



SAILING IS NECESSARY
**TRAINING COURSE ON
INNOVATION AND ACCESS
TO MEDICINES FOR HEALTH
COUNSELORS**

SYSTEMATIZATION REPORT

MARCH 2021

REALIZATION



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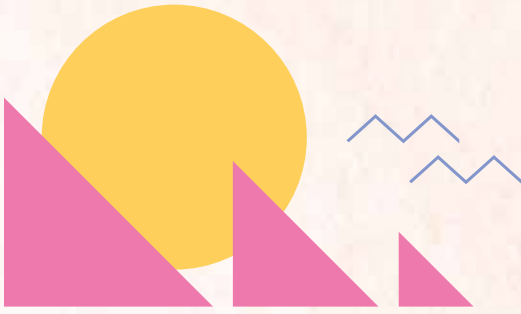
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PRESENTATION

“It is inevitable [...] to know how to live with the dangers of following new directions,
Having the certainty that we are the impossible, that we sustain it,
And that the unraveling of love is the essential energy, the source of everything.
Reason so that in life never get tired of keep sailing [...]”

(Jorge Jacinto da Silva Junior)

Paulo Freire insisted that teaching is not transferring knowledge but creating possibilities for its production or construction. We, educators and popular educators, have historically been captivated by this and other of Paulo Freire's instigating concepts. Our educational practice took place in meetings with a warm welcome and friendly conversations, in the scribbling of a brush on the board, in raising a hand to ask a question, in the laughter and amusement. Our voice echoed in the same physical environment and that became the meeting place for the student and the teacher, who - teaching - learned.

But the year 2020 required us to reinvent ourselves: new ways of meeting, new ways of learning and teaching, new ways of fighting for life. This has not been easy, much less simple than something that can be solved with just a computer and internet access. Much more is required and expected of educators. What does “more” mean in this context? It is not known for sure, but it is not reduced to vertical practices, and it does not happen without listening and speaking or without any spirituality. It requires creativity and attentive listening to the “signs of the time”. It demands the recognition of oneself as being unfinished and open and, therefore, humble to recognize that they still do not know how to do it, but that they are willing to create possibilities and openings of new knowledge to continue learning and teaching permeated by mutual affection. In this sense, it is necessary to distance yourself from a proud and arrogant posture of feeling that you “already know” how to do something, while others must acquire your knowledge.

With this is mind, the Training Course in Innovation and Access to Medicines for Health Counselors humbly constituted a creative search to build possibilities to continue doing educational processes, in the light of popular education, in a virtual environment. The feeling that permeated its construction was to sail in unknown waters, adjust the sails to the new challenges and adapt the boat. Therefore, the visual identity was inspired in navigation, and this analogy is present throughout this report.

Even though it was short, it was a beautiful experience. For we no longer have that fear of what we cannot do. We know that it is feasible and that there is a range of possibilities for popular educators to keep creating. It is beautiful because the path to follow is not ready: we need boldness and courage to create it as we go. It is beautiful because it allows us to share the experience, not to be “copied”, but for self-reflection, evaluation, and tracing new paths.

Our desire is that our voices continue to echo in the various spaces for human rights, SUS, Democracy, and Life.

Human Rights Present!

Training Team





INTRODUCTION

We have systematized the experience of the Training Course in Innovation and Access to Medicines for Health Counselors in this report with the objective of collaborating in the construction of possibilities for carrying out training processes in virtual environments. Thus, we share here not only an activity report but the entire process, from planning to completion.

Held by the Institute for Socioeconomic Studies (Inesc), the course was partnered with the National Health Council (CNS) and the Popular Education and Assistance Center (CEAP). The course lasted three months and was held from December 2020 to February 2021, in a totally virtual format. But planning and completion activities extended beyond that, starting in June 2020 and ending in March 2021.

This first edition had an exploratory character. As it was a new format and topic for Inesc and the partners that supported its implementation. We had no concrete parameters to start from, for example, the number of students per class and their profile, duration of the course, among others.

Thus, although the planning was done based on the experience of the institutions, several elements were being implemented and defined throughout the training process. This required a lot of sensitivity, flexibility and team preparation to deal with uncertainties. When we look at the process, we see that we could have explored a few other possibilities, but we did what we could at the time with the experience and knowledge available.

This report is structured in four parts. The first part aims to locate the topics discussed in the training, and the challenges of Social Control in Health. The second systematizes the history and context of the course, and elaboration of the formative process. The third part reports how the training, the results and our impressions took place. And the fourth and last part brings an evaluation of the course and ideas for future editions.

Like the training, this report was made exclusively in digital format. Therefore, throughout the text, you will find links to the training materials, as well as to other references. The materials used and built throughout the course, and referenced throughout the text, are saved in a virtual folder with free access. However, a few materials were developed to be used exclusively in this training and are not available.



1. SETTING THE COMPASS: ACCESS TO MEDICINES AND THE CHALLENGES FOR SOCIAL CONTROL

Access and innovation in medicines is a central topic in our current situation. In addition to the present higher relevance, we feel the importance and the need to dialogue and provoke encounters that strengthen, more than ever, the human right to health. To strengthen the right to health in Brazil is to fight and defend the Unified Health System (SUS), which since the health reform has been built with social participation. In the pandemic context, its importance for the Brazilian people became evident. Certainly, if SUS was not a victim of the neglect, incompetence and necropolitical actions of some health managers guided by the commodification of health, we would be able to better face a pandemic.

Pharmaceutical assistance, as defined in the [National Pharmaceutical Assistance Policy](#), ranges from research to the dispensing of medicines, including production. This process involves many actors and seeks to promote, protect and recover both individual and collective health. It is a concept that dialogues with the understanding of health as a human right.

We are human, regardless of our color, race, gender, ethnicity, sexual orientation. We all have dignity and, therefore, we are right holders. Even under some old prejudices, we build pacts and agreements to guarantee them. The 1988 Constitution in Brazil recognizes such rights and establishes that health is a duty of the State. However, there is great tension, centered on neoliberal positions, which place health under a mercantilist logic, assigning responsibility to the individual. On the one hand, we have an understanding of health as a human right and, therefore, the State has a duty to guarantee it. On the other, there is the conception of health as a commodity, governed by the logic of supply and demand.

The health market uses our bodies, our pains, our sufferings to profit. For example, the [turnover of the Brazilian pharmaceutical market, which was BRL 76.3 billion in 2018](#). This constitutes a major challenge for SUS and for social participation, because - when a market concentrates and accumulates wealth - it creates mechanisms not only for its maintenance, but also for its expansion. It is linked to a mentality that tells us that there are no alternatives, other paths, but only one model of development: capitalism. This mentality interferes with our way of being, thinking and acting and sustains a culture of violence, which contributes to the destruction of diversity and life itself. It also harms our ability to dream, to seek a society in which we can all live well. Consequently, it prevents the strengthening of a universal public healthcare policy, under the rationale that the State spends too much.

Constitutional Amendment No. 95 (EC 95) is a concrete example of this rationality. At the same time that it [causes defunding in health](#), of which consequences are immeasurable in the short and long term, it reiterates the fiscal adjustment and does not “freeze” the payment of the Union’s active debt. Even during a pandemic, this is the biggest concern.

This logic constantly seeks to exclude social participation in SUS, often criminalizing it, sometimes using narratives that disqualify people’s knowledge and, at other times, increasingly bureaucratizing these spaces. Social participation presents itself as a “threat” to this logic, and this poses a great challenge.

Civil society is a key player in guaranteeing the right to access medicines - whether in previous moments, such as the HIV/AIDS pandemic, when its presence was fundamental for the development of innovative treatments and universal access to them in Brazil - whether in the context of the Covid-19 pandemic, which made it explicit, urgent and popularized the topic.

The universal antiretroviral distribution program of the 1990s was the result of social mobilization, [which began decades earlier](#). This is an example of a successful public policy on access to medicines, which

has made Brazil, a developing country, a pioneer in this field, and a global reference. Unfortunately, the posture of the Bolsonaro government is to abandon such a position.

Popular participation is essential in the current context of sanitary and economic crisis, valorization of market-oriented logic and, mainly, the genocidal attitude of the Federal Government. Debating the topic of pharmaceutical innovation is important so that social control can continue fighting for universal, equitable, and free access not only to the vaccine and other health technologies against the coronavirus but also to any other health needs of the population, in addition to promoting the rational use of medicines and combating fake news.

[Along with the pandemic, the World Health Organization \(WHO\)](#) warns that we are also experiencing a massive infodemia, an excess of information (some accurate and some not), which makes it difficult to find suitable sources and reliable guidance, when needed. Rumors and misinformation arise, in addition to the manipulation of information with dubious intent. And misinformation can harm human health, both individually and collectively. This is not trivial in a scenario in which [the President of the Republic himself disseminates false information](#) contradicting scientific evidence, [in addition to acting systematically to undermine the adequate response to the pandemic](#).

In this scenario, social control assumes a crucial role in protecting the human right to health, through the defense of the Unified Health System (SUS). But the complexity of topics such as drug innovation, the organization of pharmaceutical assistance in the SUS in a pandemic context requires that the government be prepared to listen to civil society. However, [the current relationship between the Federal Government and Brazil's civil society is explicitly antagonistic](#).

The challenges of social control are many and go beyond the fight against Covid-19, since the demands that existed before its emergence remain and worsen. They include seeking adequate funding for the public system, evaluating the guidelines of health agencies (so that they meet the health needs of a broadly diverse and unequal society), producing and disseminating reliable information, and putting pressure on the government to work for independence and autonomy of the country in the international dynamic.

