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15

**II Pan American Conference in Public Health Education**

Health Sector Reform and Essential Public Health Functions: Challenges for the Development of Human Resources

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## FOREWORD

Changes in the health scenario are linked with the emergence of a new world order characterized by profound economic, political, technological, and cultural transformations. In this new order, the formation of economic blocs, the downsizing of the State apparatus, the growing democratization of our societies, the technology explosion, and the new emphasis on social aspects are priority issues, not only in government agendas but those of other actors as well, impacting on decision-making and social policy.

These megatrends, moreover, have given public health a new image as a sphere of action, a responsibility of the State, and a commitment of society as a whole. The new world order will encounter growing problems, particularly those of an epidemiological and demographic nature, making the field of public health and its response to contemporary demands and needs even more complex. Among such problems is a serious need to redefine the conceptual underpinnings and basis for the generation, reproduction, and application of knowledge in public health.

The reform processes arising from the redefinition of the role of the State have led to an emphasis on the need to identify the State's responsibilities in health. Responding to this concern, the 40th Directing Council of the Pan American Health Organization (PAHO/WHO) approved the document " Steering Role of the Ministries of Health in the Processes of Health Sector Reform," which details the basic functions of the ministries of health in the exercise of their steering role in the sector.

Similarly, PAHO/WHO prepared a working paper entitled *Essential Public Health Functions (EPHF)* that offers an opportunity to analyze the health ideals of society, the major challenges that must be met, and the spheres of action that must be mobilized to meet them, in addition to the responsibilities of the various actors in society as a whole.

The conference *Human Resources: A Critical Factor in Health Sector Reform* was held from 3 to 5 December 1997, in San José,

Costa Rica to draw the attention of health sector leaders in the Region to the strategic importance of human resources for making progress and meeting the objectives of the sectoral reforms. This occasion served as an opportunity to analyze the human resources situation in the countries within the framework of the sectoral reforms, fostering political commitment and mobilizing public opinion and activities to promote the necessary changes in the processes for human resources development in health.

The **II PAN AMERICAN CONFERENCE ON PUBLIC HEALTH EDUCATION, " Sectoral Reform, and Essential Public Health Functions: *Challenges for the Development of Human Resources*"** was held in Mexico City, Mexico, from 11 to 13 November 1998. It was organized jointly by the Pan American Health Organization (PAHO) and the Latin American and Caribbean Public Health Education Association (ALAESP), the Association of Schools of Public Health of the United States (ASPH), educational institutions of Canada and the English-speaking Caribbean, and a consortium of local institutions made up of the Secretariat of Health of Mexico, the WHO Collaborating Center on Human Resources Development for Health of the National University of Mexico (UNAM), the Mexican Association for Public Health Education (AMESP), and the Mexican Society of Public Health (SMSP)

Some of the objectives of this Regional Conference were: 1) to analyze the implications of the essential functions and the sectoral reform processes for human resources development in public health, in terms of contents, processes, and actors; 2) to analyze the main trends in public health education in recent years and the degree in which it has responded to the new challenges; and 3) to identify innovative strategies to address critical areas and respond to contemporary demands in public health education.

The planning and organization of the **II PAN AMERICAN CONFERENCE ON PUBLIC HEALTH EDUCATION, " Sectoral Reform, and Essential Public Health Functions: *Challenges for the Development of Human Resources*"** gave rise to a series of meetings of experts from the Hemisphere on the implications of HSR and the EPHF for education, research, and interventions in public health, recent trends in public education, and strategies for its development in the Hemisphere.

The II Pan American Conference on Public Health Education brought together relevant actors working in public health education and services. The purpose was to explore and design strategies for human resources development in public health to meet the demands of the EPHF and the HSR processes, including development of the steering role of the ministries of health, since a regional consensus on the strategies to pursue is fundamental for a new

agenda for public health education and technical cooperation in this field.

Some 120 participants from 27 countries responded to the call, notably ministers, vice deputy ministers, and senior officials from the health sector, national universities, international authorities, international experts, and staff from the health and education sectors of Mexico, PAHO Headquarters, and the PAHO/WHO Representative Offices, as well as consultants from a variety of international cooperation agencies involved in the social reform process.

The principal recommendations and conclusions of the Conference, contained in the present report make a significant contribution toward the definition of a plan of action that will guarantee the development of public health education and at the same time serve as the basis for cooperation efforts to meet the proposed targets.

# INTRODUCTION

At the Inaugural Session, Dr. Alejandro Cravioto, Dean of the School of Medicine at the National University of Mexico (UNAM), offered the initial words of welcome, pointing out the Conference's importance for developing human resources for public health in the Region. He then presented Dr. Francisco Barnés de Castro, Rector of the UNAM, who in his welcoming remarks to the distinguished company expressed gratitude that his institution had been chosen as the headquarters for the event. Wishing the participants success in their deliberations, he assured them that the Conference would more than meet their expectations and wished them a happy sojourn in his country.

After thanking the participants for their presence and their support for the organization of the Conference and emphasizing the importance of the event, Dr. George A.O. Alleyne, Director of the Pan American Health Organization (PAHO), proceeded to discuss what he considered the most important aspects to address during the deliberations.

Dr. Alleyne noted first that the concept of public health as a concrete discipline with limited parameters, together with the reductionist approach associated with it, are obsolete. The complexity of health problems demands an interdisciplinary response.

He also rejected the notion that public health is in the throes of a profound crisis, noting that we face the challenge of reducing gaps among the countries that are the result of the poverty and lack of equity underlying many public health problems. He expressed optimism, however, pointing to a number of successes and citing the improvement in the general health status of the peoples of the Region, the development of the capacity to apply new technologies and to treat public health problems as effectively as the health problems of individuals, and, finally, the achievement of a better understanding of the determinants of the population's health status.

Dr. Alleyne expressed the belief that the essential public health functions should be based on an analysis of the living conditions of the population and the identification of existing problems. He called to mind the definition of public health functions established by the U.S. Department of Health and Human Services in 1994: the development of national programs for the prevention of epidemics and the spread of disease; environmental

risk protection; the promotion of healthy behaviors; disaster preparedness and emergency response; quality assurance in service delivery and universal access to services; the establishment of national surveillance systems and the monitoring of sectoral interventions; the formulation and implementation of health research policies; and technology development and the dissemination of scientific and technical information.

Regarding the State reform processes and their logical expression in health sector reform, Dr. Alleyne noted that we should not ignore the fact that much of the driving force behind the reform is the relationship between the State and the individual; it is therefore understandable that the debate on health sector reform occasionally centers on care for the individual.

He suggested that the Conference examine the public health impact of the reform movement and stressed that the most important thing for PAHO is organizing the health services, since this is decisive in determining how much attention can be paid to the essential public health functions. From there, the Conference could proceed to the identification of methods for financing the services, with the primary focus on meeting the needs of the most disadvantaged sectors. However, organization and financing, while necessary, are not enough to ensure that the reforms will bear fruit. The key element is the steering or regulatory role of the State, exercised by the ministry of health, which must effectively assume responsibility for developing national health policy and safeguarding its implementation, in the understanding that this does not imply responsibility for directly providing the necessary services.

Touching on human resources development, Dr. Alleyne noted that it is necessary to develop policies consistent with the needs and new realities and to provide adequate training for those responsible for exercising the steering role. The schools of public health clearly have a decisive role to play in all this. However, they must forge new ties and diversify their professional activities if they are to take the lead in public health advocacy through academic excellence and demand the right to participate and be heard in the debates on policy and sectoral reform, while renouncing all pretentions of exclusivity.

Finally, the Director of PAHO expressed confidence that the deliberations of the group gathered for this event would contribute to the development of current theory and practice in public health.

Dr. Juan Ramón de la Fuente, Secretary of Health of Mexico, stressed the need for the reform processes to promote an increase in the coverage and accessibility of the health services and the importance of the steering role of the State in this regard. He then officially inaugurated the II Pan American Conference on Public Health Education.

# 1. HEALTH SECTOR REFORM AND THE ESSENTIAL PUBLIC HEALTH FUNCTIONS: CHALLENGES FOR THE DEVELOPMENT OF HUMAN RESOURCES[1]

The importance of the II Pan American Conference on Public Health Education is explained by the current changes in the health systems of the Hemisphere, a product of the dynamic of the sectoral reform processes and the greater value attached to the essential public health functions. This has given rise to a series of challenges and implications that are influencing the development of human resources for public health.

The raison d'être of the Conference derives from the evolution of thought in the field of public health, the advances in knowledge in the disciplines that fuel the action in public health, the redefinition of the responsibilities of the State and civil society in public health, the accelerated rate of change in the structure and operation of the health systems, the shortage of skilled human resources to meet the new challenges, and the inadequate response of the institutions devoted to public health education.

An analysis of public health demands the clarification of several aspects. First, public health is not only a discipline but a practice that includes the organization and delivery of health services to populations as well as individuals. Second, public health education is not the monopoly of the schools of public health. Third, the sectoral reform processes are fundamental to public health and are not a separate, parallel dynamic. Finally, the practice of public health increasingly demands the development of functional staffing profiles that are multidisciplinary in nature.

For the ministries of health to consolidate their steering role in the sector, their agendas must recognize the need to redefine and adapt their responsibilities and actions to the new realities, to define the substantive responsibilities that are theirs alone and nondelegable, to undertake the reengineering necessary to exercise their new role to the fullest, and, finally, to shift from action of a basically executive nature to action that is largely organizational and that coordinates a variety of actors.

[1] Dr. Daniel López-Acuña, Director, Division of Health Systems and Services Development, PAHO/WHO.

The health sector is currently characterized by a lack of equity in access to basic services; lack of coordination among institutions, subsectors, and national sectors; inefficiency in the allocation of the limited available resources; and a lack of financial sustainability. Demographic and epidemiological change in the sector, together with technology development, offer new possibilities for increasing the impact of the services on health problems.

Given the need to increase efficiency and guarantee the financial sustainability of the health sector, when attempting to achieve greater equity in living conditions, health, and access to the health services, consideration should be given to the macroeconomic adjustments and changes in public spending policies deriving from the State reform processes, within the framework of democratization and the movement toward more pluralistic societies.

Health Sector Reform (HSR) is a process aimed at introducing substantive changes into health sector agencies, relations, and functions, with the object of increasing the equity of their benefits, the efficiency of their management, and the effectiveness of their services to meet the health needs of the population.

The principal trends and characteristics of sectoral reform in the Region are the expansion of service coverage, the reformulation of the models of care, the development of basic packages of services and guaranteed health plans, changes in the organization and management of sectoral institutions, decentralization, social participation, the separation of financing and health services delivery, changes in the public-private mix, new financing modalities for services, and new investment policies and strategies in the sector.

The regional scenario has seen progress in the exercise of the ministries' steering role, manifested in greater decentralization of the State; the emergence of new public and private actors in the sector; deconcentration of the public health services, of the execution of sanitary regulations, and of the delivery of personal health services; and a trend toward the separation of financing, insurance, and service delivery.

Finally, concerning the challenge of human resources development, consideration should be given to educational contents and processes, the actors involved, interdisciplinarity, and the stratification of responses according to the different skill profiles.

## 2. NEW APPROACHES TO PUBLIC HEALTH[2]

Poverty, unemployment, patterns of land ownership, and the growing concentration of income have deadly implications for health and are manifestations of the serious structural problems that must be corrected through urgent policy measures in Latin America. Public health has a commitment to address this situation and must do so with modern, evidence-based approaches that are both effective and efficient.

Before discussing " New Approaches to Public Health" to address the social and health situation, it is important to point out that concepts such as " health," " disease," and " public health" are not only scientific, but political categories.

Priority in the debate on public health focuses on six approaches.

### 2.1 Reaffirmation of the Values and Principles of Public Health

The most fundamental approach that must be adopted by Latin American public health is the reaffirmation of a set of values and principles deriving from our long, rich history. One of these is the affirmation that *health is a fundamental human right;* the challenge today is to turn that right into a palpable daily reality. *Equity in health* as an expression of social justice is another Latin American public health value that must be reaffirmed in these times. Advocating that *health occupy a central place in development,* while an ethical commitment of public health, also yields significant economic benefits. Finally, *ethics* should rule every activity in public health and the relationship between economic and social policy, as well as health policy, health research, and health services delivery.

