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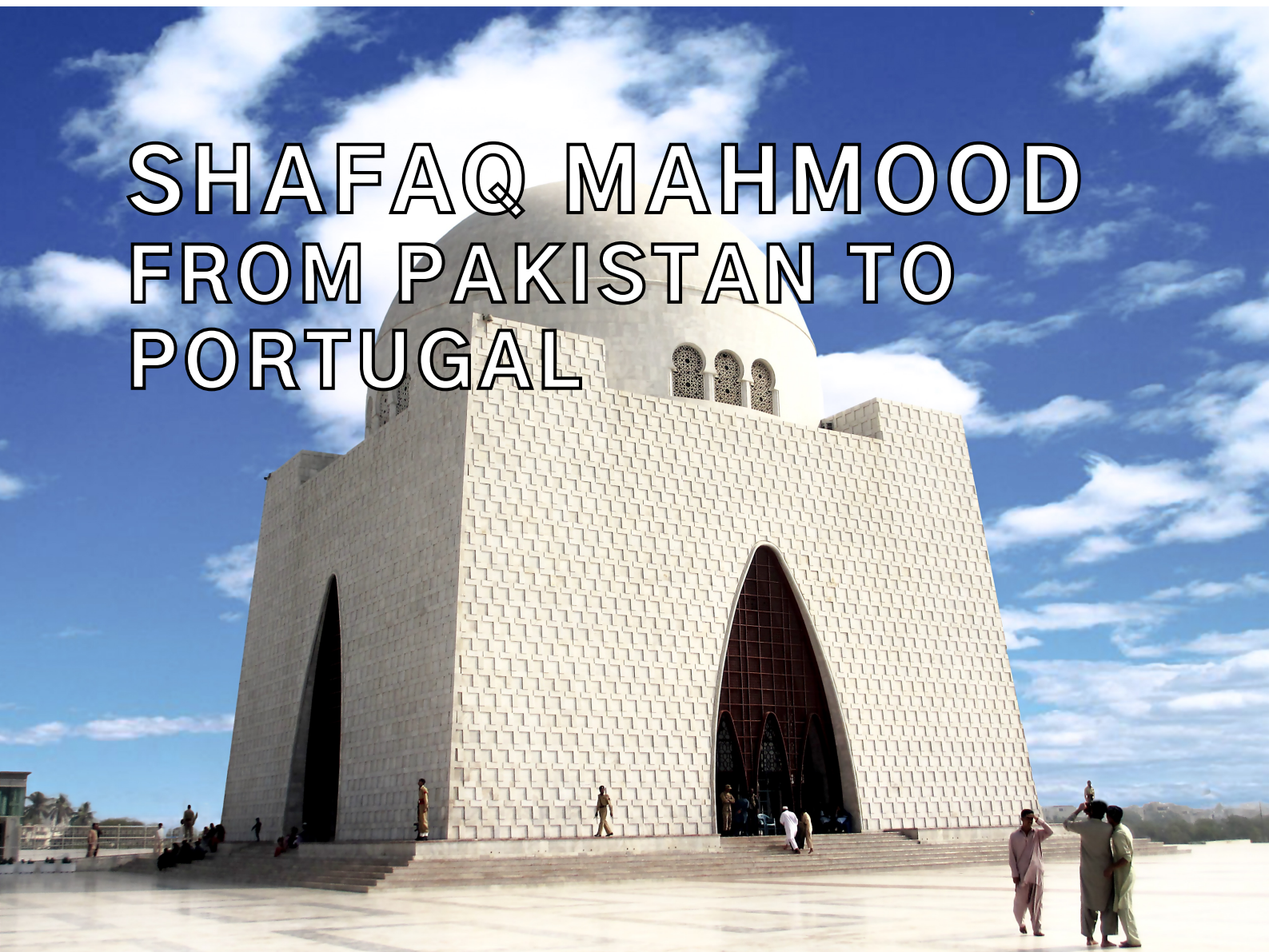
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NOTA EDITORIAL