2. PREPARING THE BOAT: PLANNING AND STRUCTURING TRAINING ACTIVITIES



2.1 HISTORY AND CONTEXT OF THE COURSE

The year 2020 was deeply impacted by the Covid-19 pandemic. In Brazil, March was the “pivotal” month for the recognition of the state of emergency in the country and the beginning of the implementation of social isolation measures, in order to mitigate the spread of the new coronavirus. As a result, all sectors of society needed to readjust and reinvent themselves, and many of them had to pass through a transformation. It was no different with social organizations and popular movements. Fighting for rights, for democracy and for life required a deep look inside and a search for alternatives in order to keep the resistance going. Reformulating and adapting mobilization and training activities was a major challenge in this context.

Many reflections regarding the grant of participatory training processes guided by popular education principles and the importance of carrying them out in this context have surfaced. The failure to carry out training activities could be contributing to the dissemination of false information, the lack of political reflection on the current situation and a demobilization of social participation in the fight for human rights and democracy. Given this, several questions permeated the search and reflection of alternatives: is it possible to develop participatory training courses in virtual environments? How can we provide popular education in a virtual environment? How can we ensure the participation of those who do not have access to Internet and equipment? What are the challenges that this context demands from popular education?

The Covid-19 pandemic put innovation and access to medicines in the spotlight. Doubts on medicines and, mainly, about the vaccine started to be a daily subject, as well as the access inequality between populations of different countries and even among groups in one same country. The way as medicines and vaccines are developed, the players who participate in the process, as well as the agreements signed up throughout the process, determine the way they will be available for the population.

Thus, Inesc suggested a training on Access to Medicines and Innovation, and health council members and council members in general which are part of the SUS Councils Network and have great multiplying potential into the entities that they represent integrated the group of people chosen for the first edition of the training. In addition to strengthening the role of social control, the training contributes to popularize and disseminate the knowledge available, in order to combat misinformation and the spread of fake news.

No cut was made within this broad group of council members, due to the exploratory nature of this edition. A sphere of activity, among federal, state, district or municipal could have been determined. Maybe through segment representation: users, health professionals and managers. Perhaps focusing in one determined region of the Country or in more populated cities. However, as there were many uncertainties in the planning phase regarding the public who would be interest in taking the course and would search for registration, wider criteria were selected.

To contribute to the organization and structuring of the course, which took place in a short time, it was necessary to seek partners. A partnership with the National Health Council was built to support the course and contribute to the mobilization of participants, and a partnership with the Popular Education and Advisory Center (CEAP), which has developed training for health council members and social leaders across the national territory in recent years, was developed as well.

The articulation with the National Health Council took place through the Intersectoral Commission for Science, Technology and Pharmaceutical Assistance (CICTAF) and the Intersectoral Commission for Permanent Education for Social Control of SUS (CIEPCSS). Among the various contributions made

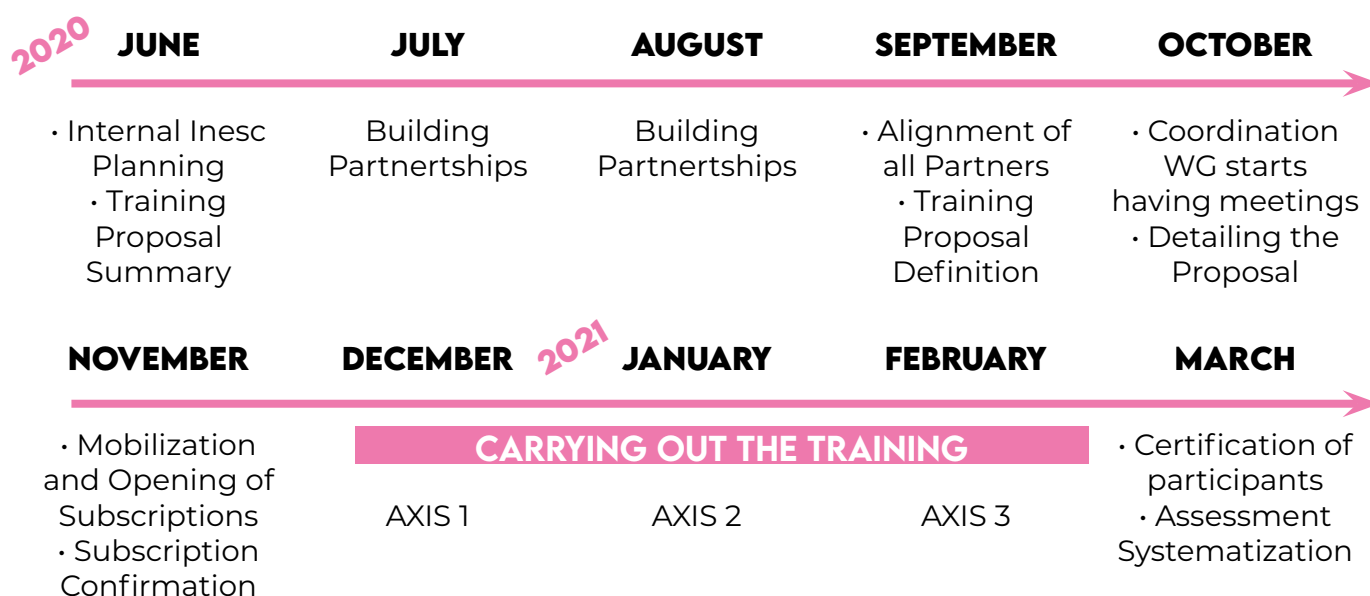
by the CNS to the course, the following stand out: the approval of the training proposal and selection criteria, as well as the decisive participation in the mobilization of the participants and in the indication of collaborators for the course.

The strategy of articulation and mobilization of participants via CNS was essential for reaching the most diverse health council members in Brazil, which demonstrates an updated database that dialogues directly with the councils regardless of the regions where they are located.

Through recognizing the importance of the Council's space, this partnership was sought to add and reflect on the challenge of the social control theme in SUS, listening mainly to how the course could contribute to the fight in defense of SUS. In this sense, the entire organization and structuring of the course went through dialogues and validation through CICTAF and CIEPCSS, seeking to be as close as possible to the reality of health councils.

The entire process of conducting the training, including planning and completion of activities, lasted a total of ten months, as illustrated, in a simplified way, by Figure 1. This is a general representation, because - in practice, the stages overlap or extend beyond the indicated months. But it is a good description on how they got organized over time.

Figure 1. Timeline of the complete training process



2.2 STRUCTURING THE COURSE

There are different methodologies for distance activities. Generally, such methodologies consist of offering content made available on electronic platforms, whether written, audiovisual, among others, which disregard the diversity and characteristics of those who are starting the pedagogical process, since they are "standardized" materials and tools. Basically, the learners just need to access the content, through a platform, at the time, in the period and in the environment that they choose, then develop the activities individually, with little or no interaction with the other participants or even with the educator. These environments provide interaction through a chat, a forum, in which students expose their doubts and exchange information and considerations.

With this critical analysis of the most common training processes in mind, it was clear that this was not the way it should be built. It was necessary to follow new perspectives and seek to develop a methodology that, even in a virtual environment, would be interactive, even with all the limitations that this environment creates, such as the time of the course by the screen, less interaction between the participants, access to

Internet, among others. The intention was not to make a live, a webinar or a recorded video, but to look for a way of providing training, in the light of popular education, through a virtual environment. We did not want to have such a distance education, rather we aimed to have classroom education in a virtual environment. And that would imply a series of challenges that the course would not be able to face to the full. However, it could be possible to create alternative trails to achieve this goal.

In view of this, some questions led to reflection and the formulation of a methodology that responded to the proposed objective: what training do we want? What would be the profile and what would be the diversities that could integrate this training path in a virtual environment? Which softwares and online resources are available to execute our project? How to learn-teach the way to make an organizational-political process in/from/for a virtual environment? What languages does the virtual environment require for the pedagogical path to happen? How to create trust, establish bonds and knowledge in virtual environments? Once training through virtual environments enters “people’s homes” and gets into their daily routines, how can it not become an invasive and embarrassing process? What are the risks and what is the security necessary to carry out activities in the virtual environment?

These questions prompted the course building process, even though they remained open and required adaptations throughout the training. It was a process that, at the same time that we would teach, we would learn. We would provoke reflection on the proposed content, but also, indirectly, we would contribute to the council members, showing them a possible way to carry out activities in virtual environments.

The general training proposal was discussed and aligned between the three partners: Inesc, CEAP and CNS. The process of structuring and conducting the course was carried out by a working group (CoordinationWG), composed of representatives from Inesc and CEAP, which met weekly from October 2020 until the beginning of March 2021. It is important to note that communication between everyone involved in the project and the registration of documents took place virtually, not only due to the isolation required by Covid-19, but also due to the fact that people were in different cities throughout Brazil.

2.2.1 MOBILIZATION AND SELECTION OF PARTICIPANTS

As the development of the workshops in a virtual environment was a challenge, the mobilization and selection of participants also had an issue. Big doubts were raised: how should we mobilize and who would join the proposal? It became even more complex in the current context, given the growing volume of activities developed in the virtual environment and since the great momentary adherence to these activities does not materialize, often, in actual participation in the activities.

The course would require the involvement of participants in a training process, much more than simply participating in online specific activities, such as lives or webinars. In view of this scenario, a mobilization guiding document was constructed, wherein the National Health Council assumed a central role in the dissemination of the activity, that is, they sent the invitation for the course to their entire contact database. In addition, a contact map was drawn up for the state health councils from all Brazilian states and for popular social leaders in each state, as a means of ensuring the participation of all Federation Units in the course.

