

Constructing the field of knowledge of Global Health and Sustainability at the Universidade de São Paulo in the Latin American context

A construção do campo de conhecimento da Saúde Global e Sustentabilidade da Universidade de São Paulo no contexto da América Latina

La construcción del campo del conocimiento de la Salud Global y Sostenibilidad en la Universidade de São Paulo dentro del contexto de la América Latina

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Abstract

The article aims to contribute to the discussion on the constitution of a field of knowledge of global health and sustainability in Latin America, from the analysis of the Graduate Program in Global Health and Sustainability of the Universidade de São Paulo, including its conceptual basis, research lines, supervisors, and student profiles. Data collection

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was performed by document analysis and a web questionnaire sent to 35 students enrolled on the program during 2013-2015. Results revealed the program has innovative and unique characteristics aligned to the Latin-American concept and to Agenda 2030, such as an international focus based on the health issues of globalization, grounded in principles of justice, ethics, and solidarity across world populations. A unique feature of placing emphasis on sustainability, social and environmental determinants, and on interdisciplinary research lines. Another evident characteristic was the multi-professional profile of professors and students, and the congruence of research themes with Brazilian, Latin American, and global issues.

Keywords: Global Health. Sustainability. Graduate Education. Brazil.

Resumo

O artigo pretende contribuir para a discussão a respeito da constituição do campo de conhecimento da saúde global e sustentabilidade na América Latina a partir da análise do Programa de Pós-Graduação em Saúde Global e Sustentabilidade da Universidade de São Paulo, incluindo suas bases conceituais, linhas de pesquisa, docentes e estudantes. Fez-se uma pesquisa documental e aplicaram-se questionários aos alunos na *web*, que foi enviado aos 35 estudantes matriculados no programa entre 2013-2015. Os resultados revelaram características inovadoras e únicas do programa alinhadas ao conceito da América Latina e da Agenda 2030, como a abordagem internacional com base em problemas relacionados à saúde na globalização, fundadas nos princípios da justiça, ética e solidariedade no mundo. A singularidade de atribuir destacada relevância à sustentabilidade, aos determinantes sociais e ambientes e à abordagem interdisciplinar em suas linhas de pesquisa. Outra característica evidente foi o perfil do corpo docente e discente, e a congruência dos temas das pesquisas com problemas globais, do Brasil e da América Latina.

Palavras-chave: Saúde Global. Sustentabilidade. Pós-Graduação. Brasil.

Resumen

El artículo pretende contribuir a la discusión acerca de la constitución del campo de conocimiento de la salud global y sostenibilidad en Latinoamérica a partir del análisis del Programa de Postgrado en Salud Global y Sostenibilidad de la Universidade de São Paulo, incluyendo sus bases conceptuales, líneas de investigación, docentes y estudiantes. Se ha realizado una búsqueda documental y la aplicación de una encuesta en. La encuesta *web*, que fue enviada a los 35 alumnos matriculados en el programa entre 2013-2015. Los resultados revelaron características innovadoras y únicas del programa alineadas al concepto en América Latina y a la Agenda 2030, como el abordaje internacional basado en problemas relacionados a la salud en la globalización, fundadas en los principios de justicia, ética y solidaridad en las poblaciones del mundo. La singularidad de atribuir una relevancia destacada a la sostenibilidad, a los determinantes sociales y ambientales, y al abordaje interdisciplinar en sus líneas de

investigación. Otra característica clara fue el perfil multi-profesional de docentes y estudiantes, y la coherencia de temas de investigaciones con problemas globales, de Brasil y de Latinoamérica.

Palabras clave: Salud Global. Sostenibilidad. Postgrado. Brasil.

1 INTRODUCTION

The creation of the Graduate Program in Global Health and Sustainability (GHS) of the Universidade de São Paulo (USP) – School of Public Health (FSP), in 2013, was prompted by the perceived need to revisit and to investigate public and environmental health issues from a broader integrated global perspective. To study and address many health challenges, particularly in terms of social and environmental determinants, should involve other nations and international collaboration. This need has also led to the creation of other international centers and institutions of education, which now recognize the term “Global Health” as a concept supplanting the terminology “International Health” (CUETO, 2015). The structure of the Doctorate was designed to provide a balance among programs and topics already established at other International institutions and agencies, and to embody the unique aspects of the institution devising the doctorate, namely, the Departments of Environmental Health and Public Health Practice.

