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Collective health in Brazil: analyzing the institutionalization process

La salud colectiva en Brasil: analizando el proceso de institucionalización

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ABSTRACT This work first analyzes the construction of a typology of the studies on collective health and its institutionalization process in Brazil, in which three stages are proposed: the preventive project, social medicine and collective health. Secondly, the work examines the phases of institutionalization, disciplinarization and professionalization of collective health in Brazil. Within the institutionalization phase, the study analyzes connectivity and communication, regularization of discourses and practices, the construction of a separate identity and political actions, and the incorporation and legitimation of these elements. It is concluded that the trajectory of the construction of collective health is marked by three dimensions: the theoretical-critical, the political-sanitary and the pedagogical-professional.

KEY WORDS Collective Health; Institutionalization; Brazil.

RESUMEN En este trabajo analizamos la construcción de una tipología de estudios sobre la salud colectiva y las principales características del proceso de su institucionalización en Brasil, en el que se plantean como antecedentes tres momentos: el proyecto preventivo, la medicina social y la salud colectiva. Se abordan las etapas de institucionalización, disciplinarización y profesionalización de la salud colectiva en Brasil. Dentro de la etapa de institucionalización se analizan la conectividad y la comunicación; la regularización de los discursos y las prácticas; la construcción de una identidad y de las acciones políticas, y su incorporación y legitimación. Concluimos que la trayectoria de la construcción de la salud colectiva está marcada por tres dimensiones: la teórico-crítica, la político-sanitaria y la pedagógica-profesional.

PALABRAS CLAVES Salud Colectiva; Institucionalización; Brasil.

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INTRODUCTION

> No social group can plan for the future without a sense of who they are and what they do. (1 p.276)

In 2015, two events marked the presence of collective health in Brazil: the 35th anniversary of the creation of *Asociação Brasileira de Saúde Coletiva* (ABRASCO) and the 20th anniversary of the scientific journal *Ciência & Saúde Coletiva*, official body of this association; these are two commemorative moments, which might be considered by historians as relatively recent in comparison with other centenarian associations and national and international journals on medicine, education and health. Nonetheless, it is known that, although collective health has a young history, its origins can be traced back to a distant past.

I took part in those two events by writing the preface[2] of the book on the 35 years of ABRASCO, organized by Nísia Trindade Lima, Jose Paranaguá de Santana and Carlos Henrique Assunção Paiva, and an article for the commemorative edition published for the 20th anniversary of the journal *Ciência & Saúde Coletiva,*[3] which dealt with the role of this journal in the institutionalization process of collective health. On a subsequent occasion, I put forward some of those ideas during the *Congresso Brasileiro de Educação Médica*,[4] in Río de Janeiro. I am citing these events, since, in this article, I will pick up and shed light on the topics dealt with in those texts.

This work first analyzes the construction of a typology of studies on collective health and the main characteristics of its institutionalization process in Brazil, where three stages are identified as precedents: the preventive project, social medicine and collective health. Second, the study examines the phases of institutionalization, disciplinarization and professionalization of collective health in Brazil. Within the institutionalization phase, the study analyzes the connectivity and communication, the regularization of discourses and practices, the construction of a separate identity and political actions, and the incorporation and legitimation of these elements.

The construction of a typology of studies, as well as of the different approaches adopted in the studies made on collective health, were extremely important for preparing this work, as it provided the bibliographic grounds for the analysis of the institutionalization process of that field of study and practices.

Toward a typology of studies on collective health

When analyzing the historical development and the concept of collective health, we confirm that the way in which this concept is defined and presented may vary according to the historicity of the processes referring to prior definitions; epistemological issues;[6] the research studies on the integral areas of this field;[7] theoretical statements in which the approaches of such field of studies are supported;[8] the concept of collective;[9] the life stories which permeate the construction of the field;[10][a] the institutional analysis which deals with the creation of specific academic spaces such as activities, undergraduate and graduate courses,[11] specialization courses,[12] residencies,[13] graduate programs *stricto sensu*,[14] conferences,[15] journals;[16][b] research studies which review the curricular constructions in the different levels of pedagogical practices;[17] as well as the analysis of the training of human resources[18] and the introduction of collective health in the organization of health care system;[19] the relationships between science, technology and collective health,[20] the relationships between collective health and political science,[21] the interdisciplinary relationships,[22] and those that take ABRASCO as an object for consideration.[23,24]