The initial apprehension turned into a surprise. Even on the first day of course’s publicity, there were over 200 applications for a total of 135 vacancies. In view of the large volume of applications, we closed the process in one week, that is, in half the time initially planned, with a total of 676 participants enrolled, of which 467 were health council members.

BOX 1. Selection criteria

- The selection of participants, in this universe of subscribers, was guided by the following criteria:
- a)** Number of vacancies: the course offered 135 vacancies for council members, five per state. If any state did not fill its vacancies, these could be filled by participants from other states.
 - b)** Order of registration: the first subscribers would have priority, as long as they met the further criteria.
 - c)** Race/color and gender parity (criteria “b” and “c”): the selection should consider the expected outcome indicators, meaning that 50% of the participants should be women and 50% black (black and mixed race).

Exemplification of criteria “b” and “c”: if the first three enrolled in the DF were white men and the fourth was a black woman, the first white man and the black woman (4th enrolled) would be selected, and so on, until reaching the balance in gender and race/color criteria.

After the participants’ selection, based on the criteria set out in Box 1, a list of alternates was made, who were called to participate when the selected participants did not confirm their participation.

2.2.2 COMMUNICATION

During the mobilization and registration phase, the communication took place through promotion on the CNS website and by telephone contact done by the CEAP. The registration and confirmation forms were created using a Google tool for this purpose.

Google Forms allow a range of possibilities for interaction, communication, data collection, as well as organization and systematization, since it automatically generates an organized spreadsheet with the data of the participants.

Communication with participants took place via WhatsApp, an app for instant messaging and voice and video calls to smartphones. Through this application, it is possible to exchange messages, photos, videos, audios and documents. The choice of this application as a means of communication and mobilization among the participants and the coordination of the course was due to its widespread use in Brazil, which facilitates for many people who are already familiar with the app and use the tool on daily basis. In the registration confirmation form, an authorization for inclusion in the groups of each class was requested. During the course, the participants were divided into two classes, as it will be detailed in the training proposal section; then a group was created for each of them.

The use of the tool was made in order to provide a direct communication between the participants and the coordination of the course, at the same time of mobilization, also, being a space for exchanging experiences. In addition, this channel also made it possible to resolve doubts and especially difficulties in accessing virtual activities. This resource was managed and coordinated by an assistant educator, dedicated to this activity. Given the large number of participants, it was important to have a person specifically dedicated for this, so that the goals aimed for the channel were achieved. It is necessary to emphasize that it is not enough to have the groups, it is necessary to have a moderation strategy for them. As the group was open to free interaction between the participants, moderation was important to ensure the correct use of the space-only for information related to the theme of the course-, as well as for a healthy and respectful exchange between the participants. In addition, it was also important to read all the materials (videos, texts, and news) shared in the groups to avoid the spread of false information.

A communication flow was created, guaranteeing the times and deadlines for sending remote tasks, links of the activities, pre-workshop activities and reminders of the seminar dates. In addition, e-mail was used as an alternative feature to those participants who did not want to be included in the groups.

BOX 2. Security

Security is also an important concern in the virtual environment. With the increase in the use of videoconferencing platforms at the beginning of the pandemic, there were also cases of invasion of activities by people who sabotaged the activities through the sharing of pornographic, Nazi, racist and LGBTfobic images and messages, the so-called Zoombombing .

This is especially important for organizations that work with human rights, as they are the main targets of the attacks, especially groups that work or that propose to discuss racial and gender issues. This indicates that invasions are coordinated actions that aim to threaten, intimidate and silence the voice of people who fight for social justice. The attacks also began to reach the academic space, with the invasion of thesis defenses or even classes. Many attacks go beyond the invasion of virtual rooms, as the attackers break into Instagram accounts, email and Twitter of the session organizers.

In addition, in September 2020, [General Data Protection Law entered into force](#). The LGPD (General Data Protection Law) requires care with information that can identify people. Sensitive data are those regarding racial or ethnic origin, religious beliefs, political opinions, health or sexual life. The organizations that collect such data are legally responsible for its use.

Thus, as the training used the Zoom platform to carry out the activities and collected information from hundreds of people in the registration process, [Security Guidelines](#) were developed and should be followed throughout the course. They were simple guidelines, an exploratory approach, in order to prepare the facilitators to deal with this issue and possible real situations, in advance. This is a particularly important point to be considered when planning a virtual training and that must be analyzed carefully.

2.2.3 TRAINING PROPOSAL

Before choosing technological resources, it is essential to know what kind of education we want and what for. In this sense, the first step was the reflection on the general and specific objective of the training course, based on the real conditions to carry it out, since it is understood that technological resources are the means and not the end.

One of the points of discussion was whether the course should be a qualification or an awareness course. It was concluded that the course would be characterized as an awareness course, as for a qualification course it would be understood that the participants should have already had a contact to the theme prior to the course, a reality not present for many health council members, especially those in the municipal councils. In this sense, the course would seek a first step of: raising awareness; raising future debates; and including the topic on the health councils' agendas.

Box 3. Course objectives

The general objective was defined as: “To make health council members and counselors aware about the importance of the theme of innovation and access to medicines, from the context of Covid-19, in the institutional spaces of the social control, in all the federative units of Brazil”.

It follows the objective to seek specifically:

- Spread the knowledge about the topic to health council members and counselors.
- Popularize and disseminate the knowledge related to the topic, in order to combat misinformation and the spread of fake news.
- Strengthen the role of the health council members in the fight for the human right to healthcare.
- Build knowledge regarding the participation and social control in the referred subject.
- Make pedagogical materials available in electronic format to encourage actions to defend and strengthen the SUS and health councils.

Once the “*what for*” of the course was established, it would be necessary to outline “*how*” we would achieve the objective. What activities to perform in the virtual environment? How long should the course be? How to allow qualified participation in the pandemic context? How to respect the specificities and diversity of participants? Such concerns would require special care and a challenge of conceptual appropriation of [cybertime and cyberspace](#), which concern the interaction between the human body and machines. A close look at the private universe in this pandemic context, especially for women and those who are distant from large urban centers, given the difficulties of access to the *internet* and, in the case of women, the sexist culture of doubling or tripling their workday.

With the information about the diverse and specific characteristics that a training process developed in a virtual environment presents and bearing in mind the concerns mentioned, the course was structured in three axes, whose information is summarized in Quadro 1. It was important to bring together [both synchronous activities](#), in which educators and students are connected and interacting in real-time, [and asynchronous](#) activities, which students can perform at their own time and in a non-simultaneous manner. The synchronous activities were seminars and workshops. And the asynchronous ones were the complementary materials made available on the theme of each axis, as well as tasks to be accomplished in the weeks when there were no synchronous activities.

Each seminar had an opening, in which a specific topic was discussed, all participants were gathered and included presentations by specialists in the area. In the first and second axes, in addition to the seminars, training workshops took place, and they addressed strategic generating themes within the broad theme for each class. On axis III, there was only the final closing seminar, which had a slightly different format than the others. It lasted half an hour so that there was time left for the debate, mostly arising from the participants' questions and those that were systematized throughout the course.

For the workshops, the large group was divided into two classes, according to the preference indicated in the registration confirmation form.

Between one axis and the other, the participants were provoked to make a process of immersion in their actions in institutional spaces or not, based on provocative questions, suggested readings, audiovisual products, films. In addition, in the two workshops, course participants were challenged to build two central problems related to the topic discussed and social control, which were presented and discussed in the final seminar. After this, complementary materials were sent to the participants for autonomous reading.

The seminars lasted 2 hours each, 1h30 to address the topic, and 30min for group discussion. For the workshops, 2h30 were planned. For remote activities, it was estimated that each participant would dedicate at least 2 hours.

In summary, the activities were developed as follows.

Table 1. Summary of course activities

| » THEMATIC AXES | » ACTIVITIES | » TIME |
|---|----------------------------------|---------------|
| I - Access to medicines, public funding for research and the human right to health. | 1 seminar for all participants | 2h |
| | 1 workshop x 2 groups | 2h30min |
| | Remote activities | 2h |
| II - Medicines production process, access and technological innovation. | 1 seminar for all participants | 2h |
| | 1 workshop x 2 groups | 2h30min |
| | Remote activities | 2h |
| III - The role of social control in innovation and access to medicines in the pandemic and after. | 1 seminar for all participants | 2h30min |
| | Subsidies for further discussion | |

Based on the principles of popular education, workshops were organized based on generative topics, distributed in four cycles. They are: “Starting the conversation”, “Questioning”, “Among us” and “Home”.

1st) Starting the conversation - an activity that started from the conceptions of each participant about the topics to be developed and their perceptions and experiences, guided by strategic questions. We also tried to systematize the answers based on the topics for Questioning or group work.

2nd) Questioning - exposure and problematization activity, in the light of the generating topics, identifying problems within the reality and the central issues pointed out by the participants, adding new information on the topic and a new systematization.

3rd) Among us - the participants were challenged so that, in groups, they could socialize and reflect on their practices and those of their respective councils.

4th) Home - pedagogical subsidies (in various formats and languages, such as texts, videos and *podcasts*) were made available to the participants to go deeper into the topics and to sensitize them about the importance of including it in their agendas of struggles in defense of SUS and the human right to health.

It is necessary to point out that each cycle is not characterized by separate moments, but rather a continuous dialogue, in such a way that the whole workshop is intertwined, but with different objectives in each cycle. This means, for instance, that we can discuss problems during the “Starting the conversation” or “Home” cycles. But there is an initial moment, when knowledge needs to be reflected and confronted, before entering into specific knowledge led by the figure of the educator. However, this reflected, confronted and systematized knowledge needs to generate commitments and dialogues that strengthen, in this specific case, the fight for the defense of SUS. And, for this, “Home” is much more than just the provision of educational aids, it is a process of animation for the participants to reinvent themselves.

