Education for Health Care Reform:
The Brazilian Case

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Key Points

- Brazil’s Unified Health System (SUS) has its own assets for training healthcare resources and conducting mass educational programs for allied health personnel.

- An educational network was established, and embedded in four domains of SUS: healthcare delivery, management, social participation, and public policy.

- Beyond well-trained workers, the National Policy of Permanent Health Education has become an important tool for the Brazilian Healthcare Reform, as well as played a key role in developing advocates of universal healthcare.
Objective

To develop critical analysis of the theoretical framework – Permanent Health Education (PHE) – used to guide the education of healthcare workers in the SUS (Unified Health System), focusing on allied health personnel training.
Methods

- Comprehensive literature review of peer-reviewed journals, grey literature, government documents, and books, from 1988 to 2010.

- The following databases were searched:
  - PUBMED;
  - SCIELO;
  - BIREME;
  - WEB OF SCIENCE;
  - Brazilian Ministry of Health;
  - Pan American Health Organization Library.
Study Question

What is the role of educational programs for allied health personnel in engaging human resources to support universal healthcare systems?

Figure 1- Educational Meetings for allied health personnel in Brazil’s countryside
Unified Health System (SUS)

- Intense social participation has been a cornerstone of the SUS since the grassroots movements that resulted in Brazilian healthcare system reform in the 1970s and 1980s.

- The implementation of a universal healthcare system in Brazil began in an unfavorable political and economic climate, which promoted a neoliberal, private delivery of care rather than an universal approach.

- Brazil has profited from a strong and committed healthcare system reform movement, including not only academics, policy makers, and managers, but also health workers from all levels (allied health personnel, support staff, nurses, and doctors), trade unionists, and citizens.
Permanent Health Education (PHE)

- The PHE policy was formulated by the Pan American Health Organization (PAHO) in the early 1990’s in Latin America.

- The aim of this policy was to support healthcare reforms in Latin America, providing tools to improve the quality of healthcare delivery by increasing the skills of healthcare workers.

- PHE started by assuming the incapability of traditional educational models to shift older healthcare practices toward universal healthcare in the Americas.
Permanent Health Education (PHE)

PHE consists of on-the-job learning, where learning and teaching embrace the day-to-day activities of healthcare facilities, building knowledge from the grassroots up.

How???

- No Pedagogical Recipes.
- Workers learn from and teach each other.
- Workers take ownership of seeking changes in healthcare delivery.
Permanent Health Education (PHE)

- PHE becomes reality by reflecting the day-to-day practices inside the healthcare workplace, aiming at their transformation and respecting the “library” of knowledge that each and every worker has.

- PHE does not just focus on medical education, but also on broader education programs for all majors in healthcare professions, as well as all levels of training.

- The key principle of PHE lies in the educational network embracing the entire healthcare system.
Permanent Health Education (PHE)

Pedagogical Strategy

Work-Education Integration

- Multi-Professional Teaching and Learning
- Reflexive Pedagogical Practices
- Work as Methodological Principle
- Learning goals based on jobs
- Learning based on non-traditional educational methods

Figure 2 Work -Education Integration Strategy
## Permanent Health Education (PHE)

### Table 1- Elements of the Work-Education Integration Strategy

<table>
<thead>
<tr>
<th>Elements</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Students</td>
<td>Poorly trained healthcare workers who advocated for education and training that allowed them to contribute to the development of the healthcare system</td>
</tr>
<tr>
<td>Core Curricula</td>
<td>The curricula must be understood as a structure related to day-to-day experiences, and their logic may not lose either the micro or macro contexts of practice. The core curricula of education in healthcare services should be equally comprehensive in political, technical, and managerial features</td>
</tr>
<tr>
<td>Instructors</td>
<td>Instructors are healthcare professionals with college degrees who work directly with patients, arrange and supervise the fieldwork, and take charge of the training. They are mediators in the process of building student knowledge</td>
</tr>
</tbody>
</table>
Figure 3- PHE training: workers train workers wherever they are
Permanent Health Education in Brazil

- Emerged initially as Educational Projects-Programs in the 1980’s and 1990’s.

