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

A B S T R A C T

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.

Keywords:
Health professional education
Human resources
Brazilian National Health System

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 report[2] 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 report[6] 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 Ceccim[8] 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

professionals would develop comprehensive social vision and technical ability to provide continuous care for the community, with the aim of addressing the real problems within the Brazilian population.[5] The curriculum guidelines are innovative as they promote early and progressive inclusion of students in the SUS environment to enable them to have contact with the local community as early as possible, and to gain knowledge that can lead to commitment to addressing local and national health needs.[9]

Programme for the encouragement of curriculum changes in medical courses (PROMED)

PROMED was implemented in 2002.[10] Its purpose was to provide financial support for medical schools to develop and implement curricular changes in compliance with the national curriculum guidelines[5] in three key areas: theoretical orientation, practice scenarios and pedagogical approach. The approved projects were developed over a period of three years.

The challenges faced as a result of the proposed actions led to further government initiatives. There was a need to define the manner by which health professional schools and the realities faced when delivering health services could be drawn closer together. Development of the Policy of Education and Development for SUS in 2003 assisted in this approach. The National Policy of Permanent Education in Health was established in 2004.[11] Permanent education is a concept adopted in Brazil based on the teaching and learning incorporated into the health working process, whereby the issues of health care delivery faced within a job are used as the basis for learning with a focus on discussion, analysis and reflection.

Partnership between Ministries of Health and Education

Partnership between the Ministries of Health and Education was formalised through Interministerial Decree No. 2.118 in 2005.[12] Important activities and programmes were already underway, and new initiatives were launched subsequently in order to induce curricular and professional changes that may lead to improvements in health care provision. Since the introduction of a Secretariat of Health Workforce and Education in 2004, the Health Ministry has taken responsibility for formation, regulation and management of health professionals in Brazil.[9]

National programme for re-orientation of health professionals (Pró-Saúde)

Inspired by PROMED and covering a wider range of graduate courses, Pró-Saúde was implemented in 2005.[13] Its main objective was integration between learning and health services to reach the desired changes in health professional training. It aimed to ensure a comprehensive approach to the health–disease process, focusing on primary care in order to promote changes in the teaching–learning process and consequently changes in the quality of services offered to the Brazilian population.[14] The key areas considered in the project's proposal were inspired by those of PROMED: theoretical orientation, practice scenarios and pedagogical approach. Theoretical orientation aims to give priority to the determinants and social aspects of health, clinical epidemiology, evidence-based practice, critical evaluation of primary care, and orientation to the best practices that can allow a permanent education approach, instead of focusing solely on postgraduation and specialities. Practice scenarios aim to use the active process of learning with development of practical activities within the services, working with problem-based learning and also with formative and summative evaluation. The pedagogical approach works with diversity including different environments and levels of attention in health, focusing mainly on primary care, emphasizing the importance of not only technical ability but also the social aspects involved in health care. As a result, there tends to be better integration between students and the community, teamwork training and comprehensive provision of health care.[14]

There was emphasis on the need for improvement in primary care, represented in Brazil by the Family Health Programme, initially composed of professionals from medicine, nursing and dentistry. As a result, in the first round of Pró-Saúde, only these three courses were eligible to apply with their projects. From the 185 applications, 89 projects that had potential for promoting transformation in the model of training were considered, and received three years of financial support for their implementation.[13] Pró-Saúde is currently in its third edition, and 119 projects covering the 14 health undergraduate programmes were approved in 2012. The Educational Programme for Health Work (PET) was regulated by Interministerial Decree No. 1.507 in 2007,[15] offering scholarships for tutors (educators from universities), preceptors (health professionals from the health services) and students from health-related undergraduate degree courses. This programme promotes the formation of tutorial learning groups in strategic areas for SUS, and has, as its principle, education for work. It works as a device to strengthen Pró-Saúde. Therefore, only the courses that receive grants from Pró-Saúde are eligible to apply for PET.

