

**Kelma Souto Angelim
Rodrigues**¹

 0009-0007-7963-0652

**Morena Simonetti Gomes
Maciel**¹

 0000-0001-6285-1861

**Isabella Souza Costa
Cavalcante**¹

 0000-0002-0122-2487

**Francisco Diego da Silva
Chagas**¹

 0000-0001-9306-9864

**Francisco Sales Ávila
Cavalcante**²

 0000-0003-4501-8119

¹ Escola de Saúde Pública do Ceará.
Fortaleza, Ceará, Brasil.

² Universidade Estadual do Ceará.
Fortaleza, Ceará, Brasil.

DOI

10.54620/m791t927



Licença CC BY 4.0

The innovation legacy at the Ceará School of Public Health

*O legado da inovação na Escola de Saúde
Pública do Ceará*

*El legado de la innovación en la Escuela de
Salud Pública de Ceará*

ABSTRACT

Introduction: As a Scientific, Technological and Innovation Institution (ICT), the Ceará School of Public Health (ESP/CE) has consolidated health innovation initiatives aimed at strengthening the Unified Health System (SUS). **Objective:** To analyze initiatives developed by ESP/CE between June 2021 and March 2026, within the context of consolidating its Innovation Policy. **Methods:** This is a descriptive study, based on bibliographic review and documentary analysis of institutional records and reports from the Form on the Intellectual Property and Innovation Policy of ICTs (FORMICT). **Results:** The results show advances in the institutionalization of innovation, with strengthened governance, implementation of the Innovation Policy, formalization of the Technological Innovation Center (NIT), and asset protection. **Final Considerations:** Innovation is observed as a structuring axis at ESP/CE, with prospects for progress in international cooperation and technological prospecting, expanding its capacity to respond to SUS demands.

Keywords: *Innovation and development policy; Management of science, technology and innovation in health; Indicators of science, technology and innovation.*

RESUMO

Introdução: Como Instituição Científica, Tecnológica e de Inovação (ICT), a Escola de Saúde Pública do Ceará (ESP/CE) tem consolidado iniciativas de inovação em saúde voltadas ao fortalecimento do Sistema Único de Saúde (SUS). **Objetivo:** Analisar iniciativas desenvolvidas pela ESP/CE entre junho de 2021 e março de 2026, no contexto da consolidação da Política de Inovação. **Métodos:** Trata-se de estudo descritivo, fundamentado em revisão bibliográfica e análise documental de registros institucionais e relatórios do Formulário sobre a Política de Propriedade Intelectual e de Inovação das ICTs (FORMICT). **Resultados:** Os resultados evidenciam avanços

na institucionalização da inovação, com fortalecimento da governança, implementação da Política de Inovação, formalização do Núcleo de Inovação Tecnológica (NIT) e proteção de ativos. **Considerações Finais:** Observa-se a consolidação da inovação como eixo estruturante na ESP/CE, com perspectivas de avanço em cooperação internacional e prospecção tecnológica, ampliando sua capacidade de resposta às demandas do SUS.

Descritores: *Política de inovação e desenvolvimento; Gestão de ciência, tecnologia e inovação em saúde; Indicadores de ciência, tecnologia e inovação.*

RESUMEN

Introducción: Como Institución Científica, Tecnológica y de Innovación (ICT), la Escuela de Salud Pública de Ceará (ESP/CE) ha consolidado iniciativas de innovación en salud orientadas al fortalecimiento del Sistema Único de Salud (SUS). **Objetivo:** Analizar iniciativas desarrolladas por la ESP/CE entre junio de 2021 y marzo de 2026, en el contexto de consolidación de su Política de Innovación. **Métodos:** Se trata de un estudio descriptivo, fundamentado en revisión bibliográfica y análisis documental de registros institucionales e informes del Formulario sobre la Política de Propiedad Intelectual e Innovación de las ICTs (FORMICT). **Resultados:** Los resultados evidencian avances en la institucionalización de la innovación, con fortalecimiento de la gobernanza, implementación de la Política de Innovación, formalización del Núcleo de Innovación Tecnológica (NIT) y protección de activos. **Consideraciones Finales:** Se observa la consolidación de la innovación como eje estructurante en la ESP/CE, con perspectivas de avance en cooperación internacional y prospección tecnológica, ampliando su capacidad de respuesta a las demandas del SUS.