On the other hand, we should establish the different approaches adopted to analyze collective health. Ribeiro[25] and Luz[8] considered collective health as a field of studies; García,[26] as a set of theoretical, ideological, social, political and technical practices, which was applied to the studies on medical

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education in Latin America; Arouca[27] as part of the research on the "preventive dilemma"; Nunes[28] placed collective health within the scope of Latin-American social medicine, as an institution that undergoes different institutionalization stages throughout its history;[2,3] as a construction (construct) resulting from the interaction among health thought (ideological/philosophical level), the knowledge of several disciplinary fields of study (cognoscitive level) and the organizational processes (political/social level/social movement);[3,29,30] and finally, Vieira da Silva approaches collective health as a social space. In this sense, collective health is understood as the "result of an encounter of a group of agents with different historical backgrounds in respect of their path, duration and position in power, political and scientific fields."[31 p.41]

Institutionalization process: concept

Taking the institutionalization as a reference, we may analyze the historical development of collective health as a sociological, political and historical process. Therefore, we have researched how the institutionalization process has been understood in the different studies. Some of the most remarkable studies were conducted by: Joseph Ben David (1920-1986), sociologist of science and sociology professor of higher education, who did studies of reference on history and transformations of modern science, which are contextualized in its institutional, political and cultural spaces;[31] Anthony Oberschall (1936), Physicist and PhD in sociology, who conducted analysis on the history of the institutionalization of disciplines and sociology in the US;[32] Samuel W. Bloom (1921-2006), sociologist in medicine, who studied the historical development of medical sociology in the US;[33] Fran Collyer, Australian sociologist, who looked at the concept of institutionalization applied to the study of sociology of health/medicine in US, United Kingdom and Australia.[1] According to the abovementioned authors, this process may be divided into four phases, summarized as follows:

First phase: small groups – generally, colleagues and professors who are members of a specific department at university or researchers – who gather in informal meetings to open up informal discussions about related issues and approaches to acquiring knowledge on disciplines, coming into contact with experiences developed in other places, or with experts of other countries or institutions and, as Collyer described, those meetings are aimed at "channeling a set of problems or mutual or marginalized experiences, rather than theoretically debating issues *per se*."[1 p.52]

Second phase: the discipline previously considered peripheral is now seen as part of a specific field of knowledge and gains an important role in the cultural sphere, meetings and debates become more frequent and strategies are developed to lure new members. According to the institutionalization process scholars, this is the moment when the "regularization of discourses, practices and forms of organization"[1 p.52] takes place. Nonetheless, as Oberschall and Ben-David stated, "it is necessary to find a sponsor group who provides financial support to this emerging discipline."[33 p.42]

Third Phase: the new field of study becomes significant for an area as a whole, and actions such as recruiting human resources and experts and collecting financial resources start a process of standardization. This phase is characterized by the construction of a "distinct identity" and by "political actions" developed within or without the university; "the nature, current status and future possibilities of this discipline" are under debate.[1 p.52] Bloom[33 p.44] noted that, for example, in this phase, as in the previous one, "non-governmental organizations have been regarded as the vital force" for the institutionalization of sociology in the US.

Fourth phase: the new field or discipline is consolidated by establishing its culture within the scientific community, bearing its own social networks of communication, scientific associations and publications; in this phase, the discipline establishes different

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degree programs and it is represented with a "considerable autonomy" by senior members of this discipline in their departments.[1 p.53]

Collective health: phases of institutionalization

References to the article published in the journal *Ciência & Saúde Coletiva* and in the book on the 35 years of ABRASCO, celebrated at the 11th Brazilian Congress on Collective Health held in Goiânia, in 2015, clearly marked the *fourth phase of institutionalization* of a field of study. These two events are part of the actions which make this field visible, expanding this field even beyond the frontiers exclusively set for the experts. Indeed, this fourth phase makes sense when taking into consideration the history of collective health.