### 2.2 Mobilizing Society and Building Partnerships that Promote Health and the Quality of Life

Working in isolation, the health sector becomes weaker or lacks the strength to act as a force to galvanize social interests. Thus,

[2] Dr. Paulo Marchiori Buss, President ALAESP.

linking health with the rest of the social issues associated with the quality of life and well-being becomes imperative.

Given the wide range of organized interests in social and health policy found in democratic societies, the search for a consensus among the various actors to develop a homogeneous and, hence, politically viable project, should be considered a priority challenge for public health.

Therefore, the objective of public health, which has been defined as "health-disease-care," should also include "the mobilization of actors through the construction of this objective."

## 2.3 A NEW FRAMEWORK FOR STATE SOCIAL INSTITUTIONS: SOCIAL AUTHORITY, GOVERNANCE, AND INTERSECTORAL ACTION

Social institutions are understood as the State agencies responsible for the design, coordination, execution, and financing of social policy, including health policy. The configuration, structure, and functions of these agencies, which clearly reflect the historical processes of each country, must be reengineered to meet the objectives of equity and solidarity, guided by the ethical values of each particular social group, while seeking inspiration in successful international experiences.

The action of the State and its institutions is decisive in the promotion of equity. The role of the State and the way in which it operates must be modified to establish a State that promotes, formulates, and executes social policies to procure equity in well-being. This implies a commitment to improving the quality of life and health. This new framework for public and State institutions is determined by the configuration of the national or local social authority that coordinates sector policies and can enter into a dialogue with the economic authorities at the same level and establish appropriate intersectoral coordination.

The intersectoral approach transcends the isolated, compartmentalized vision of policy-making and organization in the health sector. It means adopting a global perspective in analyzing not only the health sector but health issues as well, incorporating as much possible knowledge as possible from other public policy areas. Viewed from the outside, the intersectoral approach is linked with a recognition of the importance of public policies for health and with the investigation of their impact on the general health status of the population. Viewed from within, the

intersectoral approach investigates the implications of specific extrasectoral policies for every health problem in a particular territory. The two approaches are complementary rather than exclusive.

## 2.4 EMPHASIZING THE VALUE OF HEALTH PROMOTION AND DISEASE PREVENTION

Health promotion is one of the most promising strategies for tackling the myriad health problems affecting human populations and their environment at the end of this century. It is also a reaffirmation of the importance of social aspects as a source and explanation of health problems and as a resource to be mobilized to address them. Thus, it is an important response to the biomedical approach to public health that characterized the first 70 years of this century.

Health promotion, moreover, is a health sector response whose explanatory capacity and potential for intervention makes it more accessible to society and the other contemporary movements that have been gaining ground in recent years: sustainable human development, the ecology movement, the right to live in cities, the right to a dwelling, and feminism, *inter alia*.

## 2.5 SECTORAL REFORM WITH SOCIAL COMMITMENT

The reform processes under way in Latin America are fundamental to public health, because, to one degree or another, they address values, principles, organizations, and practices that can have a significant impact on the health status of populations and the organization of health systems and services— essential targets for interventions in contemporary public health.

The reforms are not an end in themselves. They should be understood as processes that improve the performance of health systems and services in terms of equity, effectiveness, quality, efficiency, sustainability, and social participation to meet the health needs of the population, in keeping with the value systems and aspirations of the society they serve.

Unfortunately, the majority of health sector reform processes in Latin America have been motivated almost exclusively by the need to cut costs and reduce spending, rather than improving the health of our populations. Thus, efforts have concentrated on the reorganization of health financing systems and on personal health

care. Very few reforms consider or include other components, such as environmental health, collective measures, essential public health functions, or the health implications of the culture and economy.

The reform processes have also neglected the role of the sanitary authority in regulating diagnostic and therapeutic health technologies. There is a manifest lack of technical and organizational competence in the ministries of health for exercising this function in the majority of the countries. This has led to unbridled, uncritical technology consumption, spurred on by the medical-industrial complex, which drives up the cost of medical care without improving problem-solving capabilities or the quality of care.

Finally, it should be pointed out that the sectoral reform processes do little research on the role of the health systems and services in highly relevant areas such as environmental health. In other words, health systems are being "reformed" without an inquiry into their role in key determinants of the health situation, sectoral reorganization, and the corresponding reform proposals. A priority approach in public health will therefore be to intensify participation in the discussions on sectoral reform, with the object of broadening the horizons of the reform to reveal the true determinants of health.

## 2.6 EVIDENCE-BASED PUBLIC HEALTH

Incorporating innovation in public health demands empirical evidence to permit its general application, since this is a sensitive field of social intervention in which decisions affect real life.

Evidence-based public health (EBPH), which in some contexts is defined as "best public health practice," is based on a conscious, thorough utilization of the best evidence currently available to support decision-making on interventions targeting populations or specific population groups, the main object of public health action in the domains of health protection, disease prevention, and health maintenance and improvement (Jenicek, 1998).

The enormous challenges in health are creating a growing need for evidence-based action in public health, which requires that the following steps be taken (Jenicek 1998):

- Clearly formulating the issue in terms of a public health problem
- Searching for evidence
- Evaluating the evidence
- Selecting the best evidence for the public health decision
- Relating the evidence to the experience, knowledge, and practice of public health
- Applying usable evidence in public health practice (policies and programs)
- Evaluating this application and the general execution of evidence-based public health practices
- Teaching others the practice of evidence-based public health.

## 2.7 FOR THE SCHOOLS OF PUBLIC HEALTH

The schools of public health have several important challenges ahead of them. Their responses to the priority approaches proposed here refer to their five major spheres of action: intelligence generation and technology development in public health; teaching and human resources development; technical cooperation with organizations and society as a whole; political action for the promotion of health, equity, and social justice; and direct community action.

Reaffirmation of the values and principles of ethics, equity, solidarity, and social justice must be the legacy of the schools of public health for the coming generations of Latin American public health specialists. Moreover, health protection and strategic mediation are also nondelegable functions of the schools.

One of the areas that the schools of public health will have to address in the future is the development of teaching and research programs to meet the challenges of constructing a new framework for social institutions, integrated social action, the intersectoral approach, and expanding governance of the health sector. In this regard, the strategic reorientation of the teaching, research, and technical cooperation programs of the schools is fundamental to bolster the capacity for governance in the health sector and train personnel to engage in intersectoral coordination, without

neglecting the need to improve managerial capacity within the sector.

Another nondelegable function of the schools of public health is an active political and technical role in the sectoral reform processes, with a view to broadening their opportunities to work effectively toward the production of health and disassociate themselves from limited, reductionist activities to tackle the health issues in our societies.

## 2.8 REMARKS

In his remarks, Dr. Robert Lawrence, Associate Dean of the School of Hygiene and Public Health of Johns Hopkins University, stated that he agreed in principle with the approaches mentioned above, pointing out that their relevance and importance depend on the health situation and trends in each country. In this regard, he recalled the extensive work that was done in Mexico to study and characterize the changing health conditions, a phenomenon known as " epidemiological transition." Human resources development in public health should address responses and problems. It is here that training and, especially, continuing education needs are growing. Dr. Lawrence emphasized the introduction of more flexible teaching methodologies in the traditional training programs, as well as the role of modern technology in distance learning for these resources.

Dr. Alejandro Cravioto also expressed agreement with the new approaches to public health that were proposed, but emphasized that the dissemination of information about them should be directed to all health professionals and all professional health education. That is, public health education should extend beyond public health specialists or instructors. Here, he stressed the importance of community work to encourage the acquisition of knowledge, attitudes, and skills among the population, briefly describing the strategies employed in his university at the different levels of medical education, including social service and continuing education for graduates. Dr. Cravioto observed, however, that this requires not only changes in teaching methodologies but adaptations and modifications in the role of students, professors or mentors, and the institution itself with respect to community-based training.

The Hon. Senator Sam Aymer, Minister of Health and Civil Service Affairs of Antigua, pointed out that any attempt to establish a profile for the new approaches in public health implies careful

analysis of what they have been up to now and tracking the dynamic of change over time.

He added that until very recently, public health was considered the Cinderella of the health services and was understood as the delivery of the most basic health services of the public sector. Underestimated as a profession, public health was felt to attract only people who lacked opportunities in the rest of the health disciplines. This bias and misunderstanding served as a challenge for those who, having identified the problems and the way to solve them, developed appropriate technologies and legitimized the cause of public health.

This approach became central to the decision-making at Alma-Ata, contributing to the following activities:

a) Turning empirical findings into concepts.

b) Developing a common strategy to continue to strengthen and develop service.

c) Establishing specific plans and objectives to obtain realistic concrete results.

d) Identifying the current and potential actors and understanding the interaction among them.

e) Developing and maintaining effective multisectoral interdisciplinary relations among the parties directly involved.

f) Broadening the range of providers by creating new subdisciplines and expanding the functions of traditional ones.

Finally, referring to *new approaches,* Mr. Aymer spoke of the homeostatic relationship that should exist between service providers and their environments and the consequent need to adapt responses accordingly.

## 3. THE ESSENTIAL PUBLIC HEALTH FUNCTIONS[3]

Over the past two decades, contemporary social megatrends have added new and complex challenges to the prevailing spectrum of operational and theoretical options in public health. Notions such as "the future," "crisis," or "crossroads" in public health or "new" public health express the dynamic of change. The concept of public health as a commitment by society to its health ideals has gained acceptance, competing with its two older meanings, that is, as a duty of the State or as a field of knowledge and professional development.

The Pan American Health Organization has engaged in numerous efforts to support the strengthening and development of the public health policies, plans, and programs of its Member Governments. The analysis of critical areas of performance areas in the national public health systems during the second half of the 1980s should be noted. In the subsequent 5-year period (1990-1994), analysis of the theory and practice of public health was promoted and supported as the gateway to the review and redefinition of the field. More recently, it has been suggested that an analysis of the most relevant operational dimensions of public health (essential functions) can be a catalyst in the continuing adaptation of societies' responses to the new challenges and approaches imposed on them by changing realities.

There has been a movement to revitalize the public health concepts and practices that have been observed over the past 20 years. Major efforts to redefine the functional dimensions of public health have been made by the U.S. Department of Health and Human Services and the Latin American and Caribbean Public Health Education Association (ALAESP) in 1994, IM/AC/USA in 1998, the World Health Organization (WHO) in 1996-1998, and the Pan American Health Organization (PAHO/WHO) in 1997-1998. The emphasis on the essential public health functions (EPHF) is motivated, *inter alia,* by the need to adapt theory and practice in public health to the dynamics of State modernization, social sector reform, a stronger steering role in health, the changing notion of "public," and recognition of the importance of health in human development.

The EPHF are understood as "the processes and movements in a society that constitute *sine qua non* conditions for the integral development of health and the achievement of well-being and, as

[3] Dr. Luis Ruiz , Regional Adviser, Program on Human Resources Development.

such, orient and modulate the organization and the behavior of the fields, sectors, and actors that make up a given Society." They are justified, since they support the exercise of the sanitary authority in the field of public health, contribute to the strengthening and development of a suprasectoral health policy, facilitate the harmonization of local, national, and international approaches to the development of health and well-being, and help to ensure that political decisions are backed up with adequate infrastructure. The proposals presented by PAHO on the EPHF are grounded in a broad concept of public health as a social commitment to its health ideals; based on social practices, they are defined in terms of processes and movements of the State and civil society.

Based on the above, six social practices, known EPHF, can be identified that constitute the foundation for the work of the State and society:

1) ***Development of Healthy Spaces and Improvement of Living Conditions***, which implies the design and promotion of development models, spheres of action, behaviors, and linkages aimed at fostering living conditions favorable to health.

2) ***Development and Strengthening of a Culture of Life and Health***, whose purpose is to guarantee respect for life and improve equity and participation in health through the promotion and affirmation of values, opportunities, rights, and responsibilities.

3) ***Intelligence Generation in Health***, to promote, generate, and disseminate information on ideals, needs, problems, and responses to formulate policies and make pertinent, evidence-based social decisions.

