Undergraduate studies in Public Health: key elements in an essential debate

Undergraduate education and degrees in Public Health have been debated for more than 15 years in Brazil. Such proposals have already been implemented in various parts of Europe and North America, but there is still no close correlation among the projects currently operating in the Brazilian context. In Brazil, this initiative was initially associated with the accumulated institutional experience of teaching Public Health as a subject in different undergraduate health courses, enriched by the tradition in graduate studies (both *stricto sensu*, or Master's and PhD courses, and *lato sensu*, such as Executive Master's courses). International experiences with similar courses, recommendations from the document on *Essential Public Health Functions* published by the Pan-American Health Organization (PAHO), and curricular guidelines for undergraduate courses also provide important substance for developing these proposals. In addition, it is important to recall the emergence of the debate on the expansion of the supply of higher education in Brazil, and as a development, the country's efforts at social inclusion, phenomena that have given undeniable impetus to the movement to expand enrolment and create new undergraduate courses.

The Unified National Health System (SUS) also places demands on Public Health as a field. The National Health System needs graduates in Public Health with a professional profile qualifying them as *strategic actors* and with a specific identity not guaranteed by other available undergraduate courses. Thus, far from displacing other members of the health team, this new actor becomes an organic member of the Public Health professional field.

Despite this proposal's institutionalization within the supply of undergraduate courses in numerous universities, it still raises controversies and challenges. The discussions waged in the development of this undergraduate education include a whole range of issues that remain unresolved, including the training model, the degrees or titles granted to graduates, and the work market. However, regardless of adherence to the proposal for an undergraduate course in Public Health, there appears to be consensus that it is indispensable to train professionals using an interdisciplinary approach, without neglecting elements from the biomedical model, linking to knowledge from the human and social sciences, thus shifting from an eminently individual focus to the collective domain.

We know how difficult it is to work with an absolutely unprecedented proposal, as in this case, given Brazil's pioneering position in the implementation of such education in the so-called Third World, especially if one considers the need to guarantee the basic material and subjective conditions, ranging from securing resources from the state to the need for minimum consensuses for a national project – a democratic construction that is now challenging Public Health, as occurred at many other moments in the field's history.

When various institutions find themselves at the stage of defining profiles and organizing curricula, receiving the first students, it is necessary to promote the debate and gather contributions at the epistemological, social/health, and ethical/political levels. Such elements should result in a process of permanent reflection, contributing to the dialogue between different sectors involved in the project, so as to achieve a national proposal that combines the expansion of higher education with commitments by the Brazilian health movement. We firmly believe that the public policy results will confirm the proposal's relevance and aims.

Maria Lúcia Magalhães Bosi
Faculdade de Medicina, Universidade Federal do Ceará, Fortaleza,
Brasil.
malubosi@ufc.br

Jairnilson da Silva Paim
Faculdade de Medicina, Universidade Federal da Bahia, Salvador,
Brasil.

jairnil@ufba.br