In some previous works, we have identified health and safety, social and preventive medicine, general practice medicine, community medicine and conventional public health as precedents of collective health. We have, also, grouped them into different phases, bearing in mind that we intend to work with separate history periods and not with a historical timeline. The word *phase* – as used here – refers to this perception of collective health as a process which is connected with its historical and conceptual development.

From a time perspective (from 1950 onwards), this work will analyze the three stages that can be identified when going through the global history of collective health: the preventive project, social medicine and collective health.

The preventive project

In general terms, the events that took place between 1950 and 1970 are named the *preventive project*. This project privileged the pedagogical practices disclosed by the Pan American Health Organization (PAHO) at seminars held in the fifties, in several cities: Colorado Springs (1952), Nancy (1952), Gotemburgo (1953), Viña Del Mar (1955) and Tehuacán (1956). Since there was no theory available to support those practices, the "natural history of disease model," developed by Hugh R. Leavell and Edwin G. Clark[34] was adopted to this end. In later years, the prevention levels were redeveloped by García[35] aimed at teaching those levels to medical students in their behavioral science courses. Preventive medicine is an ideological movement originated in the US, which spread across Latin America, seeking to reorient medical practice by promoting a comprehensive, preventive, community and social attitude among medical students, by restructuring medical knowledge.

This was a period of intense activity for the faculty working in the preventive and social medicine departments created in the medical schools of Brazil. The departments first to be established are those reporting to the *Faculdade de Medicina de Ribeirão Preto* of the *Universidade de São Paulo* (USP), created in 1954, and to the university *Universidade Federal de Minas Gerais* (UFMG), created 1958. A large number of departments were created in the sixties and in the early seventies: in 1965, at the *Faculdade de Ciências Médicas da Santa Casa de São Paulo* and at the la *Faculdade de Ciências Médicas* de la *Universidade Estadual de Campinas* (UNICAMP); in 1967, at the *Faculdade de Medicina* of the USP; and in 1970, at the *Universidade Federal do Rio de Janeiro* (UFRJ), and the *Universidade Federal da Bahia* (UFBA).

In this context, the academic practices (based on prevention and sanitary/health education), including the first teaching experiences known as *out-of-class activities* (works conducted in peripheral urban communities and neighborhoods), were an object of criticism and the rupture occurring in the early seventies and became sharper in the second half of the decade. An example of this rupture can be seen in 1972 with the impact of Garcia's study[26] on medical education in Latin America which frames this issue within structural Marxism and, on the other hand, with the Meeting on Teaching of Social Sciences in Health Sciences Schools (Cuenca, Ecuador)[36] [*Reunión sobre Enseñanza de las Ciencias Sociales en las Facultades de Ciencias de la Salud*] which deeply criticizes

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the sociological functionalism. As stated in several studies, concurrently with the epistemological crisis of the field of preventive and social medicine, there was a generalized crisis sparked in the health care services that, in the case of Brazil, added up to the transformations of the social security system. This scenario took place in a political context characterized by authoritarianism, political repression, press censorship, persecution of educators and activists' detentions. We should bear in mind that military dictatorship in Brazil lasted from the 1964 *coup d'état* up to 1985 when Tancredo Neves, former governor of Minas Gerais, was elected as President by indirect voting through the Electoral College; he died before taking office. Therefore, Vice-president José Sarney was sworn in as President of the Republic of Brazil.

From the perspective of the main theoretical-epistemological fundamentals, the preventive stage not only tackled health as a social production – revealing the limits of the models focused in biomedicine – but also the inclusion of health in education of the disciplines and issues which translate health-society relationships. In the pioneer years of preventive medicine, the professional's transformations and the modifications in the health care system were believed to become more profound by implementing changes in the curricula of undergraduate programs; in the seventies, planning of programs for graduate education started. Then, we may say that during this period, an intense problematization of health versus medicine took place, establishing what sociology scholars named *connectivity and communication*, which launched another phase within the institutionalization process: "regularization of discourses and practices and forms of organization."[1]