4) ***Attention to Needs and Demands in Health,*** through health insurance systems and services and development of the necessary infrastructure, is intended to guarantee a comprehensive, integrated, continuous, and quality response.

5) ***Assurance of the Safety and Quality of Goods and Services Related to Health,*** which implies monitoring, regulation, and quality assurance in production and marketing to guarantee the equity, effectiveness, and suitability of inputs and practices.

6) ***Interventions on Collective Risks and Health Hazards***, which implies ensuring conditions and interventions for the control of environmental risk factors, epidemics, and disasters to protect the population and the environment.

The preliminary position paper of PAHO on the EPHF has been widely distributed in the Region to encourage reflection and analysis of the topic. The discussion generated has been very fruitful— both the positive and negative comments. An appropriate balance must therefore be found, grounded in the purpose of the desired public health practice. The comments received on the EPHF listed (or their elements) can be grouped under three major questions. Are all of them essential public health functions? The majority response has been " yes," although many people believe that the considerable number of functions undermines their " essentialness." Are all the essential public health functions included? There are those who believe that some functions are missing, although elements of them may be contained in the functions currently proposed. What will their impact be? In the present context of change, this question must necessarily remain open. We believe, however, that what we call them may vary, but that the reasons for redefining them and placing greater emphasis on them will undoubtedly prevail.

## 3.1 REMARKS

Dr. Silvie Stachenko, Director of Health Policy and Services, Regional Office for Europe of the World Health Organization, observed that the functions assigned to the State as the steering entity should be clarified, since in the majority of the countries, the " State" does not designate an operational entity. In this regard, it is preferable to discuss interministerial government advisory models that would be linked with the coordination of government policies. In addition, the degree of structural centralization in the health system will affect the capacity of the system to exercise the assigned functions.

An important public health function is promoting leadership and a collaborative health model that will make it possible to mobilize and organize resources. Coordination will prevent the duplication of efforts and thus make a positive contribution to the credibility of programs. The authority and corresponding responsibility should be distributed among the various actors.

Public health actions that require community backing depend on the good will of the community. Thus, it is important to value and develop adequate social capital.

As essential public health functions, ***the development of healthy spaces and the improvement of living conditions*** and ***the development and strengthening of a culture of life and health*** to redefine the

functional dimensions of public health imply maintaining the healthy ecological framework indispensable for health promotion, an aspect linked to policies aimed at protecting and safeguarding the environment, energy, transportation, the economy, and nutrition. The development of a culture of health among the citizenry would facilitate decision-making in public health at the corresponding level.

Concerning ***intelligence generation in health***, developing a health information system and ensuring active monitoring in this regard are clearly traditional public health functions. It is worthwhile to note that the WHO policy of Health for All in the 21st Century highlights some areas of monitoring systems that merit special attention, such as the application of international norms, standards, and regulations and progress in reducing inequity and its impact on health. These policies also call for greater attention to the evaluation of the reform processes.

As an essential function, ***attention to needs and demands in health*** requires the building of infrastructure and the organization and financing of a series of essential services, and it constitutes a critical factor in public health. Among the various infrastructure requirements that have been identified, the following should be noted:

a) Technology should advance beyond the levels required by traditional public health, since all public health functions are supported by the scientific infrastructure.

b) Policy-making should permit learning based on the experience gained while pursuing appropriate strategies for every community or country.

c) The responsibility for procuring the resources to finance public health programs cannot be evaded.

d) Equitable distribution of health programs and services is the responsibility of public health.

e) The private sector should not be forgotten.

Experience has shown that when several capacities converge, effective organization backed by financial resources and scientific knowledge can be achieved. This infrastructure creates synergies that maximize the opportunity for communities to improve their level of health.

The essential functions to ***assure the safety and quality of goods and services related to health*** and ***the interventions on collective health risks and health hazards*** rest on the regulatory and monitoring capacity and are actually traditional public health functions. However, the nature of the new risks and the complexities of regulating numerous products and medical practices pose an extraordinary challenge for public health.

Dr. Paul Halverson, of the U.S. Centers for Disease Control and Prevention, commented on the presentation, stating that it was clear that a consensus on the essential public health functions could be reached that will provide a framework for the design of health service delivery systems. He also stated that health service delivery systems will have to be modified if a decision is made to incorporate essential services. This represents a number of challenges for the human resource component of the systems.

Dr. Halverson noted, moreover, that the reasons for reforming health systems depend on the national context and the efficiency achieved. In the United States, for example, public health activities are carried out through a number of systems that involve the State and a series of government and nongovernmental agencies. A national system of public health standards is currently being developed, whose purpose is to measure efficiency at different points in the system. These standards, coupled with appropriate indicators for each essential public health service, make it possible for the people in charge of health policy to measure progress and implementation levels in the Region. Designing this system of indicators poses a great challenge to the staff in all the ministries of health of the area; it is no easy task and requires the collaboration of other agencies, including the schools of public health. Thus, when determining what should be measured and observed, specific programs of study will be devised to guarantee the development of skills and knowledge that will permit better performance as measured by these standards.

All the governments in the Region are currently implementing health sector reform and should take advantage of the opportunity to identify the essential public health functions and design an appropriate monitoring system and indicators.

Next, Dr. José Miguel Lezana, Executive Secretary of the Mexican Society of Public Health (SMSP) introduced his comments by referring to the history, organization, and functions of the society.

From this platform Dr. Lezana stressed the role of organizations such as the SMSP as mediators of social demands. Concerning the

EPHF, he observed first that the SMSP had repeatedly noted that something was lacking that could currently serve as a guide for adapting public health to the changing needs of the environment—something that could substitute or complement Health for All and its strategy of primary health care. Dr. Lezana underscored that, in his opinion, the EPHF will fill this gap and remarked on the high level of agreement about the new opportunities that have opened for action in public health. He also stated that civil society organizations should have a role in the work of society, within a genuine climate of participation. He expressed agreement about the State's responsibility for monitoring fulfillment of the EPHF, noting that the desired legal and regulatory framework for its implementation at the country level is the purview of the State and, in the final analysis, is built on State policies. Finally, Dr. Lezana pointed out that the emphasis on social aspects and health poses a danger that personal health care or the treatment of disease will be neglected, a matter that should be adequately addressed when formulating and implementing the PAHO proposal.

# 4. IMPLICATIONS OF HEALTH SECTOR REFORM AND ESSENTIAL PUBLIC HEALTH FUNCTIONS FOR PUBLIC HEALTH EDUCATION[4]

The changes in the nature of public health functions and services in recent years have serious implications for the future role of public health and the corresponding development of human resources in the field.

The discussions on health sector reform tend to concentrate on organization, financing, and service delivery, while paying little attention to the factors that determine the health of the population. In this regard, efforts should be made to ensure that health sector reform leads to better health for the population and that a public health services infrastructure is in place that reinforces this tendency and can thus support sectoral reform.

All of this implies that reform of the health services must be part of a larger context, and that the infrastructure must have the technical capacity to guarantee an accurate assessment of needs, to formulate and implement key policies, and to evaluate the effectiveness of programs.

Part of the difficulty in setting up a modern public health services infrastructure is that there is no clear definition of public health. This has meant that public health services are understood as something separate from the medical sector. A new public health perspective would embrace all the major determinants of health, including traditional public health and medical services.

The new public health services infrastructure that is being developed at the national level (Canada) and the international level emphasizes five major aspects: communicable disease control and environmental health; health services for special groups; health promotion; planning, implementation, and evaluation of the health services; and public health research. An important component is the integrating role of the public sector.

In the majority of the countries, communicable disease control and environmental health are at the heart of public health functions, since, with the emergence of new diseases these functions must also be part of the reformed systems. Furthermore,

[4] Douglas E. Angus, Associate Professor and Director of the Masters Program in Health Administration, School of Administration. University of Ottawa, Canada.

communicable disease control as a public health function should be considered an integral part of sectoral reform because of their reciprocal impact. An important prerequisite is to develop and strengthen the ties between the centers for disease control and other organizations. This demand is even greater in environmental health, because of the support it requires from areas such as geography, economics, and mathematics.

Another important area of public health is health services for special groups (e.g., patients with tuberculosis), a responsibility that usually rests with the public sector.

The integration of health sector institutions has increased and is aimed at minimizing compartmentalization and duplication of efforts, which result in poor quality services. One advantage of integration is that it strengthens primary health care, which is essential for health promotion.

The interdisciplinary approach to health promotion in Canada (particularly at the University of Ottawa) is based on a model that includes medicine, the social sciences, the health sciences, psychology, legislation, and health administration. Even though sectoral reform is under way in Canada and the health of the population is of the greatest importance, health promotion *per se* does not have a key role in the development of the system. Part of the problem is that it is not totally clear which activities pertain to this area; both the legislation and a health policy that would call for the creation of a health promotion center, for example, are lacking.

Sectoral reform demands the growing involvement of health professionals in the administration and management of the health services. Good managerial capacity is essential in the new public health structure.

Another important aspect of a sound public health services infrastructure is the role assigned to the public sector in the country's health policy, as indicated by the level of centralization/decentralization, the degree of government intervention in health policy, and the degree of development of the respective public health services infrastructure. Setting up adequate coordination mechanisms and providing continuing education for public health professionals is indispensable if the model is to work efficiently.

## 5. TRENDS IN PUBLIC HEALTH EDUCATION[5]

There has been significant growth and diversification of the postgraduate training apparatus. For example, Argentina, Brazil, and Mexico today have 13, 22, and 14 such institutions, respectively; Colombia, Venezuela, and the Dominican Republic have 13, 7, and 3 programs, respectively, while Chile, Guatemala, Nicaragua, and Peru have 2 or more each. Slightly over 50% of these institutions, which currently number approximately 100, have been established in the past 10 years.

This expansion has not only been quantitative but qualitative as well, with an upgrading of the faculty at several institutions. However, most important in this development has been the growing participation of the social sciences in public health education, questioning the biomedical orientation that has characterized the field. This phenomenon has shifted the emphasis in public health education from a purely technical approach to one that involves political action, encouraging decision-making and greater social participation in the sector.

The debate surrounding the crisis in public health culminated in the first Pan American Conference on Public Health Education, held in Rio de Janeiro in 1994, where it was noted that training institutions are facing the following challenges:

- Developing a new science based on a modern understanding of health;
- Establishing a values system based on equity, sustainability, and democracy;
- Forging closer ties between health workers and local communities, getting educators and students involved;
- Strengthening interdisciplinary education;
- Striking a balance between teaching, research, and service delivery.

This aroused a general debate in the Region on the obsolescence of the current health paradigm and subsequent discussions in the developed countries on the new public health that led to the

[5] Dr. José Roberto Ferreira, Technical Cooperation Coordinator, National School of Public Health, FIOCRUZ, Brazil.

definition of the essential public health functions. The ideas that characterize this development in public health can be grouped into three categories:

- Those related to basic values, which include equity and a social commitment to the democratization of health;
- Sectoral reform, with emphasis on the role of the State in regulation, financing, and decentralization; and
- Definition of health determinants and the adoption of practices to improve the quality of life; transformation of the morbidity and mortality profile; development of models of care based on the social production of health and on the concept of health monitoring; and emphasis on disease prevention and health promotion.

Orientations in public health education have been identified that include two types of influences: some related to the quality of teaching, aimed at linking learning to practice and emphasizing greater political participation during the course of the training, and the other linked more to the expansion of the training apparatus to respond to the growing demand for public health education.

The innovative trends in education affect the supply and the content of the education, the methodological approach, and the relationships between the principal actors (professors and students). The supply of education has been most affected by the diversification, size, and growth of the programs.

On another plane, some of the innovations that have been recognized are interinstitutional teaching activities leading to the development of networks, as in the case of Brazil with the Network of Government School of Health. Also, important is the incorporation of new contents into academic curricula, focusing on aspects of the discipline. Significant among the methodological advances is a shift in the educational process toward greater autonomy for students in directing their own educational development. It is evident that the demand for public health education no longer comes strictly from the field of medicine.

