

Graduation in collective health as a political strategy for the re-existence and defense of the SUS: trajectory, expectations and challenges for the future

A graduação em saúde coletiva como estratégia política de re-existência e defesa do SUS: trajetória, expectativas e desafios para o futuro

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Abstract

This study discusses Collective Health Studies as a political strategy for the re-existence and defense of the Brazilian Unified Health System (SUS) by reflecting on: the trajectory of such programs in Brazil; the challenges and potential of training graduate public health physicians; the prospects for entrance in the labor market; and the political, social, and health role that has been played by these professionals. The *idea* of creating these courses emerged from the discussions about the Brazilian Health Reform which pointed to the need to reorient training, as to answer to the complex health demands and strengthen SUS. Construction of the *proposal*, however, has been plagued by conflicting perspectives since its inception. The *project*, therefore, required curricular designs capable of materializing the ideals of its conception, later detailed in the National Curricular Guidelines. As a *movement*, the discussion about the extent to which the programs and pedagogical projects have responded to the original desires and how the three major areas participate in this training stand out. Finally, as a *process*, over 15 years after implementing said programs, important issues such as improving training, entrance in the labor market, and regulation of the profession are highlighted.

Keywords: Public Health; Health Human Resource Training; Teaching; Brazilian National Health System.

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Resumo

Este estudo tem como objetivo discutir a graduação em Saúde Coletiva como estratégia política de reexistência e defesa do Sistema Único de Saúde (SUS). Trata-se de um ensaio que buscou refletir sobre: a trajetória desses cursos no Brasil; os desafios e potencialidades da formação de sanitaristas graduados; as perspectivas de inserção no mundo do trabalho; e o papel político social e sanitário que tem sido desempenhado por esses profissionais. A *ideia* da criação desses cursos se dá no bojo das discussões da Reforma Sanitária Brasileira que apontaram para a necessidade da reorientação da formação, capaz de responder às complexas demandas de saúde e de fortalecimento do SUS. A construção da *proposta*, porém, é atravessada por tensões desde o seu nascedouro. O *projeto*, portanto, demandou desenhos curriculares capazes de materializar os ideais de sua concepção, posteriormente explicitadas nas Diretrizes Curriculares Nacionais. Como *movimento*, destaca-se a discussão sobre em que medida os cursos e os projetos pedagógicos têm respondido aos anseios originais e de como as três grandes áreas participam dessa formação. Por fim, como *processo*, passados mais de 15 anos de implantação dos cursos, assinalam-se importantes questões como o aperfeiçoamento da formação, a inserção no mundo do trabalho e a regulamentação da profissão.

Palavras-chave: Saúde Pública; Capacitação de Recursos Humanos em Saúde; Ensino; Sistema Único de Saúde.

Introduction

Undergraduate programs for public health physicians in Brazil is linked to the Health Reform Movement. Emerging in the early 1970s, it was initially consolidated in graduate studies by means of medical residencies, specializations, master's, and academic PhD in public health, preventive/social medicine or other areas related to collective health. Thus, it is an important means for habilitating professors and professionals to work in health services in Brazil (Mangueira et al., 2021; Vieira-da-Silva, 2018).

Programs for these professionals derived from the Brazilian Health Reform (RSB) movement, the creation of the Brazilian National Health System (SUS) and the constitution of Collective Health as a field, in a context of intense social mobilization that aimed to establish health as a fundamental right of the population and that the State should oversee its implementation. It sought to overcome the traditional biomedical model (which is still perpetuated in health practices), moving from a disease-centered perspective to a patient-centered and comprehensive care model that considered the social, economic, cultural, and political dimensions of health (Almeida et al., 2009; Paim et al., 2011).

