

WHS members: *a good, noble and enlightened human nature*



Coimbra, the power of the History and the presente – honour and proud

We arrived to the present on the shoulders of the giants that preceded us

- 1093 (XI century, CE) – Milreu’s Hospital was created, next to the old Alcaçova
- By 1131 – the first Portuguese Medical School was created in Coimbra (Portugal), in the Monastery of Santa Cruz
- By now,
 - A prestigious hospital, the largest portuguese hospital, the highest number of recognized National Reference Centers (18) and European Reference Centers (19 ERN from 24 that exist)
 - a prestigious School of Medicine
 - an academical and clinical center (Hospital + University) as one of the 25 leading international institutions of M8 Alliance
 - University of Coimbra/School of Medicine contributing to the creation of a new Medical School in Cape Verde



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Other partnerships and capacity building programs – Portuguese speaking countries :

- Internships of physicians, several medical areas, from Angola, Mozambique, Cap Verde, São Tomé e Príncipe, East Timor
- Fellowship nursing programs with Macau Region (China)
- Partnership in implementing a heart center in East Timor (capacity building of teams and consulting)



Medical education in Cape Verde - Installation Process Steps

- Political decision
- International partnership: University of Coimbra / FMUC
- Reflection and “martyrs” proposals
- Listen, Listen, Listen, ... personalities and institutions
- Definition of the doctor's profile (continue to listen) - country reality, island nature, epidemiological transition, health profile
- Study plan, curricular contents and teaching methodologies
- Identification of material and financial needs
- Public disclosure / "socialization"

Profile of the physician to train at UNICV

- Be as good as the best of other latitudes
- Have high local resolution capacity, in isolation, as General Practitioner and Family Physician:
 - In basic and advanced life support, emergency and emergency care, patient stabilization;
 - In obtaining and interpreting ultrasound images (portable ultrasound, "21st century stethoscope"), electrocardiography, simple radiology and "dry chemistry";
 - In the accomplishment of minor surgery (suture of wounds);
 - In the treatment of traumatic situations of moderate complexity that do not require surgery;
 - Follow-up of pregnant women and identification of risk cases to be sent to highly differentiated centers;
 - In pediatric follow-up;
 - Follow-up of patients in "in-patient care" and in outpatient hospitals;
 - In the rehabilitation of situations of moderate complexity;
 - In surveillance and epidemiological intervention;
 - In identifying the severity levels of clinical situations;
 - In prioritizing the cases to refer to health care of higher resolution capacity;
 - In telemedicine (telehealth).

CACC
CENTRO ACADÉMICO CLÍNICO DE COIMBRA



University of Coimbra



Coimbra University Hospital Center

According to Michael Porter:

Are we doing the **right thing** (effectiveness)

- *Yes, well identified needs of physicians; previously, no medical education in the country*


and the **thing right** (efficiency)?

- *Yes, sustainable response through medical education, students motivated and working hard*

Master in Medicine

University of Cape Verde (UniCV) and Faculty of Medicine, Universiyt of Coimbra (FMUC)

Year	Scholar year of graduation			
	1st UniCV	2nd UniCV	3rd UniCV	4th FMUC
2015/2016	12,46	13,54	12,95	13,94
2016/2017	12,48	13,40	-	
2017/2018	13,52	13,57		
2018/2019	13,56	-		

An aerial photograph of a winding river on a hilly island. The river flows through a valley, curving through the landscape. The hills are covered in dense vegetation, and the sky is filled with a warm, golden light from the setting sun. The overall scene is serene and picturesque.

***“For a long way,
do start walking the day before”***

(Santiago Island, Cape Verde)

Plan

- Plan: identical to FMUC's
- 3 + 2 + 1
- 3 first years at UNICV
- 2 years (4th and 5th years) at FMUC / University of Coimbra / CHUC (with tuition and tuition fees at UniCV)
- Last year (6th year) in Cape Verde

Cape Verde - the people and their circumstances, because
"I am me and my circumstance" - Ortega e Gasset)

- The geographical, educational, cultural, economic, epidemiological and nosological conditions:
 - acute and chronic diseases,
 - communicable diseases,
 - epidemics
 - and bio-psycho-social conditions
- Predictable demographic and health changes (next 20 years)
- Increased life expectancy
- Modification of social habits (urbanization and sedentarization)
- Changing eating habits
- Financial pressure on health costs (maximum efficiency)

