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Innovations in health education: the School of Public Health of Bahia

Inovações na formação em saúde: a Escola de Saúde Pública da Bahia

Innovaciones en la formación en salud: la Escuela de Salud Pública de Bahía

ABSTRACT

Objective: This study analyzed the experience of the School of Public Health of Bahia (ESPBA) in implementing innovative professional training strategies, including the regionalization of hybrid specialization courses, the implementation of the Mandatory Internship Management System (SGEO), the recognition of instructors and preceptors, and the incorporation of distance education. **Methods:** This is a descriptive-analytical institutional experience report, based on testimonials from ESPBA managers, faculty, and technical staff, as well as the analysis of institutional documents. **Results:** The results show an expansion of training opportunities in decentralized regions, improved transparency and efficiency in internship regulation, and strengthened integration between education and service. **Conclusions:** It is concluded that the innovations adopted by ESPBA contributed to enhancing continuing health education in Bahia, meeting the regional training needs of Unified Health System (SUS).

Keywords: *Unified health system; Health management; Learning; Health workers.*

RESUMO

Objetivo: Analisar a experiência da Escola de Saúde Pública da Bahia (ESPBA) na implementação de estratégias inovadoras de qualificação profissional, incluindo a regionalização de cursos híbridos de especialização, a implantação do Sistema de Gestão de Estágios Obrigatórios (SGEO), a valorização de instrutores e preceptores e a incorporação da educação a distância. **Método:** Trata-se de um relato de experiência institucional descritivo-analítico, baseado em depoimentos de gestores, docentes e técnicos da ESPBA e na análise de documentos institucionais.

Resultados: Os resultados evidenciam expansão da oferta formativa para regiões descentralizadas, maior transparência e eficiência na regulação de estágios e fortalecimento da integração ensino-serviço. **Conclusão:** Conclui-se que as inovações adotadas pela ESPBA contribuíram para aprimorar a educação permanente em saúde na Bahia, atendendo às demandas regionais do Sistema Único de Saúde (SUS).

Descritores: *Sistema único de saúde; Gestão em saúde; Aprendizagem; Trabalhadores de saúde.*

RESUMEN

Objetivo: Ese estudio analizó la experiencia de la Escuela de Salud Pública de Bahía (ESPBA) en la implementación de estrategias innovadoras de capacitación profesional, incluyendo la regionalización de cursos híbridos de especialización, la implantación del Sistema de Gestión de Pasantías Obligatorias (SGEO), la valorización de instructores y preceptores, y la incorporación de la educación a distancia. **Método:** Se trata de un relato de experiencia institucional de carácter descriptivo y analítico, basado en testimonios de gestores, docentes y técnicos de la ESPBA y en el análisis de documentos institucionales. **Resultados:** Los resultados evidencian una expansión de la oferta formativa hacia regiones descentralizadas, mayor transparencia y eficiencia en la regulación de pasantías, y el fortalecimiento de la integración entre enseñanza y servicio. **Conclusión:** Se concluye que las innovaciones adoptadas por la ESPBA contribuyeron al fortalecimiento de la educación permanente en salud en Bahía, respondiendo a las demandas regionales del Sistema Brasileño de Salud (SUS).

Descriptores: *Sistema único de salud; Gestión en salud; Aprendizaje; Trabajadores de la salud.*

INTRODUCTION

The Bahia School of Public Health Professor Jorge Novis (ESPBA), according to Decree No. 19.001 of April 2, 2019, is part of the structure of the Superintendence of Human Resources (Superh) of the Bahia State Health Department (Sesab). It is the result of the merger of two schools of the Unified Health System (SUS) in the State of Bahia: the School for Technical Training in Health Professor Jorge Novis (EFTS) and the State School of Public Health Francisco Peixoto de Magalhães Netto (EESP).

It is a government school that integrates training at all levels, aiming to align the competencies of SUS workers with the health needs of the population of Bahia¹.

The National Policy for Permanent Education in Health (PNEPS) proposes learning at work, but there are still geographical barriers that hinder access to in-person training.

ESPBA, in addition to adopting work as an educational principle, responded to these demands through innovations: regionalization of specialization courses with hybrid methodologies, implementation of the Mandatory Internship Management System (SGEO), strengthening of instruction and preceptorship, and incorporation of technologies as mediators of educational processes. This experience report analyzes these strategies and their contribution to expanding and qualifying Permanent Education in Health (EPS) in the State of Bahia.

