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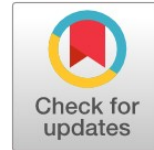
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# BRAZILIAN HEALTH SYSTEM: THE INTERFACE BETWEEN INTERSECTORIALITY AND INTERPROFESSIONAL EDUCATION

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**Abstract.** The World Health Organization (WHO), Pan American Health Organization (PAHO) [1] and the Ministry of Health/Brazil pointed the Interprofessional Education (IPE) as innovative tool that can play a significant role in addressing the challenges in the health network in different countries. In this regard, intersectoriality is indicated in studies and researches pesquisas [2] as a strategy to break the historical fragmentation of professional practices and public social policies and to strengthen the links between them. Researches involving these two strategies IPE and Intersectoriality in Brazil are scarce and therefore reinforce the importance of this article which presents preliminary reflections on research that is being carried out in the Brazilian context. To know and analyze the implications and consonance of Interprofessional Education and Intersectoriality in the process of work of teams of health network empowering actions and organization of teams. To contribute to the reduction of challenges faced by health systems and the consequent consolidation of Health policy in Brazil. This research that uses mixed methods combining quantitative and qualitative approaches to investigating reality, exposing facts and their consequences that are connected to social, political, economic and cultural. Observation, interviews, and focus group. The project is at the stage of theoretical density. The preliminary analyses indicate the importance of the following: employee participation to advances in Health policy; training based on human rights; studies in interdisciplinary perspective; participation and creation of other scenarios for collective practices; education and implementation of management activities and the construction of “networks” of various relationships with intersection and guarantee of rights.

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## INTRODUCTION

Do not just teach a man a specialty. Because if they make a usable machine, but not a personality. It is necessary to get a sense, a practical sense of what it pays to be undertaken, what is beautiful, what is morally correct. Unless so it will resemble, with their professional knowledge, plus a dog taught than a creature harmoniously developed [3].

The Inter-sectoriality and Inter-professional Education (IPE) have been indicated as strategies for strengthening of the Brazilian health system. In this perspective, WHO (World Health Organization) and PAHO (Pan American Health Organization) have appointed the Inter-professional Education (IPE) and Inter-sectoriality also as potentiating and innovative tools in the organization of the world's health systems to help qualify these systems.

It is believed that both can cooperate to confront no articulation between public social policies, which historically operated each in your part, fragmenting the reality and the needs of the population.

This article presents research linked to Center Studies and Research Work, Health, and Inter-sectoriality located in the Catholic University/Brazil that is running, and which investigates the implications and consonance of Inter-professional Education and Inter-sectoriality in the process of work of the

teams of the health network in order to empower them in the actions and team organizations, collaborating to reduce the challenges faced by health systems.

## LITERATURE REVIEW

The theme proposed here, although relevant, does not show significant production in the Brazilian literature. Researchers reiterate that inter-professional education initiated its walk in a timid and yet personalized way in some actors conquering another dimension in that they showed the possibility of qualifying health care and teamwork by strengthening and integrating the different professional categories [4], [5].

It is also possible to verify in the researched literature that there is no evolved concept of what IPE is, and the authors present what they consider the contribution of this form of professional formation and the possible impacts and results in the health systems from the integration between professionals of different categories. These results could have positive effects on health care [4], [5], [6].

Recently, the WHO published the Framework for Action on Inter-professional Education (IPE) and Collaborative Practice in Care of Health, which “I recognize that many health systems worldwide are fragmented and difficult to manage the

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health needs unmet. The current and future health workforce is challenged to provide health service across the health problems increasingly complex” [1].

[7] state that: Health professional education becoming entrenched in the WHO strategy to promote “Health for All by the year 2000” [8]. Other international organizations such as the OECD (Organization for Economic Co-operation and Development) and the WFME (World Federation of Medical Education) adopted strategies to foster experiences in IPE. However, the degree to which these movements influenced national developments seems to differ. The greatest influence appears to be occurring in smaller European countries (e.g., Finland, Sweden, Norway) and in developing countries (e.g., Sudan, South Africa, Thailand) [4], [9].

Researchers have invested in this discussion. Redesign of professional health education is necessary and timely, in view of the opportunities for mutual learning and joint solutions offered by global interdependence due to acceleration of flows of knowledge, technologies, and financing across borders, and the migration of both professionals and patients. What is clearly needed is a thorough and authoritative re-examination of health professional education [10].

In Brazil, the Ministry of Health is also investing in these strategies and/or tools believing that they have a key role in addressing the historical gaps and inequalities that characterize the Brazilian health system.

The health care practices supported by Inter-professional Education (IPE) and the debate about those processes are in the early stages. This does not mean that the country lacks the richness of previous experiences that are a fertile basis for expanding and strengthening IPE, being its conceptual framework and operational proposal very much in line with the cornerstones of the Brazilian Unified Health System (SUS) [11].

