mission involves insects, food, water, toilets, swimming pools, sweat, tears, shared eating and drinking utensils or other items such as second-hand clothing or telephones.

**HIV Infection and Health Workers**

Reports of HIV infection of a small number of health workers have emphasized the need to adhere to existing guidelines for the prevention of blood-borne infections. Such existing guidelines refer to situations in which there is a possibility of exposure to blood or any body fluid regardless of their source.

Available information indicates that health workers are normally at very low occupational risk of HIV infection. This very low risk can be further minimized if existing guidelines for avoiding any blood-borne infection are rigorously implemented and strictly enforced.

Routine HIV screening of patients to protect health workers should not be implemented without careful and detailed consideration of all of the HIV screening criteria developed by the World Health Organization.

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**Diagnosis of the Health Situation in Brazil: Conclusions of the Seminar on the Outlook for Epidemiology in the Context of the Reorganization of Health Services**

**Introduction**

The importance of epidemiology for the development of activities in the health field has always been emphasized in theory. In practice, however, it has been shown that use of the epidemiologic method continues to be very limited in regard to program support and, especially, to the production of knowledge. In recent years training in epidemiological surveillance has been emphasized through short courses, aimed at training personnel for work in immunization and communicable disease control programs while assigning priority to program management.

Specific training in the field of epidemiology has been limited to specialization courses in schools of public health and to some master's and doctorate level courses that include this subject matter. The limited number of professionals with specific training and the difficulties that the organization of health services impose on the practice of epidemiology make the production of knowledge and the development of methods inadequate to meet the country's needs and potentials.

Considering Brazil's new sociopolitical context after decades of authoritarian governments, and in view of the questioning of the entire structure of its health services, aimed at achieving a unified and more efficient system, it is essential to again discuss training of epidemiologists and their contribution to the improvement of health conditions of the population. With this purpose in mind a National Seminar was organized in Itaparica, State of Bahia, from 13 to 16 May 1986. The meeting was sponsored by the Brazilian Association of Graduates in Public Health (ABRASCO) and the Department of Preventive Medicine of the School of Medicine of the Federal University of Bahia. The Ministry of Health, the National Institute of Medical Care of the Social Welfare Organization (INAMPS), and the National Council of Scientific and Technological Development also gave their support.

Due to their current importance for other countries of the Region, the conclusions and recommendations of the Seminar, with respect to diagnosis of the health situation, are represented below.

**Diagnosis of the Health Situation**

Health diagnosis is considered to be an instrument for ascertaining health realities, to guide the
planning and programming of activities in the field of health and to fulfill other political and social requirements. The wide variety of diagnoses needed to satisfy different requirements were examined. Diagnosis is understood to mean not only a set of data, but rather their analysis and the conclusions drawn from them.

Despite general acceptance of the importance and multiple uses of health diagnoses, very few have been performed, and the results have not been widely utilized. The real need for health diagnosis in guiding decision-making has even been questioned, since decisions are made on the bases of other political, social, and institutional criteria. However, when it is necessary for a decision already adopted to demonstrate the need for the established objective, then information that constitutes some kind of diagnosis is used. Thus, it is recognized that health diagnosis is often carried out in the framework of preestablished ends.

Conclusions and Recommendations

With regard to information on health, a consensus was reached that available data have not been duly studied, although such study would make it possible to acquire better knowledge of health realities. It has been shown that data compiled in several institutions with administrative ends are available, and could be utilized in the field of epidemiology if adapted to that end.

It was indicated that existing methodological and theoretical bases make it possible to carry out health diagnoses and to promote the dissemination of their use. However, it is necessary to systematize knowledge and contributions in the field of epidemiology and in other disciplines in order to integrate them into health diagnosis. It is fundamental to incorporate analysis and evaluation of new health indicators and to deal with the topic from a broader viewpoint, taking into account their social and political dimension. On the other hand, as diagnoses are population-based, it is necessary to make better use of demographic indicators and, consequently, to provide epidemiologists with appropriate training so that they can better prepare that kind of information.