Nesta edição de setembro, damos os primeiros passos em direção ao outono com a médica interna de Saúde Pública paquistanesa, Shafaq Mahmood, que partilha connosco a sua experiência na Escola Nacional de Saúde Pública e a forma de como está organizado e estruturado o internato médico no Paquistão. Nas "Leituras Sugeridas" vamos poder refletir sobre os vários sistemas de saúde (liberal, estatizante e misto) através do livro "O Negócio da Saúde" de Bruno Maia. Nos artigos sugeridos deste mês vão poder encontrar um sobre zoonoses, como importante causa de admissão hospitalar; outro sobre a importância da implementação de medidas para a promoção de dietas saudáveis; outro sobre a implementação de um programa de apoio à prática e à criação de políticas de Saúde Mental e, por fim, mais um sobre erros comuns no uso do *p-value*, intervalos de confiança e potência estatística. Para finalizar, fiquem a par de algumas das oportunidades formativas que partilhamos e vão acedendo ao nosso calendário na [página da S+P](#) que vai sendo atualizado regularmente.

SHAFaq MAHMOOD FROM PAKISTAN TO PORTUGAL



ARTIGO INTEGRALMENTE REDIGIDO EM INGLÊS

NAME, NATIONALITY, COUNTRY OF RESIDENCY, YEAR AND PLACE OF RESIDENCY

SHAFaq MAHMOOD, Paquistanesa,
Paquistão, 4º ano de Medicina Comunitária no
Department of Community Health Sciences of
Aga Khan University, Pakistan

Brief introduction

Shafaq is a medical doctor who has completed a
5-year Bachelor of Medicine and Bachelor of
Surgery (MBBS) degree in Pakistan, her home
country.

Afterwards, she did a 1-year clinical internship at
the hospital, and during this year decided that
she would like to pursue the speciality of
Community Medicine, the equivalent of Public
Health in Portugal. After taking the enrolment
exam she was admitted to the first university of
her choice, Aga Khan University, in the city of
Karachi, Pakistan, and started her first year of
residency in the Department of Community
Health Sciences, in 2019. Three years later,
between April and July 2022, she found herself
having her first international exchange
experience at the National School of Public
Health (ENSP), in Portugal.

Internos pelo Mundo reached out and had a chat with her to better get to know how the residency programme works in Pakistan as well as her insights into the Portuguese experience.

HOW IS THE RESIDENCY PROGRAMME IN PAKISTAN STRUCTURED?

The structure of the Community Medicine (CM) residency programme is spread over 4 years, and it is divided into 3 components that can be completed in any order chosen by the candidate: the Academics and Research components, undertaken at the university, and the Services component, primarily completed at the hospital.

Additionally, during the 4 years, residents are involved in teaching activities – in the first year they may teach public health courses to undergraduate students at the university, while in the final year they can already be teaching master's or PhD students enrolled in courses offered by the Department of Community Health Sciences (DCHS) of Aga Khan University, the one responsible for the CM residency programme. Currently, the department offers 2 Master's Programmes – one in Epidemiology and Biostatistics, and the other one in Health Policy and Management. Besides looking good on your curriculum vitae (CV), being a teaching assistant helps you strengthen your skills and knowledge.

For the Services component, you need to complete 2 to 3 months of clinical rotations in 5 specialities – gynaecology and obstetrics, family medicine, internal medicine, paediatrics and psychiatry.

The Academics component prepares you for the Services component and the teaching activities. Particularly, during these four years of residency, we are encouraged to take courses within the master's programmes provided by the DCHS, free of cost.

I, for instance, have attended several courses related to health policy and management, sexual and reproductive health, and epidemiology and biostatistics. This way you gain an in-depth knowledge of different topics which makes you able to teach them to upcoming students.