The preliminary development of the Program took place through bilateral events organized by the FSP, helping to define its theoretical framework and research lines, including: in 2010, the extension course in International Health, in collaboration with the University of Georgetown, Washington DC, USA; in 2012, the Summer Course in Global Health and Bioethics, in partnership with the Universidade de Brasília and the Pan American Health Organization, with course groups in São Paulo City (state of São Paulo) and Brasília (Federal District); in 2013-2014, the Summer Course in Global Health and Bioethics (FSP-USP); and through participation in the congresses of Alianza Latinoamericana de Salud Global (ALASAG – an alliance comprising eight Latin American Universities recognized for their research in the field of Global Health), as one of the founding signatories; and the publication of the book “Global Health” (FORTES; RIBEIRO, 2014), involving both professors and students from the Program.

In 2012, the framework for creating a Graduate Program in Global Health and Sustainability at the School of Public Health was firmly in place and submitted, as well as approved by the Graduate entities of USP (FSP – USP). Initially, a proposal was submitted to the Brazilian Federal Agency for Support and Evaluation of Graduate Education (Capes), for consideration under the major Multidisciplinary area and the Interdisciplinary evaluation area (Health and Biological Committee). However, the proposal was redirected to the Public Health evaluation area (COORDENAÇÃO DE APERFEIÇOAMENTO DE PESSOAL DE NÍVEL SUPERIOR, 2017).

Given the relevance attributed to the principles of internationalization, interdisciplinarity, inter-institutionality, and nucleation, particularly in higher education (UNIVERSIDADE DE SÃO PAULO, 2017), the *stricto sensu* Global Health and Sustainability Graduate Program was formalized in 2013, and had its first academic term in August of that same year. The Program had three cohorts of students during the 2013-2015 academic years, with 11, 9 and 14 students, respectively. The goal of the interdisciplinary program is to “[...] qualify educators and researchers focusing on international global health institutions, policies, and systems; and on sustainability, human movements, and life styles in the contemporary world” (UNIVERSIDADE DE SÃO PAULO, 2017).

No consensus or single definition exists for global health. It can refer to the spatial reach of health issues and its determinants in the context of globalization. The term global is also used to describe intersectoral challenges of the health determinants that lie within and outside the health sector. Finally, it can refer to a set of universal values and a common guiding principle based on social justice, human rights, and on sustainable development that transcends geographic, political and cultural borders (WERNLI, 2016).

The Alianza Latinoamericana de Salud Global (2016, p. 1) defines Global Health as follows: “Global health is a global public good related to social justice and to the universal right, based on equity, ethics, and respect to human rights.” Sustainability, always within a specific context, is defined as the study of interactions between natural and social systems, and of how those interactions affect the challenge of sustainability: meeting the needs of present and future generations while substantially reducing poverty and conserving the planet’s life-support system (KATES, 2011). Thus, it was important for the Program to adopt its own concept of global health and sustainability, which emerged during the process of establishing its lines of research, as conceived in the Program’s original design.

The Program was initially structured as follows: one main concentration area – Global Health and Sustainability, two research lines: 1) International global health and sustainable environmental policies, systems, and institutions; and 2) Sustainability, human movements, and life styles in the contemporary world; and 4 sublines. In 2015, the Academic Board of the Program maintained the single concentration area and included a further research line: 3) Statistical methods for country comparative analysis of risk factors, morbidity, mortality, and health systems. Moreover, that year the sublines were removed. The team of professors is multiprofessional, interdisciplinary and comes from different departments. It is comprised of 20 supervisors, from fifteen areas of knowledge, among which the highest number is from the area of medicine (four professors).