The field of health diagnosis has a considerable potential for improvement at both the conceptual and methodological levels. It is important to conduct studies to highlight the political and ideological commitments that historically have led to the performance or omission of health diagnoses, as well as studies aimed at formulating indicators that make it possible to better understand social realities and the health of the population and of various social groups.

It is necessary for health service professionals to use widely the instruments required for improving health diagnosis. It is desirable that a multidisciplinary team participate in carrying out health diagnosis; this requires specific training of human resources and the definition of an institutional locus within which such professionals can develop the practice. Currently, the time devoted to that task is minimal, personnel is overloaded with other activities, and knowledge produced in the field of epidemiology is meager.

The need is recognized for a political project on epidemiology that includes, on the one hand, analysis of the population's living conditions and health in support of popular movements and demands, and on the other, the role of epidemiology in the reorganization of the health services in support of the practices of planning, administration, and critical and permanent evaluation of health services and their orientation. In that context, epidemiology, through diagnosis, can contribute to the identification of health problems which require efforts to improve the quality of care; furthermore, it can show programming options with respect to the organization of services.

It was pointed out that the kinds of primary and secondary indicators to be used (social, political-economic, on mortality and morbidity, as well as positive health indicators) will depend on the managerial level (central, regional, or local) and on the objectives of the health diagnosis. For the time being it is not possible to define a set of necessary and sufficient indicators for any diagnosis, mainly due to the great diversity among regions and municipalities, either in their current health problems or in the availability of data files and systems. However, it was indicated that general guidelines can and should be formulated. The group arrived at a consensus in regard to the need for analysis and indicators on the quality of life of the population and of various social groups, in the hope that such indicators can give expression to and follow the reproduction of the living conditions of the different social classes and population groups, as well as of morbidity and mortality profiles. In view of the scarcity of available information from mortality and morbidity registers, the validity of a process of successive approximations is recognized in which membership in certain social groups could be estimated on geographic or other bases.

In view of the current state of development of
health services in the country, as well as of the decen-
tralization and increasing degree of involvement of
municipalities, an effort must be made so that federa-
tive units have on hand published data of files classi-
fied by municipality. It would be desirable that institu-
tions such as the Brazilian Institute of Geography
and Statistics (IBGE), the INAMPS, the Ministry of
Health and the state secretariats, among others,
could maintain their files organized in a manner that
would allow a municipality to have access to the
information on its inhabitants. In addition, whenever feasible and pertinent, the data should be pub-
lished broken down by municipality. It is essential to
establish channels for returning information to the
local level. The municipalities’ task would be to ex-
amine the existing data in detail and to establish,
in accordance with local needs and possibilities, spe-
cific systems for analysis or data collection, taking
into account differences within the municipality.

The principal obstacles and impediments perhaps
responsible for the scarcity, incompleteness, and
inconclusiveness of the health diagnoses were under-
lined. An important limitation is the lack of human
resources specialized in epidemiology in Brazil; this
manifests itself both in the number of personnel with
specialized training and in the level and kind of
training received. Another aspect worth mentioning
is the gap frequently observed in the health services,
between the practice of epidemiology and planning.

In relation to the university it was pointed out that
the trend toward the breaking of its ties with the
services results in work with such a pace and persp-
tive which, in general terms, do not satisfy the
demand for services in an appropriate or timely
manner. As far as analysis of the health-disease pro-
cess is concerned, professionals linked to universi-
ties devote greater effort to research and do not
make important contributions to methodological
and conceptual progress needed in performing diag-
oses with secondary data. Nevertheless, the impor-
tant role universities can play if they maintain a
dynamic relation with the services was acknowl-
edged.

The scarcity of activities related to diagnosis is
perhaps also due to the shortcomings of a method-
ological model which does not respond to new social
requirements. The relatively insignificant results
obtained from diagnoses of a descriptive and general
nature could lead to their being dispensed with for
planning. Health diagnosis should be carried out so
as to serve the needs of strategic planning. In this
sense it is important that the most dynamic social
sectors—which are, within the political and institu-
tional changes, the health services and the most
affected social segments of the population—seize
the instruments and results of health diagnoses.
Since the importance of diagnoses depends on the
social importance attributed to the health of the
population, an increased interest in knowledge of
health conditions may be expected in the new politi-
cal and institutional juncture.