Descriptores: *Política de innovación y desarrollo; Gestión de ciencia, tecnología e innovación en salud; Indicadores de ciencia, tecnología e innovación.*

INTRODUCTION

Throughout its trajectory, the Ceará School of Public Health (ESP/CE) has accumulated innovative experiences related to teaching-learning processes, knowledge production, and health modernization¹.

In 2021, ESP/CE, through normative changes, expanded its scope and was formally qualified as a Scientific, Technological and Innovation Institution (ICT), with responsibilities related to teaching, extension, applied research, and the development of health technologies². Its classification as a public ICT, in turn, expanded federal regulatory responsibilities, including the systematization and periodic reporting of institutional information on Innovation, Intellectual Property (IP), and Technology Transfer (TT)^{3,4}. Thus, the school began to structure its actions to encourage innovation management in the health field more systematically.

However, health innovation is a complex process because it requires articulating scientific production with the reality of services and, at the same time, dealing with conflicts between scientific publication and patent protection⁵. This dual requirement involves both the movement of translational research, which goes “from bench to bedside and to services,” and the need to balance intellectual protection, scientific dissemination, and the social application of knowledge^{6,7}.

Furthermore, even in the face of the resistance inherent to the public sector, often associated with institutional rigidity and the preservation of consolidated practices, innovation should be understood as a strategic element to strengthen state action, by introducing changes in administrative processes, improving service provision, and expanding the State’s capacity to meet collective demands more efficiently⁸.

In this context, this experience report aims to present how ESP/CE’s innovation initiatives were developed from June 2021 to March 2026, situating them within the process of consolidating its Innovation Policy as an ICT.

The report presents actions aimed at articulating the innovation ecosystem and disseminating an innovative culture through the establishment of institutional partnerships, intellectual property management, dissemination of funding calls, resource mobilization, and the promotion of events and courses in the field. It is believed that ESP/CE’s trajectory may serve as inspiration for other initiatives in Brazil or abroad, and that the analysis presented here may be used by audiences interested in implementing innovations in public management, especially in the health field.

METHODS

This experience report, with a qualitative approach, has a descriptive character and follows the methodological procedures of documentary analysis and literature review. The research data were collected from official institutional documents, including laws, resolutions, ordinances, decrees, administrative

records, and reports from the Form for Information on the Intellectual Property Policy of Scientific, Technological and Innovation Institutions in Brazil (FORMICT)^{3,4}.

The inclusion criteria comprised initiatives carried out in the period following the publication of ESP/CE's Innovation Policy, corresponding to the time frame from June 2021 to March 2026. Duplicate documents, records without institutional formalization, materials without documentary traceability, and those without thematic adherence to the object of the study were excluded.