Teaching / learning orientation and medical education

- Robust, safe and quality medical practice
- Early knowledge of the health situation in Cape Verde
- Response to the existing epidemiological transition phase in Cape Verde
- Prevention and intervention in proximity
- Responses determined by the insular nature of the country - high resolution capacity in isolation
- Integration of subjects (curricular integration activities)
- New culture – professors giving “ground zero” lectures (previously to starting courses)
- Tutoring by clinicians and public health physicians, for early contact with reality
- Discussion of controversial matters of medical and social relevance, with the creation of themed clubs for students (Abel Salazar: "The doctor who only knows medicine, nor does he know")
- Motivation for lifelong learning

Global Health – health in all policies

- **Individual responsibility for health and disease prevention and treatment**
- **Combating poverty**
- **Urban spaces rehabilitation**
- **Public health and animal health**
- **Involving local political authorities** (primary health care and continuous health care)
- **Cross-border cooperation**
- **Multilateral and bilateral cooperation**
- **Equity in access to health for people with disabilities or diseases**
- **Teleconsultation programs at home and digital applications for individual health;**
- **Catastrophes - increase the resilience of essential infrastructures, namely of health equipment;**
- **Health in prisons policy**
- **Investments and innovation with health effects** (combating contamination in the hospital environment, more effective diagnostic methods, health tourism)
- **Sport housing**
- ...

Centers of responsibility (CRIs) - principles

- **Decentralization of competences and responsibilities**
- **Sustainability**, which reconciles the achievement of contracted objectives, control of costs and recognition of professionals;
- **Transparency**, which is reflected in the registration of the various stages of the processes, in the publication of results and in internal and external annual clinical and administrative audits published on the institution's website;
- **Cooperation and solidarity** between the elements that constitute the CRI, and of each CRI vis-à-vis the rest of the institution;
- **Articulation**, with the other structures and services of the institution;
- **Evaluation**, which must be objective, transparent and contractual between the parties, with repercussion in the CRI throughout the team that constitutes it;
- **Merit and objectification of recognition**, which results from the evaluation of each element, resulting in its public recognition;
- **Ethical behavior, deontological behavior and sense of public service;**
- **Quantified objectives** - scheduled and timed;
- Control of resources - human and material resources that are affected to;
- **Contract with administration** - annual program contracts, taking into account the general objectives of the hospital and those defined by the guardianship (indicators of production, service and quality of care established in the entity's program contract);
- **Establishing objectives**, means necessary to achieve them, periodic evaluation mechanisms - annual activity plan, annual program-budget project, investment plan, training plan and research

“Hospital at home”

- **Healthcaring at the user housing**
- **Facilitating early discharge / Reduction of hospital beds overcrowding**
- **Reducing the rate of infection by multiresistant microorganisms / reducing the mortality rate due to hospital infection**
- **Improving quality of life and early reintegration into the socio-familial environment of the user**
- **Providing greater involvement of the family in the patient's therapeutic process**
- **Promoting autonomy, independence and empowerment of patients**
- **Improving efficiency / reducing costs**
- **Healthcare integration / Ensuring continuity of care / Facilitating care transition to primary health cares**

Proximity Drug Delivering Program (PEMProx)

Main goals:

- **Increasing adherence to therapy: ensuring greater autonomy and accountability of the patient in the therapeutic process, taking advantage of the physical proximity of other health professionals;**
- **Improving accessibility to medicines: ensuring the delivery of the medicines to patients, at a Community Pharmacy or Hospital Pharmacy they select as near as possible to the residence**
- **Increasing safety by improving the integrated management of drug delivery to outpatient hospital patients;**
- **Responding to a social need;**
- **Enhancing the implementation of a NHS goal.**

Global Health

Ilona Kickbush (2006): “*health issues that transcend national boundaries and governments and call for actions on the global forces that determine the health of people.*”

Koplan and coll. (2009): “*an area for study, research, and practice that places a priority on improving health and achieving health equity for all people worldwide.*”

Beaglehole and Bonita’s (2010): “*collaborative international research and action for promoting health for all.*”

What scope of the issues global health should address and the ways in which it should do so?