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Re-orientation of human resources for health: a great challenge for the Brazilian National Health System

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ABSTRACT

Objectives: To present the data available and discuss the progress, current advances and challenges of the initiatives, current policies and guidance implemented by the Health and Education Ministries in Brazil to target transformation of health teaching in order to improve the health care offered by the Brazilian National Health System.

Study design: Literature review.

Methods: Documentary analysis and review of articles identified in a search of electronic databases, along with reports and documents acquired from the Health and Education Ministries between 1988 and 2013.

Results: This study identified some important initiatives, including the Programme for the Encouragement of Curricular Changes in Medical Courses (PROMED), implemented in 2002 for medical courses alone. Inspired by PROMED and covering a wider range of graduate courses, the National Programme for Re-orientation of Health Professionals was implemented in 2005. This initiative launched its third edition in 2012, covering 14 health professional areas. Another relevant innovation was the National Policy of Permanent Health Education, implemented in 2007, with the goal of transforming public health services into a locus of teaching–learning through working. The Unified Health System Open University was also implemented.

Conclusions: There is general concern and ongoing actions involving different sectors in Brazil in an attempt to improve the health of the Brazilian population in the future. However, the changes pursued involve deep transformations and may take considerable time.

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Introduction

The World Health Organization (WHO) plays a leading role in supporting countries in the challenge of achieving universal health coverage, which is an aspiration and part of the agenda across the world. However, the global shortage of all types of health workers is of concern. As such, human resources for health is an important strategy for WHO and other organizations.¹

The Brazilian National Health System [Sistema Único de Saúde (SUS)] was established in the Brazilian Constitution in 1988. Comprehensiveness, equality and universality are some of its principles in order to guide the provision of health care for the Brazilian population. SUS is also responsible for managing the training of health professionals.

The Flexner report² has strongly influenced medical education throughout the world, including Brazil. As a result, the Brazilian health educational system produces professionals with a narrow view of care, with their focus on the individual and not the population; on the disease and cure, rather than care and health. As a consequence, in Brazil, there has been considerable growth in medical and other health-related schools and health professionals, but this has not been reflected in the health conditions of the Brazilian population.

The epidemiological transition resulting from aging and the increase in life expectancy means an increase in chronic conditions. As a consequence, most health care systems, which are fragmented systems attuned to the care of acute conditions and characterized by a hierarchical structure without communication flow between the different levels of health care, are facing a crisis in the face of increasing prevalence of chronic conditions. The Brazilian health care profile is now presenting a triple burden of diseases due to the concomitant presence of infectious diseases, external causes and chronic diseases. The current system of health care practice needs to adapt, and one approach could be the implementation of health care networks to achieve comprehensive care for patients.³

In order to deal with changes in health and to have a positive effect on the quality of health systems and the health outcomes of individuals and populations, educational institutions have to be designed to generate an optimum instructional process.⁴

Investments have been made in this area in recent decades in an attempt to improve the provision of health care for the Brazilian population. The Brazilian national curriculum guidelines for health care courses, published from 2001,⁵ anticipated the need for health education plans to incorporate competencies that could correspond with SUS principles. It was also established that it was necessary to introduce innovative teaching–learning methodologies with a focus on the development of practical activities involving community services, rather than having medical schools as the main learning environment.

Nevertheless, in Brazil, the Dawson report⁶ has been accepted to have a strong influence on the frame of health care networks in terms of the adoption of territorial division in health, need for articulation between public health and individual health care, and association between organization

model and management services.⁷ Regarding the influence of the Dawson report on the organization of health systems in Brazil, Carvalho and Ceccim⁸ emphasized its relevance for the management and planning of health systems, and for public health as a whole. They considered that the emphasis of the Dawson report lies in the incorporation of practices in primary care rather than in specialized care, but mainly based on the regular network services as the core, rather than based on college hospitals. The Dawson report places the state as the manager and regulator of public health policies.

One of the greatest challenges in Brazil, and therefore considered to be one of the key issues in the agenda of health policies, is the lack of health professionals prepared to deal with the requirements of SUS. These issues are being addressed through government interventions to incorporate emphasis of the competencies that meet the principles of the Brazilian health system into the health educational plan.

Objective

The aim of this study is to present the data available, and to discuss the progress, current advances and challenges of some initiatives, current policies and guidance implemented by the Health and Education Ministries in Brazil to target transformation of health education to improve health care offered by SUS.

Methods

Documentary analysis and a review of the scientific literature were conducted via an electronic search of Scielo, Bireme and Lilacs. In addition, the websites of the Health and Education Ministries, and those of other official bodies were searched for relevant reports and documents released between 1988 and 2013.

The keywords used in the searches were: ‘health professional’, ‘health education’, ‘health formation’, ‘health teaching’ and ‘health programmes’.

Results

The searches revealed that important initiatives have been undertaken by the Brazilian Government in recent decades.

Curriculum guidelines

The implementation of 14 undergraduate programmes, classified by the National Health Council as health professional courses, was a starting point initiated in 2001.⁵ The courses included were: biomedicine, dentistry, life sciences, medicine, nursing, nutrition, occupational therapy, pharmacy, physical education, physical therapy, psychology, social work, speech and language therapy, and veterinary medicine. This important advance took place following decades of discussions and collective planning, underway since the Brazilian Sanitary Reform in the 1980s that called for changes in health professional education in order to incorporate the theoretical framework of SUS.⁹ It was anticipated that health

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