- Came about via the struggle of undertrained Allied Personnel (mainly nursing assistants) who were already employed in healthcare services.

- Became a national public policy for human resources training in the healthcare system through Decree 198 /2004.

- Updated through Decree 1996/2007, which empowered the SUS’s Bipartite and Tripartite Management Committees.

- Set training programs for all levels of education in human resources in healthcare.
## Permanent Health Education in Brazil

Table 2 – Features of Permanent Health Education in Brazil

<table>
<thead>
<tr>
<th>Features of Brazilian National Policy of Permanent Health Education</th>
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</thead>
<tbody>
<tr>
<td>Grassroots-based planning and decision-making</td>
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<td>Strong peer support</td>
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<td>Peer training</td>
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<tr>
<td>Collective esprit de corps among all healthcare workers</td>
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<tr>
<td>Development of networks</td>
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<td>Broad scale programs</td>
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<tr>
<td>Reflexive educational practices</td>
</tr>
<tr>
<td>Organized within the SUS</td>
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</tbody>
</table>
Table 3- Programs Developed by PHE in Brazil for allied healthcare personnel

<table>
<thead>
<tr>
<th>Programs</th>
<th>Description</th>
<th>Number of Workers Graduated/duration of program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allied Health Personnel Broad Scale Training Program (LARGA ESCALA)</td>
<td>Allied Personnel who attended the program fulfilled broad tasks in the healthcare field, from management to health care team support</td>
<td>96,000 in 19 years (1981-1989)</td>
</tr>
<tr>
<td>Nursing Staff Professional Training Project (PROFAE)</td>
<td>The program aimed at qualifying nursing assistants who were required to have minimal education standards for employment in healthcare</td>
<td>319,518 in 09 years (2000-2009)</td>
</tr>
<tr>
<td>Community Health Workers Training for Family Health Teams (PACS)</td>
<td>The training was designed for Community Health Workers so as to make them Community Health Technicians</td>
<td>153,435 in 07 years (2004-now)</td>
</tr>
</tbody>
</table>
Discussion

PHE Origins

➢ PHE originated in the Latin American Social Medicine – known in Brazil as Collective Health – Movement, and advocated for universal health care in the Americas.

➢ The Collective Health’s political and ideological views regarded health not as an exclusively biological issue to be resolved by medical services, but as a social and political issue to be addressed by the state.

➢ Latin American movements relied on the potential of healthcare workers to become leaders of transformations in health care systems.

➢ It was based on the ability of education to transform unfair healthcare systems into affordable ones in the Americas.
Discussion

The state of the SUS today

- Implementation of the SUS has been complicated by state support for the private sector, the concentration of healthcare services in more developed regions, and chronic underfunding of the public healthcare infrastructure.

- Despite these limitations, the SUS has managed to vastly improve access to primary and emergency care, reach universal coverage of vaccination and prenatal care, and invest heavily in the expansion of human resources and technology, including major efforts to produce the country’s essential drugs.
Permanent Health Education

Student/ Worker  Instructor /Worker

Significant Changes
Collaborative practices, strengthening of healthcare services
Development of advocates who support healthcare system reforms

Universal Health Care System Domains
Health Care Delivery Management
Social Participation Health Policy

Education for Health Care Reform

Figure 5- Education for Health Care Reform Framework
Conclusion

- The Permanent Heath Education Framework has surpassed the role of a mere educational strategy and become an important political tool for the SUS in the ongoing Brazilian healthcare reform.

- Mass educational programs for allied healthcare personnel can strengthen the grassroots human resources of the healthcare system. Healthcare workers may become advocates who stand for universal healthcare in their communities.
Finally….

This speculative approach must be validated by the academic community, using qualitative research to assess the influence of mass educational programs for allied healthcare personnel in creating pro healthcare reform advocates.
Thanks!

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