Following the creation of SUS, the labor market in public health expanded and reconfigured, requiring more expert professionals to meet the challenges of SUS and the needs of the population. Justified by the urgent need to speed up the training of public health physicians in Brazil, the first debates on the creation of Undergraduate Programs in Collective Health (CGSC) arose (Paim; Pinto, 2013; Mangueira et al., 2021). Opening CGSC was possible due to the Support Program for Restructuring and Expansion Plans of Federal Universities (REUNI), established in 2007. The first programs were created in 2008, at Universidade Federal do Acre (AFAC) and at Universidade de Brasília (UnB); in the following years, offer of these programs extended in Brazil—currently totaling 24 programs across its five regions.

Over 15 years after their implementation we are thus called to reflect on the role played by the training of public health physicians in undergraduate programs, on their insertion and

performance in the labor market, considering this historical commitment to train public health physicians with a broader and more complex view of health processes, illness, care, committed to SUS and the population. In this perspective, this essay systematizes a permanent process of reflection and debate involving different participant actors in the Undergraduate Forum in Collective Health (FGSC) of the Brazilian Association of Collective Health (ABRASCO). We will reflect on: the trajectory of these programs in Brazil; the challenges and potential of training graduated public health physicians; the prospects of entrance in the labor market, and the political, social, and health role that has been played by these professionals.

Hence, this article discusses undergraduate studies in collective health as a political strategy for the re-existence and defense of SUS.

From the idea to the materialization of Collective Health graduates

This essay was structured based on Paim's (2008) proposition and critically analyzes the reality of CGSC as *Idea*, *Proposal*, *Project*, *Movement* and *Process*. Its critical and analytical perspective sought to treat the *idea* of creating these programs as part of the mobilizing discussions within the RSB movement. As a *proposal*, we analyzed the debate around the proposition for creating CGSC. As a *project*, we resumed the curricular designs and their configurations, correlating them with the historical process and with the current text of the National Curriculum Guidelines (DCN). As a *movement*, we sought to understand to what extent this education modality responds to the desires to form transforming subjects. As a *process*, we addressed the current moment by identifying configurations, challenges and perspectives for this field. Besides the scientific production on the topic, institutional and historical documents like reports, pedagogical projects, minutes of FGSC meetings, DCN, and relevant legislation were analyzed.

The idea to create and proposal of undergraduate programs in collective health

The idea of creating CGSC emerges amid RSB discussions which pointed to the need to reorient health education by creating an education that would enable thinking and acting according to the health conditions of the Brazilian population and SUS challenges in a more complex manner. As well as the need to fill the lack of professionals in many locations and services, meeting a repressed demand from managers.

In this regarding, anticipating the training of public health physicians, traditionally conducted by graduate programs (*lato sensu* and *stricto sensu*), was considered an important strategy for transforming the health care model, in defense of RSB and SUS (Teixeira, 2003; Paim; Pinto, 2013).

The *idea* of CGSC evolved into a *proposal* stemming from the creation of Collective Health institutes and similar centers in Public Universities committed to the RSB project, result of the long teaching experience in the various undergraduate health programs (Nursing, Medicine, Dentistry, Psychology, Nutrition, Social Work, among others) and the tradition of graduate studies, which has been training public health physicians for more than fifty years (Bosi; Paim, 2010; Paim; Pinto, 2013).

We dare to think that in the not-too-distant future it will be possible to propose an undergraduate program in Collective Health without prejudice to professional courses in other areas of health practice, which also include Collective Health teaching in their curricula (UFBA/ISC, 1994, p.16, own translation).

Given the recognition and development of the field of Collective Health, resulting from criticism of previous ideological movements, such as Preventive Medicine, Community Health, and Family and Community Medicine, CGSC contribute to filling the gap in the training of new professionals with ethical-political references and with a body of knowledge and practices that can be assimilated

from undergraduate studies (Paim; Pinto, 2013; Teixeira, 2003).

In the context of RSB and the creation of SUS, there was a clear lack of a career and training of public health physicians, questioning the relevance of creating a bachelor's degree in Collective Health in Brazil given all the advances in graduate education that had been achieved until then. From this perspective, meetings and workshops were held between 2002 and 2003, bringing together leaders and representatives from Federal Educational Institutions, the Ministry of Health, the Pan American Health Organization (OPAS) and ABRASCO to analyze the relevancy and feasibility of creating the programs, concluding that it was opportune to advance in the elaboration of their political-pedagogical project (Teixeira, 2003).

