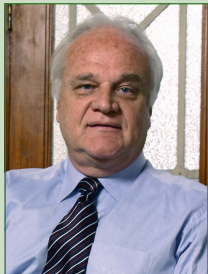


How Brazil turned one public health school into 40



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. There 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 workers 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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