Academic manifestations emerged within this movement,[3] which pioneered the study of health-disease-health institutions interaction: Gandra's leprosy stigma;[37] Arouca's criticism to preventive medicine;[27] the medical practice in the city of São Paulo, and Donnangelo's analysis on community medicine;[38,39] the study of the "archeological discourse" of Brazilian social medicine by Machado *et al*.;[40] Luz's medical institutions;[41] Cordeiro's consumption of pharmaceuticals;[42] Cohn's social security as political process;[43] Schraiber's relationship between capitalism and medical education;[44] Marsiglia's relationships between work and social prevention;[45] Teixeira's studies on social security and health policies;[46] the theoretical analysis of social roots of medical work by Mendes-Gonçalves;[47] Paim's critical analysis of community medicine;[48] Braga's "the matter of health" in Brazil;[49] epidemiological studies on nutrition and malnutrition, the relationship between Chagas' disease and the agricultural structure, urban labor and the transformations of agricultural spaces.[50,51,52]

In 1981, when revising the scientific production in the seventies, Donnangelo would remember that such production on preventive medicine, social medicine and collective health was not homogeneous, reflecting:

> the extent of connotations that may be ascribed to the notion of collective: collective/means, collective/group of individuals; collective/interaction between elements; collective as group of effects and consequences resulting from social life; collective transformed in social, as a specific and structured field of practices.[9 p.27] [Own translation]

Although our approach is focused on Brazil, we cannot fail to highlight the importance these authors had on the social thinking of health in other Latin-American countries back in the seventies: Breilh,[53] in the conceptualization of social reproduction and determination of health; Laurell,[54] on collectivity as expression of the health-disease process; and Juan César García, María Isabel Rodríguez and Miguel Márquez, who substantially boosted social medicine.[55]

Social medicine

It was a scenario strongly marked by the search of innovations and alternatives, the traditional models of social and preventive medicine were fractured so medicine was then on a path toward a "new" project: *social*

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medicine, the most distant roots of which date back to the 1848 European movements of social medicine. According to Nunes, in Brazil, "the emergence of those projects reflected, in a general manner, the socioeconomic and political-ideological context, in a broader sense, as well as the consecutive crisis, which were present both in the epistemological plan, as well as in health practices and human resources training."[5 p.2] Those ideas which permeated the agenda of the meetings held, from 1968 to 1973, were introduced by the faculty of the Departments of Social and Preventive Health of the state of São Paulo, when discussing, among other things, the prevailing schools of thoughts back then: the preventive and social medicine; the education of different disciplines, specially, social sciences and epidemiology; out-of-class works and the relationships with the health care services.

The reconquest of the debates on social medicine are also part of the Pan American Health Organization (PAHO) document issued in 1974, when the organization acknowledged that the purpose of social medicine is to be defined as:

> the field of health-related practices and knowledge. Having this goal as a major concern, social medicine seeks to study society and to analyze the common interpretations of health issues and medical practice.[56 p.5] [Own translation]

PAHO acknowledged the limits of the models presented in the past when resuming discussions on education, establishing that:

> Instead of including new contents to the vaguely defined field of preventive medicine, it would be better to define this field within a more realistic perspective of the possibilities of medical education and the restrictions of its effectiveness as an indicator of how medicine and health care practices are shaped within a certain moment in a specific community.[56 p.4] [Own translation]

In a broad sense, the conceptual frame, which provided the grounds to revise this field of practice, concluded that:

> In each specific community, medical education plays a key role in the reproduction of the organization of health care services. Medical education crystalizes in the reupdating and preservation of specific practices, not only in the dimensions of knowledge but also in the ideological content and techniques. Additionally, the structure of health care itself exerts a dominant power on the process of training human resources, primarily through the labor market structure and the conditions which limit medical practice.[56 p.3] [Own translation]

That mechanical way of determining the teaching practices did not go unnoticed for some scholars, who explained that universities need to protect their autonomy up to a certain extent.[57]

In this second phase of the institutionalization process, we found the presence of courses on social sciences (sociology, anthropology and political sciences) and social epidemiology. Besides, in this second phase, the first graduate programs in social medicine were formalized, these new programs were approached differently from the former traditional courses in public health.