In this sense, Paim and Pinto (2013) corroborate that "SUS needs a graduate in Collective Health with a professional profile that qualifies them as a strategic actor and with a specific identity not guaranteed by other available professions". Despite the teaching of these disciplines in the existing health education programs, they argue, the competencies acquired were limited and subordinate to the hegemonic medical model and incapable of shifting the dominant care model (Bosi; Paim, 2010). Importantly, the health movement's bet to radicalize the main interests of SUS to expand the concept of health and reduce inequalities was explicit from the beginning.

These programs are therefore born from a long process of theoretical and methodological maturation of Collective Health as a field of knowledge and practices distinct from institutionalized public health, which has called into question several issues, including the career of the public health physician, profession regulation, labor market performance, and professional identity (Bosi, Paim, 2010; Paim, Pinto, 2013). Constructing this proposal, however, has been crossed by a set of conflicting perspectives since its beginning which have been addressed and revisited before the current configuration of the programs and the contingent of trained professionals.

The Project

As a project, the creation of undergraduate programs is part of the RSB movement and the very process of constituting the Brazilian Collective Health as a field of knowledge and scope of practices in a heterogeneous and perhaps conflicting manner. There were several arguments for and against the creation of this type of program in Brazil. According to Paim and Pinto (2013, p. 15), there was a need to train "new subjects, with well-defined ethical-political ideals and with a body of knowledge and practices that could be assimilated from graduation." At the time, this observation was shared by professors, Ministry of Health directors, and the Brazilian representative at the Pan American Health Organization.

In this regard, the first discussion revolved around the relevance of CGSC. Hence, the creation of programs brought into debate a set of issues that involved the constitution and developments of the public health physician profession, highlighting the possibility of professionalization and its consequences for Collective Health teaching in other education spaces, such as teaching in other undergraduate health courses and even graduate studies.

Regarding project feasibility and program implementation, REUNI, established in 2007, was seen as a 'window of opportunity' and enabled the opening of the first programs in 2008. In parallel to REUNI, the project had been debated in seminars and conferences held by Abrasco and Rede Unida and was submitted to the appreciation of higher bodies at federal universities.

Once the programs were implemented, such project required a design for materializing the ideals of its conception and later being concretized in the DCN. In this regard, the DCN for undergraduate Collective Health programs, as established by Opinion 242/2017 of the National Council of Education (CNE), represent an essential regulatory framework for training health professionals focused on health promotion and strengthening SUS. They reflect an up-to-date approach aligned with contemporary demands, integrating theoretical and methodological advances and practical experiences accumulated over time aiming to

promote comprehensive and qualified education, meeting SUS principles and guidelines and the needs of Brazilian society (Brazil, 2022).

Establishing the DCN text involved extensive debate and public consultations, based on a participatory approach and included different actors in the areas of health, education, and civil society, thus ensuring representativeness and legitimacy to the process. In this sense, the ABRASCO Undergraduate Forum in Collective Health brought together programs' institutional representatives, their coordinators and student representation, among other institutions, initiating the mobilization process for drafting the DCN. This collaborative work enabled incorporating different perspectives and experiences, resulting in comprehensive and updated guidelines capable of effectively guiding the education of public health physicians in undergraduate programs.

The DCN outlines the objectives of Collective Health studies, highlighting the importance of students developing technical, scientific, ethical, and political skills. They aim to train professionals capable of critical and reflective action who understand the social determinants of health and public policies aimed at health promotion and disease prevention. Additionally, DCN emphasizes the need to promote comprehensive health care and equity in services accessibility, contributing to improve the population's living conditions (Brasil, 2022).