METHODS

This work refers to an institutional report, with a descriptive and analytical approach, based on two main sources of information: documentary analysis of ESPBA's institutional records, such as pedagogical plans, management reports, internal regulations, and administrative records; and systematized reports from the technical, teaching, and management staff of ESPBA directly involved in the implementation of the analyzed strategies.

Documents relevant to the study themes (regionalization, SGEO, preceptorship, and Distance Education in the Unified Health System) were selected. The analysis was conducted through interpretive reading and thematic categorization, identifying patterns, challenges, and results.

RESULTS

Regionalization in health education: Specialization courses

ESPBA's specialization courses originated from the former EESP, when they still depended on university partnerships for certification. After obtaining accreditation from the State Council of Education in 2009, in 2016, ESPBA began offering specialization courses in Public Health in a regionalized manner, in

coordination with Regional Health Centers, to meet Sesab's regionalization policy.

The unification of the technical training and postgraduate qualification schools allowed for the expansion and diversification of specialization courses, based on the needs and demands of the SUS in the State of Bahia. However, classes remained concentrated in Salvador and the Metropolitan Region, as exclusively in-person classes and high travel costs hindered the retention of workers from other municipalities, leading to dropout rates, wasted vacancies during the course, lack of professional qualification, and loss of human and financial resources invested in the actions.

With the Covid-19 pandemic in 2020, the School needed to reinvent its educational practices and adopted new methodological designs supported by educational technologies to reach workers in different territories. In this context, the Specialization courses in Public Health and in Health Systems and Services Management gained prominence. They were pioneers in regionalized training, employing what came to be called in-person-synchronous or hybrid education model, integrating synchronous in-person moments transmitted from the headquarters to rooms in the Regional Health Centers, with the support of learning mediators.

The model combined methodologies based on meaningful learning, problematization, interdisciplinarity, and interprofessionality. Although it posed technological and pedagogical challenges, it allowed for expanded access, strengthened ties with the Regional Centers, and promoted discussions contextualized to local realities.

This methodology, built from the needs of the territory, became a relevant resource for engaging with workers and managers, increasing the capillarity of educational actions and strengthening the relationship with the Regional Health Centers. The continuous articulation with technical areas enabled the realization of the concept of EPS networks.

Among the actors participating in the courses, the teachers stood out. They were and still are mainly professionals, with qualifications and expertise, from the institution itself and those who act as learning mediators. These mediators played and continue to play a fundamental role in the theory-practice articulation, in the action-reflection-action process, interrelating theory with practices and the workers' work process, which helps give meaning to the proposed educational actions.

The intervention projects, prepared by the students as final course work for the specializations, aim to promote changes in practices and work processes, contributing to improving the quality of health care. These projects encourage student-workers to focus on feasible problems and propose solutions that impact the care provided to users.

Ordering and regulating access to practice settings: The experience of the Mandatory Internship Management System (SGEO).

The health context has been incorporating technologies aimed at disease prevention and people's health rehabilitation, involving not only medications, products, and procedures, but also information systems, in order to subsidize and support SUS management regarding planning, programming, regulation, evaluation, control, and auditing.

In 2018, ESPBA implemented the SGEO, aiming to optimize and qualify the process of regulating mandatory undergraduate health internships in the various practice settings of the state SUS.

From 2008 onwards, a diagnosis of the practice settings was carried out to organize internship activities. An inconsistency was identified between the number of available vacancies (n= 4,234) and the number offered (n= 2,925), suggesting that part of this quantity was being distributed without adopting parameters, prioritizing the entry of some Higher Education Institutions (HEIs) into the field to the detriment of others. The State of Bahia took measures, which included signing a Technical-Scientific Cooperation Agreement between Sesab and public and private HEIs, legitimizing the practice of internship regulation in SUS-Bahia².

Sesab started adopting criteria for the distribution of vacancies among the partner HEIs located in the State, following an order of priority, namely: firstly, public HEIs; then, philanthropic/community and private ones³.

Despite the implementation of measures, creation of flows, and regulations, Sesab, through ESPBA, carried out this entire process manually, facing a series of challenges, such as delays and/or failures in filling out the availability and vacancy request forms by health facilities and educational institutions⁴.