In Brazil, the first masters course in social medicine *stricto sensu* was created in 1973, along with the Social Medicine Institute, whereas the programs *stricto sensu*, either masters course or PhD, in public health, preventive medicine or community medicine, were created some years before. Some graduate programs were created in the USP, in 1970, in the *Faculdade de Saúde Pública*; in 1971, in the *Faculdade de Medicina de Ribeirão Preto*; and, in 1973, in the *Faculdade de Medicina de São Paulo*. In 1973, the Master Course in Community Health was created in the *Faculdade de Medicina* of the *Universidade Federal da Bahia*. A precedent event for these programs was the Master Course in Public Health created in 1967 at

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the *Escola Nacional de Saúde Pública* (ENSP), this program was offered for three years up to 1969, when the course was cancelled; it was relaunched in 1977.

Other elements that were added in this second phase of institutionalization were the role of institutions such as PAHO and the presence of European thinkers who made important contributions to the social thought in health. In 1974, for example, French philosopher Michel Foucault (1926-1984) was invited to Brazil by the Institute of Social Medicine of the *Universidade do Estado do Rio de Janeiro* (UERJ) to deliver the emblematic conferences on the birth of social medicine and hospitals. In 1978, physician Giovanni Berlinguer (1924-2015), invited by the *Centro Brasileiro de Estudos da Saúde* (CEBES), held meetings, debates, and conferences and launched the translation of his book *Medicine and politics* which strongly influenced the movement promoting Sanitary Reform.[58]

In 1976, when the preventive project was being severely criticized, another ideological movement was being discussed from a theoretical and critical perspective – community medicine – which from its early beginning would carry the seeds for the ideas on general practice medicine, sociological approaches on community and social service, coming from the sixties. Paim pointed out some restrictions of community medicine: "its statements did not request relevant modifications to the organization of the health care system, specially, in connection with the contradictions between production subsystems of the public and private health care services."[48 p.11] This criticism coincided with the discussions that analyzed health planning in Latin America as a "political opportunity" and not from the economic perspective adopted in the past (CENDES/PAHO).[59 p.37]

Regarding the organizational movements, in 1976, the *Centro Brasileiro de Estudos de Saúde* (CEBES) was created, whose activities are principally aimed at fighting for the democratization of health and society.[58] On a global scale, the 1978 International Conference on Primary Health Care, held from September 6th to 12ve, issued the Alma-Ata Declaration. In the same year, the 1st National Meeting of Graduates programs in Collective Health was held in Bahia, where the creation of a graduate association was discussed. The following year, in October 1979, the 1st Symposium on Health National Politics was held in the Câmara Federal [lower house of the National Congress of Brazil], where the CEBES introduced the document titled *A questão democrática na área da saúde*,[60] which became a reference text for the Sanitary Reform process. In a year characterized by the great number of accomplishments, the regulation of the Residency in Preventive and Social Medicine is established and the Residency in Social Medicine is launched, which depends on the National Institute of Social Security Health Care (INAMPS) [*Instituto Nacional de Asistencia Médica de la Seguridad Social*], created in 1974 and closed in 1993.

Collective health

Many factors show that the necessary conditions were in place for a new *collective health* phase to occur, which, when following the institutionalization process, would be the *incorporation* phase. At this stage, the identity of the field was build up in a systematic education process, not only in connection with its own internal structure (epistemic formulation), but also with structures and organizations outside the field (educational, governmental) by bureaucratizing and legalizing the field. The role of *Financiadora de Estudos y Projetos* (FINEP) was associated to the incorporation above, which financed 87 research projects from 1968 to 1979 and the role of *Conselho Nacional de Desenvolvimento Científico e Tecnológico* (CNPq), which, from 1976 to 1980, granted the first 20 scholarships to public health researchers out of a total of 113 scholarships awarded, 67 of which were awarded for clinical medicine studies and 26 for nutrition. Also, the publication process spread (scientific journals, books and technical and

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journalistic productions) while meetings, seminars and congresses were being led by experts' committees on a regular basis.

The experiences gained in the seventies reached its climax in 1979 with the creation of the *Associação Brasileira de Posgraduação em Saúde Coletiva*, later named *Associação Brasileira de Saúde Coletiva* (ABRASCO).