The seminars were structured based on the presentation/problematization of the topic enunciated by two specialists from different areas and a debater, followed by a debate with the participants. In other words, a conventional structure was followed; however, “conventional” does not always mean old-fashioned. In this case, a space for discussion and deep reflection was provided, enabling the debate among participants with different points of view, even in the face of the complexity and diversity that the virtual environment presents.

The activities (3 seminars and 2 workshops) were developed over a three-month period (December 2020 to February 2021), with one axis per month. In the interval between one activity and another, a permanent communication strategy with the participants was created, through WhatsApp and *e-mail* groups.

2.2.4 SELECTION OF TECHNOLOGICAL TOOLS AND RESOURCES

One of the biggest challenges was to correctly assess what tools would allow developing activities in a virtual environment, and which would allow easy handling and qualified participation for the students. A few actions were carried out such a research, conversations with partner entities, and participation in a workshop on the use of digital tools for training activities, offered by CEAP. Based on this identification and the reflection of possibilities, the tools listed below were chosen. An important consideration when selecting the tools was that they should work well both with computers and cellphones, whether with cable, Wi-fi or any mobile data plan.

An important moment before each activity was a test meeting with the facilitators for the participants: a) to become familiar with the tools; b) discuss the functionalities of each one and know how to use them; c) define the respective roles during the activities; and d) align the script and its use. Such spaces were important, as we also had to learn how to use the resources and the prior preparation helped run the activities smoothly.

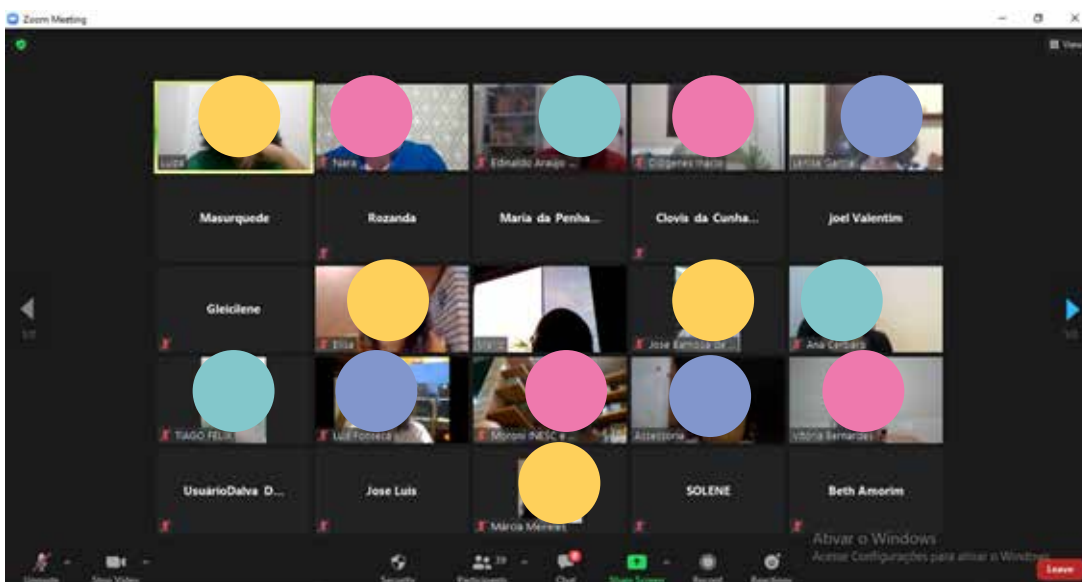
In general, the tools can be used in a free version. However, as they have limited functionality or capabilities, in the case of Zoom, Mentimeter and Padlet, paid versions have been acquired.

ZOOM PLATFORM:

The Zoom platform is a virtual environment that conducts videoconferences with several functionalities, for example: screen sharing, recording, splitting the participants into smaller groups, instant chatting. Zoom was chosen to be the virtual environment for the activities.

The following figure illustrates a screen of this virtual environment on the Zoom platform.

Figure 2. Zoom



The security measures made available by the platform, and adopted in each activity using it, had the following resources:

1) An access link and a unique password: As much as the link shared with the participants had a built-in password to facilitate access, as the links were different, we tried to differentiate the addresses to avoid their wide dissemination and access by third parties.

2) Waiting room: when accessing the link, participants were directed to a waiting room. Thus, a facilitator approved the entry into the training of each participant. In the case of a request for entry by suspicious names, a direct message was sent to the person, asking them to identify themselves. If there was no answer, they were blocked.

3) Hosts and co-hosts: the facilitators of the activity underwent a brief training to learn about the moderating features of the room, such as: muting the audios of all participants, blocking in the event of invasion, how to remove people from a room, how to enable screen sharing, among others.

For each activity performed, an access link was created. It was sent to participants via WhatsApp on the same day of the training, in order to contain sharing and avoid problems with unauthorized access.

For workshop development, in addition to the main room, simultaneous rooms (*breakout rooms*) were used to carry out group work. It is interesting because this tool makes it possible to divide the audience into smaller groups in specific rooms, without disconnecting from the main activity and without the need to make a new *login*, so that, at the end of the stipulated time for group work, everyone can easily return to the main room.

In addition, chat was used as a resource for interaction between educators/participants when simultaneous speech was impossible. Participants were also able to interact through video and audio speeches.

The need for different roles on the part of the facilitators during the performance of the activities was identified by Zoom: (I) conducting and presenting the activity; (II) allowing participants to enter the room; (III) monitoring of participants' messages via Zoom chat or WhatsApp group; (IV) opening/closing the microphones and cameras at the time of participation; and (V) support in solving access problems, such as, for example, accessing the link, activating audio and camera, among others. Thus, the activities in general had four facilitators, one in each role. When this was not possible, someone accumulated more than one function, taking care to distribute the activities in such a way as not to overburden anyone

In addition, at the beginning of each activity, notices were passed on to all participants, such as, for example, leaving the microphone on mute during the interventions of others, changing the name to one that would identify the participant etc.

MINDMEISTER:

Mindmeister is an application for creating mind maps. This tool was used for the electronic elaboration of the step-by-step of each activity, including moments, responsibilities, schedule and *links*. That is, everything that would be necessary for the activity was concentrated in a single place, facilitating its coordination and development. As an example, we share the structuring, in this tool, of the Axis I Workshop

Figure 3. Mindmeister

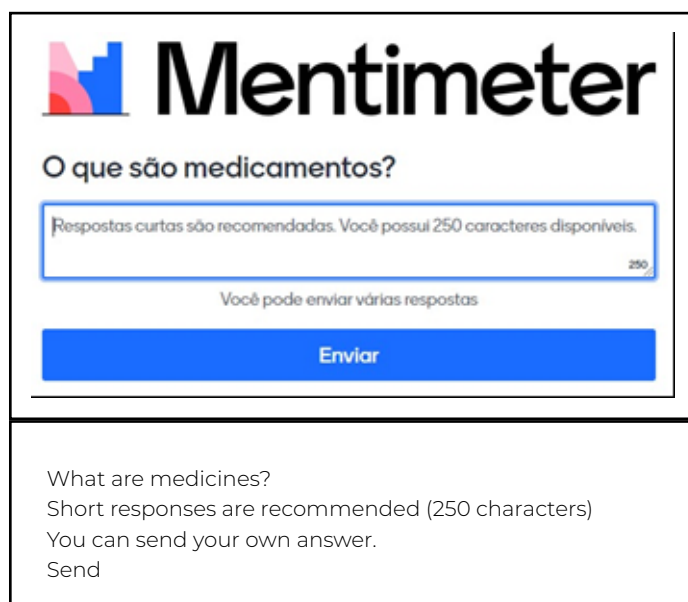


MENTIMETER:

Mentimeter is a digital tool for creating real-time interactions, such as polls, word cloud or question collection. The tool was used in the course as a resource for raising generating topics for the discussion of the central problem. For example, in a meeting in a physical environment, small groups and targets would be made to record perceptions, conceptions, etc. In the virtual environment, Mentimeter was used as an alternative, by means of which group participants were simultaneously motivated to answer provocative questions while the workshop coordinator systematized and problematized these questions. Below, we illustrate the process of using this tool. Figure 4A shows the screen that participants accessed via a link simultaneously and were motivated to respond. Figure 4B shows the screen with the responses of the participants produced in real-time for the course coordinator.

Figuras 4A e 4B: Mentimeter

Figura 4A: What are medicines?



Mentimeter

O que são medicamentos?

Respostas curtas são recomendadas. Você possui 250 caracteres disponíveis.

Você pode enviar várias respostas.

Enviar

What are medicines?
Short responses are recommended (250 characters)
You can send your own answer.
Send

Figura 4B: What are medicines? - Answers



O que são medicamentos?

Technologies to treat health conditions.

Substances that can help cure diseases

Drugs

Substances utilized as medication.

Pharmaceutical product with prophylactic, healing and palliative purposes

Pharmaceutical products technically elaborated to cure with diagnostic goals

Always bought at drugstores.

Pharmaceutical product elaborated with prophylactic, healing and palliative purposes

Product used with the goal of health recovery

In addition to using it as a diagnostic tool for the class, Mentimeter was used as a tool for evaluating the activities developed.

PADLET

A virtual alternative to the traditional cards was Padlet, which allows the creation of a dynamic and interactive wall or virtual board, that is, a group of people can write on it simultaneously from different computers. It is like a “virtual sheet of paper”, in which it is possible to insert texts, images, videos, links. It is possible to make timelines, cards, diagrams and many other things.