Aside from these courses, the residency programme has its own curricular structure that we follow during the 4 years. This continues in the form of core curriculum modules (11 in all), journal clubs, and core lectures and workshops throughout the training period. Each module is of 4-to-6-month duration and classes take place once or twice a week, enabling us to complete the whole curriculum in the first 2 years of the residency. These curriculum sessions are then repeated during the 3rd and 4th years, ensuring that we are well prepared for the final exam by the time we finish the residency programme. In addition to that, we also complete a 3-to-6-month rotation in each of the 5 sections in which the DCHS is divided: sexual and reproductive health, environmental and occupational health, epidemiology and biostatistics, health systems, and non-communicable diseases. During these rotations, we participate in various research projects being run by that section. Moreover, the Faculty members working in each of these sections facilitate courses related to these areas, teaching us curricular content and enabling field activities, such as visits to primary health care centres, doing outreach clinics, and participating in the rural health programme run by the DCHS in the rural villages. We also take part in workshops in quantitative research skills, including statistical software such as STATA, SPSS, and sometimes R Studio. Depending on your interest, you can extend the length of these rotations. For example, I was interested in learning more about quantitative research and pursuing a career in epidemiology and biostatistics, so my programme director allowed me to spend around 1 year in that section.

During that one year, I worked on a national-level data set of the Demographic Health Survey and published a paper in PLoS ONE journal regarding inequalities in the utilization of maternal and reproductive health services by women with disabilities in Pakistan.

The Research component involves mainly a dissertation project, which is mandatory to be eligible for the final exam. We start working on the research proposal in the 1st year, which includes applying for ethical clearance, and a lead and a co-supervisor are assigned to each resident. The data collection is usually performed during the 2nd year, followed by the data analysis and the writing of an 80-to-100-page thesis, which after revision by both supervisors should be submitted 6 months before the final exam. My thesis, which I will be finalising until September, focuses on adverse childhood experiences, namely their prevalence and association with mental well-being among students in Pakistan.

Other than the thesis, we can also get involved in research projects led by Faculty members within each of the 5 sections of the DCHS. When I was working in the sexual and reproductive health section, I participated in a randomised control trial ongoing at that time that focused on the prevention of maternal and neonatal death/infections with a single oral dose of azithromycin in women in labour (in low- and middle-income countries). It was an internationally funded study by the National Institute of Health (NIH), Washington, DC, USA. Similarly, in the environmental and occupational health section, we worked on a research project focused on solar water disinfection, known as the SODIS method. This is most relevant in rural villages, as people living there often don't have access to clean water and taking advantage of the hot and sunny weather in Pakistan can be helpful to reduce the incidence of diarrhoea among children under 5 years old.

Thus, we came up with an intervention using the SODIS method and made on-field efforts to implement it.

By participating in research projects such as these, we learn how research protocols are implemented in real practice, and sometimes we might even be able to analyse the data, write a manuscript, and send it for publication. The common goal is to have at least 2 to 3 publications on your CV by the time you finish the residency.

DO HAVE ANY MANDATORY OR OPTIONAL INTERNSHIPS?

Residents need to take at least 2 external placements. Not all residents manage to go on an international placement such as the one I did at ENSP, but placements within the country are also available – we have several nongovernmental organisations, public health organisations, and government agencies. Residents might be placed, for example, at the National Tuberculosis, Polio, or Family Planning Programmes. During the 2 to 3 months in which the placement takes place, residents work according to the organisation or the programme's objectives. Other than the internship at ENSP I am planning to do a placement at the World Health Organization Country Office in Pakistan near the end of this year.

HOW IS THE RESIDENCY PROGRAMME EVALUATED?

There is a continuous evaluation during the whole residency programme. All the activities we perform are graded and included in the yearly assessments.

An overall percentage is calculated for all the academic activities carried out during that year and each component has a weighted score that is counted in the final percentage. There is also a mandatory exam held at the end of every year by the Post Graduate Medical Education Department, the body responsible for all the university residency programmes, and you need to pass this exam to be admitted to the following year. After the completion of the four years of the residency program, a final exit exam is carried out by the College of Physicians and Surgeons of Pakistan (CPSP) that comprises a written as well as a viva component. Passing this exam is essential to getting your post-graduate specialization degree in Community Medicine.

WHY DID YOU DECIDE TO COME TO PORTUGAL TO DO AN INTERNSHIP? AND HOW DID YOU LEARN ABOUT ENSP?