The creation of ABRASCO took place within one of the most important historical-political moments in Brazil. In 1979, through the Electoral College, the Congress appointed General João Baptista de Oliveira Figueiredo (1918-1999) to the presidency, being the 5th military leader of Brazilian dictatorship, to rule up to 1985. In those years, the Institutional Action No. 5 (AI-5) [*Ato Institucional Nº 5*] issued by the totalitarian government was revoked, the prior censorship was repealed, the *habeas corpus* was restored and, among other actions, the Amnesty Act was enacted, citizens in exile started returning to the country (around 2,500 people), the multiparty system was restored and new political parties were created.[61]

Therefore, it might be said that, in 1979, the fourth phase of institutionalization process of collective health commenced: the *legitimization* phase and, consequently, the measures aimed at including new actors, programs and scientific journals, among others.

The same phenomena that was taking place in other fields of knowledge also occurred in collective health, including sociology and its subdivisions, such as medical sociology or health sociology. According to Collyer,[1 p.53] during the legitimization phase, the new disciplines legalized, formalized and established their representation in university committees and consultation boards.

Additionally, the legitimization may even be officialized in documents which set the goals and programs for the creation of a new discipline, field of practice or association. In the case of ABRASCO, we may analyze the preliminary document for its creation in 1979 on which the Association stated:

> In terms of *the content of programs*, the Association acknowledges that there must be a balance between the technical and theoretical-conceptual contents, between "biological" and "social," between "functional" and "critical," so as to the "technical nature" and the "biological nature" which were part of the tradition in collective health education.[62 p.114] (italics added) [Own translation]

The creation of special forums took place during the following decades: the Fórum de Coordenadores dos Cursos de Pós-Graduação em Saúde Coletiva (1994), the Fórum de Graduação em Saúde Coletiva and the Fórum de Editores de Saúde Coletiva (2014). These spaces enabled not only an updated discussion of the issues within the scope of its areas of competence, but also building bridges with other associations, governmental organizations and international associations.

Within this legitimization process, the journal Ciência & Saúde Coletiva, as representative of the collective health field, was launched in 1996, which started being published regularly. As at said date, ABRASCO published its publications on the Boletim da ABRASCO, published since 1982, and a series of publishing originally entitled Ensino da saúde pública, medicina preventiva e social no Brasil (it published three issues since 1982) and later on titled Estudos de Saúde Coletiva (published two issues in 1986 and 1988), which were not published again.

According to Ferreira,[63] medical journalism in Brazil came up in the first half of the 19th century and, as from the second half of such century up to the second decade of the 20th century, these journals are published: Gazeta Médica do Rio de Janeiro (1862), Gazeta Médica da Bahia (1866), Memórias do Instituto Oswaldo Cruz (1909) and Anais da Academia Brasileira de Ciências (1917). It was only in the late sixties and in the early seventies that new journals appeared: in 1967, the Revista de Saúde Pública of the Faculdade de Saúde Pública published by the USP; in 1970, the Revista Brasileira de Saúde Ocupacional of Fundacentro; in 1974, the Revista Baiana de Saúde Pública and, in 1976, Saúde em Debate published by CEBES.

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During the eighties and nineties, new publishings emerged: in 1985, Cadernos de Saúde Pública of the Escola Nacional de Saúde Pública; in 1987, Cadernos de Saúde Coletiva of the Instituto de Estudos em Saúde Coletiva of the UFRJ; in 1991, Physis - Revista de Saúde Coletiva of the Instituto de Medicina Social of the UERJ; in 1992, Saúde e Sociedade of the Faculdade de Saúde Pública of the USP, in collaboration with the Associação Paulista de Saúde Pública (APSP); in 1994, História, Ciências, Saúde - Manguinhos "Casa de Oswaldo Cruz", Fundação Oswaldo Cruz; in 1997, Interface - Comunicação, Saúde, Educação of the Universidade Estadual Paulista (campus Botucatu); and, in 1998, the Revista Brasileira de Epidemiología published by ABRASCO.