There was a process of expansion of higher education in Brazil following the implementation of public policies⁵. With this, the proposal arose to create a data management system, involving the Bahia Data Processing Company (Prodeb), the Administrative Modernization Directorate (DMA/Sesab), and the active participation of workers from the Coordination for the Integration of Education and Work in Health (CIET/ESPBA). Thus, the regulation of mandatory internship vacancies for undergraduate health courses started to occur through the selection of public and private educational institutions in public calls.

The SGEO covers all stages (offer, demand, and selection of vacancies) with classification criteria (MEC indicators, geography, legal nature).

The SGEO includes modules for offering, demanding, and acquiring vacancies, with criteria such as MEC indicators, location, and type of institution⁴. The SGEO promotes greater organization and transparency in the offer of vacancies, aligning them with the capacity of services and the training needs of the SUS.

Training and valuing health workers: Instruction and Preceptorship

ESPBA, aligned with the PNEPS, strengthens the teaching-service integration and reorganizes work processes according to the needs of the services, demanding encouragement and appreciation of workers, who have a differentiated dedication in the services.

Within the scope of the State of Bahia, there are currently two valorization policies for public servants, Law No. 10,851 of December 10, 2007⁶, which establishes internal instruction and concerns occasional teaching performed by public servants, and Law No. 11,373/2007⁷, which provides for the Position, Career, and Remuneration Plan (PCCV) and provides for the granting of the Preceptorship Exercise Gratification (GEP) to public servants who perform systematic teaching activities in-service.

Within the scope of ESPBA, the possibility of granting bonuses to public servants through internal instruction or GEP has brought numerous benefits. They prove indispensable for the movement of training and qualification of health workers, adding value to the professional and allowing the expansion of offers.

Internal instruction was established by specific legislation in 2007 but was reformulated and follows the regulations of Law No. 14,799 of December 13, 2024. Thus, instruction, within the scope of the State of Bahia, is configured as an activity of

"[...] occasional teaching performed by active or inactive public servants and public employees of the State Executive Branch (...) in training actions, with the purpose of improving the fulfillment of competencies, goals, and institutional results"⁸ (p. 9).

Within the provisions of this legislation, there is an allocation of resources for bonuses for public servants who carry out teaching activities. This is based on the calculation of hourly classes, with different incentives according to the teacher's qualifications. There is an appreciation for the public servant/teacher to become increasingly qualified, seeking titles that will bring not only individual knowledge but also improvements to the public service.

In this sense, encouraging professional training and qualification is one of the most effective incentives a state can make to improve health systems⁹. With the contribution of this resource, a need arose to reorganize training offers, since in the public sphere there is annual budget execution planning. The Annual Training Plan (PAC) was established to reorganize training offers, monitored globally by the Bahia State Administration Department (Saeb), but with a focal manager. This monitoring led to a higher annual percentage of execution of what was planned.

Regarding the GEP, it allowed for an increase in the number of vacancies, especially considering offers for the Health Macro-regions of Bahia. This expansion meets the guideline of SUS regionalization, a structuring axis of the Management Pact, which guides the decentralization of health actions and

services. The implementation of regionalized courses requires methodological and operational restructuring, adopting a hybrid format, which demands organization and monitoring of the teaching-learning process.

Preceptors carry out essential activities, including conducting in-person moments, monitoring in-person and virtual activities, encouraging the exchange of experiences among students, participating in pedagogical workshops for curriculum construction, qualification and final defense panels, in addition to process evaluation and the effects produced on professional practice, work processes, and the service itself.

There are also professionals who work as preceptors linked to the Integrated Network Monitoring Program for Health Education Actions (PMIAES), created in 2021, to improve the monitoring of educational actions at Sesab, identifying needs and supporting ESPBA's planning. Their activities include active methodologies, planning pedagogical strategies, technical visits coordinated with the Permanent Health Education Centers (NEPS), and execution of actions structured around thematic axes, qualifying the educational processes of the services.

New educational strategies: incorporating some elements of Distance Education (DE)

The adoption of strategies that characterize Distance Education in the SUS (EaD-SUS) began at ESPBA in 2004, when Sesab, through EESP-Superh, started discussing the incorporation of DE in SUS permanent education processes. Between 2004 and 2006, the initial proposal for the use of new technologies in the training of Family Health teams was developed. In 2007, the project was revised and aligned with the Government Program and state policies, integrating with the initiatives "The SUS is a School" and "Open University of the SUS".