This tool was used primarily for group work. Each group systematized their discussions on the specific screen created in Padlet for that group, and then, when presenting to the large group, “shared” the screen, reporting the systematization. Figures 5A, 5B and 5C show examples of screens for this tool. Figure 5A shows an example of group work. Figure 5B, on the other hand, shows an example of a resource for problematizing topics. Finally, Figure 5C is a georeferencing map of the participants.

Figures 5A, 5B e 5C: Padlet

Figure 5A:



Figure 5B:



Figure 5C:

GOOGLE DRIVE

Google Drive was used to store and share materials. We used this tool on two levels. The first level was for the organization and planning of the course. In this way, Google Drive - in addition to archiving documents that record the history/construction of the process - was also used for the joint elaboration of materials required for the development of activities. The second level was for the sharing of materials used in seminars and workshops with the participants and pedagogical subsidies for remote activities.

2.2.5 TEACHING MATERIALS

The pedagogical materials selected and elaborated for the activities went through three phases: pre-course, course and inter-steps. Each stage is understood as the following.

- A.** Pre-course: all subsidies and materials needed prior to the course.
- B.** Course: materials used directly in the development of training activities, be it the seminar or the workshops.
- C.** Inter-steps: materials for remote activities, in-between stages.

The methodological path for the construction of these materials went through two moments. The first focused on the construction of the training educational proposal itself, which would guide all other materials and the methodology to identify and prepare the necessary content. The second moment dealt with the systematization, elaboration, and validation of these materials. It is noteworthy that both moments were coordinated and operationalized by the coordinating workgroup of the course.

In Appendix 1, we list some materials developed and used. Some materials that were developed for exclusive use in the course (such as, recording activities or materials that contained the participants' personal information) and were not made available.

3. IMPLEMENTATION OF TRAINING ACTIVITIES

3.1 RESULTS OF ACTIVITIES AND COMMENTS

Next, we will present the results we obtained in carrying out the activities. The main information and numbers are shown in the graphs. In the text, we highlight important points and comments.

3.1.1 MOBILIZATION AND REGISTRATION

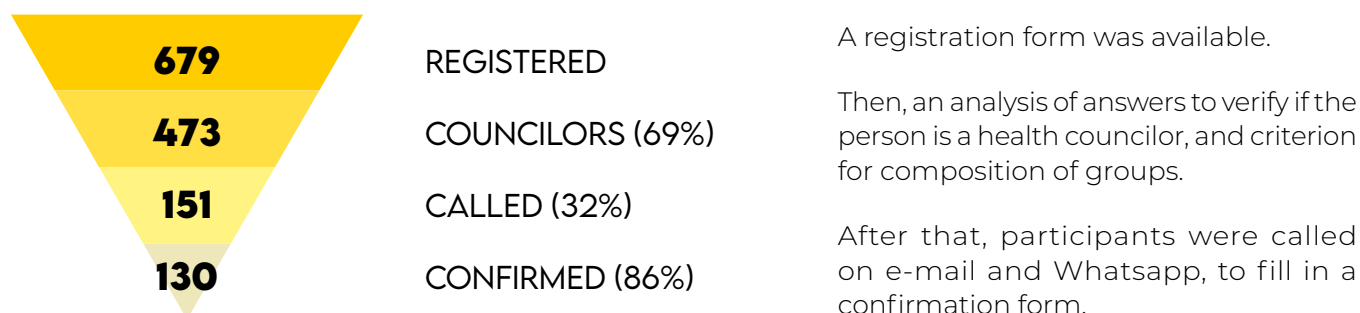
Throughout the process, there was a significant reduction in the number of people from registration to mobilization. This was due to the criteria for inclusion in the course, but also due to the difference between the number of people enrolled and those who actually confirmed their enrollment. The process took place dynamically, that is, as people answered the confirmation form or not, those on the waiting list were called, observing the parity criteria. In the end, despite the goal of five people per state, some had a higher number of confirmed candidates, either because people confirmed their registration on the deadline, or because the number of calls was not enough to fill the vacancies of a certain state.

The majority of directors (46%) are in their first term. Only 33% of those enrolled stated that their councils had a committee and/or group that discussed pharmaceutical assistance. This data reveals the importance of discussing the topic (mainly with municipal councilors) and the need for permanent education for social control in SUS.

In the confirmation of the class, the parity profile was maintained, that is, the majority of the participants were composed of women, which were black, and SUS users.

The internet access conditions of the participants are an important concern when planning virtual training. It must be considered that internet access in Brazil is not universal, as there are areas where the service is poor. In the case of the course, most people had good access conditions. Most had internet service, either through Wi-Fi, cable, using a computer or phone, and accessing from home.

Infographic 1. Composition criteria for the participants



GROUP COMPOSITION CRITERIA: UP TO 5 PARTICIPANTS PER STATE, PARITY IN GENDER AND ETHNICITY, PRIORITY FOR SUS USERS.

ABOUT THE 473 REGISTERED COUNCILORS:

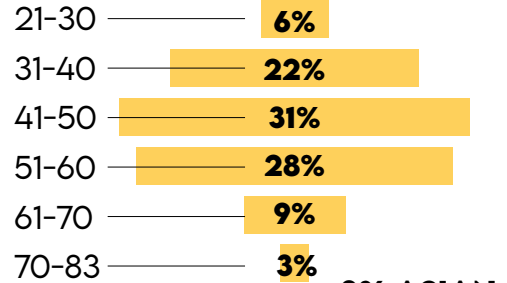
GENDER



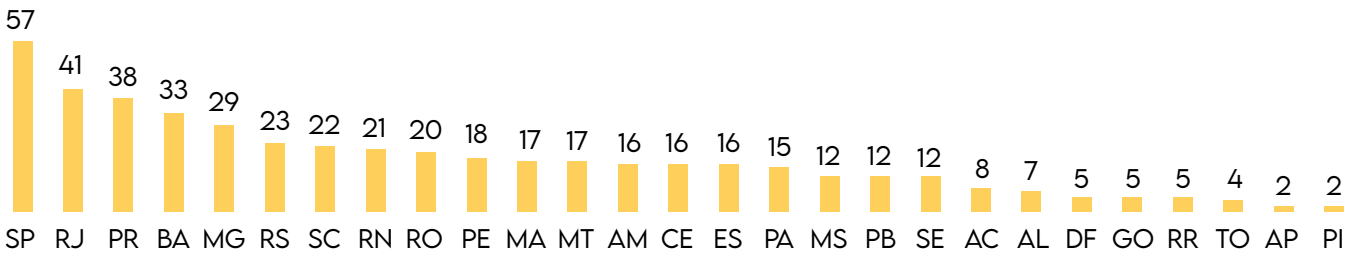
RACE/ETHNICITY



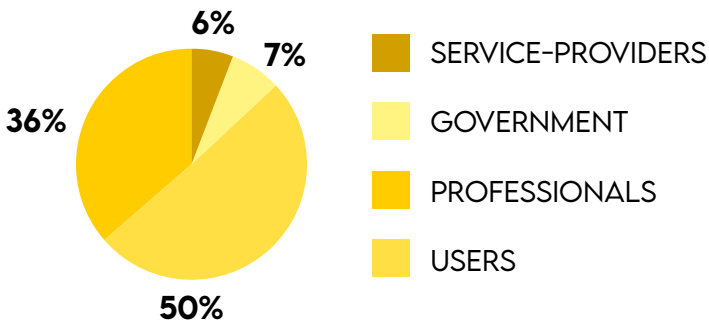
AGE



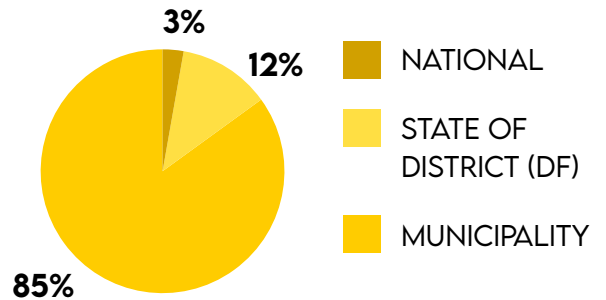
STATE



SEGMENT



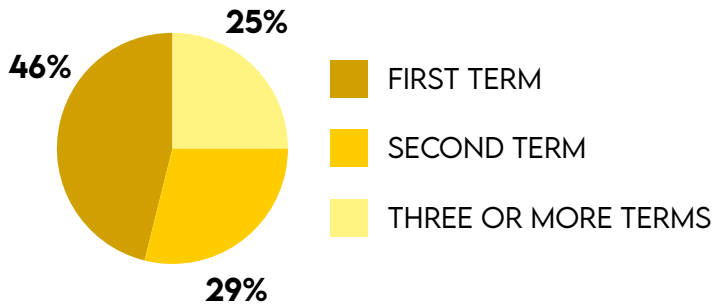
COUNCIL



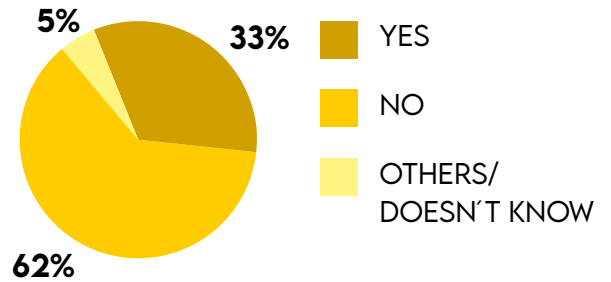
33% OF COUNCILORS DECLARED THERE'S A SCIENCE AND TECHNOLOGY COMMISSION AND ASSISTANCE IN THEIR COUNCILS. 46% ARE IN THEIR FIRST TERM.

