

ACTA

WORKSHOP ON MINIMUM CURRICULUM REQUIREMENTS AND QUALITY CRITERIA FOR COURSES AND TRAINING PROGRAMS IN PUBLIC HEALTH IN THE UNDERGRADUATE LEVEL AND THE EXTRAORDINARY MEETING OF THE RESP/UNASUR

It was held in Quito, Ecuador 6th to 8th October 2015 the WORKSHOP ON MINIMUM CURRICULUM REQUIREMENTS AND QUALITY CRITERIA FOR COURSES AND TRAINING PROGRAMMES IN PUBLIC HEALTH IN THE UNDERGRADUATE LEVEL AND EXTRAORDINARY MEETING OF THE RESP/UNASUR with the participation of Brazil, Colombia, Chile, Ecuador , Paraguay , Peru , Suriname, Uruguay and the Bolivarian Republic of Venezuela.

The opening remarks of the workshop and the Extraordinary Meeting was led by Dr. Cesar CABRAL MERELES for the Coordination of RESP / UNASUR; Dr. Frederico PERES, as Deputy Executive Secretary of the RESP/UNASUR and Mrs. Secretary of Governance in Health, Dr. Sonia Diaz.

Dr. Diaz highlighted that health policies are being implemented in Ecuador and the need for training of human resources in public health, redirecting the thinking of health teams aimed at care, prevention and health promotion and not focused on the disease.

Also it highlights the presence of the National Director of Standardization Human Resource in Health, Dr. Andrew EGAS.

1. AGENDA APPROVAL

Following the focal points of the RESP/UNASUR and participants passed the approval of the agenda. It appears as **ANNEX I**.

The Executive Secretary of the RESP/UNASUR presented the objectives of the WORKSHOP ON MINIMUM CURRICULUM REQUIREMENTS AND QUALITY CRITERIA FOR COURSES AND TRAINING PROGRAMS IN PUBLIC HEALTH IN THE UNDERGRADUATE LEVEL.

Following the presentation of the workshop participants and the extraordinary meeting was held . The list of participants is contained in **ANNEX II**.

2.1. PRESENTATION PROFILE ECUADOR

In its capacity as host beginning its exposure, Dr. Jakeline Calle, which presented how public health is incorporated into the undergraduate, professional health, not everyone has incorporated the issue of public health in their curricula.

Within the identified critical points there is the predominance of a biological approach, which hinders the incorporation of a public health approach.

The presentation by the representative of Ecuador stated in **ANNEX III**.

2.2. PRESENTATION OF BRAZIL

Dr. Frederico Peres, in his capacity as representative of Brazil started his presentation by analyzing educational issues in health and health systems in a country of continental dimensions, such as health care professionals, health managers and issues for the distribution of human resources in the country.

Undergraduate training is organized on three levels, there is a four-year training level in public health, most of the undergraduate training is under the Brazilian government policy of lifelong learning and makes the School of Public Health and health services themselves. Finally, the third type of undergraduate education is the professional technical education, so I consider strategic invite to this meeting representatives of the RETS. This, basically, is the picture of undergraduate training in Brazil.

The presentation deepened on the three modes of training, certification is provided by the Ministry of Education and not Health. Brazil's presentation is contained in **ANNEX III**.

2.3. PRESENTATION OF CHILE

Dr. Oscar Arteaga from the School of Public Health Salvador Allende made the presentation profile undergraduate training in his country.

Regarding the outlook for public health training in Chile, he stressed that only universities can provide certifications with academic degrees in his country. In some cases, institutions called professional institutes can grant professional titles.

In Chile there is no profession of public health degree, understanding that there is no market for them. The title is a public health by conducting postgraduate master's or doctoral or medical specialty of public health (residence).

The presentation consists entirely as **ANNEX III**.

2.4. PRESENTATION OF COLOMBIA

Luis Carlos Ortiz Monsalve from Colombia noted the similarities between Colombia and the posing in the Chilean case. In this regard, he presented the architecture of regulation and accreditation of undergraduate health, which basically depends on the Ministry of Education. In that sense, he raised as Health has incorporated these processes. The issue of relevance is what has enabled the incorporation of the Health Ministry, constituting an intersectoral committee and with each of the health professions have worked on professional skills.

The presentation as a whole appears as **ANNEX III**.

