of health systems, and warned the world about the main problems related to this matter that primarily affects the poorest countries: shortage of professionals in numerous areas, inadequate training to the demands of the national health systems and poor distribution of these workers throughout the countries and in the world, among many others. The document also started a decade dedicated to the subject, in which global health authorities, national governments, multilateral organizations, professional associations, non-governmental organizations and development agencies have mobilized themselves to try to overcome the identified challenges.

In 2014, in one of the resolutions adopted at the 67th World Health Assembly held in May, countries have requested WHO to develop a Global Strategy on Human Resources for Health, to be presented to the Executive Board in January 2016 and placed on the agenda of the 69th World Health Assembly in May of that year.

The resolution reflects the concern of countries in identifying a new set of global development goal for the period of 2016-2030, the so-called Sustainable Development Goals (SDGs), which replace the Millennium Development Goals (MDGs), which marked the 2000-2015 period. In this sense, according to the Global Health Workforce Alliance, the initial discussions on the development of a global strategy on human resources for health, at the moment, can be quite timely because they can influence decision on the agenda of post-2015 development. On the other hand, the political definition of these broader goals and objectives also provide concrete recommendations and ideas on how to establish measures to achieve a more technical level.

In order to provide WHO with recommendations that may help the final draft of the Strategy, GHWA is releasing a small booklet on the ongoing consultation and published **eight thematic reference documents and an additional paper on Public Health**, to support a broad consultation process that involves organizations, institutions and individuals on various occasions and in various ways, until early 2015. Consultation with GHWA members occurred, through the Internet, between September 24 and November 24 this year. The booklet and texts are available in English only, at the Alliance's website (www.who.int/workforcealliance).

According to the World Health Report of 2006, health workers are "all people engaged in actions whose intent is to improve health", which, according to WHO includes doctors, nurses, midwives, laboratory technicians, public health professionals, community health agents, pharmacists and all other support workers, whose main function is related to the prevention, promotion or attention to health. Health personnel often work in collaboration with social services personnel, which is the area responsible for ensuring the welfare and protection of the most disadvantaged segment of population. A stronger integration between health and social services workforce can also improve long-term care for older population.

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GHWA is also conducting a call for papers for a new thematic series of the Human Resources for Health (HRH) journal. The series "Investment in human resources for health: impact on health outcomes and beyond", which will bring together themes related to health and the broader socio-economic impact of investments in health personnel. The publication of this series of surveys and their results will also be considered as part of the efforts to develop the Global Strategy on Human Resources for Health. The deadline for submission of papers is February 28, 2015.

(1) The drivers of change in health labor markets; (2) The role of transformative education; (3) Data and measurement of HRH availability, accessibility, acceptability and quality; (4) Accountability and alignment for post-2015: the roles and responsibilities of state and non-state actors; (5) Leadership, governance and policy alignment in public/private health systems; (6) The drivers of change in Fragile States; (7) Improving productivity and performance: the roles of regulation, professional associations and standards; (8) Building on human capability beyond the health sector; (Supplementary text) What are the health workforce and service implications of the Global Framework for Public Health?

More information at: www.human-resources-health.com/about/update/investment

Healthcare Technicians Education: special focus on curriculums (final)

Por Ana Beatriz de Noronha

Initiated with the RETS 16 magazine, this series of articles addressed the curriculum issue during healthcare technicians' education. The idea was to use over throughout the course of four editions of the magazine, **the masters dissertation written by the professor and researcher at the Escola Politécnica de Saúde Joaquim Venâncio (EPSJ/Fiocruz) Carlos Eduardo Colpo Batistella** to highlight the relevance of the topic.

With help from Batistella, we covered various aspects and areas that can be the object of a reflection and discussion on the between those who are interested in the subject and who do not consider curriculums to be just organizational tools and efficiency search methods, as the technical approaches consider them to be, but instead, important spaces for disputes and power relations.

Curricular policies: what about the identity issue?

According to the professor, classifying a professional training curriculum within the curriculum policy sphere is the first step to understanding how the identity issue is dealt with. Due to this reason, he presents, in his article, a brief introduction to the different concepts related to curricular policies that exist between researchers from the curriculum field.