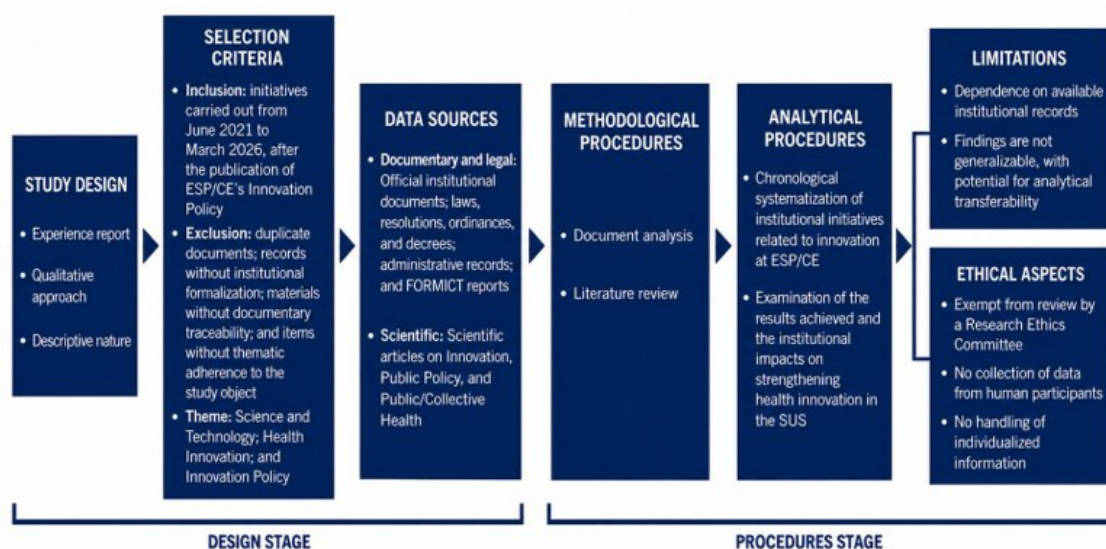
This technical report was developed based on scientific articles published in national and international journals specialized in Innovation, Public Policies, and Public/Collective Health. The criterion of thematic adherence was based on the descriptors Science and Technology, Health Innovation, and Innovation Policy.

The analysis was conducted through the chronological systematization of institutional initiatives related to innovation at ESP/CE. For each initiative identified, the results achieved and the institutional impacts on strengthening health innovation within the scope of SUS were examined.

As limitations, the dependence on available institutional records stands out. In addition, as this is an experience report, the findings are not generalizable; rather, they offer a contextualized analysis with potential for analytical transferability to public institutions facing similar challenges.

As it exclusively used documents and institutional records with formal access, without data collection involving human beings or handling individualized participant information, the study was exempt from review by a Research Ethics Committee, in accordance with the ethical regulations applicable to research in the human and social sciences and to documentary research. The Methods section adopted in this report was systematized in Figure 1.

Figure 1 – Methods.



Source: Prepared by the authors, 2026.

RESULTS

The milestone of institutionalizing innovation at ESP/CE, which occurred in 2021, strengthened its capacity to organize applied research, technological development, and health innovation oriented toward SUS demands, based on a state legislative amendment that expanded its scope of action and formally recognized the institution as an ICT. In this context, the foundations of institutional governance were also consolidated through the implementation of the Innovation Policy and the formalization of the Technological Innovation Center (NIT) at the beginning of the second half of that year.

The NIT began to develop workflows and instruments to make the innovation agenda structured and traceable. In a complementary manner, during this period, strategic partnerships focused on open innovation⁹ were formalized, with emphasis on cooperation with the National Service for Industrial Training of the Regional Department of Ceará (SENAI/DR-CE), strengthening technical support for Research, Development and Innovation (RD&I).

It is observed that, in the initial period, initiatives aimed at normative and organizational expansion predominated, seeking to integrate innovation into institutional management⁵. In 2022, this process was accompanied by actions to disseminate the culture of innovation⁹, such as the Health Innovation Management course offered to ESP/CE managers. In the same year, ESP/CE's Innovation area participated for the first time with a booth at the VIII EXPO ESP/CE, whose theme was "Building an Intelligent Health System." This expanded articulation with the health innovation ecosystem through the launch of the Open Health Innovation Network (RIAS). In addition, at the same event, ESP/CE's innovation area presented the work "Good Practices for Implementing the Technological Innovation Center of ESP/CE," demonstrating how the NIT was structured within the institution.

Following an institutional restructuring movement, in 2023, the Innovation Management Office (GINOV) assumed the responsibilities of the NIT. The agenda also advanced with the formalization of cooperation with the Institute for the Development of Education (IPADE), expanding possibilities for integration between RD&I and *stricto sensu* graduate education. In the same year, the recognition of innovation at ESP/CE was registered through the receipt of an Honorable Mention at the IV National Congress of Health Innovations (CONAIS).