2 GLOBALIZATION AS CONTEXT

The Program was created within a context of reflection on the major social, cultural, political, economic, and environmental impacts on societies, at local and global levels, resulting from changes promoted by globalization in lifestyles, trade, and movement of people worldwide. In 1999, Bauman stated: “we are being ‘globalized’ and [...] ‘globalization’ is the

hopeless destiny of the world” (p. 7). It is a “process of world re-stratification, in which a new sociocultural hierarchy is built on a planetary scale” based on the degree of mobility of individuals. Freedom of movement is restricted to a privileged few, while “the others” are left with a “glocalized” experience (concept by R. Robertson) as mere spectators of the global life (BAUMAN, 1999).

The growing incorporation of technology and means of communication by peoples, governments, and companies has led to a hitherto unimaginable speed in the flow of people, information and capital among different countries. With communication time imploding and shrinking to the insignificance of the instant, space and delimiters of space no longer matter, at least for those whose actions can move at the speed of electronic messages. Space becomes “processed/centered/organized/normalized” (BAUMAN, 1999) and, above all, free from the natural constraints of the human body.

The fluidity at territorial and political borders – particularly concerning economic transactions –, has conferred to the “*Nationalökonomie*” a sense of “accounting fiction,” since it is being weakened by the transnational forces that promote an emaciation seen as natural, such is its incontestability in the current scenario where capital moves so quickly that it is always one step ahead of the State (BAUMAN, 1999).

Other consequences of globalization are:

transnational impacts [...] on social determinants and health issues [that] are beyond the individual control of the national states, [and] affect many dimensions of human life, i.e., persistent, emergent and re-emergent problems, such as: access to healthcare and essential medications, the outbreak of new pandemic diseases, the resurgence or worsening of infectious diseases, such as dengue and yellow fever, violence and its consequences, the issue of mental health, and the consequences of socio-environmental disasters. (FORTES, 2015, p. 154).

In bringing together global health and sustainability in the proposal of educating future professionals and researchers, the Program, the first of its kind in Brazil, advances in an interdisciplinary perspective to address complex matters, such as global health and its determinants, whose impacts have local, national, and global reach in globalized and interdependent societies.

3 METHODOLOGICAL APPROACH

The profile of students on the USP GHS Graduate Program was constructed using the tool from SurveyMonkey® web questionnaire platform. The questionnaire was sent to the students by an USP institutional email on July 14th, 2015, containing an access link and a commitment term stating that the respondents’ identity would not be disclosed.

The authors decided to use an electronic questionnaire because it suited the aims of the study. The questionnaire was accessible, easily understood, and quick to be filled out by the students. Benefits for the researchers included: free of charge use of the on-line tool, the practical aspect of receiving the respondents’ data by the Internet, and the greater control allowed over questions and answers, with the option of either closed or open questions. Another

advantage of using a web questionnaire was the electronic tabulation produced by the platform, enabling the authors to check each questionnaire separately whenever needed, thereby increasing the answers reliability.

The questions making up the questionnaire were separated into the following topics: personal details, area studied for the undergraduate degree and Masters' qualifications, languages, line of research, subjects studied, and an open question about the concepts of global health and sustainability.

For all questions, data entry and presentation in the form of graphs or tables was employed. For the open question about the GHS concepts, there was free interpretation and response. The WordList® web tool was used for this discursive question, which tallied the occurrence of words in the text to provide a compilation of terms and words that were the most featured in responses. The authors selected the presented words based on the relevance of the word and number of repetitions in responses. A period of 2 months was allowed for the return of the completed questionnaires. In the meantime, the availability of the questionnaire was spread out during events promoted by the Program.

4 PROFILE OF STUDENTS ON USP GHS PROGRAM

Of the 35 participants in the Program, 27 completed the web questionnaire, representing a participation rate of 77%. However, not all the questions were answered.