Batistella believes that even when, we base ourselves on the post-structuralism theories and believe that social identities are formed and transformed continuously in relation to social systems, we cannot deny the curriculums strong influence in their establishment. "When the curriculum can be understood as a space and time where a certain cultural selection occurs and that culture can be seen as the place where the meanings are produced, it is clear that it will always be an area of disputes, conflicts and power relations, regarding the projection of social identities", he emphasizes.

Due to all of this, the curriculum has taken on a central position in contemporary educational reforms. In addition, the study of curricular policies became more frequent in post-graduate education programs in Brazil. "Some surveys show that there are basically two types of researches : those that seek to analyze what determines and which politico-ideological guide Government initiatives and those that seek to identify the discrepancies between what is proposed by the Government and what is actually implemented by the schools", mentions Batistella, reinforcing that, in this case, the researched basically have two purposes: questioning the official policies in regards to practical terms and questioning the practices in regards to the gap which exists between the officially established policy.

According to him, some authors who investigated dissertations and theses focused on curriculum proposals and practices indicate that most analyses of curricular policies consider curriculum construction to be a political process that holds little or no relation with teacher and researcher performance, i.e., as product of exclusively official actions, which manifests itself through laws curriculum proposals, evaluation policies and funding actions. This type of interpretation, as highlighted by Batistella in his article, tends to consider policies as the actions that, come from top to bottom and end up manifesting themselves homogeneously in all educational systems.

Another division, less deterministic and more relational, considers that policies are not only Government productions, but produced by culture itself, i.e. from numerous subjects and social groups that face each other and fight in different places and situations so that their proposals materialize themselves in curriculum texts at a given time and space in so-

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 in: www.arca.fiocruz.br.

ciety. Through this view it is possible to conceive curriculum policy as the result of complex negotiations that gather together the production of standards and laws about preparing curriculum documents and the teachers' work in classrooms, making these meaning continuously transit between the political sphere and the educational sphere. "The main change in this approach is the refusal that such interpretations have in restricting the curriculum policy to the limits of the central Government, more specifically the actions centralized by the Government", sums up Batistella, adding on: "As they circulate through various State and municipal departments, schools and publishers, the curricular policies end up being produced and reproduced in a permanent reinterpretation movement".

Recontextualization and policy cycle

According to the British sociologist Basil Bernstein (1924-2000), throughout the transfer of policies between different countries, the appropriation of multilateral agency policies on the behalf of national Governments, the transfer of central Government policies from one country to the other Government levels and from them to schools and the supporting texts, there's always a differentiated valuation of the different fragments of the policy texts, that end up changing due to new associations,

“For me, all research is critical research. But I suppose for a definition it would be research that has as key concepts either/or the concept of power and/or social justice. So a critical perspective is an inevitable necessity if you’re trying to understand how power works, because you can only, if you like, engage with power by developing a sense of its effects and also its inadequacies. And, if you engage with power you always want to ask questions about how people could be made up, produced differently. What is excluded by the work in power? And that often then leads you onto questions of social justice.”

Stephen Ball*

reframing and refocussing. In this context, according to him, the speech elements that will be legitimized in each context will depend on the power relations historically established.

Bernstein believes that there are two fields re-contextualizing fields fighting for this control, occupying opposing and complementary positions: the first field, composed by universities, research institutes and publishers, wheere educators, teachers and consultants work; and the other, has more of an official characteristic, where the role of the State I is predominant through its agencies, institutions and experts.

In this sense, it is possible to say that the pedagogical discourse appropriates both instructional discourses provided by experts, based on the reference sciences, and the regulatory discourse that seeks to define values and pedagogical principles and has an ideological basis.

The re-contextualization process occurs whenever a text changes its context, is decontextualized and refocused, through simplification, condensation and rewriting. It is through this re-contextualization movement that the various fields – international, academic, cultural, economic and production – seek to influence and impose their current discourse.