Seeking to foster innovation, in 2024, GINOV conceived the project Support for Academic Innovation Initiatives at ESP/CE. In partnership with the Multiprofessional Residency Management Office (GREMU), this project incorporates innovation into the residents' training pathway and encourages the creation of solutions based on real problems in health services. In the field of intellectual property, a technical opinion was issued to guide the protection of the brand of the Health Simulation Center (CSS), strengthening legal certainty and the protection of ESP/CE's institutional assets. During the same period, the

Health Innovation Opportunities Bulletin (ISSN 2966-4349), a monthly publication, was also launched as a strategy for prospecting and disseminating funding notices and calls to support health researchers in moving their research from paper to practice.

Also in 2024, cooperation with the Secretariat of Science, Technology and Higher Education (SECITECE) was consolidated, aimed at strengthening the ecosystem and RD&I actions in health, with a focus on technology transfer, especially knowledge transfer. In addition, GINOV promoted the first edition of the State Meeting on Health Innovation (Incore). The event was configured as a space for institutional articulation, with discussions centered on innovation, research, and cooperation in health. In 2025, the second edition had the theme “Entrepreneurship and Innovation in Health,” targeting ESP/CE residents and gathering more than 500 professionals.

In line with scientific, technological, and management training to promote innovation and with the growing incorporation of Artificial Intelligence into institutional routines and management processes, in 2025 GINOV began to structure training actions focused on the use of this technology applied to work processes in the public health sector. As part of this agenda, the Introduction to Artificial Intelligence for Public Managers course was offered, aimed at qualifying professionals in the health and public management fields to understand and use tools based on Artificial Intelligence.

With the aim of prospecting resources and considering the positive repercussion and formative reach of the initiative, the course was subsequently submitted as an educational product to the Regional Impulse Contest: Accelerating Territories for Innovation – Accelerated Challenges, promoted by the National School of Public Administration (Enap), through the project entitled “Artificial Intelligence Course for Health Managers.” In the first half of 2025, the GINOV team was selected in the initiative, receiving awards at the end of the first and second stages of the process, materialized in a formative journey composed of technical training and specialized mentoring, reinforcing the national visibility of the experience conducted by ESP/CE.

Still in the field of professional training, another class of the Introduction to Artificial Intelligence for Public Managers course was held, in addition to a class of the Machine Learning course, aimed at professionals in the Information Technology area of the Ceará School of Public Health (ESP/CE) and the Ceará State Health Secretariat (SESA).

In the same year, in partnership with SECITECE, prototypes were tested in a simulated clinical environment to improve a Minimum Viable Product (MVP), with emphasis on the evaluation of a prototype device for alerting allergy-related patient conditions in Primary Health Care Unit (UAPS) settings, generating objective recommendations for improvement to ensure safe and appropriate use before eventual implementation.

Also in 2025, the integration of the team responsible for Distance Education (EAD) at ESP/CE into GINOV was recorded, expanding the

articulation between education and innovation for SUS. Finally, ESP/CE participated in the 9th edition of the Knowledge Fair with integrated health education actions with an innovation-oriented perspective, including entrepreneurship mentoring in health innovation to encourage independent inventors and the presentation of ESP/CE's institutional actions.

In the first quarter of 2026, the update of ESP/CE's Innovation Policy in Plain Language was published. In the field of intellectual property, technical reports were prepared focusing on the adequacy and protection of assets, covering different types of registration and feasibility analyses, in order to ensure documentary organization, institutional ownership, and legal certainty.

Also in 2026, the scientific article was produced as a strategy for generating and disseminating knowledge, scientific training, and valuing the institutional trajectory of innovation at ESP/CE.

Overall, the results presented allow progress toward the discussion of the institutional maturity of innovation at ESP/CE and its impacts on health.

This report presented documented institutional deliverables from the analyzed period, recognizing that the impacts of health innovation may occur in the short, medium, and long term. To support the understanding of the results achieved in strengthening health innovation within the scope of SUS, Chart 1 systematizes the initiatives with measured quantitative impact, organized by year, target audience, results achieved, and number of people impacted.

Chart 1 – Initiatives of the Ceará School of Public Health with measured impacts on strengthening health innovation.