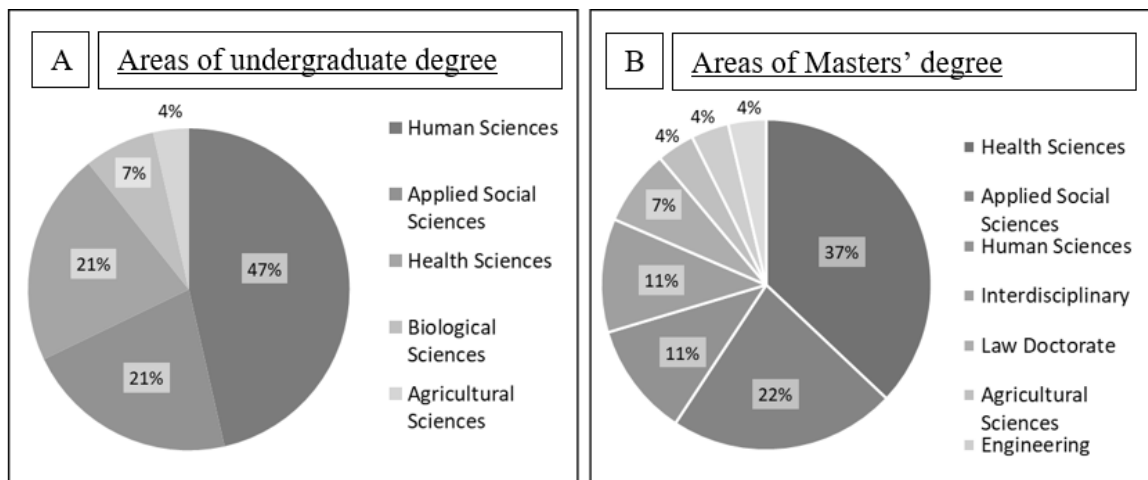
a) Personal details

The students' profile was predominantly females (18 women and 9 men), with a mean age of 39 years and ± 11 Standard Deviation. Up to 2015, three foreign students were enrolled, two from Portugal and one from Uruguay. The Brazilian students were from the following states: São Paulo (16), Rio de Janeiro (2), Federal District (1), Ceará (1), Amapá (1), Rio Grande do Sul (1) and Goiás (1), showing that students were predominantly from the Southeastern region of Brazil (18).

b) Academic background

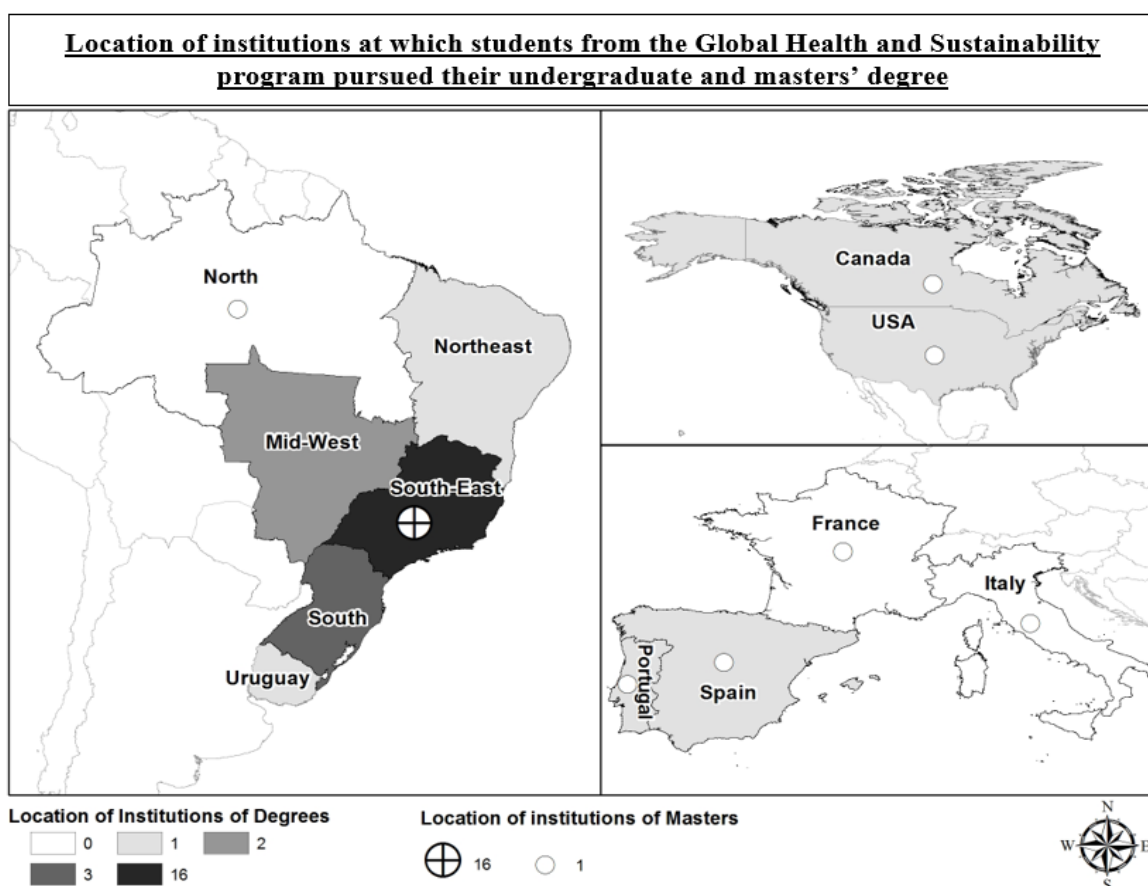
Based on the thematic classification of areas of knowledge of Capes (2014), the distribution of students is depicted in Figures 1A and 1B. Figure 2 shows the institutions where the students completed their Degrees and Masters.