2.5. PRESENTATION OF GUYANA

Dr. Reeta Gobin of Guyana gave a presentation on the training of human resources in health and in public health in their country. The undergraduate training public health occurs primarily at the

University of Guyana, in the MBBS program (Bacharel in Medicine and Surgery). This program includes theoretical and practical courses in public health. In this regard, the need for better integration between health education and health systems are highlighted.

The presentation consists entirely as **ANNEX III**.

2.6. PRESENTATION OF PARAGUAY

Dr. Cesar Cabral clarify the scope of undergraduate: technicians, degree: professionals graduates and is used in Paraguay. In this regard, I note that the Ministry by law has the possibility of giving titles undergraduate or health technicians.

It highlights that a critical issue in public health training is the teachers and their capacity for undergraduate and graduate degree in public health.

The health sector does not have the ability to monitor and coordinate public health courses taught in the country. But so do other bodies related to the education secto, so trained or trained profiles are not adapted to the needs of the health system of Paraguay.

The presentation is found in **ANNEX III**.

2.7. PRESENTATION OF PERU

The delegate of Peru presented the profile of public health training undergraduate and what they are doing in the field of human resource policies in their country. It also highlighted the reactivation of the National School of Public Health, Ministry of Health of Peru.

The presentation is found in **ANNEX III**.

2.8. PRESENTATION OF SURINAME

One of the issues faced in Suriname is the lack of training of human resources in public health, which in most cases are resolved with training programs that develop from the Ministry of Health.

Besides the Ministry of Education, Science and Culture has the National Teacher Training Institute training program with health educators.

The University of Suriname has developed public health courses for various professional categories.

The presentation of its extension is in **ANNEX III**.

2.9. PRESENTATION OF URUGUAY

Dr. Marisa Buglioli, representative of Uruguay made a presentation of the profile of public health training in the said country. In this regard, he stressed that the UDELAR is almost the forming monopolistic health, this does not mean that there is some private institutions offer, but is marginal.

While the binding UDELAR is an autonomous coordination as the country's needs arise.

The country does not have a school of public health degree or training in public health. The School of Medicine is accredited and each cycle must meet certain quality attributes.

The corresponding presentation given in **ANNEX III**.

2.10. PRESENTACION OF THE REPUBLIC OF VENEZUELA

Dr. Tulia Hernandez, the Ministry of Popular Power for Health of the Bolivarian Republic of Venezuela made a presentation on the public health training of undergraduate in his country.

Medical Training is divided into forming a traditional surgeons and the other is that accredit six universities of the country. Both types have a duration of six academic years.

The National Training Program for Comprehensive Community is issued in instances of the National Public Health System of the Bolivarian Republic of Venezuela. It is a family and community medicine approach to be a public, inclusive and which is available to everyone in the country who want to study this career program.

The presentation appears in **ANNEX III**.

2.11. PANEL DISCUSSION

After the presentation of the focal points of the countries the participation and discussion of themselves was opened. Table attached in **ANNEX IV** reflects the goals, strategies and deadlines arising from developing the identified common issues.

3. PRESENTATION OF CHILE ON DEFINITION OF BASIC SKILLS IN PUBLIC HEALTH: SUMMARY OF DOMAIN AND AREAS

Dr. Oscar Arteaga School of Public Health Salvador Allende of Chile presented the work in conjunction with the Chilean Network of Training Institutions of Public Health that they have conducted. It consists in **ANNEX V**.

In that sense, he raised the history of the School of Public Health, Salvador Allende, the creation of the Chilean Network of Training Institutions in Public Health and finally the work developed on **definition of basic skills in Public Health: Synthesis Domain and Areas**.

The work started sharing among members of the Chilean Network of Training Institutions in Public of Chile Health, how are the students learning, I mean what are the training programs in public health and the same were exchanged through a virtual platform. Shared with all its training institutions by the Chilean node PAHO virtual campus. The Virtual Campus converted at the operational level of network, giving a different dynamic to the existing one.

Then they formed groups where some members of the network systematized and made a qualitative analysis ordering different program content, choosing the thematic areas that constituted the domains of public health. Such systematization is then presented to the entire network, which is built consensus on each program content.

It is important to understand that the objective of the work intended to adopt common ground or minimum competencies of all institutions. There may be contents that are deepened in some institutions. Although the skills intend to develop a standard for all institutions to improve the quality.