According to Batistella, this incessant dynamic of modifying meanings allows us to consider the curricular policies as cultural policies capable of guiding certain symbolic developments, create a consensus about a particular order or promote a social transformation. “With this purpose, the curricular policies seek to legitimize some specific discourses, while, simultaneously, become legitimized based on legitimized discourses in other contexts”, complements Batistella, highlighting the limits that exist in this process of providing new meanings: the discourse hybridization process doesn’t mean that any meaning can be assigned to the curricular policy texts; and not every cultural object can go through this hybridization process; and the authors of the policies cannot control all of the meanings that will be provided for the text after. 1

According to the researcher, while analyzing the re-contextualization processes, the text production and reading contexts must be considered, since often there may not be historical conditions for building autonomy in relation to the central government texts. In this case, there may be a great difficulty to perform different interpretations of the texts.

In his article, Batistella also highlights the political cycle for the professor and researcher at the University of London, Stephen Ball. “Ball rejects educational policy models that consider the preparation and implementation phases to be distinct. He proposes that policies must be understood as a continuous cycle, where three primary contexts of public and private actions can be observed: the context of influence, the text production context for policies and the context of practice,” he explains.

“The context of influence is one where political definitions are initiated and the political discourses are built. The text production context for the policies almost always has a symbiotic relationship with the previous one. The context of practice, in turn, would be one where, beyond being implemented or not, the policy is re-created by the processes of re-contextualization “ , he complements.

Batistella also quotes the Brazilian educator Jefferson Mainardes, who studied Ball’s theory in depth, who considers that all three contexts are interrelated, and do not have a temporal or sequential dimension and are not linear steps. Mainardes believes that , as mentioned by Batistella, “each of these contexts presents arenas, places and groups of

interest and each of them involves disputes and clashes.”

Thus, it is possible to consider the context of influence as one where disputes occur between various interest groups seeking to influence the definition of the social purposes of education. In this sense, it is worth remembering that the global and international influences on the preparation of national policies occur in at least two distinct manners. The first of these refers to the flow of ideas, resulting from the policy ‘ loan ‘ and the political and academic market for journals, books, conferences etc. The second one is related to the ‘ sponsorship ‘ or ‘ enforcement ‘ of solutions offered and recommended by multi-lateral agencies.

In the production context, the power relations involving the processes of preparation for official texts, laws, regulations and opinions, are established. Thus, the dispute between the political forces that act historically in this field leaves its marks in the text, due to agreements, additions, suppressions. The implementation of this text, on the other hand, is subject to limitations and possibilities.

Finally, the practice context would be one where policy is reinterpreted and recreated, producing effects and consequences capable of producing significant transformations and changes in the original policy. “In this context, that represents another area of re-contextualization, policies are related to the group of stories, experiences, values and purposes of the schools and teachers, as well as the policies and power at a local level,” Batistella complements, highlighting, in conclusion, that this new relationship defines that fragments will be rejected, selected, ignored, misunderstood and replicated. ■

* ‘Interview with Stephen J. Ball: a dialogue about social justice, research and education policy’ (Jefferson Mainardes e Maria Inês Marcondes. Educ. Soc. [online]. 2009, vol.30, n.106, pp. 303-318). Available at <http://ref.scielo.org/q6cncf>

Community Health Agents in Brazil: in search of quality professionalization

By *Julia Neves*

In 1978, the **Alma Ata Declaration** proposed a local health services institution focused on the population's needs and based on an interdisciplinary perspective involving physicians, nurses, midwives, assistants and community agents, as well as the social participation in management and control of its activities. Committed to provide health for all - a goal to be achieved through primary attention to health and community participation - countries started to establish changes in their model of health care.

Within this context, the first ever Brazilian experience with the use of Community Health Agents (ACS) arises, in a comprehensive strategy of structured public health. The initiative developed in the state of Ceará, in 1987, had two main goals: to create employment opportunity for women in the area affected by the drought and, at the same time, contribute to the decline in infant mortality, prioritizing women's and children's health care. This strategy expanded when, in 1991, the Brazilian Ministry of Health institutionalized the Community Health Agents Program (PACS), whose purpose was to provide the Brazilian population with access and universalization of health care, decentralizing actions, through home visits paid by the ACS. The work conducted by these agents along with the health care teams gained even more importance and visibility when, in 1994, the Brazilian Ministry of Health established the Family Health Program, now called **Family Health Strategy**, as a national policy of primary attention, with organizational and substitutive character, opposed to the traditional model of primary health assistance based on focal skilled medical professionals.

