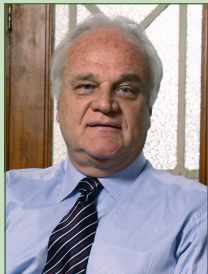


How Brazil turned one public health school into 40



FIOCRUZ

Paulo Buss

Paulo Buss gained his MD, and Master's of Public Health in Brazil. He has been a Full Professor of Health Planning at the Sergio Arouca National School of Public Health (Escola Nacional de Saude Publica Sergio Arouca) at the Oswaldo Cruz Foundation (FIOCRUZ) in Rio de Janeiro since 1977. He is currently elected President of the Oswaldo Cruz Foundation. He was one of the founders and was the first Executive Secretary of the Brazilian Association of Collective Health (ABRASCO). Buss was the Brazilian Representative on the Executive Board of WHO from 2005 to 2007 and is Vice-President and President Elect of the World Federation of Public Health Associations (WFPHA). He is a full member of the Brazilian National Academy of Medicine and the Executive Board of the International Association of National Institutes of Public Health (IANPHI). Buss has published more than 90 scientific papers, and is the author of three books. In 2002 he was granted the Medical Merit Honour, the highest health award in Brazil, which was conferred by the President of the Republic.

Brazil built its public health education system through the work of the renowned Oswaldo Cruz Foundation, which established courses across the whole country. The courses eventually became the core curriculum for small schools and now Brazil boasts 40 schools of public health. Foundation President Paulo Buss argues that there are ways that resource-poor countries can improve their public health education.

Q. Do public health schools currently address public health needs worldwide?

A. Not really. There does not seem to be a sufficient number of public health schools and many of the less-developed countries do not even have one. In addition, countries do not have a uniform approach to public health education in terms of general orientation, content, standards and length of course. These range from short six-month courses in public health to specialized post-graduate programmes and a Master's of Public Health (MPH), Master's of Science (MSc) and Doctor of philosophy (PhD) degrees. Sometimes course content reflects the requirements of developed countries and not the local reality.

Q. How can resource-poor countries increase public health education to address their needs?

A. Public health workers are an elite representing less than 1% of the health labour force. Resource-poor countries can provide specialized training through

distance education or in-service training, which can be accessible to a larger number of health workers.

Q. Are there specific areas in the curricula that need improvement?

A. In general terms, I believe that both epidemiology and management must be improved, emphasizing methodological, strategic and intersectoral approaches. In addition, special attention should be given to social determinants of health, health promotion and health economics.

Q. Are there any public health education success stories that spring to mind?

A. In referring to success stories, I would prefer to concentrate on the development of public health educa-

tion in my own country, Brazil. The Sergio Arouca National School of Public Health (Escola Nacional de Saude Publica Sergio Arouca; ENSP) of the Oswaldo Cruz Foundation (FIOCRUZ), set up a short six-month public health course in each of Brazil's 27 states and employed teachers from the local university, professionals from the local health services and specialists from ENSP-FIOCRUZ. After five years or so, most of these courses were developed into small schools of public health. Later, the schools were expanded and upgraded to offer Master's and even PhD degrees. As a result the country now has a ratio of 0.97 public health officers per 1000 inhabitants. With more than 40 schools of public health, Brazil probably now has one of the greatest concentrations of training programmes in the world – one course for each 5 million inhabitants. Recently a Network of Schools of Health Governance was created with the objective of teaching governance to managers in health services and systems, and to assist them with the required technological tools.

Q. How can e-learning be successfully incorporated into public health education?

A. Increasingly, health services can count on a good computer network that permits long-distance education through e-learning, which can take place at the workplace. Ongoing education and refresher courses for trained public health professionals can also be implemented through e-learning.

Q. How can research in public health education be increased?

A. It is necessary to promote teacher training and research into instructional methodology and evaluation. It is also important to engage students to research different aspects of public

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health. A special effort must also be made to promote evidence-based public health research. I can especially recommend that an evaluation should be undertaken to ascertain whether current training is adequate to cope with the demands of public health practice.

Q. What is your vision for the future of public health education?

A. It must evolve to cover all levels of health workers, with an emphasis on the improvement of managerial skills. It must also include in-service training at undergraduate level and specialist

post-graduate graduate programmes, Master's and PhD degrees. Brazil is examining the possibility of setting up an undergraduate public health course. This kind of training can lead to a wider distribution of public health skills to other professions. Much of what is taught in other health-based courses (medicine, for instance, is a pre-requisite to study public health in several countries) is not necessarily

of great use for someone intending to pursue a career in this field. In low-income countries, one can argue there is no point of investing in training doctors when they do not need such advanced medical skills to be public health practitioners. It certainly would make more sense to prepare public health workers at technical or professional level in undergraduate courses. ■

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Recent news from WHO

- The percentage of people living with HIV has levelled off globally and the number of new infections has fallen, partly due to the impact of AIDS programmes and partly due to a revised methodology for producing the figures, WHO and the Joint United Nations Programme on HIV/AIDS (UNAIDS) announced on 20 November. In 2007, 33.2 million people were estimated to be living with HIV, 2.5 million people became newly infected and 2.1 million people died of AIDS. In 2006, the estimate for the number of people living with AIDS was 39.5 million.
- A strategy and action plan to give poor populations better access to medicines, vaccines and diagnostic tools is scheduled to be presented to the World Health Assembly in May 2008, WHO announced on 10 November. The global strategy is being prepared by the Intergovernmental Working Group on Public Health, Innovation and Intellectual Property.
- On 29 October, the Health Metrics Network, a global partnership hosted by WHO, launched a drive in Beijing, China, to encourage countries to count all births and deaths through civil registration, which provides statistics on births, deaths and causes of death. Every year 38 million deaths and 48 million births go unregistered.
- The first internationally-agreed classification code for assessing the health of children and youth (ICF-CY) in the context of their physical and social environments was published by WHO on 24 October. The code uses a methodology that has long been standard for adults. The new code is currently available in English and can be purchased at: <http://www.who.int/bookorders>
- The supply of vaccines based on the H5N1 avian influenza strain is expected to rise sharply. WHO experts announced, on 23 October, that they expect global production to rise to 4.5 billion immunization courses per year in 2010 due to scientific advances and increased production capacity. However, 6.7 billion vaccine courses would be needed in a six-month period to protect the whole world.
- Climate change and health will be the theme for next year's World Health Day on 7 April, WHO announced on 23 October.
- New maternal mortality figures show that the world is unlikely to meet Millennium Development Goal (MDG) 5, WHO and its partners announced on 12 October. An annual decline of 5.5% in maternal mortality ratios between 1990 and 2015 is required to achieve MDG 5, but the figures released by WHO, the United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA) and the World Bank show an annual decline of 2.5%.
- The December 2006 to May 2007 meningitis season across the African Meningitis Belt saw an estimated 53 000 cases, with an estimated 4000 deaths. This was the highest number of cases and deaths since the 2001 season.

For more about these and other WHO news items please see: <http://www.who.int/mediacentre>

SAGE: request for nominations

The Strategic Advisory Group of Experts (SAGE) is the principal advisory group to WHO for vaccines and immunization. WHO is soliciting proposals for nominations for current and future vacancies on SAGE. Nominations for members from all regions have to be submitted by 21 December 2007.

Further information and instructions for nominations are available at: http://www.who.int/immunization/sage/sage_requests_nominations_intro/en/index.html