Figure 1A and B – Percentage of undergraduate (A) and Masters’ degree (B) by areas among GHS doctoral students (2014-15)



Source: Surveys from the students.

Figure 2 – Institutions from where GHS doctoral students (2014-15) obtained their undergraduate and Masters’ degrees



Source: Data; surveys from the students, and cartographic database from GADM project.

c) Languages

Given the international nature of the GHS Program, we decided to question students on their proficiency in foreign languages, and all stated to be proficient in English. In addition, of the total students, 65% spoke Spanish and 46% French, and some were proficient in Italian (3), German (3), Catalan (1), and Hungarian (1).

d) Research lines

Regarding research lines (Figure 3), only 23 students answered the question correctly. Two respondents only cited the main line of research, failing to provide the subline; another answered by giving two sublines of research, thus invalidating their responses; and a fourth respondent skipped the question altogether. As shown in Figure 3, research line 2 was pursued by 51.85% of students, and subline 2.1 by 40.74%, having the greatest weight among all the research sublines. Subline 1.1 showed 25.93% participation, which along with 1.2 represented 33.3% of the total. Excluding respondents that answered incorrectly, sublines 2.1 and 1.1 represented 75% of students.

Figure 3 – Research lines and sublines of the GHS Doctorate (2013-15)

Research lines and sublines	N=27
Line 1: Global Health policies, systems, and international institutions; and sustainable environment	
Subline 1.1: Functions of the State, policies, institutions, and international health systems and environments	7 (25.93%)
Subline 1.1: Health safety, nutrition, food, and environmental safety	2 (7.41%)
Line 2: Sustainability, human movement, and lifestyles in the contemporary world	
Line 2.1: Mobility, human movement, and lifestyles in the contemporary world	11 (40.74%)
Subline 2.2: Sustainability and technological innovation	3 (11.11%)
Unknown/Unanswered	4 (14.81%)

Source: Survey from the students.

e) Courses taken by students on the Program

The question was answered by 20 students, taking 38 different courses. Of the courses taken, a high proportion was given by the School of Public Health (21), the Faculty of Philosophy, Languages, and Human Sciences (6); the Graduate Program in Environmental Science of the Institute of Energy and the Environment (5); the Institute of International Relations (3); the

School of Medicine (1); Law School (1); and the School of Communication and Arts (1). Regarding courses given by the FSP, Fundamentals of Global Health and Sustainability was taken by 7 students, followed by Social Research: Theories, Methods, and Investigation Techniques (4); Global Health Policies and Institutions in the Context of Globalization (3); Environmental Information Systems for Sustainable Development (2); and Methodology and Publication of Scientific Articles (2). The other courses were taken by only one student. Among the unanswered questions were those from students newly enrolled on the Program, who had not yet elected courses, and individuals stating they could not recall exactly.

f) Concept of Global Health and Sustainability

The final inquiry in the questionnaire was open, and dealt with the concept of Global Health and Sustainability from the respondent's perspective. Just over half of the students from the Program (19) answered the question. Figure 4 shows the results from the *web* WordList® tool.

