Ongoing health education: A strategy for involvement in health micropolicy

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Objectives: To present a conceptual basis for the health education policies developed by the Brazilian Ministry of Health from January 2003 to July 2005.

Methodology: Analytical and descriptive.

Results: The authors briefly relate the origins of the Brazilian National Health System (SUS in Portuguese) which declares health to be a right of the people and a duty of the State under the 1988 Constitution. They state that the SUS has made great achievements but also suffers from tensions and challenges. Achievements include the expansion of public health services to the entire country, increased administrative transparency and the creation of forums and organizational structure to give people a real opportunity to become involved in defining health care policy. The tensions and challenges reflect the fact that the process of constructing the SUS has taken place in a “neoliberal” era, in which Brazil has been under great pressure to adopt the health policies recommended by international organizations. As seen in the majority of Latin American countries that have adopted them, these policies have had the effect of fragmenting health care services and access, creating “basic baskets of health services” and decreasing government involvement in health care service funding and provision. The analysis goes on to focus on Ongoing Health Education (EPS in Portuguese), the strategy implemented by the Ministry of Health when President Lula da Silva took office, and lasting until July 2005. According to the authors, EPS is one of the pillars of the construction of innovative health care practices, with the potential to bring the SUS closer to its goal of providing universal quality health care to all Brazilians. To the authors, health is produced “in the act,” and exists only during its production and for those directly involved in the process; namely workers and users. The EPS proposal is based on conceptual developments in critical education and constructionism, in which the process of working in health care is examined with the active participation of health care workers.

Conclusions: To the authors, the workplace should be seen as a school: a micro policy site where current practices and concepts are debated and are implemented in the work process. This helps to create new pacts that bring workers and a comprehensive health care system closer together.