All these publications have played a key role for this field,[16] however, Ciência & Saúde Coletiva represented a landmark in the consolidation of the institutionalization process of collective health. One of its distinct characteristics is that the journal focused on a thematic axis. Minayo, Gomes, Almeida, Goldbaum and Carvalheiro[64] stated that, within the period 1996-2014, the diversity of topics included in the journals published amounted to a total of 112 topics: health politics (13%), occupational health (7%), health and environment (7%), child and adolescents' health (6%), health and information (6%), science and collective health (6%), elderly health (5%), human and social sciences in health (5%), violence as a public health issue (5%) and, in a smaller number, health and gender, diet, drug addiction, heath planning, health and technology, health and social issues, education in health, quality of life, assessment of dental health, and epistemological issues related to epidemiology. In the same article, the authors analyzed another journal published by ABRASCO, the Revista Brasileira de Epidemiología, set up in 1989. The main topics addressed on this journal from 2012 to 2014 were: infectious and chronic diseases, nutrition and methodological studies, which represent 52% of the total number of topics. These journals, also, dealt with other topics such as health and violence, lifestyle/behavior, elderly health, women, child and dental health.

The aim of this article is not to give a detail of the vast production on collective health, however, we have to bear in mind that in the last phase of institutionalization of this field of studies the first Tratado de Saúde Coletiva was published in 2006 and reprinted in 2012.[65] On its almost 800 pages, the treatise identifies the field and its main issues, provides trustworthy, formalized and systematized sources for health care students, teachers, researchers and professionals. In 2014, a second treatise was published under the title Saúde Coletiva - teoria e prática.[66] Undoubtedly, publishing a treatise (tractatus) ensures a constitution, consolidation, legitimization and systematization process of that field of studies.

As it can be seen in our discussion here, the institutionalization process cannot be understood without the other two supplementary processes: the disciplinarization and the professionalization.

The disciplinarization

Running parallel with the historical development of collective health, the *disciplinarization sensu lato* of this field had been already occurring since 1970s when graduate programs began to be formalized at academic levels to then reach its *climax* with the consolidation of the major field of "health sciences" at the *Coordenação de Aperfeiçoamento de Pessoal de Nível Superior* (CAPES). Currently, within this field, there are 77 programs, 45 of which are academic programs: 13 masters courses, 3 PhDs, and the remaining 29 are masters degrees and PhDs jointly developed. Only 20 years later, in 1990, the professional postgraduate courses were created (which were different from the academic programs). Currently, the professional graduate courses amount to a total of 32 master courses in collective health. The disciplinarization process was completed with the creation of an undergraduate degree in collective health, which, by 2014, had already implemented 21 courses.[11 p.147]

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We have included this preliminary information in the disciplinarization process, which will be later addressed again when dealing with the professionalization stage, as we believe both processes are complementary, as Collyer stated: "the recent renewed interest in disciplines [and in the disciplinarization process] has undermined the view of these disciplines as essentially cognitive domains;"[1 p.38] in other words, the disciplines are regarded as "social forms produced through social processes."[1 p.256] These aspects are important because, as Collyer explained, disciplines may be seen "as the *locus* of social action and as institutions which structure and regulate that action."[1 p.14]

The professionalization

The points discussed above make us consider the other process, that of the *professionalization*, as part of the institutionalization process, developed since the academic education (degree) up to the *mandate* which, according to Hughes' classical text, is what society defines as "the proper conduct of others toward the matters concerned with their works" in terms of the common sense of "self-consciousness and solidarity."[67 p.78]

Professionalism will still have to formalize organizations that can control and protect professional practice.

Within the field of collective health and public health, the initial phase of specialized professional training took place at the universities of public health, which includes training for physicians, the first social scientists, health care professors and public health nurses. It should be noted that Act No. 488 of 1848 already mentioned public health physicians and Act No. 3427 of 1958 made reference to sanitary engineers. Afterwards, the complex structure arising out of the interdisciplinarity and multidisciplinarity, as well as the new requirements set by the Sanitary Reform and by health care services called for a higher professionalization of workers in order to meet the demands of collective health in respect of planning and management, public health surveillance, environmental monitoring, social sciences in health and occupational health, among others.