Figure 4 – Word count in definitions of Global Health and Sustainability (2014-15)

Word	n	Word	n	Word	n
Health	21	World	5	Environmental	3
Global	8	Borders	4	Context	3
Planet	5	Sustainable	4	Concept	3
Issues	5	Study	3	Knowledge	3
Problems	5	People	3		

Source: Survey from the students.

5 DISCUSSION

Revisiting the objective of the USP GHS Graduate Program, it is evident from the profile of the students and supervisors that the aims of the doctoral program are in line with the global health panorama in Latin America, as outlined. ALASAGs' aim is to respond to the various challenges posed by globalization to health, especially for the most vulnerable populations, seeking to overcome inequalities and inequities, while recognizing and respecting national identities (Alianza Latinoamericana de Salud Global, 2017). The Program also goes beyond a perspective of international and national health security, as it is related to rights, justice, equity and global political determinants of health. Furthermore, a singularity of the Program is the relevance given to sustainability, contributing to the construction of a complex and emergent field of knowledge, integrating social, environmental, and health sciences within a global context.

The reformulation of the research lines, plus the addition of the third line on statistical methods for comparative analyses among countries, is consistent with the scenario described by Matta and Moreno (2014), according to which the production and use of global indicators

worldwide seems inexorable. In this sense, the GHS Program embraces a contemporary issue, although, according to these authors, caution is required regarding several aspects, such as:

- 1) Absolute confidence in what the indicators determine/mean (as opposed to indicate);
- 2) Production of evidence deemed production of truths in their rhetorical use, particularly by international and government entities, as well as other institutions and political actors that use this to inform the adoption of policies, programs, and health actions, especially for poor countries;
- 3) It is important to consider the highly likely scenario of “inexistence of data sources, as well as limitations and specificities in the existing source” (DECKERS et al., 2005);
- 4) The effort involved in “devising, structuring, and delineating Global Health Indicators [...] appears to draw more on scientific processes, through its assertions, findings and meanings than on the pooling and complementing of different areas of knowledge.”

Matta and Moreno (2014) highlight the fragility in the way indicators, regarded as determinants, are appropriated in

[...] decision-making for designing management models, making policy or creating national health systems. [And stated that] this is not about deconstructing or demonizing the use of health indicators, but rather about alerting to the possibility of incorporating, in this area of health, many different items of knowledge and legitimate experiences of equal magnitude and importance (MATTA; MORENO, 2014, p. 16-17).

The future GHS doctorate holders currently studying at USP have been developing competencies to act in a globalized world, involving different field experiences and people of various cultures. The goal of the program is to prepare professionals to pursue careers in global health-related activities and to act, as educators, researchers, practicing experts and opinion-makers within global health and sustainability forums.

Another aspect that contributes to this understanding stems from the analysis by Solimano and Valdivia (2014) concerning the identity of Latin American global health institutions. According to these authors, global health is a field still under construction in Latin America (LA), and whose perspective has been built based on its own specific identity, shaped by the development characteristics of the countries of the region, in which inequality and iniquity affect substantial sectors of the population, or even the majority in some cases. The setting up of ALASAG, in 2010, has contributed to this vision by acting as a bridge and arena for reflection and debate among eight of the most prestigious academic institutions of LA that address the global health area, including USP and its GHS Program.

Regarding the knowledge areas on the undergraduate degree and Masters' courses taken by the students, there was a predominance of courses in the human sciences area at undergraduate level, and in health sciences, more specifically, in the public health area, at Masters' level. These data reveal an interesting introductory interdisciplinary scenario during graduate studies, placing the GHS doctorate student in the contemporary flow of knowledge

production. The background of undergraduate and Masters students ensures a considerable and necessary diversity of constituent topics in the thematic scope covered by the program.