Impact (I)	Initiative	Year	Target audience	Results achieved	Number of people impacted
I1	Health Innovation Management Course	2022	ESP/CE managers	Dissemination of the culture of innovation among ESP/CE managers through the offer of the Health Innovation Management Course.	30
I2	First-time participation with a booth at the VIII ESP/CE EXPO	2022	Academic community, managers, health professionals, and innovation ecosystem	Expansion of the institutional visibility of the culture of innovation in health, through the first-time participation of ESP/CE's innovation area at the VIII ESP/CE EXPO.	4.200
I3	Presentation of the work "Good Practices for	2022	Academic community, managers, health professionals	Sharing of good practices for structuring the Technological Innovation Center, contributing to the	12

	Implementing the Technological Innovation Center of ESP/CE”		, and interested public institutions	dissemination of institutional experiences in public innovation in health.	
I4	Support for Academic Innovation Initiatives at ESP/CE project, in partnership with GREMU	2024	Residents and professionals linked to in-service training	Fostering health innovation in the residents’ training pathway, strengthening the creation of solutions applied to real problems in health services.	3.000
I5	Cooperation with SECITECE	2024	Technical teams, researchers, managers, and the ST&I ecosystem	Cooperation aimed at strengthening the ecosystem and RD&I actions in health, with a focus on technology transfer, especially knowledge transfer.	900
I6	First edition of the State Meeting on Health Innovation (Incore)	2024	Health professionals, researchers, managers, and innovation ecosystem	Fostering health innovation through the promotion of technical-scientific knowledge transfer by means of lectures, conversation circles, and institutional articulations centered on innovation, research, and cooperation in health.	1.039
I7	Second edition of Incore — “Entrepreneurship and Innovation in Health”	2025	ESP/CE residents	Encouragement of entrepreneurship and innovation in health among ESP/CE residents.	500
I8	Introduction to Artificial Intelligence for Public Managers Course	2025	Health and public management professionals	Qualification of health and public management professionals for understanding and using tools based on Artificial Intelligence.	24
I9	Awards in Enap’s Regional Impulse	2025	GINOV team	External recognition of ESP/CE’s qualification initiative in Artificial Intelligence, aimed at	5

	Contest			health and public management professionals, with team strengthening through a formative journey, technical training, and specialized mentoring in innovation.	
I10	Additional class of the Introduction to Artificial Intelligence for Public Managers Course	2025	Health and public management professionals	Expansion of the training offer in Artificial Intelligence applied to public management in health.	24
I11	Machine Learning Course	2025	Information Technology professionals from ESP/CE and SESA/CE	Technical qualification in Artificial Intelligence for Information Technology professionals from ESP/CE and SESA/CE, with a focus on the fundamentals of machine learning.	12
I12	Participation of ESP/CE in the 9th Knowledge Fair	2025	Event audience, independent inventors, professionals, and community interested in innovation	Expansion of ESP/CE's institutional visibility, with dissemination of the culture of innovation, encouragement of independent inventors, and approximation with the state science, technology, and innovation ecosystem.	25.000

Source: Prepared by the authors, 2026.

DISCUSSION

Science, technology, and innovation policy in health should position SUS at the center, especially in contexts of technological dependence and productive fragility⁶. In this sense, the ESP/CE experience reveals this centrality by showing that the policy was formalized and progressively operationalized as an institutional strategy aimed at producing public value, with a focus on qualifying the health response.

In the axis of governance and institutionalization, Decree No. 9,283/2018 establishes that ICTs must structure their innovation policies through mechanisms of governance, management, intellectual property, partnerships,

and training³. However, simple regulatory compliance does not, by itself, ensure effectiveness. In the case analyzed, the results indicate that ESP/CE progressed by articulating these mechanisms with its organizational dynamics, reinforcing the understanding that, in the public sector, innovation depends not only on the existence of legal frameworks, but above all on the institutional capacity to mobilize them strategically through coordination, organizational design, and institutional integration^{8,5}.