Regarding competencies, DCN suggests a set of skills that students must develop throughout the program, including critical analysis, decision making, effective communication, teamwork, and leadership. These competencies are essential for future professionals to be able to face the complex challenges in Collective Health, contributing to build a fairer and more egalitarian health system.

As for contents, DCN establishes a curricular base that covers different areas of knowledge such as Epidemiology, Public Health, Health Policies, Health Management, Social Sciences and Humanities (Brasil, 2022). This content diversity reflects the complexity and transdisciplinary of Collective Health, providing students with a broad and integrated education that prepares them to work in different contexts and scenarios.

These programs should provide a solid theoretical and practical basis that allows students to comprehend the complexity of the Brazilian health system and its articulation with public health policies (Campos, 2003). By means of an interdisciplinary and integrative approach, students must develop skills and competencies to critically analyze the social determinants of health, recognizing the inequalities and injustices present in health services accessibility and in population's living conditions.

Additionally, Collective Health programs should foster the development of management, leadership, and teamwork skills, enabling professionals to be transformation agents in the defense of public health. Students are encouraged to engage in community outreach activities and implicated and engaged research, enabling greater integration with the local reality and strengthening the ties between academia, health services, and the community.

One of the main challenges in implementing curricular designs is to ensure the effective integration between theory and practice. There is often a discrepancy between what is shared in the classroom and the reality experienced in health services, which can compromise students' learning and their ability to act in the labor market. Besides this dimension, CGSC face challenges to ensure an equitable approach to its pedagogical tripod—Politics, Planning and Management, Epidemiology, and Social and Human Sciences in Health.

According to Silva (2019), this challenge was closely associated with the organization of curricular content in different educational institutions, which proved to be quite heterogeneous as some courses favored the Politics, Planning, and Management axis, whereas others put greater emphasis on the Social Sciences and Humanities in Health axis. This issue may be associated with both the opening of programs without the initial support of curricular guidelines and the diversity and heterogeneity of faculty profile in the institutions in which the programs were implemented.

Collective Health graduates must be capable of contributing to social transformation, which requires developing a critical stance and the ability to reevaluate realities. Their work has technical, economic, political, and ideological dimensions

rooted in values of solidarity, emancipation, equality, justice, and democracy, distinct from hegemonic public health.

In this perspective, the Social and Human Sciences in Health have played a crucial role in collective health education by fostering the development of a critical view of the social, political, and cultural determinants of health. By integrating knowledge from the Social and Human Sciences in Health, the undergraduate collective health programs train professionals who can transcend the biomedical model through an approach anchored on a transdisciplinary perspective that considers the complexity of health practices. This favors the critical autonomy of future professionals, enabling them to understand and transform health practices and policies based on a broader and contextualized perspective (Trad et al., 2019; Gerhardt, 2019).

Assuming the centrality of criticism, Collective Health undergraduate studies should be supported by pedagogical projects capable of reorienting praxis beyond sanitation, constituting itself as resulting part of the radicality of Collective Health (Paim and Pinto, 2013).

The Movement

As a movement, it is worth reflecting on the extent to which undergraduate education and its political-pedagogical projects have responded to the wishes in forming transforming subjects committed to RSB and to SUS consolidation, highlighting some contemporary challenges which require commitment to the necessary and urgent advances and do not minimize, ignore, or reproduce structural determinations that have a huge impact on the illness processes such as racism, sexism, ableism, LGBTQIA+phobia, and all forms of structural prejudice, stigma, and oppression.

In this regard, the movement to implement the programs has been fostering important debates in various spaces, involving students, faculty staff, program coordinators, managers, health workers, social movements, among other representative entities that discussed a multiplicity of issues, such as: the education process, program teaching, curriculum designs, the creation of the National

Curriculum Guidelines, inclusion in the labor market, program accreditation, and possibilities for professionalization (Silva, 2019).

CGSC can be considered an innovation in professional qualification in health, anticipating the public health physician training without damage to the education traditionally conducted by graduate studies and vocational courses in other health practice areas which also include Collective Health teaching in their curricula. In this regard, the Collective Health graduate is integrated into the set of health professions, occupying strategic spaces for SUS consolidation and helping to overcome chronic challenges in organizing work processes and in formulating and implementing health policies (Paim; Pinto, 2013).