The WHO affirms that Interprofessional education ... is an opportunity not only to change our way of thinking about the education of future health professionals, but also an opportunity to take a step back and reconsider traditional methods of providing health care [1].

The social inequality processes and pauperization increasingly intense in some countries, including Brazil, which in the past 15 years lifted a country’s level of development, have been undergoing a tremendous setback in the last five years, in addition to increasing social vulnerabilities and increasing disease processes overloading health services.

Growing numbers of suicides, depression, diseases caused by work activities, use of alcohol, and other drugs have been witnessed. Prospects are waving with hopes in a state that does not meet the demands of society, and where the

scenery becomes even more delicate when it comes to subjects in vulnerabilities, such as users’ harmful use of alcohol and other drugs [12]. Still on drugs [13] says that “the increasing consumption of crack has fostered alarmist campaigns shown by the media, with the idea that in Brazil, people live in an epidemic of this substance”.

With regard to suicide, [14] supported the studies of Minayo that in Brazil in 2006, suicides reached an average 5.7/100,000 and that this figure increases alarmingly in the elderly population. The factors that determine this difference may report forms of exclusion that the elderly are bound by are no longer inserted in the productive system, but certainly highlight the responsibility of mainly government agencies, but not limited to the health authorities in preventing this type of act.

The health of Brazilian workers, [15] alert “is required attention also to the responsibility of institutional management in this precarious reality and the consequences thereof on their health”.

There are numerous research and studies that link the insidious process of illness that exposed the Brazilian people and here we could pointer hundreds of studies that corroborate these data. So in order to give consistent answers to these data, the Brazilian government in line with WHO and PAHO proposes to deepen the strategies in health education level seeking, more than answers, solutions.

## METHODOLOGY

The methodology consists of different steps for the realization of research and the production of knowledge arises precisely from the interaction between the research process and your result in different stages of research collected. Using mixed methods research combining quantitative and qualitative approaches to using combined provides additional insights in addition to enabling a greater understanding of the problems of research [16].

The instruments: Interview, of fundamental importance for rapprochement between subjects involved actually researched; Focus Group that analyzes the interaction between the participants and the relationship with the theme, and the Observation that allows the researcher to know aspects of the daily life of work.

## Coping Strategies

Considering the above data, some training processes, organizational processes, and workforce that can count on greater institutional support and objectives reflected essential boost in health reality of the population. It is also essential to produce knowledge, practices, and supported skills in ethical

perspective and not driven by the markets that have a decisive impact on the formation of ethical professionals. This research and the results intend to produce knowledge that subsidizes and provides the qualification of public policies, necessary to do professional health work, which affects the health of the population.

The studies and previous research suggest the challenge of reality and yet are the barriers historically created by maintaining boundaries between knowledge and practice in immobility and perpetuation of power slices between professional categories, among managers of policies and among workers of service networks.

The integration movement must be of various actors and institutions. In particular, the "integration between higher education institutions, health policy, and funding agencies to research is based and confirmed in a horizon of struggles for rights, such as the fight also against capital [2]. It is believed and reiterated that the responsibility of the university and the government through government policies which, if imbued with the same social direction, may be able to print the development of a society at the same time meets the singularities of every historical subject [2].

There are movements that require recognition of the precariousness of every professional, are surviving movements of those who recognize that their knowledge is insufficient to account for the dramatic reality in the overload of responsibilities and activities that hinder excellence in development action of qualified professional.

This perspective in 2015 was held in First International Colloquium of Inter-professional Education and Practice, in Natal (Brazil) in order to discuss experiences in IPE and propose some referrals. The Colloquium was organized by the universities, Ministry of Health, and Pan American Health Organization (PAHO).

The results showed the importance of: promoting local and regional core groups to mobilize forces around IPE from universities to support and consolidate the existing initiatives; requesting the continuity of the nudging policies of the Ministry of Health-Ministry of Education such as PET-Saude and Multi-professional Residency; building a collaborative network in inter-professional education and practice, allowing information exchange, reciprocal learning, and support for the expansion of IPE and collaborative practice in the country; promoting a network of medical schools that may foster innovations and an expanded dialogue with other health professional schools; engaging in dialogues and collaboration with the international community of stakeholders interested in IPE; developing research to supply evidences about different

aspects of implementation of IPE in Brazil, evaluating its effects on quality of both training process and healthcare services, contributing to build a shared base of concepts and terminology [11].