Other trends that point to a shift from the " real school" to the " virtual school" and are thus considered " transforming" are greater balance between academic and professional orientation and a shift toward microregional programs and from self-sufficiency to the building of new partnerships and from traditional teaching practices to approaches that combine innovative, hands-on

experience with the use of self-instruction and problem-solving media and methodologies.

It is clear that despite the efforts, some problems still persist in research, such as the general nature of the knowledge imparted by the institutions (e.g., the preponderance of theory over practice and the permanent lag between health content and the content in other areas), the poor preparation of the faculty, the existence of bibliographic literature that cannot be accessed by the schools, and insufficient financing for research projects. However, considerable progress can be seen— for example, the formation of new research groups, the diversification of the lines of research, a closer approximation to the specific realities, and the development of strategic research.

Links between the services and education are being developed that vary from country to country. In some places— Brazil, for example— academic institutions occupy a position of leadership, since they participate in the search for solutions to the problems facing the services. In other countries, such as Colombia, the links between academia and the services are established through training/service agreements established by law.

As for the link between health promotion and community action, the social interaction of schools that employ an intersectoral approach and promote programs that address community interests has significantly increased. In addition, the political participation of the schools has increased, thanks to the opening created by democratization in Latin America, which has led to significant support for public health in various sectors of society.

## 6. INNOVATIVE STRATEGIES FOR PUBLIC HEALTH EDUCATION IN THE AMERICAS[6]

For the past 50 years, the schools of public health have been collaborating in the design of public health services. They have developed technologies that have enabled them to gauge the magnitude of the damage to health, centrally planning interventions and evaluating their outcomes. They have trained health administrators, epidemiologists, health educators, statisticians, and other specialists, who have been instrumental in getting the new health services up and running. The schools have devoted themselves almost exclusively to education, research, and service delivery, with a view to establishing organizations based on the logic of "command and control." This logic today has a limited capacity to respond to the challenges posed by the marketplace in the organization of the health systems.

The new demands in human resources development, especially in training, can be summarized in the following statement: *if up to now we have needed executives who know how to do things well in health, today we need "decisionmakers" and leaders of health organizations who can make other people do things well, through incentives and appropriate regulatory frameworks.*

Today, public health education, and the schools of public health in particular, are operating in a scenario with two fundamental contexts. On the one hand, they are influenced by the ***knowledge and technology development in public health*** and, on the other, by the ***socioeconomic and cultural context*** of their environment. Both contexts are marked by the ***change and uncertainty*** characteristic of modern life. The "new" public health must strike a balance between the health systems' preference for acting as mediators between opposing interests and health and the practical need to organize health services as rationally and effectively as possible.

Health in the Americas requires schools of public health that are respected as representatives of the "state of the art" in knowledge and technology development in public health. The schools must be academic centers that are independent of the conflicting interests in the change and development processes of the health systems; they must serve as both a forum and an opportunity for discussion and reflection; they must generate knowledge and technology; they must be leaders in human resources education, with

[6] Dr. Fernando Muñoz Porras, Centro Latinoamericano de Investigaciones de Sistemas de Salud.

the capacity to develop policies and manage several types of health care organizations; and, they must be established in communities organized to serve people and their expectations in health.

The mission of the schools of public health is to help to achieve optimal health conditions in a territory for the population as a whole and for individuals, influencing health outcomes with their educational strategies, research, technology development, and technical cooperation. Their mission is also to promote equity and efficiency in the use of health resources and the will to make people the center and focus of the entire health system.

In attempting to fulfill their duty, the schools face the problem of adapting to new realities and scenarios. Moreover, their compartmentalized structure and their difficulties in working with an interdisciplinary approach constitute real obstacles. However, it should be pointed out that they have the capacity to take charge of the integral development of public health in an environment marked by the search for knowledge, intellectual freedom, and methodological rigor. This gives them a high degree of independence from the interests present in the health reform scenario, which is one of their basic assets. Despite the difficulties, the health reform scenario offers a great development opportunity for schools that know how to reorient their work appropriately.

The following development strategies are proposed to strengthen the various capacities of the schools of public health:

1) Develop the capacity for political articulation to move from cloistered isolation toward active incorporation in decision-making in health.

   - Establish consultative bodies with the participation of political and technical representatives of the health services.
   - Serve as an opportunity for high-level discussions on health policy.
   - Utilize the mass media to elicit support in relevant areas for policy-making in health.
   - Strengthen the " culture of health" in the population.
   - Promote ongoing contact with the health services.

2) Develop ***pedagogical theory and teaching capacity*** to shift from the training of uncritical administrators of the model to the education of health executives with the capacity for leadership, problem-solving, and negotiating and developing

networks. That is, move from certainty to the uncertainty imposed by modern life.

- Establish flexible, mass programs at a high academic level.
- Apply problem-solving methodologies, identifying the real problems of the health teams responsible for specific territories and contributing to their solution through the educational process.
- Train new actors to participate in decision-making in health.
- Develop networks of graduates.
- Invest in the areas with the most critical knowledge deficits, such as health economics, clinical epidemiology, and statistics.
- Strengthen bioethics in public health.
- Establish mechanisms to ensure that graduate theses reflect the programs' usefulness.

3) Develop the ***capacity for research and technology development*** to shift from the reproduction of knowledge to its active generation.

- Develop evidence-based public health.
- Develop appropriate and applicable technologies for solving the real problems of the health systems.

4) Develop ***technical cooperation*** in order to step from education for education's sake to education for the achievement of useful outcomes for actors in the health sector.

5) Identify useful capacities outside the schools and develop partnerships of mutual interest.

6) Develop the ***managerial capacity of the schools of public health,*** or turn traditional management into modern management based on quality and results.

7) Move toward economic autonomy.

8) Promote multiannual planning with clear goals.

9) Develop interdisciplinary projects as a valid response to the problems of today and as a concrete way of producing the structural change required by the schools of public health.

# 7. CONCLUSIONS AND RECOMMENDATIONS

The Conference was an opportunity for reflection and sparked a broad debate on public health education in the Region that focused on the implications of the essential public health functions and sectoral reform processes for the development of the human resources that will be working in such an important a field as health.

The purpose of the group work was to secure the widest possible range of opinions about the topic in question, given the geographical and professional diversity of the Conference participants with respect to public health.

Essentially, the groups explored and discussed the following aspects:

a) The demands of health sector reform and the essential public health functions on public health education.

b) Critical analysis of the current influence of the educational institutions in public health on health sector reform.

c) Proposed strategies for the future development of public health education, within the context of changing health in the Americas.

Even though this latter topic was not specifically mentioned in the discussion guidelines, the working group devoted itself first to a critique of HSR processes in the Hemisphere, evaluating the positive and negative impact of these changes.

Recognizing the enormous challenges facing public health education in the new Latin American context of the 21st century, the participants generally made useful and significant contributions that definitively set the stage for the future agenda. These contributions, which grew out of the special presentations summarized in this report and the comments about them, as well as the efforts of the five working groups of participants, are collected below.

## 7.1 CONTEMPORARY CHALLENGES AND APPROACHES TO PUBLIC HEALTH

The reasons for health system reform depend on the national context and the efficiency of the systems. However, the most important one is that policymakers recognize that the ***specific health service plans are what determine the differential, but real, costs.*** This is important because the limited financial resources of the countries in the Region must be utilized in a way that will permit the maximum efficiency in health service delivery systems and equity in access, as well as good coordination between public and private providers.

The role of governments as the steering agencies in the health sector is considered fundamental. It stems from their capacity to regulate the various actors in the health systems, to lend coherence to the changes, and to adhere to universally accepted principles. However, the need to ***ground this steering role in a social consensus*** on the changes that must be promoted in key areas of the health systems cannot be emphasized enough.

The ***design of a national system of public health standards*** to measure the efficiency of the system at the different levels is a challenge for the personnel of all the ministries in this area. Such a system would make it possible for health policymakers to monitor progress in the implementation of the reforms. This task is not an easy one and requires the involvement of other agencies, including the schools of public health. However, the sectoral reform processes offer a unique opportunity to assume this task that should not be missed.

Part of the success of the public health services lies in their substantial contribution to the decline in many communicable diseases and to their positive impact on the environment. Despite their achievements, however, when discussing ***new approaches*** it is essential to acknowledge the need to strike the necessary balance between health service institutions and their environment, and consequently, to adapt responses appropriately. In this regard, to meet the challenges of the 21st century the following requirements must be met:

- Delivery of public health services must be the responsibility of a consortium that includes the State
- Health services financing must include new forms of insurance
- The advances in technology must strengthen the new approaches to public health

- Greater emphasis must be placed on adolescent health
- Service providers must have the capacity to manage chronic diseases
- The services and alternative treatments offered by traditional medicine must be taken seriously.

## 7.2 HEALTH SECTOR REFORM (HSR)

One important aspect of the changes that was underscored was the progress made toward the separation of functions and the introduction of a culture in which the results are evaluated by financing entities and service providers. There was also agreement on the importance of decentralization and greater emphasis on the local level as a positive aspect of sectoral reform. The role of HSR in cost-cutting was also mentioned. Another area equally emphasized was the modernization of public administration, characterized by the introduction of modern management techniques, which make it easier to evaluate results, and management goals and indicators for the negotiations between funding entities and service providers. Finally, quality and the qualitative aspects linked to people's perception of their health needs and the way in which they are met were a major concern . Social activism among entities such as educational institutions and nongovernmental organizations was regarded by some groups as a contribution of HSR that was worth mentioning, although others felt that it was not.

The negative aspects cited most often were the inordinate ***emphasis of HSR on the treatment of disease*** to the detriment of health promotion, disease prevention, and ***organized social participation.*** The failure to address ***environmental issues*** was also mentioned***. Weak State regulation*** of the private sector in insurance and health service delivery was also considered a serious shortcoming.

There was a general consensus that one negative aspect of HSR is its ***overemphasis on economic efficiency.*** Some considered the lack of intersectoral articulation a shortcoming, and nearly everyone agreed that the privatization of certain basic State regulatory functions is as well. Other negative aspects are the rising cost of services and the growing inequity in access to the services in some countries of the Region.

In the opinion of the participants, HSR has turned out to be a double-edged sword for the schools of public health. The changes

have posed many challenges, but the schools have not had significant access to resources from the multilateral financing agencies (IBRD, IDB) that are promoting the changes; instead, foreign or national consultants have provided the input to these agencies. This has been evident whenever there has been a need to investigate relevant problems whose study has not been requested by the governments or agencies in question. In some cases, the schools have been excluded because decisionmakers in both government and the financing agencies have made an *a priori* diagnosis that they are technically backward; in others, the schools have excluded themselves because their academic communities oppose the orientation of the HSR.

At the same time, there was agreement that most of the schools of the Region, particularly those of Latin America, have been marginalized by their failure to develop the necessary capacities and technologies. The ***lack of an interdisciplinary approach*** in research and in the management of the schools has contributed to their isolation; this has been exacerbated by the persistence of a traditional approach to public health that has not assimilated the explosion of perspectives and actors in the health systems. In the view of some participants, the schools have preferred to remain on the margin so that they can offer facile, unconstructive criticism of the process. However, since the schools have the necessary potential for comprehensively meeting the new demands, there was agreement on the need for them to actively participate in the process of change, criticizing from within and monitoring the processes on a continuing basis to keep them within the principles universally accepted as the foundation of the health systems.

## 7.3 ESSENTIAL PUBLIC HEALTH FUNCTIONS

The ***essential public health functions*** should be defined, and public health education should attempt to adopt a more complex vision of health (health is not the mere absence of disease), emphasizing the need for the State to assume heavy responsibility in the regulation and orientation of the changes and adhere to the principles of equity, solidarity, and efficiency. The theme of values in the changes came up repeatedly during the Conference, as did recognition of the need to delve more deeply into the ***ethical aspects of public health decisions.***

In the opinion of the group, there is an important gap or ***" missing link" today between the EPHF and HSR.*** It exists because of the schools' limited leadership capacity for designing health policy and influencing decisionmakers. Blind to other

perspectives— i.e., economic or environmental— leadership becomes even more difficult for them. Correcting this flaw is essential to bring the two approaches--promotion of a culture of health and access to quality health services for the entire population— closer together and striking the proper balance among the changes to be instituted in the health sector.