Undoubtedly, this degree expands a series of possibilities in the field of Public Health beyond the sanitation campaign, which incorporate a set of knowledge and practices anchored in knowledge from Epidemiology, Politics, Planning, Management and Evaluation in Health, and from the Social and Human Sciences in Health (Teixeira, 2003; Bosi; Paim, 2010; Paim; Pinto, 2013; Mota; Santos, 2013).

The graduate profile includes a group of general and specific competencies such as “analysis and monitoring of the health situation; planning, programming, management, and evaluation of health systems and services; health promotion and prevention of health risks and injuries; management of collective work processes in health; ethics in Collective Health” (Teixeira, 2003). Thus, it points to the training of a professional qualified to perform the practices that make up the field of Collective Health at all health management and care levels within the scope of public or private health systems and services, as well as in other spaces where Collective Health activities can be developed.

In this scenario, it is relevant to reflect on the diversity of curricular designs as although the programs initially implemented declared belonging to the field of Collective Health, they lacked unified nomenclatures and many had little curricular similarity/unicity, with an unequal distribution of curricular components between the three areas of Collective Health. According to Belisário et al. (2013), difficulties involving bureaucratic barriers and

divergences regarding pedagogical and methodological conceptions emerged during the process of creating and implementing the programs and of elaborating their pedagogical projects. Despite the challenges faced, the participation and mobilization of professors and students were seen positively.

Regarding the space given to the three areas that make up Collective Health in the education of public health physicians, the teaching of Social and Human Sciences in Health—present for more than four decades—approaches new issues from training this new professional in the field of health, among which Gerhardt (2019) and Trad et al. (2019) highlight the opening of night classes, the profile of student workers, the diversity in class composition, limitations in the course load of disciplines, the feasibility of practicing fields, the overcoming of the biomedical model rooted in health education and society, and the interdisciplinary and generalist education of these professionals.

In this sense, the DCN guidelines for the programs, the pedagogical projects, and the faculty/student profile compose structuring elements in the process of shaping the identity of the Collective Health graduate and their competencies and need to be continuously problematized. Additionally, in view of the multiple terminologies adopted by the programs, this aspect was later portrayed as a possible deadlock for program accreditation and consolidation which resulted in the discussion about adopting a unified nomenclature.

The Undergraduate Program in Collective Health in Brazil has also revealed a range of possibilities and challenges in the field of work. Such possibilities bring a series of questions about the role of this agent in the labor market, as well as their attributions, scope of work, and expertise in articulating the three major areas of Collective Health. Desires and possibilities that lead them to follow a path of continuous reflection based on their academic, professional and political trajectories (Viana; Souza, 2018).

Silva et al. (2013) investigate how the encounter between work scenarios and Collective Health studies has occurred, and how the competencies and attributions required from public health physicians can be developed in these scenarios. They point out that the practicing fields during training should

not be understood only as spaces for improving technical skills, but rather for reaching the technical and political dimension of their work object. By considering the sociopolitical dimension during their professional performance, they express their critical-reflexive, problematizing, multi-professional, and interdisciplinary capacity, making explicit the difficulty in restricting this practical field to skills, technique, and application of a single theory or sub-area (Silva et al., 2013).

Historically, health work practices and processes have undergone transformations due especially to changes in the educational reorientation processes in health. Collective Health graduates have been occupying workspaces in health management and services at various levels of care and in universities by inclusion in health residency and graduate programs. Such contemporary inclusions and educational changes have expanded the paradigm of the “public health physician practice,” affirming through its praxis that Collective Health contributes directly to breaking with the production paradigm of fragmented and medical-centered care as to expand the multi-professional perspective (Laurindo et al., 2023).