Regarding students' institutions of origin, the majority was located in the Southeastern region of Brazil (16), predominantly São Paulo, followed by institutions located in Western Europe (6) and one university situated in the extreme North of Brazil. The national scenario, in which the Southeastern region dominates the distribution of graduate programs in Brazil, confirms the panorama described by Cirani, Campanario and Silva (2015) regarding the unequal regional distribution of graduate programs in Brazil. According to the cited authors, in 2011, out of 4,650 graduate programs, 51% were in the Southeastern region, 20% in the Southern region, 18% in the Northeastern, only 7.2% in the Midwestern and 4% in the Northern region of Brazil, the latter coinciding with the Amazonian rainforest area. The fact that 6 students graduated at European higher education institutions enriched discussions in classroom and helped promote the internationalization of the topics investigated within the context of the Program.

Students' proficiency in foreign languages renders them better prepared to practice and carry out research in different international arenas in the field of global health. As expected, English was the main foreign language mastered, followed by Spanish and French.

The student's lack of knowledge regarding which department and/or institution their supervisors were from might be explained by the fact the graduate program does not have direct departmental ties, but includes supervisors from five University departments, the Nursing school, the Institute of International Relations, and co-supervisors from other higher education institutions.

The low response rate to the open question about the GHS concept might be attributable to the following reasons: possibility of identifying respondents given the small sample size, where unique, highly specific information related to a single member of the program would reveal their identity; reservations by some respondents over having their answers assessed academically; and finally, the polysemy of the global health concept may have been a factor creating doubts about the topic, thereby discouraging some respondents.

The results from the WordList® web tool are given in Table 2, in which the authors propose a second category of meaning and significance of the words. The category comprises five groups:

- 1) The health group with 21 citations. A high recurrence of this word was expected because it constitutes the overriding theme of the program and has interrelationships with the other word groups identified.
- 2) The second group conveys territory-related aspects and/or absence of these: global (8); planet (5); world (5) and borders (4). There was a consensus among students that there is the need for health studies to focus on a global context, for the sake of facing the effects of globalization on health in different populations and territories, as problems do not respect national borders.

- 3) The third group reflects the inherent complexity in the terms global health and sustainability, and consisted of two words, ranking third in recurrence: issues (5) and problems (5).
- 4) The fourth group is more related to the term sustainability, via the following words: sustainable (4); people (3); and environmental (3). Intriguingly, this group was most often dissociated from the word “health,” indicating a difficulty for students to form the interrelations between the terms global health and sustainability in their responses. Responses were split between those more concerned with health issues on a global scale, and those regarding global health as environmental issues or problems, or pandemics. This may have been an effect of the polysemy of the global health concept or because of the complexity arising from the association between the term and another equally polysemic concept: sustainability.
- 5) Lastly, in the fifth group, the words were associated with the focus on the investigation to be undertaken for understanding the problems addressed by studies and research in the sphere of global health and sustainability. Comprising the concept of the words (3); study (3); context (3); and, knowledge (3); the responses featured statements expressing the lack of consensus and consequent multiplicity of concepts and approaches, and the need for interdisciplinary studies to support the cited complexity of the area.

The diversity of concepts expressed by the students for the terms global health and sustainability is consistent with the observation of Matta and Moreno (2014, p.12) regarding the definition of Global Health as a field which:

remains in conflict among different actors and institutions that defend their academic and political use, offering disparate definitions linked to emerging new health needs across the globe, and the understanding that these needs and solutions pose a threat affecting all countries.

The cited authors also provide a definition of global health that is congruent with the findings of this study, of “[...] global health [understood as] a social construct from the scientific and political field, seeking stability to introduce itself as a new paradigm in the international political-health area” (MATTA; MORENO, 2014, p. 12).