The cooperation agreements established with different public and private institutions, as well as participation in innovation agendas, reveal a consistent effort toward the relational insertion of ESP/CE. This set of initiatives shows that innovation within the institution is structured through collaborative and interinstitutional dynamics, approaching the logic of articulation networks, according to which innovation in the public sector tends to emerge from the interaction among multiple social actors⁸. From this perspective, such articulations can be understood in light of the Triple Helix model, which emphasizes the interaction among university, government, and the productive sector as a central element for the dynamics of innovation⁷. Even so, an important analytical question remains regarding the extent to which these interactions translate into structuring results or remain at more punctual levels of cooperation.

The update of ESP/CE's Innovation Policy in Plain Language, published in 2026, has a pioneering, original, and innovative character in the institutional governance of health innovation, by making the guidelines, objectives, and mechanisms applicable to a public ICT more accessible. The initiative dialogues with the Science, Technology and Innovation Legal Framework and with the elements recommended by MCTI, especially regarding the clear definition of guidelines and objectives, criteria for technology transfer and intellectual property licensing, participation of the public ICT in the share capital of companies, encouragement of independent inventors, and rules on participation, remuneration, leave of absence, and licensing of public servants¹⁰. Thus, plain language goes beyond the communicational dimension and is configured as a governance strategy, favoring the appropriation of the policy by the different actors involved in the production of knowledge and innovation for SUS.

A health ICT policy should strengthen scientific, technological, and organizational capacities; however, it is observed that, in many Brazilian ICTs, innovation policy still presents gaps in broader mechanisms for operationalizing and maturing asset management¹⁰. In this sense, ESP/CE's Innovation Policy provides guidelines on ownership, co-ownership, confidentiality, rights negotiation, and management of the institutional portfolio.

Regarding the dissemination of the culture of innovation, advances are observed through the offer of projects, courses, scientific production, and institutional training actions aimed mainly at internal collaborators, in line with ESP/CE's Innovation Policy, which provides for the training of human resources in entrepreneurship, innovation management, technology transfer, and

intellectual property¹⁰. In parallel, the integration between Distance Education (EAD) and GINOV expanded the transversality between education and innovation, especially by strengthening the development of educational solutions.

In the axis of funding, prospecting, and entrepreneurship in innovation, ESP/CE reveals a growing capacity to induce opportunities and strengthen innovative trajectories. In light of classical and contemporary references, which position innovation as a central element of economic dynamism and recognize the State as a strategic agent in inducing technological trajectories⁶, initiatives such as the dissemination of funding opportunity bulletins, the offer of mentoring for residents, and the promotion of training activities contribute to consolidating the institution as a promoter of innovative capacities. Even so, the importance of continuously strengthening and improving structured mechanisms that favor the consolidation, monitoring, and sustainability of a strategic portfolio of innovation projects is highlighted, enhancing institutional capacities already under development.

Finally, this experience report suggests that innovation, in the context of ESP/CE, has progressively moved beyond the strictly normative field and assumed more operational contours within the institutional dynamics. Thus, the results suggest that innovation at ESP/CE is not configured as an accessory dimension, but as a transversal axis that expands the institution's capacity to articulate training, applied research, technological development, and qualified responses to SUS needs.

FINAL CONSIDERATIONS

The evidence presented in this experience report indicates that the Ceará School of Public Health (ESP/CE), from 2021 to 2026, consolidated innovation as a structuring axis of its work. This construction was supported by normative milestones, the structuring of governance mechanisms, and the implementation of initiatives aimed at training, interinstitutional articulation, the institutional treatment of IP, and the promotion of a culture of innovation within the context of the Unified Health System (SUS).

Although the advances are significant, the results also show that the consolidation of innovation as an institutional capacity requires continuity, deepening, and sustained support over time, and is not configured as a linear or fully stabilized process.

As a limitation, it is recognized that the study is based on institutional records and does not directly measure final care-related, economic, or social outcomes. Thus, social impacts should be understood as potential and mediated by SUS, while institutional impacts are more directly evidenced in the structuring of policies, workflows, partnerships, training activities, and instruments for knowledge protection.