I came to learn about ENSP through the Global Engagement Office of Aga Khan University, which is responsible for organising international exchange programmes and introduced me to the Erasmus exchange programme. This was the first exchange between the two universities, and it is a very nice opportunity for them to build future research and other collaborations. There is a Portuguese resident who will participate in this exchange programme at my university, and next year probably 2 other residents from Aga Khan will come to ENSP.

WHAT POINTS CAN YOU HIGHLIGHT FROM YOUR EXPERIENCE IN PORTUGAL AND SPECIFICALLY FROM THE INTERNSHIP AT ENSP?

The first and foremost thing is that I got to visit Lisbon. It is a beautiful city, and I enjoyed the delicious pastel de nata! I have made good friends, got a chance to interact with many professors, master's students, the researchers, and I got to know their ongoing research projects. I visited NOVA University where I was given a comprehensive overview of all the university departments and their research priorities, and we discussed possibilities for research collaborations between NOVA and Aga Khan University.

At ENSP, I met public health residents who were super friendly and helpful. I participated with them in an activity that involved watching videos on universal health coverage from the WHO Film Festival, reviewing them, coming up with some reflections and then choosing the top 3. We then sent it forward and some of us attended the main event of the WHO Film Festival. I also delivered an introductory presentation to the 2nd year public health residents about my country, our residency programme, the university, and the health system in Pakistan – how it is organised, managed, and financed, and the main challenges it faces. This was a brilliant idea from Professor Paulo Sousa, as after my presentation there was a productive discussion with the students, and we shared ideas. It was surprising to see that there are many similarities between the health systems of Portugal and Pakistan and the challenges they face. I also presented my thesis project to the residents, and there was a very good attendance and participation from them. As well, the feedback was constructive.

Additionally, I visited a primary health care centre in Sete Rios, together with Professor Gonalo Augusto and a Professor from my university who was here doing an exchange

programme, where we were briefed about the health centre organisation and its activities. I was very surprised to see that a nutritionist was working there as well. We also visited the public health unit and the team explained how data was collected through SINAVE, and how COVID-19 surveillance was being conducted in that unit.

Other than that, I participated in a research project titled “Urban TB Research Project” with Dr Patrícia Soares from ENSP. I learned skills on descriptive analysis on R Studio with her help, then she gave me access to the data set, and I helped her structure the report and run some basic descriptive analysis. The main objective was to look at the factors that play a role in delaying the diagnosis and treatment of TB patients in Lisbon. Prof Paulo also motivated me to write a review paper, with other colleagues from ENSP, to describe the decentralisation process of the health care systems in both Portugal and Pakistan. This idea came up after my presentation where I described the major decentralisation reform that the health care system in Pakistan went through in 2011. I was then explained that Portugal’s health system had started this process very recently, as the primary health centres have been devolved to the municipalities. Currently, I am working on this.

I have as well visited Instituto Nacional de Saúde Doutor Ricardo Jorge, where I met Professor Carlos Dias, the head of the Epidemiology Department. He gave me insights into how I can establish a future in epidemiology and biostatistics, and it was generally a very helpful visit and a good learning experience.

WERE THERE ANY CHALLENGES REGARDING YOUR EXPERIENCE AT ENSP?

The language was a challenge because I sometimes wanted to participate in research meetings or attend some conferences or workshops, such as journal clubs, and that was generally done in Portuguese. That was a barrier that I could not overcome as my stay in the country was short. Nevertheless, it is a good improvement opportunity if exchanges between both universities keep happening in the future.

WHAT WOULD BE INTERESTING INTERNSHIP/JOB OPPORTUNITIES FOR A PUBLIC HEALTH RESIDENT/SPECIALIST IN YOUR COUNTRY?

There might be some opportunities for paid internships in other university departments, but in the Community Medicine Department, the Erasmus exchange programme is the only funded internship through which you can apply as a student at ENSP.