The profession's acknowledgement and struggle for appropriate training

It was more than ten years of demand for a specific professional training since, in 1991. At the time, to be an agent, you only had to be 18 years old, have time available and be literate. The ACS' training, on the other hand, did not have a defined standard, and, most of the time did not even formally exist. In 2002, the Law no. 10.507 create the profession and determined that the ACS would work exclusively with

Formulated in 1978, during the International Conference on Primary Health Care, In Alma-Ata, Kazakhstan, the Declaration encourages the governments and other entities and organizations to defend the promotion of health as one of the priorities of the new international economic order and emphasizes the importance of basic health care as a key element to universally promote health. According to the Declaration's signatory countries the goal "Health for all in the year of 2000", considered as the conference's theme, could only be achieved by the strengthening of the Primary Health Care, considered by the WHO as "an attention to basic health care, based on practical methods and technologies, scientifically proven and socially acceptable, to which access must be guaranteed to all people and families in the community upon their full participation, at a cost that the community and country can afford, in all stages of its development, with a spirit of self-responsibility and self-determination.

The Family Health Strategy seeks the transformation of the healthcare model centered on the emergency care of the patient, most of the time in big hospitals, to a model of care based on the family and territory in which those people live, and in a broad understanding of the health/disease process. The program includes actions to promote health, prevention, recovery, rehabilitation of diseases and more frequent injuries.

SUS (Brazilian Unified Health System), having to reside in the area where they will work, to have completed primary education (nine years of education) and to have a satisfactory result on the basic qualification course for ACS training, whose syllabus would be established by the Ministry of Health. Furthermore, it was also established that the ACS that were already active in the area on the date of the law's publication would have automatic professional acknowledgement, even if they didn't have complete primary education. According to the Law, it would be the Community Health Agent's responsibility to exercise the activity of disease prevention and promotion of health, through home or community, individual or public actions, developed according to the guidelines and principles established under the SUS's district, city, state or federal manager supervision.

The discussions about this professional's training profile, characterized by a long process of disputes and political and ideological clashes, resulted in the creation of Curricular Referential for an ACS Technician course, ap-

proved, in 2004, by the Approval no. 19 of the National Council of Education. With this measure, the ACS Technician course becomes part of the National Catalog of Technician Courses.

According to the Ministry of Education (MEC), the ACS Technician must have systemic vision of the environment, health and safety, acting in a new and independent manner. On the perspective of promotion, prevention and protection of health, such technician has many roles, such as: orientation and monitoring of families and groups at their homes and their guidance to the health services; mapping and registration of social, demographic and health data, consolidating and analyzing the information obtained; participation, with the health teams and the community, of the elaboration, implementation, evaluation and reprogramming of the local health action plan. Moreover, the ACS Technician must participate and mobilize the population to the Health Councils' meetings, identifying individuals or groups that need special care, bringing the community's attention to their coexistence, working in groups in the SUS's basic units, promoting integration between population treated and the basic health care services.

In 2006, based on the previous changes, the Law 11.350 is published, revoking the previous one, defining as requirement for the ACS to have completed primary education, as well as the successful conclusion of the introductory course of initial and continuous training, composed of three stages and 1.200 minimum of total course hours. The idea is that during this training path, all ACS could conclude their primary and secondary education, totalizing the 12 years of education considered as prerequisites to obtain the technician title.

Despite the countless victories achieved by the ACS on their professionalization, there are still some critical points left to be conquered. Regarding the technician course, the big problem is that the Ministry of Health sends resources to the cities only to perform the first stage of the course, being the cities' responsibility to provide resources for the other two stages, and without those the ACS cannot become an intermediate level technician. Unfortunately, only a few Brazilian cities and states are promoting the complete technician training for these agents, which represent a significant part of the SUS's workforce, with about 300.000 workers all over the country.