Finally, the need to establish an institutional locus
allowing inclusion of epidemiological practices into
a political and technical project was pointed out.
Institutionalization should guarantee a space that
will transcend the immediate commitment, that is, a
certain autonomy for epidemiologists with respect
to planners. The epidemiologist needs a place and
instruments in order to quantify and evaluate health
realities not yet reflected in the demand for services,
thereby making it possible for such analyses to serve
as elements for evaluation and questioning of health
policy.

As a corollary to the previous analysis, the group
formulated several proposals:

Establishment of a Network of Centers for Unified
Health Information

This proposal is made within the project of the
establishment of a single health system and it estab-
ishes a place for epidemiology at all stages necessary
to accomplish that goal. Creation of this network
would mean an effective opening of the institutional
locus to epidemiological practices.

The network would have three levels:

The first level would encompass the network of
unified health information centers of the different
federal units of the country and would be responsi-
ble for systematizing the data bank and for routine
analyses. This structure would be expanded through
a broader, more extensive network in the larger
regions and municipalities having the means and
resources. The proposed network should be adapted
to the situation in each administrative division. The
state network would be linked to a unified center at
the national level which would be responsible for
coordination, promotion, and consolidation of the
data for routine analysis. A main task of that service
would be to standardize the data compiled and pre-
pared by the various participating institutions to
make them useful and comparable. An important
element would be the institutional inclusion of pro-
fessionals responsible for health diagnosis within the
technical secretariats of the coordinating commis-
sions for integrated health activities at various
levels.
At the second level, groups of university researchers—if possible in collaboration with professionals from the network of services of the region—would carry out more detailed studies, although still of a general nature, for which contracts or financing would be obtained.

The third level would consist of a network of national reference centers for specific problems or groups of diseases.

**Human Resources Development**

It is essential to train intermediate-level personnel for routine tasks in the network. At the municipal level (according to their size), the health worker could be responsible for preparing health diagnoses.

It is necessary to provide adequate training to personnel at different levels (central and local), since their functions are qualitatively different. Besides acquiring knowledge of social and health policies, indicators of the quality of life, demographic aspects, and the factors that determine morbidity and mortality profiles, the personnel should study quantitative methods in depth and acquire basic knowledge of electronic data processing.

It is necessary to offer professionals concrete training possibilities so that they, in turn, can play a role in training intermediate-level personnel who will work in the network.

Eventually, a pressing need for personnel may arise; this could be satisfied by resorting to personnel trained in recent years in epidemiology specialization courses. Itinerant and summer courses could be offered; training could also be provided through programs for continuing education and supervised research.

Creation of a professional career and appropriate working conditions (preferably full-time) with adequate remuneration were considered indispensable elements for taking advantage of the efforts devoted to training of personnel and for increasing the productivity of the information network on health.

**Dissemination of Knowledge**

The preparation of a text on health diagnosis containing conceptual and methodological analyses was suggested. This text should also include analyses of the social reproduction processes, morbidity and mortality profiles, social indicators, quality-of-life and demographic aspects, and analysis of health-disease and death indicators. This text should also contain models or examples of health diagnoses already carried out.

Promotion of periodic regional meetings to examine methodological advances and analyze findings in the field of health diagnoses is considered important. The results of these meetings would be consolidated at a national meeting, with the participation of health institutions and representatives of society, in which the health diagnoses performed and the methodological problems in question would be presented.

There is a need to create mechanisms for broad dissemination of bibliography and works on health diagnosis. With respect to the results of diagnoses it is considered that, in addition to being utilized by the health planning and administration sectors, they should be widely disseminated among the population, especially at the municipal level, through the mass and other media.

At the local level, social and political requirements tend to make room for diagnoses more consonant with local reality and for the participation of the population, thereby setting the bases for building a participatory diagnosis.

(Source: *Estudos de saúde coletiva* No. 4, 111-117, publication of the Associação Brasileira de Pós-Graduação en Saúde Coletiva, ABRASCO, Rio de Janeiro, 1986.) The full report of the meeting may be requested from the Health Situation and Trend Assessment Program, PAHO.