The participants congratulated the delegate of Chile for the work presented, considering that it is an important starting point to work regionally.

4. PRESENTATION OF THE WORK PLAN 2015-2016 of the RESP/UNASUR

Dr. Frederico Peres Executive Secretary of the RESP / UNASUR made a presentation of the progress Work Plan 2015. The revised Plan based on the comments of participants is contained in **ANNEX VI**.

Based on the presentations made at the Extraordinary Meeting and in the current Workshop a drafting of a publication which profiles each of the Member States of the RESP / UNASUR decided to be elaborated. In this regard, the Executive Secretary will make an initial version and then conduct the necessary consultations to each of the focal points for the preparation of country profiles.

4.1. IDENTIFICATION AND PRIORITIZATION OF RESEARCH AREAS PUBLIC HEALTH COMMON TO MEMBER COUNTRIES UNASUR

As progress report on the commitments made in the Work Plan 2015/2016, representatives of Venezuela and Chile submitted a research proposal to the identification and prioritization of research areas COMMON PUBLIC HEALTH TO THE MEMBER COUNTRIES UNASUR, it consists in Annex VIII .

The participants welcomed the proposal made by the representatives of Chile and Venezuela.

In this regard, a coordinator of this project team, composed of Oscar Arteaga from Chile, Tulia Hernandez from Venezuela, Marisa Buglioli Sebastián Tobar from Uruguay and the Executive Secretary of the RESP/UNASUR, Sebastián Tobar.

5. AGENDA RESP/UNASUR FOR 2016.

From the review of the work plan, it was developed the agenda of the RESP / UNASUR for next year, which appears in **ANNEX VII**.

It came to light three activities considered strategic and important for 2016:

- Discussion Workshop on Educational Technology and Distance Education, which will be developed during the first half of 2016, headquartered in Paraguay.
- Workshop on Minimum Curriculum Requirements and Quality Criteria for Training Courses and Programmes in Public Health at the graduate level, based in Uruguay.
- 4th Regular Meeting of the RESP / UNASUR based in Peru.

In this regard, the host countries of the aforementioned events convene the meetings referred to in accordance with the procedures of the UNASUR.

6. ACKNOWLEDGEMENTS

Representatives, focal points of the RESP/UNASUR and participants of the WORKSHOP ON MINIMUM CURRICULUM REQUIREMENTS AND QUALITY CRITERIA FOR COURSES AND TRAINING PROGRAMS IN PUBLIC HEALTH IN THE UNDERGRADUATE AND THE EXTRAORDINARY MEETING OF THE RESP / UNASUR express his gratitude to the organizers, both EXECUTIVE SECRETARY OF THE RESP/UNASUR, and staff of the Ministry of Public Health of the Republic of Ecuador.

The participants welcome the participation of representatives of the Executive Secretariat of the RETS / UNASUR. The participation of the representative of the South American Institute of Government in Health Unasur is appreciated.

The Executive Secretary shall transmit this record to the Pro Tempore Presidency and the National Coordinators of the two countries that could not attend the present meeting.

7. LIST OF ATTACHMENTS

- Annex I.** AGENDA.
- Annex II.** LIST OF PARTICIPANTS.
- Annex III.** COUNTRY PRESENTATIONS ABOUT THE UNDERGRADUATE TRAINING IN PUBLIC HEALTH.
- Annex IV.** SUMMARY TABLE OF MEETING TO ADVANCE THE DEFINITION OF BASIC SKILLS OF UNDERGRADUATE PUBLIC HEALTH.
- Annex V.** PRESENTATION OF CHILE ON DEFINITION OF BASIC SKILLS IN PUBLIC HEALTH: SUMMARY OF DOMAIN AND AREAS.
- Annex VI.** REVISED WORK PLAN.
- Annex VII.** AGENDA 2016 RESP / UNASUR.
- Annex VIII.** PRESENTATION OF DRAFT IDENTIFICATION AND PRIORITIZATION OF RESEARCH AREAS PUBLIC HEALTH COMMON TO MEMBER COUNTRIES UNASUR.

Quito, Ecuador, 8th October 2015.

Brazil	Chile
Colombia	Ecuador
Guayana	Paraguay
Peru	Suriname
Uruguay	Bolivarian Republic of Venezuela