The participants considered it essential to increase community organization and participation in decision-making on changes in the health sector. Furthermore, they felt that community influence in this area can only be achieved by heightening community ***awareness about public health problems.*** As negative factors they pointed to the lack of standards and tools to measure the fulfillment of the major objectives of the change, such as equity, access to the services, and the integrity of the services. One of the groups felt that one new EPHF would be the ability to ***translate public health research into concrete health policies.***

## 7.4 HUMAN RESOURCES DEVELOPMENT IN PUBLIC HEALTH

It should be recalled that sectoral reform has major implications for ***human resources development in public health***. Human resources are critical to the development of the public health services infrastructure. Successful sectoral reform demands that public health workers— and not necessarily physicians— be adequately trained. Nurses, as the principal point of contact between patients and the health system, have a key role to play.

## 7.5 POLICY ORIENTATIONS

***Human resources development policy*** should thus be consistent with the objectives and programs of the sector and should be designed with the collaboration of other organizations. It is therefore recommended that public health systems be guided by clear and specific public health goals, that human resources plans and policies be expanded to include all relevant aspects, that long-term plans be more thoroughly analyzed, and, finally, that the links between the health, social services, and education sector be strengthened.

Instead of producing traditional health professionals, the schools of public health should concentrate on ***developing leadership.*** The programs for public health education are called on to develop leaders and managers who are willing to take risks;

people with the capacity to establish an efficient, effective, and equitable health services system. There is a real need to train public health managers at the graduate (master's degree) level and to train the management teams of local health systems and public health institutions.

In the context of sectoral reform, ***policy implementation*** in public health education requires certain abilities. In essence, there is a need to understand the elements of strategic management, in which it is important to spell out the objectives at the start of the process; to delegate responsibility (here, the degree of decentralization in the organizational structure of each country will be reflected in the results of the reform); to draft legislation, a mechanism that is important but insufficient in itself, because its existence does not necessarily guarantee automatic implementation of the reforms; to use financial incentives to facilitate change or maintain the progress made; and finally, to take appropriate steps to move ahead with the desired change, which will depend on structures and the political and economic situation of the governments involved.

Concerning the priority development areas for the schools most actively involved in the changes, it was noted that ***human resources must be developed*** who are capable of leading the reform processes at the different levels of work, in keeping with the principles mentioned above.

There was agreement on the need for the schools of public health to serve as ***agents of change,*** supporting causes of collective interest, promoting the discussion of alternative proposals, and forging partnerships with different social sectors and local governments. At future conferences of this type, public health professionals should include a greater diversity of approaches in their discussions (environmental, economic, etc.).

It was acknowledged that the schools should exercise greater leadership and have the capacity to exercise ***flexible, autonomous resource management*** and to reduce the obstacles sometimes imposed on them by the universities' rigid regulatory frameworks. The schools should promote innovation, actively seeking out and promoting the ***expertise*** of the different areas of the health systems and encouraging its replication or dissemination. In this same vein, ***evidence-based decision-making*** is a fundamental development area that must be promoted by the schools. Modern communication strategies are essential for disseminating the work of the schools and for securing better and broader participation by these institutions in the scenario of the changes.

The participants also mentioned the dissociation between the work of the health services and academia. It was also considered essential ***to diversify the education*** offered by the schools and to adapt it to the need to produce leaders of change at the different levels of authority, bearing in mind the diversity of interests and professional backgrounds of the parties in question. All the groups considered it necessary ***to show specific products*** that would attract students and respond to the demands of HSR. They also indicated the need to ***combine technical and political aspects*** in educational programs and the learning environment. It was clear to the groups that negotiating capacity and consensus should be generated at every level, together with other skills to promote the ***training of leaders rather than administrators. Labor relations*** should also be part and parcel of the knowledge, skills, and attitudes that graduates of the schools of public health should acquire.

## 7.6 STRATEGIES FOR THE DEVELOPMENT OF PUBLIC HEALTH EDUCATION

Two types of influences have been identified in ***public health education***. The first is connected with the ***quality of the teaching*** and seeks to link learning to practice in the health services, to encourage strategic research, and to emphasize greater political participation in the course of the training. The second is concerned more with ***adapting the potential of the training apparatus*** to a higher demand for public health education, advocating decentralized teaching and distance learning, with emphasis on autonomous learning based on problem-solving.

Educational supply has been affected by the diversification of the programs available. However, the ***new contents of the public health curricula*** should be noted, especially the importance attached to ethics and bioethics, the introduction of more modern interpretations in the social sciences, the greater emphasis on epidemiology applied to the health services, the use of more sophisticated quantitative analyses in epidemiological approaches. The broad diversification of management to incorporate aspects such as health economics and contents which will make it possible to manage the "ends" of policy administration in the system, together with the more traditional aspects for managing the "means" are also essential.

As for ***methodological advances***, the emphasis in the teaching process has shifted from the professor to the student, giving the student greater autonomy in directing his training. This strategy can be seen in modular training courses that include some hands-on

training and especially in distance learning. This latter approach, whose use is growing in the schools, is becoming increasingly important with decentralization and the expansion of the potential market at the municipal level. The new educational orientation also includes the problem-solving approach, which has become *the* method for continuing education, so called not for the temporal continuity of the process, but for the adoption of a strategic approach that enables professionals to steer their own development. This process is centered on routine activities and attempts to identify the problems encountered in the work of professionals, seeking to overcome them and improve their performance.

The ***public targeted*** by the training programs has also grown, following the same trend toward decentralization of health services management to the municipal levels. This has reached the point where the demand in certain situations has outstripped the supply already augmented by the schools. In addition, the type of professional who wishes to study public health today comes not only from medicine, but psychology, anthropology, sociology, and even administration. Health services administrators are placing growing demands on public health education.

The participants listed the following as capacities that must be developed by the various actors in public health education in the Americas:

### 7.6.1 Political Articulation

To bolster the presence of the schools of public health in the changing health scenario, it was considered fundamental:

- To enter into concrete agreements with national and local governments, parliamentary groups, and other actors involved in the change. This would guarantee the schools an opportunity to engage in a serious, independent, and dispassionate discussion of the main alternatives for transforming the health systems and promoting the integral development of health in the Hemisphere (national health forums).

- To strengthen the various disciplines involved in high-level decision-making in health and to make deliberate efforts to study policies and policy-making in the specific reality of the Hemisphere.

- To develop the capacity for the critical analysis of the national and international evidence that will serve as the basis for decision-making to address specific problems or

areas in the health systems that require structural adjustment.

- To strengthen ties with the existing public health associations and to promote the development of these groups where they do not exist.

- To strengthen ties among the schools of public health (ALAESP, for example).

- To strengthen ties between schools in the national and international area to identify common indicators and measurement tools, as well as mechanisms for monitoring and evaluating HSR.

- To design mass communication strategies to help the schools position themselves in the community scenario and decision-making on HSR.

- To invite government institutions, nongovernmental organizations, and the community in particular, to participate in discussion forums or educational events on health sector reform.

### 7.6.2 Pedagogical and Teaching Capacity

In order to improve education and make it both attractive and useful to those with an interest in public health, the following was proposed:

- Make the curricula flexible, establishing a common core of knowledge, attitudes, and skills; adapt the training to the professional background, skills, and interests of the students.

- Offer two levels of education, one for the general population and another for public health specialists. New skills should be developed at the undergraduate and the graduate level.

- Develop competencies for leadership and change, such as strategic mediation, negotiating skills, and, especially, critical analysis.

- Forge ties with institutions and individuals devoted to the study of bioethics in order to delve more deeply into the ethical implications of public health decisions and undertake

an in-depth analysis of concepts and values such as equity and efficiency.

- Develop the disciplines that are weak, for example:
  - epidemiology
  - policy design and implementation
  - health economics
  - financial management
  - technology assessment
  - leadership and negotiation
  - marketing and communication
  - project management and evaluation
- Include training in health service activities. Use staff with recognized capacity and practical experience in the health services as educators or "executives in residence." Create external advisory committees to assist the schools in adapting their programs.
- Promote self-teaching and skill development by having students solve real problems.
- Develop "intelligence units" at the schools to monitor the external environment by analyzing the data and potential future scenarios.

### 7.6.3 Research and Technology Development

- Identify "expertise" in key areas of the health services that can serve as the basis for developing useful and replicable technologies.
- Integrate research into technology development to improve the services.
- Generate and critically analyze national and international evidence that will serve as the foundation for better decision-making in health sector reform.
- Develop multidisciplinary research projects that will make it possible to view problems from different perspectives. An important added element would be interdisciplinary research to facilitate a shift in the management of the schools from a

compartmentalized system to one that is more modern and interrelated.

- Establish a shared " virtual library" for the schools in the Region that houses essential information constituting solid evidence for decision-making in key areas of change.

### 7.6.4 Technical Cooperation

- Foster closer ties between public health and clinical practice, especially in key areas such as family medicine.

- Promote partnerships between schools with different levels of development in the Region to address the most pressing problems of the less developed schools with respect to the changes in their environment.

- Provide technical assistance to specific projects aimed at improving the quality of health services supply in specific territories where it is possible to evaluate the results of innovative practices.

- Develop support groups for the health sector reform to monitor changes through a dialogue with multilateral agencies.

### 7.6.5 Modern Management of the Schools

- Review the administrative procedures of the universities, putting incentives in place to encourage the schools' involvement in this area, within the context of the reforms. Among them:

  " Examine the current system to determine where specific extension activities are feasible.

  " Develop mechanisms to formalize ties between schools or departments, with a view to conducting joint projects (joint degrees with schools of nursing, engineering, etc.)

  " Develop research teams composed of academics from different schools or departments to analyze the impact of HSR on equity, access, health outcomes, the balance between preventive and curative care, and the capacity of human resources for public health.

  " Establish joint agreements with governments and the schools of public health to promote research and education that targets key areas and problems.

- Review the academic evaluation and incentive systems for teaching staff in order to facilitate effective participation by the schools in the reform processes.
- Promote funds to support health policy research in key areas of HSR.

Like other State organizations, the schools in Latin America not only face external constraints on their autonomy but an organizational culture that has not adapted to the modern management practices being imposed on public and private institutions; that is, evaluation of results and multiannual planning, with clear goals and responsibilities defined for both the institutions and the people in charge. An effort to advance in this direction is indispensable.

Betting on interdisciplinary education is also betting on organizational change. The schools are not likely to change their structure by fiat. Moving from a traditional, compartmentalized departmental structure to a matrix-type structure will be easier if it is based on common work experience rather than specific problems.

# 8. EPILOGUE

The final plenary session was presided over by Dr. Samuel Aymer, Minister of Health of Antigua and Barbuda. During the planning for the II CPESP and the construction of a new agenda for human resources development in public health in the Region, Dr. Fernando Muñoz, the Rapporteur of the Conference, read the preliminary summary of the conclusions and recommendations (individual reports in the Annex), whose final version is found on the previous pages of the present report.

Next, the participants put together a series of general recommendations for consideration by the schools of public health and public health institutions of the Region and by the Pan American Health Organization (PAHO) on projects to support human resources education in public health.

They suggested that PAHO reiterate its recommendation to the governments to assign greater importance to human resources development in public health and give greater responsibility to educational institutions; this will enable the schools to take part in advising the teams responsible for human resources development in the ministries. They also suggested that the ministries support and promote operations research, program evaluation, and specific staff training by the educational institutions.

Both the schools and PAHO should make efforts to encourage the exchange of experiences, students, and educators, as well as ongoing communication between the schools and related educational institutions in the Region. A website sponsored by ALAESP and PAHO would help in this regard.

Furthermore, the schools of public health, in conjunction with PAHO, should promote the development of networks that will make it possible to take advantage of the experiences of the various institutions to deal with problems of regional interest. They should also encourage the creation of national forums to support the reforms, establishing work agendas based on the specific problems of each country.

It is recommended that PAHO program activities to guarantee monitoring of the progress made by each country with respect to the essential public health functions and sectoral reform. It is also recommended that PAHO assist the schools of public health in reviewing the incentive system to encourage academics to become actively involved in the reform processes.