A small perspective change on this scenery arises with the launch, in 2011, by the Ministry of Health, of the National Program of Access to Technical Education and Employment (Pronatec), whose objective is to expand, interiorize and democratize the provision of technician training in the country through the implementation of various incentive projects and the release of a large amount of funds and resources.

Professional acknowledgement through training

In September this year, the Joaquim Venâncio Polytechnic Health School (EPSJV/ Fiocruz) has graduated their third class of the ACS Professional Education on Technician Level course. They were more than 30 students that worked in the cities of Rio de Janeiro, in which about 5.000 ACS work, and of Duque de Caxias. The EPSJV's course covers the two final stages of complete training, in a total of 924 hours, and receives students that have already completed the first stage provided at the [Enfermeira Izabel dos Santos Health Technical Training School](#).

"We offer the second and third stages of the technician course, aiming to develop along with the students, the understanding of the work of a community agent as a historically established phenomenon in the context of a State public policy intervening in social, economic and cultural issues and acting as a political actor in the construction of SUS", says Mariana Lima Nogueira, professor at EPSJV and course coordinator. According to her, the training suggested the development of the understanding and practices in health education as drivers of reorientation of the attention model and the achievement of the population's autonomy.

The main change in the course this year in relation to the previous ones was the admission of students through a public selective process, defined jointly by the school and by the Union of Community Health Agents of Rio de Janeiro (Sindacs-RJ). One of the selection criteria was the time of experience on SUS.

The Enfermeira Izabel dos Santos Technical Training School (ETIS) was created on November 1 of 1989, within the context of the Brazilian Healthcare Reform, in Rio de Janeiro. Its name pays tribute to the nurse Izabel dos Santos, one of the people that acted the most in defense of qualification of technician level health workers in the country.



Foto: Mariana L. Nogueira



Foto: Mariana L. Nogueira



Foto: Mariana L. Nogueira



Foto: Mariana L. Nogueira



Foto: Monique Alcântara



Centered on the idea of polytechnic and on the perspective of expanded health brought by the SUS, the course offers a polytechnic education, far beyond the mere instrumental training for work and the reproduction of social inequality, it aims to overcome knowledge fragmentation and, thus, stimulate the creation of a fair, dignified and egalitarian society. In this sense, the professional is considered a protagonist on the production of knowledge in health and valuing the ongoing articulation between general knowledge (theoretical) and applied knowledge (practical).

Throughout the learning period, the students developed research processes. Further, they promoted planning, development and evaluation actions of the health practices jointly with the Family Health team and the communities in which they are inserted, acknowledging and valuing the attributions and roles of each actor and strengthening the integrality as base for the care, promotion and protection of health actions. “The technical

course is justified by the need to defend the right of access to education that all workers should be entitled to. What it adds is essential to the strengthening of the ACS professional identity and acknowledgement of the work’s importance for the Basic Health Care National Policy and for a public and universal SUS”, Mariana pointed out.

For the student Aparecida de Paula Viana, who works for 14 years in a Health Municipal Center, the course not only sparked the desire of a deeper and vast knowledge, but also of building a quality and universal SUS. “This has brought a rebellion in me of not wanting to be just another professional who goes with the flow, bringing back the desire and the lost dream of making a difference in my community. This training is very important in my life and for the acknowledgement of my field of work. Many people think we are training technicians to work more and accumulate posts practiced by other professionals. Actually, the course acknowledges everything we already know and do. We are complex

professionals, essential and exclusive of the Family Health Strategy (ESF) and SUS”, said the technician.

But it is not only on a personal level of each ACS that the course seeks to bring changes. It also represents a vital initiative for continuing the acknowledgement process of these workers, which constitute the base for the Brazilian health system, and for the organization and involvement of the ACS in the fight for their labor rights and better work conditions. As explained by the ACS and vice-president of Sindacs-RJ, Wagner Souza, during the course’s opening class in April, the Union does not stand on its own, it depends on the workers of the field, united to fight.

“If our field is fragmented, we won’t be able to achieve anything”, said Wagner, also pointing out the difficulty of the Union to communicate with the agents because of the scattering of the health units throughout the city. “We have to stand up to change this situation and have an ACS representative in each health unit to dialog with the Union”, he said. ■