O NEGÓCIO DA SAÚDE – COMO A MEDICINA PRIVADA CRESCER GRAÇAS AO SNS



LIVRO DE BRUNO MAIA

Neste livro, escrito por Bruno Maia, médico especialista em Neurologia e Medicina Intensiva e ativista político, social e cultural, é abordada a tensão e conflito entre a prestação pública e a oferta privada de serviços de saúde, bem como o posicionamento do Serviço Nacional de Saúde (SNS) perante os desafios que se avizinham. Símbolo de progresso e de oportunidade de melhoria social, o SNS tem contribuído para contornar a desigualdade social e a miséria sanitária, combatendo iniquidades. Citando António Arnaut, “o SNS não é um fim em si mesmo, mas um instrumento de política social, constituindo a maior reforma social do século XX português”. Contudo, o autor coloca o dedo na ferida, ao afirmar que a sua atual organização e funcionamento são escolhas políticas. Reflete sobre a crise a que temos vindo a assistir: a desvalorização do sector público, que contrasta drasticamente com o crescimento do sector privado, um modelo mais eficiente e robusto, altamente competitivo (e não complementar) de prestação de cuidados.

Ao longo do livro são discutidos os três modelos de sistemas de saúde: liberal (vigente nos EUA, baseado na prestação privada de cuidados, em que o estado assegura apenas os serviços mínimos), o estatizante (criado na URSS, baseado no financiamento público da totalidade dos cuidados, sem lugar à iniciativa privada) e o misto (como o do SNS, em que o Estado assegura a cobertura a toda a população, admitindo coexistência de iniciativa privada, como as convenções). Advoga que o problema central dos sistemas de saúde privados não são os custos per si nem o mau desempenho, mas sim a falta de acesso equitativo dos cidadãos. Corrobora esta afirmação com exemplos da Kaiser Family Foundation de 2019, que estimou que um em cada cinco norte-americanos estaria em risco de insolvência familiar por dívidas com cuidados de saúde. Argumenta ainda as diversas consequências do sistema liberal: como no privado, a saúde não é encarada com um direito social, mas como um bem de consumo, devendo ser lucrativa e baseada num pensamento de venda de serviços e não de necessidades.

Mais à frente, reforça a problemática da suborçamentação crónica do SNS que tem conduzido à acumulação de dívida e à intrincada gestão de buracos orçamentais. Esta limitação é agravada pelo atual contexto epidemiológico de envelhecimento populacional, com uma crescente prevalência de doenças crónicas, traduzida num gasto superior de medicação, exames de diagnóstico e consultas. O autor critica ferozmente esta suborçamentação como uma escolha política: tendo em conta o aumento do PIB, refere ser difícil de aceitar que a suborçamentação do SNS seja uma fatalidade ou um imperativo económico, enumerando as suas consequências e a acumulação de ineficiências. Refere que Portugal gasta menos em saúde por habitante do que a média dos países da OCDE, sendo este acréscimo de custos suportado pelas famílias.

Ao longo do livro, argumenta que a promoção do pluriemprego tem sido uma escolha política, registando-se cada vez menos exclusividade no SNS e mais vínculos permanentes ao sector privado. Retrata o círculo vicioso em que vivemos: se os médicos reduzem o horário no SNS para prestação no privado, o SNS fará menos exames, consultas e cirurgias, aumentando as listas de espera. Consequentemente, para o SNS assegurar o tempo de espera legalmente definido, terá de recorrer a convenções no privado, serviços estes realizados frequentemente por esses mesmos médicos que trabalhavam no setor público e que agora estão no privado.

Bruno Maia resume que quanto menor for o investimento no SNS, menor será a remuneração e valorização no setor público, impulsionando mais profissionais a recorrer ao pluriemprego, transitando doentes e procedimentos para o privado, cujo pagamento acaba na mesma por ser assegurado pelo Estado.

Outro dos pontos abordados é o oligopólio partilhado pelos interesses corporativos do privado, alimentado promiscuamente pelas falhas sucessivas do SNS.

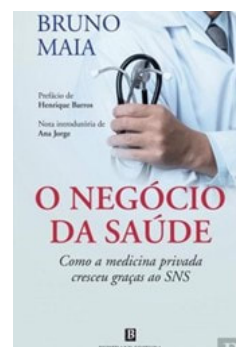
O autor faz uma historiografia das Parcerias Público Privadas (PPP) e dos conturbados processos associados.