Following this revision, the EaD SUS/BA Portal Project was structured, with a virtual learning environment aimed at qualifying primary care managers, Family Health Strategy teams, and community health agents, responding to the low coverage and lack of ongoing training in the State of Bahia. Between 2007 and 2008, strategic partnerships were established: the Anísio Teixeira Institute; Prodeb; and the Federal University of Bahia.

During this period, four axes of action were defined: institutional partnerships, technological structuring, tutor training, and planning/execution of DE actions. In 2008, when revising the project, it was decided to concentrate efforts on the virtual environment, avoiding duplications with the EESP website, consolidating the pedagogical and technological proposal that gave rise to EaD SUS/BA as a permanent tool for qualifying SUS workers.

Two decades later, EaD SUS/BA underwent updates, with a new version of the EaDSUS platform in partnership with DMA, Prodeb, and the National School of Public Health (ENSP/Fiocruz), ensuring technology transfer and customization of the environment. The expansion of DE broadened access to

health education and reinforced ESPBA's commitment to the democratization of knowledge.

The pandemic highlighted the importance of DE and the need for innovative methodologies and digital support, even in in-person teaching. In this scenario, it becomes essential to invest in innovative methodologies that promote autonomy and in policies that expand access to the technologies necessary for teaching mediated by digital resources¹⁰.

To sustain this strategy, a coordination unit dedicated to managing EaD SUS/BA was created, responsible for managing technology-mediated training, operating within the Virtual Learning Environment and the EaD SUS-BA Portal.

DISCUSSION

The adoption of innovative strategies has the potential to address historical challenges in health education within the SUS. The regionalization of specialization courses in a hybrid format provided an effective response to the geographical barriers and access inequalities faced by workers in the interior of the state, contributing to the strengthening of the decentralization logic and network work¹.

Experiences with synchronous remote teaching indicate that this modality can achieve educational quality similar to in-person teaching, provided it is accompanied by adequate technological infrastructure, consistent pedagogical planning, and continuous support for students¹⁰. In the context of ESPBA, these elements proved fundamental to sustaining regionalized training and ensuring the active participation of workers in educational processes.

The implementation of the SGEO highlighted the strategic role of information systems in organizing health education. This scenario is part of the context of higher education expansion in Brazil⁵, which significantly increased the demand for practice fields within the SUS. The absence of objective and transparent criteria in regulating these settings compromises equity among educational institutions and the training capacity of the system^{2,4}. In this sense, the SGEO contributed to qualifying the planning, distribution, and monitoring of internship vacancies, aligning the training offer with the needs and installed capacity of health services.

The valorization of instructors and preceptors emerged as another essential pillar of institutional innovations. ESPBA's experience reinforces evidence that recognizing SUS workers as potential educators, through financial and career incentives, favors teaching engagement, the sustainability of educational actions, and the improvement of practical supervision⁹. This valorization directly contributes to teaching-service integration and the qualification of health work processes.

The incorporation of DE elements consolidated itself as a structuring axis of institutional innovations, expanding the reach of qualification actions for SUS workers. Over the years, the consolidation of the EaD SUS/BA platform allowed ESPBA to develop technological infrastructure and institutional expertise, which

proved decisive during the Covid-19 pandemic, corroborating evidence that DE plays a strategic role in the continuity of educational processes in critical contexts¹⁰.

Finally, the importance of integrated, summative, and ongoing evaluations is highlighted, capable of measuring the effects of implemented innovations on work processes and the services offered. The sustainability of innovative health strategies depends on systematic monitoring and evaluation mechanisms, ensuring that such initiatives result in concrete advances for the SUS^{1,9}.

CONCLUSION

ESPBA's experience shows that health education is enhanced by integrated strategies of regionalization, hybrid methodologies, computerized management, and valorization of in-service trainers. These actions decentralized worker qualification in Bahia and strengthened teaching-service integration. Effective results include greater access to qualification, monitoring of educational actions, and the consolidated regionalization of permanent education.

Despite the specific context, health education offers useful lessons for the management and formulation of EPS policies. Replicating the strategies requires adaptations to local realities, i.e., to existing conditions, but points to promising paths for innovation in the training of SUS workers. Finally, the need for continuous evaluations is emphasized to analyze and highlight the effects on practices, work processes, and health services".

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