ABOUT THE 473 REGISTERED COUNCILORS (CONTINUATION):

COUNCIL TIME



COUNCIL WITH A COMMISSION OR GROUP ABOUT PHARMACEUTICAL ASSISTANCE

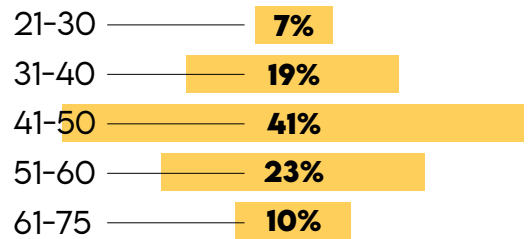


ABOUT THE 130 PARTICIPANTS CONFIRMED:

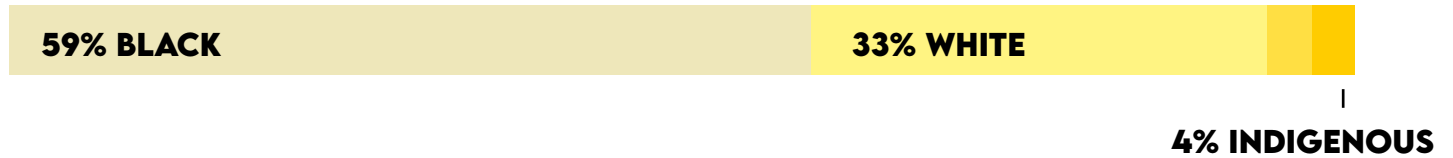
GENDER



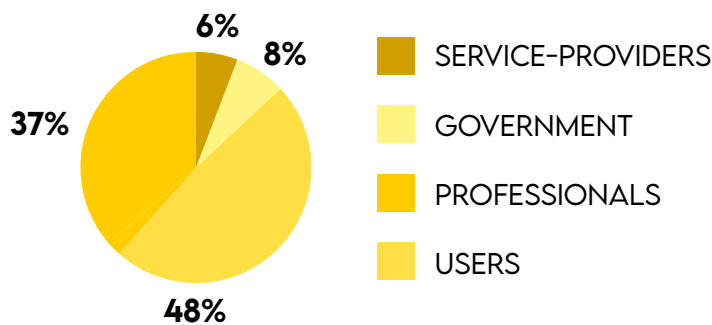
AGE



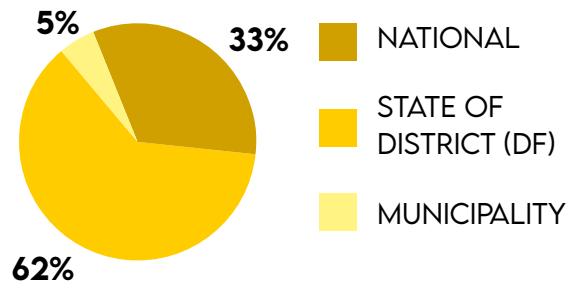
RACE / ETHNICITY



SEGMENT



COUNCIL



STATE

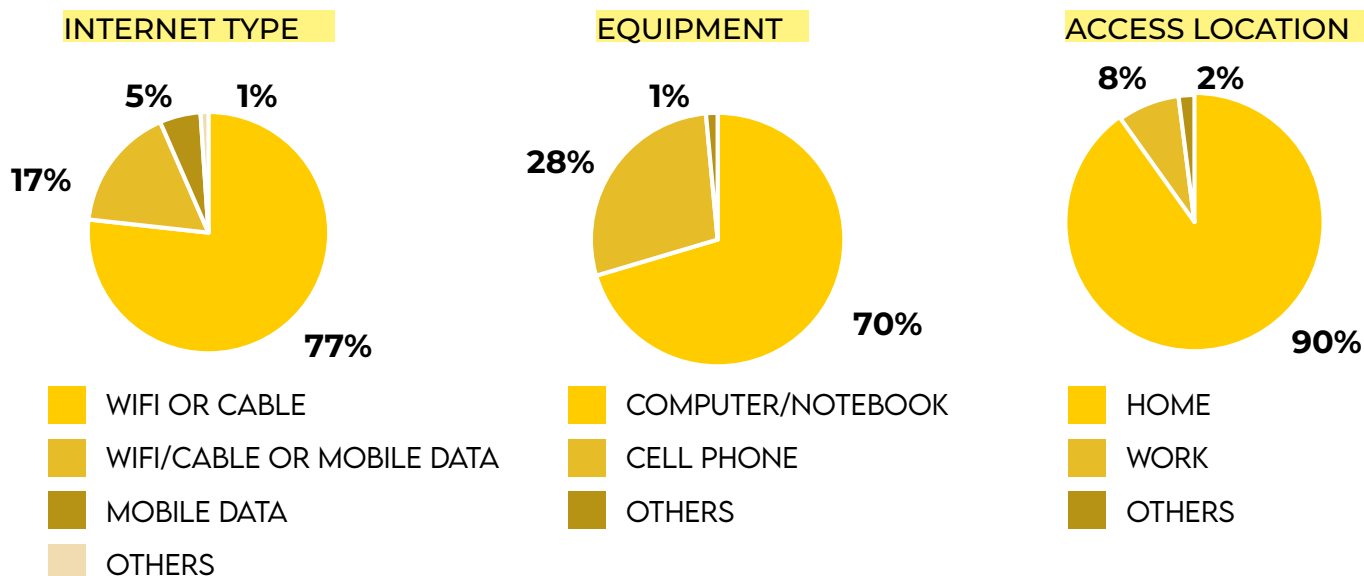
The confirmation process was dynamic, so at the end some states had more participants than expected, while others had fewer confirmations.



ABOUT THE 130 PARTICIPANTS CONFIRMED (CONTINUATION):

ACCESS TO INTERNET CONDITIONS

95% has their own internet service



3.1.2 ATTENDANCE IN ACTIVITIES

Attendance in virtual training processes is a challenge to be faced by those who propose activities in this modality. There is a complex phenomenon that deserves attention: when the dissemination of a certain activity occurs in a virtual environment, there is a great demand for it immediately; however, this potential demand does not materialize when the activity is carried out. This is not an element observed only in this course, as there are the same reports and concerns expressed by partner organizations. In this sense, the mobilization and motivation to participate in these activities are even more complex than activities carried out in person.

On average, 62 people were present at the activities, about half of the class confirmed. As already said, it was a challenge to encourage participation and continuation in the course, especially considering its date of completion, which coincided with a period of recess and holidays, as it was in late 2020 and early 2021.

The presence was verified through the list of participants in the Zoom room. But it was necessary to consider people who had problems connecting to the activity, such as problems with internet connection or access to power, as well as people working different shifts, since several participants were health professionals and worked through the Covid-19 pandemic. In these cases, we asked people to let us know until the end of the activity, so that the presence was considered, and they were marked in the control of activities as a "problem".

Attendance control in the activities was important to verify the certification criteria in the course. But, in addition, it also allowed us to monitor the students' presence throughout the training and, thus, we could adapt the communication strategy, for example, sending reminders about each activity, since the dates and times were recurring questions in the groups.

At the end of axis 2, a simplified version of the attendance control was shared with the participants, with name, registered attendance, their situation in relation to the certificate, and whether they had already met the criteria. This transparency allowed not only the students to check their situation, but also to correct any mistakes in scheduling. It might also be one of the factors that contributed to an increase in attendance in seminar III compared to seminar II, as some participants necessarily needed to attend the last seminar to get the certificate.

infographic 2. Course Axes and Seminars**TRAINING COURSE**

The training was organized in three axes. They consist of a seminar and a workshop. Between these meetings, there's also delivery of complementary material, and activities through a WhatsApp group.

| Axis 1 - December | Axis 2 - January | Axis 3 - February |
|--|--|---|
| Access to medicines as part of the fundamental human right to health and activities of scientific and technological development and drug manufacturing at SUS. | Innovation process and production of medicines and its impacts on access to health | The role of social control in innovation and access to medicines before, during and after the pandemic. |

ALL ACTIVITIES
HAPPEN ON ZOOM,
AT 7 P.M.

DEC 12
SEMINAR I

DEC 16
WORKSHOP
GROUP I
WEDNESDAY

DEC 17
WORKSHOP
GROUP II
THURSDAY

JAN 20
SEMINAR I

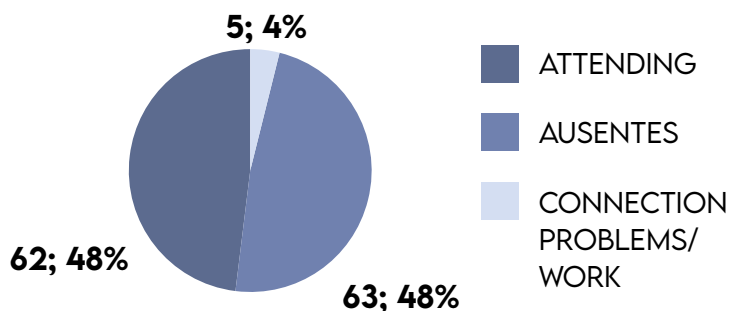
JAN 27
WORKSHOP
GROUP I
WEDNESDAY

JAN 28
WORKSHOP
GROUP II
THURSDAY

FEB 24
SEMINÁRIO
FINAL

In workshops, participants are split into two groups, to promote participation.

Axis III contains the closing seminar.