Such perspective responds to the various epistemological anxieties of how the three major Collective Health areas would occupy the same space in praxis. Paro and Pinheiro (2018) discuss the many incorporations of theoretical-practical elements they come across in the findings of qualitative studies that point to the intersection of social sciences and humanities applied in politics, planning, and management from basic epidemiological knowledge in practice scenarios. However, an ever-present question is “where are the graduates today and what are the possibilities of ‘working’ in collective health?” making it necessary and relevant to conduct periodic follow-up surveys of graduates to identify their inclusion, characteristics of the activities developed and possibilities of action.

Lorena et al. (2016) point out some elements of graduates’ displacement in Brazil, their profile, activity areas, labor ties, and perspectives. The study showed that while public health physicians participate in the labor market, establish networks, relations, and achieve visibility in relation to their work, there is an urgent need to look at regulation and

their professional identity—which has been forged by different work profiles that accompany the different undergraduate programs throughout Brazil.

Recently, the performance and inclusion of the public health physician has taken place transversally and organically in the various regions of Brazil, in the different spheres of governance and health care, relying on education via work as a set of experiments to achieve their praxis, their scope of work, revolving around the search for the collective identity of their work and considering the Brazilian territorial diversity, from the intercultural and interdisciplinary perspective applied to Collective Health (Silva; Sousa, 2021; Laurindo et al., 2023).

Thus, Collective Health studies have great potential to unveil critical thinking for decision-making and ‘practicing health’ with political ethical commitment by identifying social needs and problems in a complex and multidetermined manner, based on the collaboration of training transforming individual subjects for Brazilian society. However, this remains a challenging as it breaks with the traditional ways and means of academic education and SUS work processes. Such challenges are answered by means of curricular innovation of social and political paradigms in the health system, such as concrete experiences with Indigenous peoples and *quilombolas*. These experiences have crossed the walls of universities, taking students to the living territory and thereby contributing to ensure the right to health and the commitment to collective health rooted in the RSB models.

The Process

Years after the creation of CGSC, they have contributed to training a new generation of public health physicians with a critical and committed view toward promoting equity, integrality, and universality in health services accessibility by acting as agents of change and defense of SUS and public health in Brazil.

There are many current challenges. We live in times of SUS setbacks, in which transformative stakes like this and several others have lost space and possibilities. Historical defunding and growth of the neoliberal logic and privatization processes have

strongly impacted the labor market. Nonetheless, we are seeing the resumption of the RSB project with SUS and at this moment many public health physicians have been able to make a difference in various areas at the federal, state, and municipal levels of SUS.

We must reflect on and recognize the mutual influence between the social hygiene contexts, the pedagogical projects, and the labor market of public health physicians and how these change over time, in the sense of producing a counter-hegemonic education to the capitalist production model. One current challenge is improving the educational model, attentive to managerial reductionism and universalism, while continuing to fight for structural and democratic changes in the re-existence of SUS (Viana et al., 2023).

We cannot fail to consider that the private sector has also expressed interest in incorporating these professionals, recognizing their importance for the organization of health systems, services, and projects. However, considering the premises of this program, it is essential to recognize the public sector so that this professional can contribute to strengthening the health system. To this end, providing public careers for public health physicians to enter, in a permanent and sustainable fashion, the public health structure in Brazil is of paramount importance.

For education, it is important to consider the challenge of decoloniality in the field of Collective Health in federal and state public universities and in the construction of SUS, enabling the transversality of the themes of resistance and fighting colonialism, capitalism, and patriarchy, including reflections on intersectionality in debates about race and ethnicity, gender, and social class in the everyday academic life of these programs, as well as the importance of equity policies in defense of life, health, and SUS (Nunes; Louvison, 2020).

In this regard, it is also essential to proceed with community outreach processes and transformative practices in SUS induced by the current curricularization of outreach activities that is being implemented in all programs. Outreach enables experiences in the social reality and establishes communication and learning processes with the individual subjects of said reality and territories, which constitute a key part of the

critical reflexive education that Collective Health requires. It incorporates the emancipatory principles of Paulo Freire, uniting knowledge and practices and articulating teaching, research, and outreach, which is quite challenging but of great power (Cruz; Vasconcelos, 2017; Kruppa et al., 2023).