Undoubtedly, since 1970, collective health has played a key role in the creation of academic programs and training of new researchers. As regards researchers, according to the figures disclosed by the CNPq in 2010, out of a total of 162,295 Brazilian researchers from a wide variety of fields of studies and of 4,477 foreign researchers, 5,518 Brazilians and 123 foreigners were collective health researchers, who were distributed into 732 research groups (2.7% out of a total of 27,523 groups of all the fields of studies). By 2014, the number of collective health researchers amounted to 8,003, 159 were foreigners. These 8,003 researchers were distributed into 975 groups (2.8% out of a total of 35,424 groups of all the fields of studies).[68] However, undergraduate degrees in public health medicine and professional graduate programs, as explained above, are part of the most recent history of collective health in Brazil.

Undergraduate programs in collective health have been under analysis since the late seventies; however, the preliminary proposal was developed much later in 2001, at the UFBA as well as at the *Universidade Estadual do Rio Grande do Sul* (UERGS) (with the Management of Health Care Services and Systems degree) and at the UFRJ, with the creation of the undergraduate degree in collective health. In 2002, the UFBA organized a large debate on this issue to analyze the relevance of training new professionals within the sphere of undergraduate degrees. In chronological order, the issue of education in collective health at an undergraduate level was again addressed in 2010 with the creation of the Graduation Forum on Collective Health [*Fórum de Gaduação em Saúde Coletiva*].[11]

In 1995, the professional masters courses were regulated and, within the scope of collective health, the first programs were offered by academic institutions which "already had well-established and top-quality graduate programs; the Institute on Social Medicine of the UERJ, and the Institute of Collective Health

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of the UFBA and the ENSP of Fiocruz."[69 p.203] According to Cesse and Veras,[69 p.204] "currently, the professional masters courses are recognized by the scientific community." Additionally, according to these authors, "most of the professional masters courses are offered for interdisciplinary fields, teaching, administration and collective health." Proportionally, collective health is placed in the second place on the list of professional masters courses, holding 41.6% out of the total number of professional masters courses. These authors stated that there are certain problems and challenges in that field of education both from a pedagogical point of view as well as from an economic perspective, its presence being undoubtful for the creation of strategic and innovative resources for collective health.

FINAL CONSIDERATIONS

When considering the processes of institutionalization, disciplinarization and professionalization, we can conclude that the historical development of the construction of collective health has been marked by three dimensions: the theoretical-critical, the political-sanitary and the pedagogical-professional. We believe that these three dimensions offer a frame of reference which might be the source of new demands, not only in connection with technological and information innovations, but also in regard to social policies – in a broad sense – and to health policies, in a narrow sense, including environmental and occupational issues.

We consider that institutionalization is a dialectic process which is achieved as a historical movement through agreements by which research, education institutions and health care services turn to search, train and rotate professors, researchers and managers. Furthermore, we consider that institutionalization is materialized in the production of health care services and intellectual material in a wide variety of formats (books, articles, films, journalism, among others.)

In this regard, we have attempted to show in this article that although collective health has been institutionalized and legitimized, it is still open to new transformation possibilities and to the recreation of its scope of action. According to Luz,[8] currently, collective health constitutes "a semi-open discourse structure, with the permanent inclusion of disciplines from different scientific fields," which have been added throughout history.

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ENDNOTES

[a] During 2015, twelve works were published in the section "*Constructores da Saúde Coletiva*" of the journal *Ciência & Saúde Coletiva* which dealt with the professional careers of Juan César García, Samuel Barnsley Pessoa, Ricardo Bruno Mendes Gonçalves, Rodolfo dos Santos Mascarenhas, Maria Cecilia Ferro Donnangelo, Izabel dos Santos, Guilherme Rodrigues da Silva, Mário Magalhães, Walter Leser, Joaquim Alberto Cardoso de Melo, Giovanni Berlinguer and Maria Cecília Puntel de Almeida.

[b] For Brazilian journals, please refer to the special edition entitled "*A importância das revistas de Saúde Pública/Saúde Coletiva para o SUS e para a ciência brasileira*" published by the journal *Ciência & Saúde Coletiva*, volume 20, issue 7, 2015.

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