Finally, in addition to congratulating PAHO on its support for public health education, the Conference requested the Organization to continue with the task, establishing a short- and medium-term work agenda to evaluate the results of the changes deemed necessary today. This agenda should include activities that foster respect for the public health education provided by the schools of public health and related institutions of the Region— respect that should ultimately be obtained from health professionals and the population at large and maintained over time.

Although obtaining respect for public health education is a difficult task, it can be accomplished by establishing flexible institutional structures to forecast changes in the environment and adapt to them. It does not involve seeking recognition for the schools as experts because of their erudition but because of their capacity to attract public health workers and put the institutional structure and experience at their service that will enable them to develop the ability to forge partnerships, demonstrate real influence, and solve specific problems.

It should not be forgotten that health is about people and for people; thus, people should be the center and the measure of the work in health. Health is also the task of the State and requires consensus and a long-term perspective. Rather than a reality that must be taken into account, ideological pluralism in health is a condition that must be actively sought to complement the different perspectives and understand that all of them have a place in the scenario of change.

At the closing session, in successive statements Drs. Daniel López Acuña, representing PAHO; Paulo Buss, representing ALAESP; Luis Felipe Abreu of UNAM, representing the Mexican consortium of institutions; and Sam Aymer, representing the English-speaking institutions, made a joint commitment to: a) publishing and disseminating the conclusions and recommendations of the Conference; b) based on these conclusions and recommendations, promoting the development of a new regional agenda for human resources development in public health, with the consensus of the relevant actors in the Hemisphere; and c) helping to lend viability and feasibility to the resulting hemispheric plan of action to secure the desired changes.

As the final agenda item, Dr. José Luis Zeballos, PAHO/WHO Representative in Mexico, formally closed the event.

# 9. REPORT

## 9.1 GROUP N° 1

*Moderators:* Bernardo Villalobos, Costa Rica
Omayra Hernández, Colombia
*Rapporteur:* Ramiro Echeverría, Ecuador

The group questioned the unidimensional concept of State reform, health sector reform, public health, and essential public health functions contained in the questions, noting that the experiences in the countries vary because of their dissimilar national development processes.

However, it did recognize some common characteristics of the health sector reform processes under way, identifying the negative and positive impact on the health of our populations:

### 9.1.1 Negative Impact

- Decreasing State responsibility in health, manifested in budget cutbacks, the transfer of responsibility to the local level without the necessary resources, cost recovery practices that adversely affect groups with limited resources, etc.
- Deregulation and delegitimization of public control over the private sector.
- Inordinate emphasis on the economic efficiency of the reforms and the increasingly biomedical approach to the health/disease process.
- The rising cost of care and increasing inequity in access to the services.

### 9.1.2 Positive Impact

- Greater importance assigned to the national level and the possibility of social strengthening, greater participation by

civil society in various aspects of health, greater professionalism by the State.

- Participation in health promotion by processes and actors working in the fields of education, social welfare, the environment, municipalities, community organizations, and NGOs.

- Modernization of public administration, with a view to developing administrative/management talents and accountability and social control mechanisms, which are indispensable to the reform processes.

- Sectoral and intersectoral vision to implement health interventions--a vision that extends beyond the traditional sphere of activity of the ministries of health.

In short, given the evidence of deficiencies in the health sector reform processes, it is necessary to underscore the need for the State to exercise a steering role, as well as the urgency of broadening the vision of sectoral reform to extend beyond the health services to include the development of the essential public health functions in these processes. All of this must be based on substantive values such as equity, solidarity, and active participation by all actors in society.

Taking this as their frame of reference, the group noted that the relationship between the reform processes and human resources education in health is not linear; the participation of the schools of public health in sectoral reform has varied widely in the countries, ranging from zero to full support for the processes and has depended more on coincidence than on the reform proposals adopted.

Nevertheless, the group recognized that, given the socioeconomic and health crisis in our countries, there is a common objective, which is to bring all actors together to improve the health conditions of our populations, especially the most disadvantaged groups, and to promote change. Here, it will be essential to define the State's responsibility for guaranteeing equity, solidarity, comprehensiveness, quality, and efficiency in the access to and utilization of the health services and for improving health conditions by mobilizing all social actors. Human resources development and the pressing need for the universities and especially the schools of public health to participate assume a key role in these processes.

Accordingly, the schools of public health face challenges in two areas:

***Externally:***

They must develop their capacity to participate actively in the processes of change, supporting causes of collective interest, promoting alternative proposals, creating opportunities for discussion and debate, and forging partnerships with other sectors, especially the community and local and regional governments.

***Internally:***

They must develop the necessary technical and managerial capacity and greater administrative and financial autonomy, negotiating power, and leadership, as well as a policy and mass communication strategy.

The purpose is to procure the active inclusion and participation of the schools in the reform processes. This will be accomplished through human resources education to promote innovation, critical thinking, and a concrete contribution to knowledge, together with a commitment to changing the particular social reality and health situation of each country.

### 9.1.3 Position Paper: Implications of Health Sector Reform and Essential Public Health Functions for Public Health Education

In the current context of change, heterogeneity, and uncertainty surrounding the debate on health sector reform, it was emphasized that health for all is the ultimate goal of every government policy and, moreover, that economic growth should contribute to sustainable social and human development. We therefore state that in no case should the means constitute an end in themselves.

The State, as the repository of a nondelegable role, must be responsible for unhesitatingly implementing the activities for which it is responsible to support the ethical values of equity, solidarity, and social justice. This must be the framework for health policy action, which must ensure adequate participation by the schools of public health, whose mission should not be usurped by policy-making entities or practice in the services. The schools of public health should be linked to research, training/action, and

evaluation, maintaining the constant critical attitude necessary for change and improvement.

### 9.1.4 Innovative Strategies for the Development of Public Health Education

Two areas that constitute the framework for the strategy recommendations should be highlighted to emphasize that health sector reform is not a unidimensional process in Latin America.

- Heterogeneity of the reform process
- The need to develop the strategies nationally; that is, the best strategy is one based on each particular reality

Within this framework, the proposed strategies have been broken down into the following Strategy Areas:

a) Health policy:

" Permanent forums should be created with the participation of the various sectors of society (governmental, nongovernmental, private organizations and international agencies). This demands an implicit process of consensus-building as an accessory strategy for the reform. This ongoing forum should consist of a single entity that acts as an "academic and operational compass" for training, policy-making, and health services institutions.

" Promotion of health sector reform as State policy, in which it is defined as an intersectoral social objective.

" Incorporation of sectors outside health in the discussion, analysis, and implementation of the reforms to guarantee that other actors are fully involved in the process.

" Promotion of the reform initiatives and broad participation by local governments, social and economic sectors, and civil society in general.

b) Research

" Definition of the thematic areas or lines of research in concert with the health services and other social organizations to broadly and objectively address concerns about the reform and permit adequate monitoring in the Region of the Americas.

" Comparative multicenter studies on the scope and limitations of the reform process. It is suggested that

ALAESP, in coordination with PAHO and other bodies, call for an initiative in this field that would guarantee the involvement of all their members in the countries.

- Creation of research programs that foster collaboration and the building of strategic partnerships with other sectors.
- Participation in the competition for existing funds and the creation of new funds for research on reform.

c) Human resources education

- Promotion of a multidisciplinary approach and an interdisciplinary work perspective
- Linkage with undergraduate programs
- Opening of curriculum corridors at the undergraduate and graduate level, permitting students in the social sciences and/or engineering to take formal courses linked with health sector reform or health policy (for example, working with an interdepartmental or interorganizational management perspective).
- Training programs should adopt a more eclectic vision that embraces the classroom, the community, and the health services. At the same time, they should promote a broad concept of health problems, combining the necessary technical and policy elements for a comprehensive approach to the reform processes.
- The cooperation agencies should support exchange programs between schools in the Region, an activity that could be coordinated by ALAESP. It is also important to promote the participation of medical schools within FEPAFEM. Finally, PAHO must strengthen its support for the schools of public health in the Hemisphere.

## 9.2 GROUP N° 2

*Coordinator:* Jorge Lemus, Argentina

*Rapporteur:* Miguel A. Garcés, Guatemala

### 9.2.1 Starting Point

The group considered it important to discuss the origin and meaning of health sector reform, both generally and in the individual context of each country.

Achieving a consensus on the theory and practice of public health is necessary for defining and discussing its essential functions and their impact on the health of populations. In this regard, the " essential" in the EPHF refers to what is indispensable, stable, and permanent in the processes and subject matter--not to what is minimum or basic.

The group believes that the EPHF should precede HSR and not be viewed as a consequence of it (which apparently has occurred). Similarly, it is evident that the sectoral reform has not taken the schools of public health into account.

Discussion topics:

a) Origin and nature of the reforms

b) The concept of " public health"

c) Links between the health services, academia, and the schools of public health

d) Analysis of the EPHF in terms of their comprehensiveness and relevance

### 9.2.2 Origins and Characteristics of the Reform

The group felt that the origins of health sector reform should be determined by means of a historical, political, and economic approach to the development of the countries of the Region, since, the reform is related essentially to the political and economic trajectory of the countries and not to the specific health conditions, health needs, and health resources of the population and the States.

It argued that health sector reform has its origins in the international financial organizations— the World Bank, IDB— who proposed it after the "lost decade" (1980-1990), together with the establishment of regimes that would make democratic processes viable in the Region. The reforms have therefore been proposed as a compensatory mechanism within the structural adjustment policies that will impact on the macro- and microeconomy, cushioning the

impact of the adjustment on the population and improving efficiency in resource utilization, within the modernization of the State.

The group was highly critical of the predominantly individualistic and " social welfare" approach of the reform, which ignores or omits the most essential aspects of public health.

Negative aspects of the reform:

- It is not geared toward producing health, since it ignores health promotion and disease prevention.
- It does not mobilize a social response that addresses the determinants of health.
- It does not promote an " environmental approach."
- It is not linked with key sectors such as education and the environment.
- It puts certain functions that pertain essentially to the State into private hands, or facilitates this transfer— for example, certain regulatory components.

Positive aspects:

- Separation of the regulatory and service delivery functions.
- Separation of the insurance and service delivery functions.
- Decentralization of benefits.
- In some cases and countries, positive microeconomic results, such as reduced maintenance costs and better quality.

The positive and negative aspects of health sector reform in the Region vary from country to country, and in some cases its impact is not yet evident.

The group felt that the international organizations that have manipulated the reforms have introduced an inverse logic into the planning of the services, with the consequent problems mentioned above.

### 9.2.3 Theory and Practice of Public Health

Several members of the group criticized the proposal not to consider public health a " discipline," and while a consensus can

be reached on a broad definition, the need to delve more deeply into the conceptual and epistemological underpinnings of an objective, scientific approach to the topic is evident. The following definition was hammered out:

" Public health is a discipline and social practice devoted to the study of the health needs of communities and individuals and of the factors that determine health. Based on this knowledge, it is the responsibility of public health to define and implement intervention policies, methodologies, and techniques, and to supervise and control their development, equity, and quality."

### 9.2.4 Links between the Health Services, Academia, and the Schools of Public Health

The group voiced concern over the clear dissociation between the work of the health services and academia. For example, the schools of public health have not been involved in planning, executing, or evaluating HSR. The group also criticized the extreme overrepresentation of external consultants in the schools, ministries, and other health institutions of the Region.

The group underscored the importance of bringing these spheres of action together, noting that academia should break with its traditional model of relative isolation from practice in the health services and become involved in their work. The group emphasized the need to link the plans and programs of the schools with the ministries and other health and extrasectoral institutions, enriching these entities and developing and strengthening mutual support that will effectively respond to the health needs of the population. The group felt that, in some instances, academia has chosen " to think from the outside," because it can do so safely and risk-free, either because of political differences with the governments or to avoid the responsibility implied by direct involvement.

The group also felt that the schools of public health should contribute ideas and assist in the formulation of evidence-based policies, criticizing reforms and health systems and services, when they deserve it, as part of their social responsibility.

### 9.2.5 General Thoughts on the EPHF

- The EPHF constitute a good general summary of the functions of public health; however, each country should interpret them and adapt them to its own context.