Unified Health System Open University (UNA-SUS)

In order to provide large-scale training, UNA-SUS was established in 2008 as an initiative of the Ministry of Health, in partnership with the Pan American Health Organization and other institutions offering training courses and qualifications to health professionals from SUS through a network of accredited educational institutions. The network formed in UNA-SUS links actions of universities and other academic institutions, such as public health schools, health care services and SUS management, in order to meet the proposed objectives, constituting a nationwide network for continuous education in health care. The system aims to receive the contribution from each institution according to its potential, and is structured in knowledge production, cooperation in educational technologies, on-site support and educational certification.[16] The purpose is to create a collaborative, public archive of educational materials for the health sector. It promotes the introduction of new communication and information technologies into health education processes. Decisions about training and qualification of professionals are made considering the national health policies.

The Programme of Valorization of Health Professionals in Primary Care (PROVAB)[17] was launched in 2012 to motivate doctors to start their careers in remote areas, where the

population have difficulties accessing health services. It is compulsory for professionals selected to participate in PROVAB to take a 1-year postgraduate course in family health offered by UNA-SUS. The professionals' activities are supervised by an academic institution.[17] The supervisors from the institutions are expected to instruct, plan the activities, monitor, and evaluate the professional in their workplace. This initiative promotes the qualification of doctors according to the needs of the population, and provides health services in poorer areas.

Discussion

Undoubtedly, one of the key points to target for the consolidation of SUS is the public health workforce. The Brazilian health system focuses on universal coverage and primary health care, and therefore there is high demand for professionals able to deal with this reality. Worldwide, the importance of engaging in developments that emphasize population health interventions, particularly structural and environmental interventions, has been highlighted.[1]

This study found that various innovative initiatives are underway in order to change the provision of health care in Brazil. Various issues of relevance are addressed below.

Importance of education to population health

Given that the network health care organization is supposed to have primary care as the coordinator and the centre of care, educational proposals must include actions that focus on comprehensive and permanent care in some of the priority areas such as special needs, chronic conditions, maternity, urgencies, psychosocial areas with priority for drugs and use of alcohol, and indigenous health.

The Family Health Programme, created in Brazil in 1994, has focused on primary care for re-orientation of the health care system. It aims to change the focus from service provision by demand to wider coverage and provision of health actions with more social commitment, and meet the needs and demands of a defined population. Now called the 'Family Health Strategy', it consists of approximately 32,000 teams distributed throughout Brazil.[18] Since its creation, the Family Health Strategy has become an important job market for health professionals. However, the great expansion of the programme brought the challenges of dealing with an insufficient number of professionals, and deficiencies in training professionals to work in primary care. These issues have limited consolidation of the strategy, and desirable changes in organization of the Brazilian Healthcare System.

The dearth of health professionals with the necessary competencies to attend to the needs of primary care is due to the focus of academic institutions on the formation of specialists rather than general practitioners. The 2010 Report[4] emphasizes that clinical specialists working in isolation would not strengthen the basic system substantially.

Failure of curriculum reform to respond to population needs

There is a crisis emerging in the incompatibility of professional competencies to deal with patient and population needs and priorities due to fragmented, outdated and static curricula. In most countries, the education of health professionals has failed to overcome dysfunctional and inequitable health systems because of rigid curricula, professional silos, static pedagogy, insufficient adaptation to local contexts, and commercialism in the professions.[4]

The curriculum guidelines in Brazil propose the promotion of reflection among those involved in building a new model for health professional qualification. The aim is to enable health professionals to develop the capacity to respond to the health needs of the Brazilian population from both social and technical viewpoints.[19] However, that is not an easy task as, behind the institutional matter, there are real people for whom the meaning of educational transformation assumes different positions; some become more positive while others are more resistant, according to perceptions.[20] Over the past years, there has been discussion on the challenge of dealing with cultural changes. For years, health professionals have been educated in a culture of health care silos, focusing on the disease and individuals.[21]

Obstacles to implementation of initiatives

Regarding PROMED,[10] which was launched just after implementation of the curriculum guidelines,[5] although its results have not been evaluated, reported obstacles for promotion of the changes proposed by the programme included critical aspects of integration of faculty members with those from the health care network and community. As such, there is a need to improve partnership between medical schools and teaching services. Resistance to changes in the curriculum may be the result of initiating reform prior to having the necessary human resources. The traditional way of teaching has existed for decades, and the training of new lecturers to work within the new curriculum still needs to be established more clearly.[22]

The direction of health care is often driven by the availability of new technologies and therapies, and is often procedure-centred and medicalized. However, this can be countered by educational projects formulated as public policy to train health professionals appropriately to consider the patient or user of services to be at the centre of health care, and to use a progressive health care team with an appropriate matrix of expertise.