RESULTS - TRAINING COURSE**AVERAGE PARTICIPATION (NUMBER; %)**

50% OF REGISTERED PEOPLE
ACTUALLY ATTENDED THE
COURSE

| | SEMINAR 1 | WORKSHOP 1 | SEMINAR 2 | WORKSHOP 2 | SEMINAR 3 |
|-------------------|-----------|------------|-----------|------------|-----------|
| ATTENDING | 75 | 75 | 50 | 48 | 62 |
| ABSENT | 50 | 50 | 71 | 78 | 67 |
| PROBLEMS/ WORK | 5 | 5 | 9 | 4 | 1 |

GUESTS:

| | | |
|---|---|--|
| <p>SEMINAR I</p> <p>PAINELISTS VALDEVIR BOTH (CEAP)</p> <p>DIEGO GNATTA (UFRGS)</p> <p>DEBATER MARIA CONCEIÇÃO (UNEGRO)</p> | <p>SEMINAR II</p> <p>PAINELISTS SYLVIA LEMOS (UFPE)</p> <p>ELOAN PINHEIRO (FARMANGUINHOS)</p> <p>DEBATER LUIZ MARINHO (ALFOB)</p> | <p>SEMINAR III</p> <p>PAINELISTS JOSÉ MORONI (INESC)</p> <p>LENISE GARCIA (UFRGS)</p> |
| <p>Experts were invited for each seminar. Gender and ethnicity parity was also considered.</p> | | |

3.1.3 CERTIFICATION

The criteria for certification in the course were: having presence in at least three activities, preferably one of them being a workshop. For those who were unable to attend seminars I and II, we gave the alternative of watching the recordings. In these cases, for the presence to be considered, the participant should respond and send a check form, which contained simple information about the activity. The purpose of the form was not to assess the participant's knowledge, but only to verify whether he or she actually watched the recording, to be fair to the other colleagues who were present. However, no participant used this alternative. As the workshops were moments of interaction, they were not recorded. On the one hand, so that the participants present could manifest themselves without fear of recording and, on the other hand, because watching the recording afterwards would not have the desired pedagogical effect.

About half of the participants met the certification criteria. The certificates were sent by e-mail. Participation certificates were also sent to the guests, such as the panelists.

When comparing the data of the confirmed participants and those who received certificates, it is clear that the parity of the class was maintained, with the majority being in the women, black, and SUS user segment. It is important to note, however, that there was a 10% drop in certified black participants compared to the total confirmed, in addition to a relative increase in the number of white participants.

Infographic 3. Course results and certificates

RESULTS - CERTIFICATES

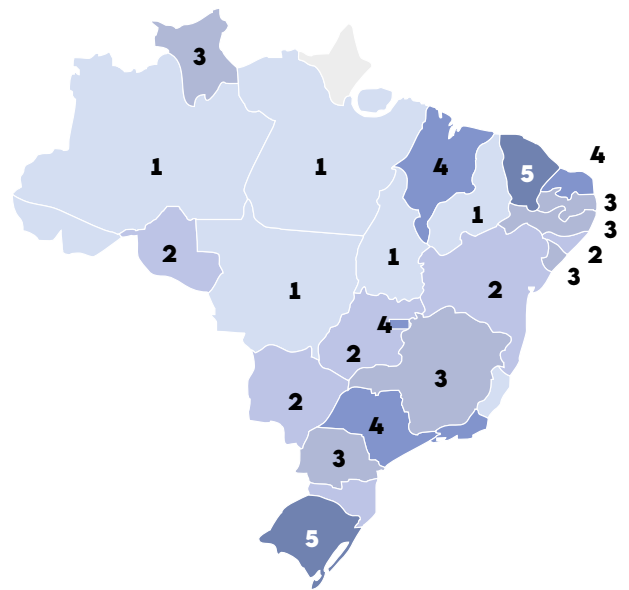
68 PARTICIPANTS (52%) FULFILLED THE CRITERIA TO RECEIVE CERTIFICATES (PARTICIPATION, IN AT LEAST THREE LIVE ACTIVITIES)

COMPARISON: CONFIRMED X CERTIFICATED

Confirmed:



Received a certificate:



GENDER

| | CONFIRMED | RECEIVED A CERTIFICATE |
|-------|-----------|------------------------|
| WOMAN | 55% | 58% |
| MAN | 45% | 42% |

RACE/ETHNICITY

| | CONFIRMED | RECEIVED A CERTIFICATE |
|------------|-----------|------------------------|
| BLACK | 59% | 49% |
| WHITE | 33% | 43% |
| INDIGENOUS | 4% | 3% |
| ASIAN | 4% | 5% |

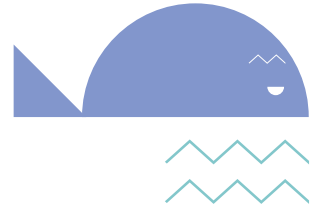
SEGMENT

| | CONFIRMED | RECEIVED A CERTIFICATE |
|-------------------|-----------|------------------------|
| USERS | 47% | 46% |
| PROFESSIONALS | 38% | 39% |
| GOVERNMENT | 9% | 9% |
| SERVICE PROVIDERS | 6% | 6% |

COUNCIL

| | CONFIRMED | RECEIVED A CERTIFICATE |
|-----------|-----------|------------------------|
| MUNICIPAL | 65% | 63% |
| STATE | 28% | 28% |
| FEDERAL | % | 9% |

4. ASSESSMENT AND SUGGESTIONS FOR CONTINUITY



The assessment was made using the Mentimeter platform. Different question formats were used, mixing the qualitative and the quantitative. Below, we highlight some results. The full results can be accessed in attachment 1. In total, 45 people (35% of those enrolled) responded to the assessment (66% of those who received certificates). The responses were confidential and voluntary. In addition, they were not tied to the performance of any activity or the delivery of certificates. Likewise, there was no mandatory question.

The general score given for the training was 9.2, which indicates a high level of satisfaction of the respondents. On average, they had regular contact with the training topic before it and said that they learned new things and that the training will help in their role as councilors.

The axis considered most important was axis 1 (access to medicines and the right to health), followed by axis 3 (social control) and, finally, axis 2 (the innovation process). This reflects an observation made during the course, that the main doubts of the participants were in relation to pharmaceutical assistance itself and access to medicines. The issue of innovation seemed to be new to participants and, as expected, was highlighted during the Covid-19 pandemic.

Regarding the difficulties, among the available options, the one with the highest score was about the time available to participate in the activities and adequate connection to the internet. Then, they received notes similar to the difficulties of having equipment available (cell phone/computer) to deal with the virtual tools, with the topic/content of the training, and with the communication channels used. However, all difficulties scored close to 5, which indicates a regular difficulty.

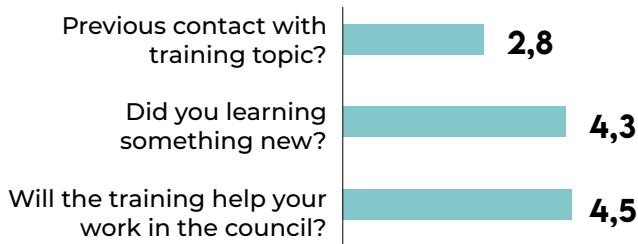
The same happened with the difficulty in relation to the tools. Respondents indicated that they had more difficulty with Padlet, Zoom, Mentimeter and the Google form, in that order, but all with notes close to the regular, which does not indicate a great difficulty with any of these tools. Regarding affinity, in general, people liked the tools adopted (all the notes above regular) and the tool they liked best followed the order: Google form, Zoom, Padlet and Mentimeter, respectively.

Infographic 3. Course results and certificates

RESULTS - EVALUATION

45 PEOPLE RESPONDED TO THE EVALUATION FORM, IN MARCH. RESPONSES WERE ANONYMOUS AND NON-COMPULSORY. GENERAL GRADE (FROM 1 TO 10) WAS 9.2

ABOUT THE TOPIC (1 – NONE AND 5 – A LOT)

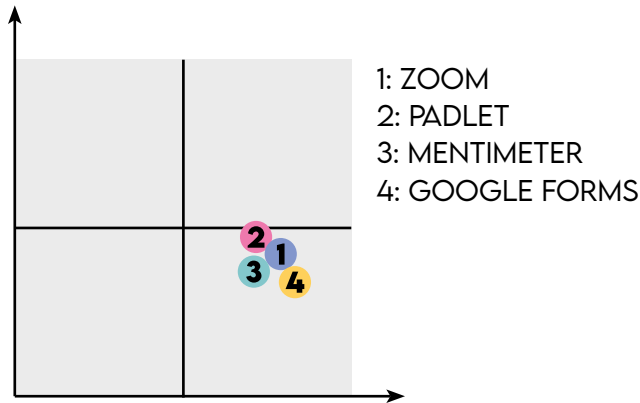


TOPIC IMPORTANCE RANKING

- 1° **AXIS 1:** Access to medicines and right to health
- 2° **AXIS 3:** Social control
- 3° **AXIS 2:** Innovation and production process