Now, already it is possible to inform a number of experiences that take place in universities in Brazil with this training: In Unifesp Campus Baixada Santista in 2006, an integrated inter-professional curriculum was put in practice, with the participation of six health professional courses, and guided by IPE, teamwork promotion, and collaborative practice; the Ceilandia School of Health (FC), part of the Federal University of Brasilia (UnB), from its inception in 2008, was composed of five professional courses that develop activities in an integrated fashion and interact with a local community that was requesting access to higher education; the Federal University of the South Bahia (UFSB) chartered in 2013 adopted from the start a cycle structure in order to allow for a greater flexibility to design higher education itineraries beginning with an Interdisciplinary Bachelor in Health Sciences to progress, depending on the students choice, to a more traditional health professions career and post graduate studies. All these initiatives were considered as examples of shifts in the model, and are especially relevant considering the present expansion of universities and health care professional courses in countryside and mid-size cities and regarding the public policies geared to strengthen the primary care-based healthcare model [11].

The Center of Studies and Research Work, Health, and Inter-sectoriality thickens studies and research on topics that are the raw material of training and work in Health, seeking the Inter-sectoriality and Inter-professional Education (IPE) in the conjunction of efforts to enable social policies to guarantee rights and promotion of quality of life. Recently, it is a part of building collaborative network in Inter-professional education and practice.

Research in line with the demands of reality is by interdisciplinary essence and with issues such as family violence, human resources for health, professional health education, continuing education, relating to the labor and social change, and in relation to social policies. Considering that the IPE and Inter-sectoriality can help appropriation by the health teams how to build work with other professionals, reflections reiterating the importance of health policy as the destination of those who seek to overcome their vulnerabilities.

While we recognize that much has been built towards the IPE and intersectionality, we know the challenges still are many and complex: The road ahead in Brazil looks extensive, and progress will require not only dialogues but an effective alliance among all those with a stake in the improvement of

healthcare and professional training universities, health professionals, managers, and decision-makers at all levels of government, public regulation agencies, patients, and population. This joint movement may prove itself useful to overpass hegemonic models of single and separated professional training and practice that are no longer responsive to present challenges and complexities of health needs [11].

Considering the various expressions of social issues that draw the dramatic reality of health in Brazil, it is possible to think that these strategies, when expressed in the form of work organization, can tackle this reality. Also, finding a “health care system totally fragmented, reactive, episodic, and back, to face the acute conditions and acute exacerbations of chronic conditions” [17] with focus, vertical and partial shares that hardly establish a dialectic of all the needs of individuals.

## FINAL THOUGHTS

The Brazilian health policy carries the contradictions that result from political, cultural, and economic determinations that repeat/edit/re-edit in the history of this country and unravel the social reality of how Inter-sectoriality and IPE are carried out in practice that is an important tool to support policies aimed to face the expressions of the social question.

The Health Policy in Brazil both involving intervention in the training of health professionals has demanded efforts and strategies for reorienting to approximate the education/training to work/intervention for the execution of a work in a collaborative team that has as horizon construction of the greater autonomy of users. It is to fundamentally know and analyze the implications and consonance of IPE and Inter-sectoriality work processes of health teams and training of professionals in order to enhance them in action and team organizations collaborating in reducing the challenges faced by healthcare systems.

And for the consequent consolidation of the Brazilian Unified Health System (SUS), “the national public policy in health matters is geared towards universal access, comprehensiveness, and social participation, articulated around Primary Health Care as the backbone of the network” [11].

The social and political process that resulted in the building of such universal health care system, was anchored in

the aforementioned principles and resulted in acknowledging the need of inter-professional and interdisciplinary teamwork, especially in primary care and health care networks’ contexts. These circumstances fostered the uprising of innovative proposals for developments in teamwork practices, centered in health needs of both individuals and communities. Studies of initiatives in primary care, in mental health, and hospitals (among other settings) that show, “success in reorganizing the modus operandi of teams, based on a technical care model that fosters inter-professional collaboration” [18]. Notwithstanding those successful stories, teamwork in Brazil still has a long road ahead to be consolidated as an effective practice and to overcome the usual fragmented work process, if we take as a reference the framework of collaborative inter-professional practice proposed as a global goal by the World Health Organization [11].

This articles aims also “stressed the importance of disseminating all that is being produced as food for thoughts and critical reflection on these IPE implementation scenarios, to add up forces to overcome barriers and to claim for the continuity of robust public policies” [11].

Finally, at this stage of the implementation of the research, it is possible to corroborate the argument already made by authors from some preliminary analyses and pointing to both the EIP and the completion of the Inter-sectoriality approach the importance of the following aspects:

- ensure the participation of workers to maintain the achievements and advances in Health Policy,
- ensure that the EIP must have the human rights direction,
- encourage more research and studies in interdisciplinary perspective,
- stimulate the creation of other scenarios for collective practices,
- implement the execution of management activities and the construction of “networks” of various relationships with intersection in ensuring social rights.

In this context, it will be possible to reduce fragmentation and gaps faced by health systems and the consequent consolidation of Health Policy in Brazil.

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