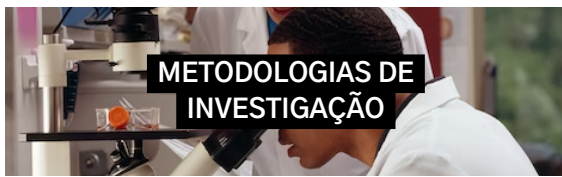
Enfatiza que entre 2010 e 2016, o financiamento público dos privados através de regimes de convenções, aumentou de 190 para 405 milhões de euros, referindo que por cada dez euros de orçamento da saúde, quatro euros terminam no privado. Acresce a suborçamentação do SNS, em que as falhas passam a ser permanentes e a contratualização com o privado uma regra, que potencia esta hegemonia. Para concluir, enfatiza a necessidade de reformular o SNS e de ter em consideração a própria natureza mutável da saúde. Exemplifica com os surtos de hepatite A, de Legionella ou de SARS-COV-2, que podem surgir a qualquer instante e implicam uma sobrecarga inimaginável dos cuidados médicos, sendo um sistema baseado no setor privado incapaz de dar resposta quando está em causa a saúde pública.

Este livro de leitura obrigatória faz uma caricatura mordaz dos bastidores do SNS e dos grandes grupos de saúde em Portugal. Critica o pensamento político de endeusamento do privado e da demonização do público, e apela a uma mudança urgente de filosofia para encarar os desafios sociais e demográficos que se avizinham.

ANA MARGARIDA ALHO AUTORIA
JOANA SILVA EDIÇÃO
FILIPA GOMES REVISÃO

O NEGÓCIO DA SAÚDE
BRUNO MAIA
BERTRAND EDITORA,
2021
176 PP., CAPA MOLE
EUR 16.60
ISBN: 9789722541749





METODOLOGIAS DE INVESTIGAÇÃO

Statistical tests, P values, confidence intervals, and power: a guide to misinterpretations

Greenland, S., Senn, S.J., Rothman, K.J. et al.
Eur J Epidemiol 31, 337–350 (2016).
<https://doi.org/10.1007/s10654-016-0149-3>



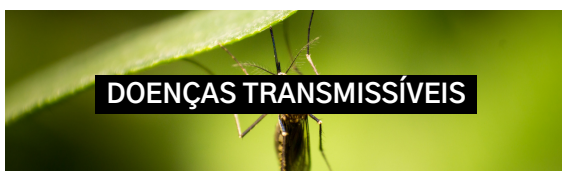
POLÍTICAS DE SAÚDE E GOVERNANÇA

Consensus-building around the conceptualisation and implementation of sustainable healthy diets: a foundation for policymakers

Bach-Faig, A., Wickramasinghe, K., Panadero, N. et al.
BMC Public Health 22, 1480 (2022).
<https://doi.org/10.1186/s12889-022-13756-y>



ARTIGOS SUGERIDOS



DOENÇAS TRANSMISSÍVEIS

Zoonoses as Important Causes of Hospital Admissions: A 15-Year Study in Portugal

Canhão-Dias, M., Pires, T. M., Henriques, R., Lopes, D., Carvalho, L.
Port J Public Health 2022;40:101–111
DOI: 10.1159/000525301



DETERMINANTES DE SAÚDE

Conceptualising public mental health: development of a conceptual framework for public mental health

Dykxhoorn, J., Fischer, L., Bayliss, B. et al.
BMC Public Health 22, 1407 (2022).
<https://doi.org/10.1186/s12889-022-13775-9>

CURSOS



Modelação e Análise de dados com R

31 de outubro a 23 de novembro

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CONGRESSOS



III Congresso Nacional dos Médicos de Saúde Pública

2 a 4 de novembro

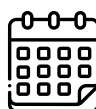
Formato presencial: Centro de Arte e Espetáculos, Portalegre.



XXVI Encontro Nacional – A Associação Portuguesa para a Promoção da Saúde Pública

14 – 15 de novembro

Formato presencial: Fundação Calouste Gulbenkian



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<https://www.saudemaispublica.com/opportunidades-259273.html>

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