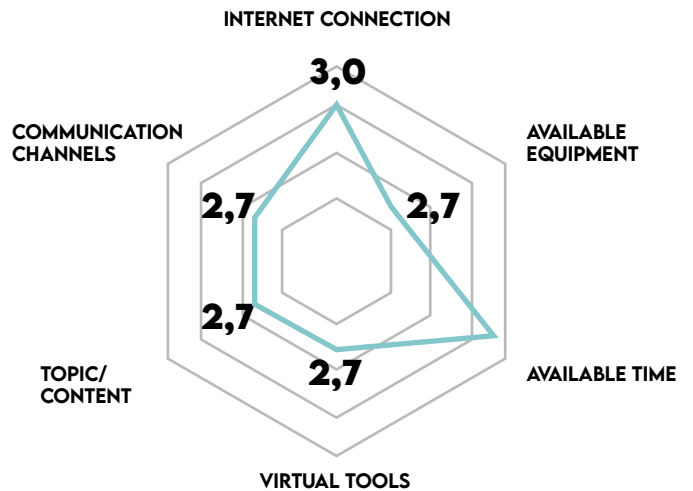
TOOLS

DIFFICULTY: 1 NOT DIFFICULT - 5 VERY DIFFICULT
AFFINITY: 1 DIDN'T LIKE IT - 5 LIKED IT A LOT

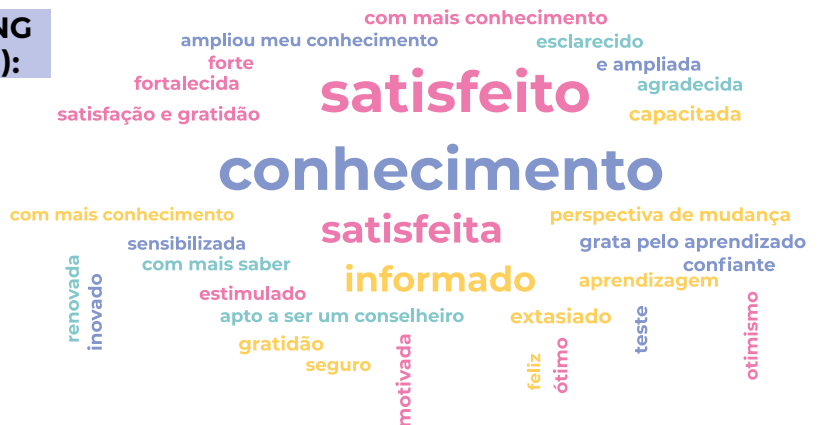


DIFFICULTY

1 NONE - 5 A LOT



HOW PEOPLE LEFT THE TRAINING IN ONE WORD (IN PORTUGUESE):



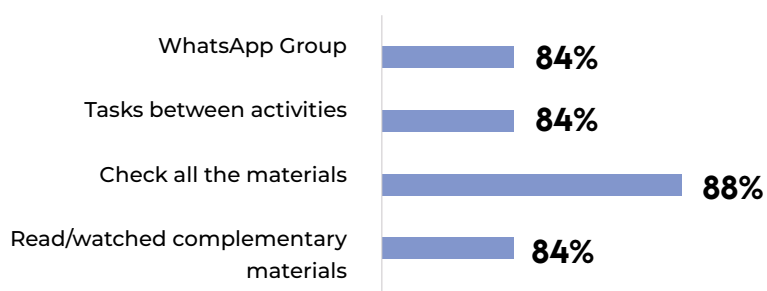
Most people stated that they participated in the WhatsApp groups, did the requested tasks between the Zoom activities, checked the complementary materials, and performed readings. However, it is important to consider a possible bias, since the respondents of the assessment must be precisely the people most likely to respond and participate more in the other activities of the course.

Regarding the separate evaluation of the seminars, workshops and complementary materials, most of the grades were positive, close to excellent. The lowest grades were in terms of duration, punctuality and time. This is repeated in the negative points mentioned by the respondents, who - in addition to these points - also mentioned the frequency of activities, in the sense that the interval between them could be shorter.

The responses in relation to the positive points of the training and how people leave the training, for which the expression of a feeling was expected, were similar. The most frequently cited words are “knowledge” and “learning”. We also highlight the mention of the coordinators’ attention, interactivity, and the defense of SUS.

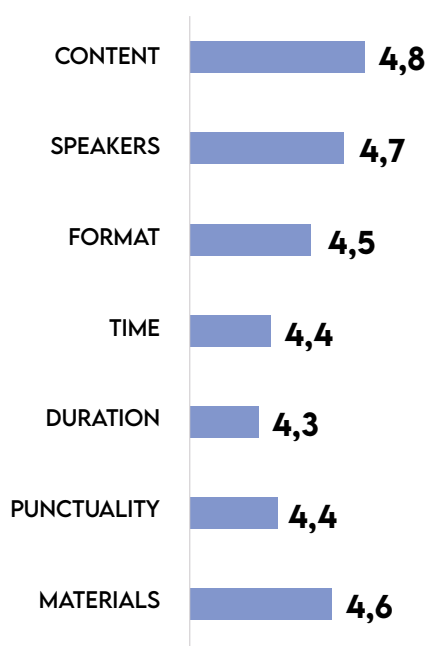
Infographic 5. Results and evaluation of participation, activities and complementary materials of the course

PARTICIPATION (% POSITIVE ANSWERS)

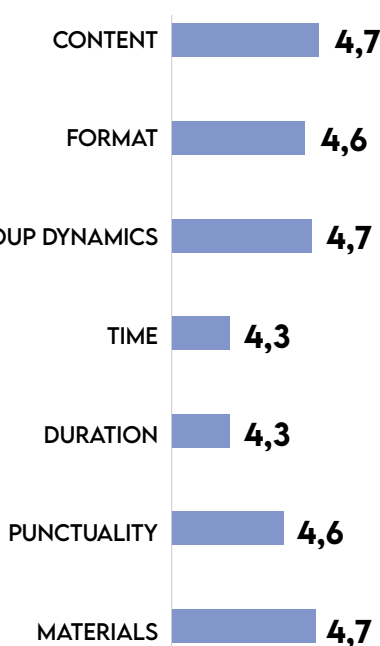


ACTIVITIES AND COMPLEMENTARY MATERIAL (1 – VERY BAD, 5 – GREAT)

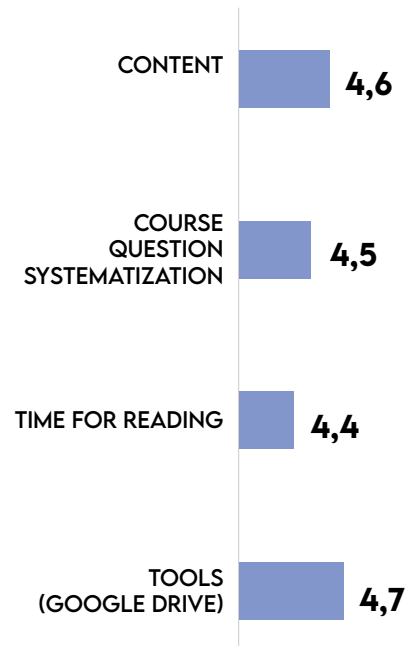
SEMINARS



WORKSHOPS



COMPLEMENTARY MATERIALS





FINAL CONSIDERATIONS

We hope that this report will contribute to the realization of other virtual training processes based on popular education and that the report of our experience will be useful for other organizations and groups that must adapt to the online environment. It was built with great affection and hope, feelings that marked the realization of the activities.

We emphasize that the systematization process of this course was also a very rich moment of learning. As we went over the work over the 10 months, we were able to take another look at the activities and their construction, review mistakes and successes, raise points of attention for the next experiences and possibilities for improvement.

We believe that systematization was a particularly important step in the course, and we invite everyone involved in similar processes to also record and share their experiences, in whatever way they can, whether they are simpler or more elaborate. Thus, little by little, we are weaving a great web of different experiences, based on collective and diverse knowledge.

We are deeply grateful to each and every course participant, who built this experience with us. We also sympathize with everyone who is going through these difficult times with the pandemic, especially those who already had their human rights denied before it happened and who are, and will be, the most affected by its effects. And we are also saddened by the hundreds of thousands of lives taken by Covid-19 and are indignant at the nefarious stance of the Federal Government.

We continue sailing through tortuous waters in a storm, but always strengthening our boats and walking towards a fairer world, with health for all.

Long live SUS!



Attachment 1. Examples of course materials

| » Materials | » Purpose |
|---|--|
| Educational Proposal | <ul style="list-style-type: none"> ~ Elaborate generating themes, menus and expected synthesis of each formative axis. ~ Structure a cycle of approaches to generating topics. ~ Construct the methodological development of the workshops and seminars. |
| Presentation of the Educational Proposal to the National Health Council | <ul style="list-style-type: none"> ~ Systematize the objectives, methodologies, structuring and organization of activities, the number of participants and the selection criteria for the course's educational proposal. ~ To agree on the participation of the CNS in the process of mobilization for the course. |
| Training visual identity | ~ Establish a unique identity for the course materials. |
| Mobilization Guidance Document | ~ Guide the course mobilization process. |
| Security guidelines for the virtual environment | ~ Present strategies and care for virtual security during training activities. |
| Registration, selection, confirmation and communication flowchart | <ul style="list-style-type: none"> ~ Periodize each necessary action and responsibilities in the management of registrations, selection and confirmation. ~ Establish the management of the communication process with the course participants through WhatsApp. |
| Course registration form | ~ Record data and information necessary to enroll in the course. |
| Confirmation form for participation to selected candidates | ~ Record data and information necessary for the qualified participation of the selected participants. |
| <ul style="list-style-type: none"> ~ Activity Mind Map: ~ Seminary I ~ Workshop 1 ~ Seminar II ~ Workshop 2 ~ Seminar III | ~ Create a virtual script for the methodological development of the workshop, with schedule, responsibilities and necessary links for the activity coordinators. |
| Graphical schemes for specific topic approaches | ~ Contribute visually and schematically to the understanding of processes in the "medicine path". |
| Systematized questions throughout the course: <ul style="list-style-type: none"> ~ Wednesday class ~ Thursday class | <ul style="list-style-type: none"> ~ Record questions prepared by the participants throughout the course, to be discussed in the final seminar. ~ Promote interaction between the participants, who could like and comment on the questions. |