- The EPHF should place greater emphasis on guaranteeing equity in all dimensions of their work.

- In each EPHF, elements related to the development of human resources, technology, and infrastructure should be explicitly incorporated, as should legislative elements to support the essential public health functions.

- As it has been outlined, the steering role of the ministries can be interpreted as a responsibility that is normative, linear, and obligatory, rather than strategic, prospective, and based on social consensus as it should be.

- The relationship between the EPHF and the universities and other academic institutions in general should be explicitly defined.

### 9.2.6 Proposed Strategy

The group pondered strategies to recommend for developing the schools of public health in the Region, citing the following as a starting point:

- The need to support and promote the creation of more schools of public health in the Region among the States, governments, and civil society institutions.

- The need to establish concrete, realistic strategies to bolster the technical and scientific capacity of the schools and respond to countries' health needs.

- The need for comprehensive information management activities in the schools (from information generation to dissemination) and for human resources and health services development, based on the epidemiological situation in each country. These activities should receive the necessary support and employ a prospective approach.

- Maintaining flexibility, quality, and mass outreach as principles for the development of the schools— flexibility, to better respond to the needs of the health services, the health work force, communities, and the country as a whole, and to adapt and understand the importance of striking a balance between analytical and policy-making capacity and the new techniques; quality, to obtain the best results in all health sector reform processes; and mass outreach to meet the specific needs of each country.

Based on the document *Innovative Strategies for the Development of Public Health Education* and the contributions of the group members, the following strategies are proposed, together with tactical aspects and a number of pertinent observations.

### 9.2.7 Political and Social Action of the Schools

For the schools to influence policy-making, it is essential that they develop closer ties with the executive and legislative branches of government, as well as with professional and grassroots organizations. They must be successful in this area if they are to influence national intersectoral policies that impact on health and help the community and relevant organizations to meet the proposed health targets and assist them in developing a political discourse grounded in science and technology. The schools should make an effort to broaden their participation in health systems management, exercising their critical capacity and maintaining a dialogue open to State proposals.

### 9.2.8 Direct Links between the Schools and the Health Services, Users, and the General Public

This strategy is basic for understanding the health situation and properly orienting school programming: research, information dissemination, education, and service. Moreover, the strategy supports teaching and administrative decision-making regarding the type of programs and the form they take. This would create an opportunity for the schools to have a direct impact on health services and communities, strengthening and legitimizing their work and enhancing their political influence through a genuine capacity to transform and support. Identifying successful experiences in the health systems and services that can translate into joint projects with the schools to enrich knowledge and practice is therefore critical. The schools must be involved in the reforms and respond to them creatively, critically, and proactively. Developing the managerial capacity of health systems and services through the work of the schools is also essential, as are proposals for intervention and participation in the evaluations. Finally, an ongoing relationship should be maintained with graduates of the schools to continue their education and promote the schools' capacity to influence the services.

### 9.2.9 Integrating Research Functions with the Development of Technologies and Procedures

The group suggested the possibility of conducting " strategic research" to satisfy the need for knowledge to tackle priority health problems or fill in essential gaps in knowledge. The results of this research should be reflected in concrete changes in the work of the services through the introduction of new technologies, forms of management, or other intervention tools.

### 9.2.10 Bringing Public Health to the Clinic

An important area for public health is support for the clinical setting through health promotion and disease prevention, and the consolidation of opportunities for the application of clinical epidemiology, without neglecting the broad expanse of social epidemiology.

### 9.2.11 Defining and Promoting the Philosophical and Ethical Role of Public Health

The group considered it necessary to define and promote the philosophical and ethical role of public health, both inside and outside academia, given the role of public health in the health services and communities and among users in general.

## 9.3 GROUP N° 3

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| *Moderator:* | Onofre Rojas, Dominican Republic |
| *Rapporteur:* | Luis Felipe Abreu, Mexico |

The group expressed its gratitude for the invaluable collaboration of Eliseo Orellana of El Salvador

It considered the paper presented by Fernando Muñoz an excellent foundation for the discussion, offering a number of additional thoughts and proposals to improve it. It noted that:

1) Health sector reform is inseparable from State reform. It is a response to the new realities of the global economy, such as greater flexibility and automation. HSR entails both risks and opportunities. At a time when the economy is demanding the

intensive use of knowledge, a healthy, educated population capable of making decisions and generating development projects is essential to ensure the capacity for innovation. Health is thus a resource for social life. It is therefore indispensable to develop new forms of social regulation, such as the *essential public health functions*, in order to permit concerted action that will reduce the market distortions that lead to an accentuation of social asymmetries and lack of equity.

2) The majority of academic institutions have chosen to remain outside the reform process. There is a pressing need to recognize that we must jump in and become key actors in this process. The power of the schools of public health rests in their capacity to produce, generate, and increase the use of information and knowledge. The schools of public health should be intelligence centers for planning, research, and the development of new options.

3) The group considers it important to distinguish between public health as a social process, public health as a field of knowledge, and public health as the occupation of a group of experts. Public health in its broadest sense goes beyond the health system and is the result of the concerted action of society as a whole; as a result, it is distributive in nature and is interwoven in the social fabric. We should therefore promote self-organization and self-regulation, together with initiatives by the various social actors. It is even a good idea to talk about a state public sector and another, nonstate sector, such as the NGOs. In this context the promotion of a culture of health becomes very important. As cultural institutions, the schools can play a key role in steering the social process by becoming centers for study, consensus-building, and ongoing reflection. Thus, the idea of forming a school of governance in health is very attractive.

4) In the past, people were trained in standard health services administration. Today, the main objective is to train leaders with the capacity for research and innovation to guide the social process that generates public health. In addition to a knowledge of legislative aspects, adequate training in the social sciences and the humanities, in areas such as bioethics, is indispensable for efficiently fulfilling this role. There is probably no single profile of the public health professional for all conditions. However, a core curriculum with solid training in the sciences and research can be identified; this curriculum would be geared toward the development of long-term capacities such as self-directed

learning, efficient communication, teamwork, and ethical practice. It is also important to promote a flexible curriculum and be open to the possibility of combining various academic activities to facilitate research projects and interventions using a multi- and interdisciplinary approach.

5) All aspects of the concept of evidence-based public health should be developed. The concept of evidence-based medicine is but an analogy, since the conclusions of controlled clinical trials tend to be relatively independent of the context and easily transferable. Public health activities, in contrast, require a great deal of context, because they imply cultural, organizational, and socioeconomic factors. They demand considerable knowledge of the social sciences to permit comparative health studies that will enable us to benefit from the experience of others. Developing the capacity to conduct research is essential for adapting or generating the knowledge necessary for change.

6) Communication and academic exchange should be promoted among schools at the national and international level. Forming consortia for collaboration among institutions at the regional and hemispheric level would make it possible to help each country to develop its own training options. To this end, it would be desirable to promote accreditation processes for the schools of public health, as well as the use of innovative technologies such as computer networks. A website should be created that contains information on each institution's programs and teaching methods, together with applications for exchange programs, directories, and discussion groups.

### 9.3.1 Vision

The schools of public health should be conceived as centers of health intelligence, capable of investigating, reflecting, innovating, reporting, building consensus, and making a significant contribution to the organization of the social response to the challenge of health. Health is a matter for all and extends beyond the health sector. The schools should respond to the totality of society, significantly expanding their sphere of action. Knowledge is power, and empowerment today means providing knowledge and information to transform the world.

### 9.3.2 Curriculum

The objective of the public health curriculum is to train leaders with the capacity to organize the social response to the challenge of health.

The curriculum of the schools of public health should shift from master's and doctoral programs in the arts in which traditional administration predominates to master's and doctoral programs in the sciences. Thus, the implementation of a solid core curriculum with a firm scientific foundation is recommended.

The core curriculum should include— according to Ernest Boyer— four basic aspects:

1) Research, understood as the capacity to generate knowledge and explain processes. This objective implies a firm grasp of the social sciences, with emphasis on training in methodologies, both quantitative and qualitative.

2) Integration of knowledge: Because it is necessary to link knowledge with other knowledge and to find new meanings and new options for its application.

3) Application of knowledge: The capacity to design, control, and evaluate processes in the complex environments in which public health activities are carried out to generate effective interventions.

4) Social management of knowledge: To identify needs, disseminate knowledge, communicate ideas, reach agreements, and organize and evaluate social responses to health problems.

In addition to the core curriculum, a wide range of academic activities should be undertaken to develop a flexible curriculum that, from a scientific and innovative perspective, will make it possible to address the diversity of health-related problems.

In modern education the method of teaching is as important as the content. The idea is to promote education aimed at solving problems and centered on the development of long-term competencies, such as self-directed study, teamwork, creativity, the capacity to innovate, and leadership.

### 9.3.3 Reorganization of the Schools

The new situation and the current challenges of public health demand a radical transformation of the schools, which must reach beyond their traditional role as the trainers of specialists to become an opportunity for the generation, dissemination, and extension of knowledge. Knowledge in health should be disseminated to all corners of society. We must set out to train a wide range of health workers, from natural community leaders on up to doctors in the sciences.

One particularly important aspect is the articulation of continuing education networks to retrain graduates who continue to work in the health sector.

In this regard, educational institutions need a solid core of academics and consolidated lines of research. Only a nucleus of leaders can channel the transformations required.

Some of the necessary actions proposed are:

a) The creation of a network for academic collaboration between educational institutions and regional and hemispheric cooperation consortia.

b) The search for sources of financing to transform the schools of public health.

c) The establishment of multicenter research projects geared to the development of new models to meet the challenge of public health.

d) The creation of a virtual library that will facilitate broad access to public health information. This is indispensable for developing evidence-based public health.

e) A proposal that the III Conference focus on operationalizing the actions and evaluating the results of the strategies produced by this meeting.

## 9.4 GROUP N° 4

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| *Moderator:* | |
| *Rapporteur:* | Soledad Barría, Chile |

### 9.4.1 Sectoral Reform

The health sector reform processes are driven basically by the search for efficiency and the countries' urgent need to impose macroeconomic adjustments. This has consequently meant dramatic changes in the economics, administration, and operation of the sector.

At first, the schools of public health in the majority of the countries chose to remain outside the reform processes for political reasons and because they lacked the tools that would enable them to participate significantly in operational and administrative activities. The schools, however, have gradually become part of the process, which indicates that they have developed the necessary skills for exerting their influence on sectoral reform.

Sectoral reform in public health is considered a process that gives continuity to earlier actions and whose purpose is to adapt to the new realities.

State reform can and should be fully used to lend viability to the necessary health sector reform activities, such as decentralization and the democratization of health.

Sectoral reform has both a positive and a negative impact on the health of the population and the environment in several senses as a result of the internal changes in the sector. Some of these are the increase in local power stemming from decentralization, greater diversification of supply, the emphasis on regulation, the expansion of coverage and access, the concern about the quality of the services, and the expanded role of users.

HSR activities tend to be constrained by a number of factors: the lack of financing and local operating capacity; the need for new competencies, which poses a challenge for human resources (human resources development is not included, because it is considered just one more objective in the process); the lack of regulation, monitoring, and control systems consistent with the decentralization processes that would make it possible to formulate and maintain global policies.

### 9.4.2 Challenges for Public Health Interventions and Research

HSR has laid bare certain deficiencies in public health interventions and research. There is weakness in policy design and

implementation and in the regulatory and control systems. In terms of real participation, the " representation of others" must give way to a new concept. There is also an inability to demonstrate accomplishments, resulting in a lack of mechanisms for self-evaluation. Finally, there is a need to develop the capacity for managerial action, to increase multidisciplinary activities, and to consider cultural aspects.

The challenges to public health interventions and research can be summarized as follows: it is necessary to develop the capacity to demonstrate results, break with old paradigms, and establish adequate and active communication between the schools and the outside world. Restoring efficient leadership, developing negotiating capacity, and building partnerships to search for consensus figure among the challenges to be met.

Concerning the development of methodologies, there is a need to link learning with practice; to shift from an approach based strictly on the discipline to a problem-solving approach, and from an institutional to a population-based approach, combining technical with political aspects. There is likewise a need to diversify the educational supply, which should satisfy the needs deriving from the various contexts; and most importantly, the ethical content of public health should be strengthened.