In contrast to many studies on globalization, which endeavor to be conclusive and eternal, Knowles (2014) took an alternative approach to globalization, by analyzing the life of a rubber sandal – from its manufacture through disposal. After six years of ethnographic research, the author found a form of globalization that differed from:

hegemonic analyses [...], it is fragile, inconstant and contextual, creating multiple forms of uncertainty in the lives and scenarios that it both sustains and destabilizes. [...] globalization is always “a work in progress.” Mere provisory assessments, awaiting further investigations of something so vast and diverse like globalization are inadequate. Other investigations involving a broad host of circumstances and points of view are urgently needed. [...]. It is a contingent of unstable mass in constant flux with some pockets of opportunity within a crushing scenario of precariousness. Above all, globalization needs to be reexamined based on opportunities and maneuvers that

its instabilities can provide to the mass of people the world over that fight to survive through their own ways of navigating within it. Decoding globalization is looking at it close up [...], paving the way to envisage new political opportunities that it has in store. This, in turn, can create a platform from which new routes and journeys that are socially fairer and less oriented towards worsening poverty can take root. (KNOWLES, 2014, p. 289).

Similarly, Biehl (2011, p. 267) rails against the “magic-bullet” approaches, which “[...] are increasingly becoming the norm in global health [via] delivery of health technologies [...] targeting a specific disease despite the myriad of corporate, political, and economic factors influencing health.” The author advocates the inclusion of “[...] analytical structures and institutional capacities that go beyond repeating history, and are people-centered.”

The Brazilian therapeutic response to HIV-AIDS studied by Biehl (2011) is a good example of the globalization analysis undertaken by Knowles (2014), which found shortcuts and circumventions exploited by people in the official, hegemonic path of the global world. The participants of Biehl’s study, through access to the Brazilian public policy for combatting HIV-AIDS, had their lives prolonged by technology and, against “economic orthodoxies,” their survival was driven by affective relationships that have no place in unilateral and monolithic analyses.

Considering the diverse concepts and policies in the field of global health, the perspective offered by the Graduate Program in Global Health and Sustainability at USP into integrate sustainability to health issues is an innovative and up to date approach concordant to the United Nations Agenda 2030.

Another contribution was found in the analysis by Bauman (1999) that, outlining in detail the human consequences of globalization, some of which still exist nowadays and affect an unimaginable range of populations, paints a disconcerting picture of irreversibility. However, adding the microanalyses of Biehl (2011) and Knowles (2014) to Bauman (1999), the macro analysis renders a less nebulous scenario that is more inviting for investigation. The need for real and effective collaborative and non-hierarchical efforts are advocated among the different arenas of knowledge, particularly health and environmental sciences, in general, along with human and social sciences. The analysis of Matta and Moreno (2014, p. 20) alerts to the unchallenged use of global indicators of health, which end up reproducing the forms of hegemonic globalization in which its “supposed neutrality becomes yet another strategy to persuade the communities to uphold the values of the imaginary technical and scientific advances of modernity.”

6 CONCLUSION

The Graduate Program in Global Health and Sustainability of the Universidade de São Paulo incorporates the vanguard of global understanding initiatives, now referred to as “the new world order” (FORTES, 2015, p. 153), and the so-called planetary interdependence, by including in its scope topics of investigation that are complex, urgent, emergent, re-emergent and important to the life of populations. The doctorate in GHS is innovative in the inherent and

dynamic interdisciplinarity of the program: its concept and background of its professors and students; the multicultural identity, providing a positive input in the form of an exchange of experiences in the classroom; and professional and academic experiences cumulated by the students who are drawn from different fields of knowledge, contributing to a more realistic, unorthodox analysis, which is central to addressing the complex issue of the population health and environment in a global setting.

The GHS Program at USP embraces the process of building its own vision of global health and sustainability in Latin America, through liaison with other regions of America and different continents, particularly by exploring health and environmental issues, adopting a critical and analytical perspective concerning pertinent international conflicts. The Program is an innovative tool to achieve global health and environmental equity set as a priority by the Agenda 2030. The survey conducted shows that future professionals have the adequate background and the program might fulfill the competencies needed to practice, research and negotiate on a global level. Given that other countries in Latin America are also training a growing contingent of professionals, researchers and educators to critically discuss health in a global context, in some years' time the continent shall boast a broad arsenal of researchers capable of addressing and discussing sustainable health and the environment in global forums from a perspective that considers their sociodemographic and territorial reality. This constitutes an essential role in view of advances in the transnational capital and its resulting trail of environmental destruction, poverty, and unemployment.

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