As future perspectives, the strengthening of technological prospecting, economic evaluation of assets, technological offer, and technology transfer stand out, as well as the expansion of internationalization actions and institutional mechanisms aimed at supporting innovative projects. In this context, the ESP/CE experience demonstrates that innovation, when incorporated into institutional action and oriented toward SUS, expands the public capacity to articulate training, research, asset protection, and the production of health solutions.

ACKNOWLEDGMENT

To the School of Public Health of Ceará, and to State University of Ceará.

REFERENCES

1. Correia Pequeno AM. Trajetórias da inovação: entre esperar e esperar. *Cadernos ESP* [online]. 2022;16(1):8-9. DOI: 10.54620/cadesp.v16i1.791.
2. Ceará. Lei n. 17.476, de 10 de maio de 2021. Altera a Lei n. 12.140, de 22 de julho de 1993, que dispõe sobre a criação da Escola de Saúde Pública do Ceará Paulo Marcelo Martins Rodrigues – ESP/CE. *Diário Oficial do Estado do Ceará*, 2021; 10 mai.
3. Brasil. Decreto n. 9.283, de 7 de fevereiro de 2018. Regulamenta a Lei n. 10.973, de 2 de dezembro de 2004, a Lei n. 13.243, de 11 de janeiro de 2016, e dá outras providências. *Diário Oficial da União*, 2018; 8 fev.
4. Brasil. Ministério da Ciência, Tecnologia e Inovações. Portaria MCTI n. 3.859, de 8 de outubro de 2020. Aprova novo formulário para prestação de informações anuais pelas ICTs ao MCTI. *Diário Oficial da União*, 2020; 16 out.
5. Guimarães R, Noronha J, Elias FTS, Gadelha CAG, Carneiro JR, Ribeiro A. Política de Ciência, Tecnologia e Inovação em Saúde. *Ciência & Saúde Coletiva* [online]. 2019;24(3):881-886. DOI: 10.1590/1413-81232018243.34652018.
6. Guimarães R, Teixeira MO. Ciência e Tecnologia e Inovação em Saúde no Brasil: reflexões e prioridades. *Physis Rev Saúde Coletiva* [online]. 2025;35(1):e350121. DOI: 10.1590/S0103-73312025350121pt.
7. Leydesdorff L, Etzkowitz H. The Triple Helix as a model for innovation studies. *Sci Public Policy* [online]. 1998;25(3):195-203. DOI: 10.1093/spp/25.3.195.
8. Almada AER, Bezerra NM. Inovação no setor público: o caso da Escola de Saúde Pública do Ceará. *Inovação & Tecnologia Social* [online]. 2024;6(13):32-50. DOI: 10.47455/2675-0090.2024.6.13.13305.
9. Chesbrough H. Open innovation: a new paradigm for understanding industrial innovation. In: Chesbrough H, Vanhaverbeke W, West J, editors. *Open innovation: researching a new paradigm*. Oxford: Oxford University Press; 2006. p. 1-12. DOI: 10.1093/oso/9780199290727.003.0001
10. Alves JK. Política de inovação nas universidades brasileiras: um exame de conformidade com os elementos propostos pelo MCTI/Brasil nas

instituições mais inovadoras do país.
Rev Gest Políticas Públicas [online].
2024;14(1):81-105. DOI:

10.11606/issn.2237-
1095.rgpp.2024.220540.

Corresponding Author

Kelma Souto Angelim Rodrigues
enfksouto@gmail.com

Associate Editors

Genilton da Silva Faheina Junior e Sofia de Moraes
Arnaldo

Author Contributions

Article design: KSAR; **Validation of data and experiments:** KSAR, MSGM; **Writing – original draft:** KSAR, MSGM, FDSC; **Writing – review and editing:** KSAR, MSGM, FDSC, ISCC, FSAC.

How to Cite

Rodrigues KSA, Maciel MSG, Cavalcante ISC, Chagas FDS, Cavalcante FSA. The innovation legacy at the Ceará School of Public Health. Cadernos ESP. 2026;20:e2733.

Conflicts of Interest

There are no conflicts of interest.

Received: April 09, 2026

Published: July 2, 2026

Funding

Own.