### 9.4.3 Public Health Education for Human Resources Development

Two levels of education are recognized, one for the general population and another specifically for the health sector, which demands the development of new skills at both the undergraduate and graduate level.

Greater priority should be attached to the issue of human resources, particularly with respect to *the participatory definition of profiles and integrated management, including aspects of labor relations.*

Public health education must place renewed emphasis on the rights of the people as the real actors.

The contents of public health education should be directed basically to guaranteeing equity and sanitary effectiveness. In this regard, the consideration of administrative and cultural aspects becomes especially important. It is also important to develop competencies and skills to deal with change and meet the

new challenges, and to promote strategic mediation and the capacity for negotiation and critical analysis.

With respect to the processes and actors, the need to integrate training with practice is recognized: *the schools must extend their approach to include the workplace.* Here, it should be noted that the "clientele" or demand for the schools of public health is different; and within that demand the municipios are especially important. This translates into the need to expand and diversify educational supply in order to attract professionals who do not necessarily belong to the groups at the central level.

### 9.4.4 Problem-solving Methodologies

***Shared Responsibility among the Ministries, the Health Services, the Universities, and Other Institutions***

The following development areas merit special attention:

- Planning and strategies
- Design, implementation, and monitoring of policies
- Epidemiology
- Health economics
- Financial management
- Comprehensive human resources management
- Technology assessment
- Leadership and negotiation
- Communication and marketing
- Project management and evaluation

## 9.5 GROUP N° 5

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| *Moderator:* | Charles Godue, PAHO |
| *Rapporteur:* | Douglas E. Angus, Canada |

While health sector reforms are advancing and numerous concepts of the essential public health functions are emerging, there is an important gap between the functions and the reforms that calls for an effective link between them. Much has been said in this regard about the multisectoral approach to public health, but it we must look beyond the rhetoric: for example, are representatives of other spheres of activity, such as the environment or finances/treasury present at this Conference? Part of the " missing link" is related to the issue of leadership, at the senior policy and management levels and in the communities.

With respect to leadership, communities will be prepared only if their level of awareness has been equally raised: is this an essential public health function? More to the point, strengthening the link between the reforms and the essential public health functions would be facilitated if the objectives and the definition of public health were clearly spelled out. For example, is public health a practice or a discipline? The approaches will vary with the response to this question. This lack of links is intensifying, because no standards and measurement tools are available that would make it possible to gauge the distance between the communities' development and the sectoral reform processes.

Finally, those responsible for policy-making equate the reforms with an increase in responsibility and are frustrated by the lack of tangible evidence provided by public health in this regard: is the capacity to translate research into policy an essential function?

The group raised the following questions to guide the discussion:

1) What experiences have group members had in attempting to forge ties between the schools of public health, government, and the private sector?

2) What are the common problems and challenges? What messages could be transmitted by PAHO, given its role in international technical cooperation?

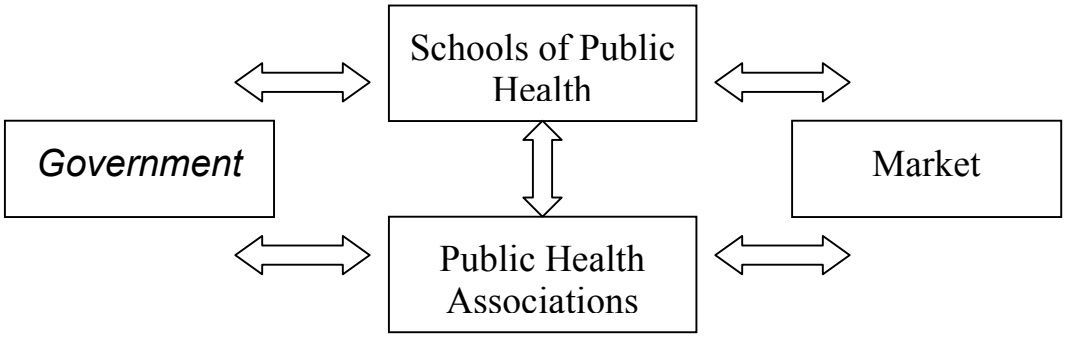
The external pressures arising from the changes in the public/private mix in education and practice, for example, are significant for the schools of public health. There is an impression that while financing is available for the sectoral reforms, the financing for research in public health is inadequate, since it is heavily oriented toward disease. More to the point, there are insufficient funds to enable the schools of public health

to demonstrate the value of the investment in public health research that is already being conducted.

Why don't the schools of public health respond better to these external pressures? It appears that market forces represent a " double-edged sword" for the schools. On the one hand, they lead the schools of public health to respond to the external needs of the public health services and personnel. On the other, the resources are insufficient to permit the schools to meet needs outside the market but crucial for society as a whole— for example, disease surveillance and control, health promotion, etc. To cite one of the members of the working group: " we must consider not only the value generated by a given monetary investment, but also the importance of investing in our social values."

It is important to note that, despite the resource constraints and inequities, significant initiatives are also under way. Some examples of this are the creation of community ties between the schools of public health and local public health departments (faculty and adjunct professors), learning based on problem-solving and teamwork (case studies), and selected service programs conducted by educators from the schools of public health (with student involvement under the supervision of the professors).

Initiatives such as these are under way despite the lack of recognition for university instructors. University incentive systems, which value the publication of research findings above all else, are inconsistent with an educational system based on teamwork and problem-solving. Changes in this system will have to occur to make the university culture more consistent with community needs.




Another example of initiatives is the use of public health associations (at the city, state, or country level) to foster ties between the schools of public health and governments. This approach is useful for increasing the external outreach of the schools and

their activities and helping to demonstrate the viability of public health education to governments and the private sector alike.

Governments and market forces are concerned about what the money buys. The links with public health associations help to demonstrate the importance of investing in what is valued.

Finally, it is important to realize that, in addition to bringing the external environment to the schools of public health, there is a need for a concerted effort to bring public health education to the system: it cannot be a one-way operation.

### 9.5.1 Strategies and Recommendations

*Schools of public health: internally and externally*

The schools of public health must:

1) Establish more open relations with their internal and external environment.

2) Develop a more relevant curriculum in public health.

   *Strategies:*

   a) Link the schools' information systems with the work environment in public health.

   b) Take advantage of the work experience of personnel to define what should be required of public health professionals through mechanisms such as:

      - External advisory committees
      - A survey of practicing health professionals (especially their own graduates).
      - The naming of practicing personnel as adjunct professors.
      - Positions in the schools for executives in residence.

   c) Develop an internal intelligence unit at the schools to monitor the external environment through the analysis of information and future scenarios.

3) Review internal administrative procedures and the incentive system to encourage the schools of public health to become involved in their external environment.

*Strategies:*

a) Examine the current system to determine where innovations and activities geared to the external environment can be developed.

b) Establish explicit communication mechanisms within and between schools and departments.

c) Develop shared programs and posts with other schools and departments; for example, school of nursing, school of medicine, etc.

d) Conduct interdepartmental research on:

- the impact of health sector reform on equity, access, health outcomes, and the balance between preventive and curative care
- the impact of health sector reform on the current and future capacity of human resources for public health.

e) Negotiate agreements or contracts with governments and the schools of public health to conduct research and training activities.

4) Contribute actively and significantly to the debate on health policy.

*Strategies:*

a) Create a national forum on health and health policy involving all interested parties, including the public

b) Develop explicit links with the public health associations, where they exist, and proceed to establish such organizations where they do not.

c) Strengthen the existing ties among the schools of public health (ALAESP)

d) Strengthen relations among the schools at the subnational level, making it possible to develop common measurement tools and indicators, as well as monitoring mechanisms.

5) Invite PAHO to actively support the schools, the national associations of public health, and their ties with the schools.

6) PAHO should engage in monitoring activities that especially target the essential public health functions and the performance of the public health systems.

7) PAHO should redouble its public health advocacy among the ministries of health of the Americas by developing a broad package of orientations, for example.

8) PAHO should review the current administrative mechanisms and incentive system, in collaboration with university authorities, to guarantee greater innovation and new and dynamic links with the schools' external environment.

9) PAHO should promote the creation of national intersectoral health councils headed by the ministers of health, in which the schools can play a critical role in technical support.

## ANNEX A: AGENDA

**WEDNESDAY, NOVEMBER 11**

09:00 - 10:00 INAUGURAL SESSION

*Opening Remarks:* Dr. Alejandro Cravioto
Dean, School of Medicine,
" Universidad Nacional Autónoma de México (UNAM)"

*Welcome:* Dr. Francisco Barnés Castro
Rector, " Universidad Nacional Autónoma de México (UNAM)"

*Remarks from PAHO:* Dr. George Alleyne
Director, PAHO/WHO

*Inauguration:* Dr. Juan Ramón de la Fuente
Secretary of Health, Mexico

10:00 - 10:30 Break

10:30 - 11:15 Presentation:
HEALTH SECTOR REFORM AND THE ESSENTIAL PUBLIC HEALTH FUNCTIONS: CHALLENGES FOR THE DEVELOPMENT OF HUMAN RESOURCES

*Presenter:* Dr. Daniel López Acuña
Director, Division of Health Systems and Services Development, PAHO/WHO

11:15 - 12:30 Presentation and comments
NEW APPROACHES TO THE PUBLIC HEALTH

*Presenter:* Dr. Paulo Buss
Presidente ALAESP

*Comments:*

Dr. Robert Lawrence
Associate Dean for Professional Education, School of Public Health, Johns Hopkins University

Dr. Samuel Aymer
Ministry of Health, Antigua

Dr. Alejandro Cravioto
Dean, School of Medicine, UNAM

12:30 - 14:00 Lunch Break

14:00 - 15:15 Presentation and comments
ESSENTIAL PUBLIC HEALTH FUNCTIONS

*Presenter:* Dr. Luis Ruiz
Regional Advisor, Human Resources Development Program, PAHO/WHO

*Comments:* Dr. Paul Halverson
Division of Public Health, Centers for Disease Control and Prevention (CDC)

Dr. Sylvie Stachencko
Director, Division of Health Policy and Services, WHO

Dr. Roberto Tapia Conyer
Under Secretary of Disease Control and Prevention, Secretariat of Health, Mexico

15:15 - 16:30 Work group session

16:30 - 17:00 Break

17:00 - 18:00 Work group session

**THURSDAY, NOVEMBER 12**

09:00 - 09:30 Presentation of summary

09:30 - 10:15 Presentation
TRENDS IN PUBLIC HEALTH EDUCATION

*Presenter:* Dr. José Roberto Ferreira
Coordinator, International Affairs, ALAESP

10:15 - 11:00 Presentation and working group dynamics
IMPLICATIONS OF HEALTH SECTOR REFORM AND ESSENTIAL PUBLIC HEALTH FUNCTIONS FOR PUBLIC HEALTH EDUCATION

*Presenter:* Dr. Douglas Angus
Director, Master of Health Administration Program, University of Ottawa

11:00 - 11:30 Break

11:30 - 13:00 Work group

13:00 - 14:00 Lunch break

14:00 a 16:00 Work group continue
IMPLICATIONS OF THE EPHF AND HEALTH SECTOR REFORM FOR PUBLIC HEALTH EDUCATION

16:00 a 17:00 Break
Visit to Museum " Palacio de Medicina"

17:00 - 18:00 Plenary session

**FRIDAY, NOVEMBER 13**

09:00 - 09:45 Presentation and working group dynamics
INNOVATIVE STRATEGIES FOR THE DEVELOPMENT OF PUBLIC HEALTH EDUCATION

*Presenter:* Dr. Fernando Muñoz
Deputy Director, " Centro Latinoamericano de Investigaciones en Sistemas de Salud (CLAISS)"

09:45 - 11:00 Work group

11:00 - 11:30 Break

11:30 - 13:00 Work group

13:00 - 14:30 Lunch break

14:30 - 15:45 Plenary
THE FUTURE AGENDA OF PUBLIC HEALTH EDUCATION

15:45 - 16:15 Break

16:15 - 16:45 CLOSING SESSION

17:00 - 18:00 EXECUTIVE SESSION

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