Focus on organization and structure

Implementation of the areas of permanent education in health gathered in a short period of less than two years, more than one thousand different regional centres (Polos), putting into practice the article 14 of the Organic Health Law ,[23] which stated that there should be Permanent Commissions of integration between health services and universities, with the goal of giving priority to strategies for the provision of health professional education for the human resources of SUS.[24]

It was expected that using the knowledge gained by this initiative would result in learners being able to develop solutions to the problems detected.[22] However, what can be realised is that the advancements are more focused on its

organization and structure, as it happened with the establishment of the Teaching-Service Integration Commission (Comissão de Integração de Ensino-Serviço – CIES), which replaced the existing local centres. The CIES is assisting with the consolidation of permanent education, as well as its incorporation into the health management agenda as the axis integrating education and work.[25] Moreira[26] stated that the purpose was to advance two principles of SUS: decentralization and regionalization.

There is a belief worldwide that moving more control to local authorities, or decentralization, is one approach to expanding the reach of primary care. However, critics argue that it may increase fragmentation and disparities, and provide opportunities for local economic and political gains that do not improve population health.[27]

Failure of the reforms to tackle the distribution of health professionals

The continental dimension of Brazil is also a barrier for qualification provision to health care teams throughout the country. Disparities in the distribution of qualified health professionals are a major challenge. Careers are not attractive and wages differ between regions,[28] and these issues are reflected in the inequality of health provision throughout the country. Considering the broader concept of health that recognizes the relevance of social determinants for health conditions, programmes such as UNA-SUS and PROVAB should focus on investments that can reach further than the provision of health services. Education and health promotion should be priority actions to deal with health inequalities in deprived areas.

As stated previously (inverse care law),[29] the availability of good medical care tends to vary inversely with the needs of the population served.

Promising initiatives

The quality of health professionals' degrees was the main concern when Pró-Saúde was established. According to the Pró-Saúde Annual Monitoring and Evaluation Seminar in 2008,[30] the service learning experiences are being shown to deliver key learning outcomes: communication and interpersonal skills; development of the ability to work in a team; leadership development; better understanding of health policy issues; and a broader definition of health. It is beneficial to the community and the health system, as it can provide better-prepared professionals to integrate the health teams. However, it is recognized that one of the major barriers to changing health education is cultural. Although service-based learning can be a powerful tool to improve quality in health education, this strategy is still underestimated as a pedagogic task. This subject needs to be discussed further.[30]

Practical activities in primary care have been identified as a challenging experience as they involve lecturers, students, health professionals, administrators and the community. All have singular values, knowledge and experiences that are expected to be shared based on the interdisciplinary nature and comprehensiveness of the proposed pedagogical approach.[3]

Conclusion

It is undeniable that there is general concern about human resources for health in Brazil. Many ongoing actions have demonstrated the progress of investments being directed not only at qualified health professionals already working in public services, through permanent or continuing education, but also at health undergraduate students and those responsible for the education of health students. This scenario has led to proposals at professional, undergraduate and postgraduate levels. Considering that all those involved in the provision of health care play an important role in the quality of a health system, all efforts should be made to prepare present and future health professionals to address the needs of the Brazilian population. However, despite all the attempts presented here, changes will involve deep transformations and may take considerable time.

Author statements

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Ethical approval

This study did not involve human participants and therefore does not require ethical approval. However, as this is part of a PhD project, ethical approval for the development of other steps of the project was obtained from the Ethical Committee of Health Faculty at University of Brasília (Protocol No. 62/2012).

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Competing interests

None declared.