But the challenge of entering the labor market is great and has been built from various strategies, highlighting the importance of including these professionals in internships in various SUS sectors. After regulation of the public health physician profession (Brazil, 2023), the creation of the professional registration number, undergoing regulation by the Ministry of Health together with the Ministry of Labor, will contribute to SUS fields of practice and will concede greater formalization and inclusion of the profession.

Given this context, the choice to move forward with regulating the public health physician profession can be understood as a movement of resilience and innovation driven by the urgency of training professionals capable of facing the contemporary challenges of Brazilian public health, and to ensure these professionals a safe and protected inclusion in the world and in the labor market. Collective Health studies, by promoting a critical look at health policies and social inequalities, enables public health physicians to act beyond technical management, encompassing a broad and comprehensive health promotion.

Therefore, such important issues are pointed out to be faced in future scenarios by public health physicians graduated in collective health and/or public health, still to be further developed, such as education improvement, entry in the labor market, and regulation of professional practice which in contemporary Brazil and in the context of collective health requires non-corporate and transparent public regulation strategies.

Final Considerations

There are men who struggle for a day and they are good, there are men who struggle for a year and they are better, there are those who struggle for many years, and they are better still. But there

are those who struggle all their lives these are the indispensable ones.

Bertolt Brecht

Bertolt Brecht's shot poem in praise of those who dedicate their entire lives to the struggle reflects well the essence of public health physicians who, over the last three decades, have been fundamental in constructing and strengthening SUS. Notably, the essay does not exhaust all questions on the subject, simply contributing an outline of perspectives for strengthening the CGSC in the Brazilian scenario through critical and analytical reflections on the trajectory, expectations, and challenges of training undergraduate public health physicians.

By discussing the conflicting perspectives in the field for creating undergraduate programs in collective and public health in Brazil and their evolution, we recognize the difficulties for advancing a more critical education and their effective insertion in SUS, but also the great contribution of such professionals as an important political strategy for the re-existence and defense of SUS. The field of collective health, universities, and SUS managers should qualify the training of such professionals and create more effective spaces for inclusion in the labor market, allowing the advancement and power of transformative experiments which can bring SUS closer to the lives of people and territories across Brazil.

Regulation of the public health physician's profession as an integral part of the RSB movement can be seen as an extension of the historical struggle for constructing a fairer and more accessible health system in Brazil. CGSC's creation and consolidation emerged as a response to the need to train professionals who can act critically and reflectively in an everchanging public health scenario.

Reflecting on said process reveals the importance of balancing utopia and concreteness, the need to dream of a better health system while facing the practical difficulties that arise along the way. The academic everyday of these programs and the constant review of their guidelines and pedagogical practices are essential to ensure that the training of

public health physicians responds to the real needs of SUS and the population.

Additionally, mobilization of faculty, students, and public health physicians and the creation of dialogue spaces, such as the National Coordination of Collective Health Students (Conesc), FGSC, the Association of Bachelors in Collective Health (Abasc) show the field's vitality and dynamism. These collectives have been crucial to foster debates on the identity of the public health physician and to promote discussions on regulating the profession, always with a critical look at the political and social implications of this education.

The metaphor of education as a process that continuously transforms us, inspired by Paulo Freire, reflects the trajectory of Collective Health studies in Brazil. The struggle for regulating the health profession is, therefore, part of a larger social transformation movement that seeks not only to train competent professionals, but also critical citizens engaged in the struggle for a fairer and more equitable health system. In the end, regulating the public health physician profession represents far more than the creation of a new career; it symbolizes the consolidation of a collective dream that has been built over the past decades. As Brecht reminds us, those who struggle all their lives are the indispensable ones, and this spirit of continuous struggle must guide the future of public health physicians and the Health Reform movement in Brazil.

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