

Health arena within the present time dynamics

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Dear readers, welcome to RECIIS, a virtual academic space for debating, pondering, establishing ideas connections and interconnections with professionals from diverse and singular institutions. RECIIS is a free access online journal targeted to scientific production sharing and propagation, approaching the various dimensions related to the health arena, communication and information as well as to scientific and technological innovation, within a multidisciplinary transnational perspective. The various health dimensions to be comment next shall be developed during five sections, which structure RECIIS: Original Articles, Review Articles, Researches in Progress, Technological Advancements and Essays. The other three sections are the Editorial, Letters and Book Reviews.

During the last two decades, the evolution of the health concept has derived from scientific and technological advancements, empiric studies, theoretical considerations, political fights and life experiences, which have been gradually incorporated by west societies as a whole, encompassing questions related to the environment to the social cultural development degree, to the income and work possibility, to violence reduction, urban transportation organization, among others, over passing the original concept of health, which launched the traditional public health actions¹ (MEADE and EARINCKSON, 2000; SACHS, 2001; WHO, 2004). Nowadays, people's health level reflects their way of living,

in a dynamic interaction between individual potentialities and life conditions. It is not possible to understand or transform a person's or a collectivity's situation without taking into account the fact that it is brought about the interrelations between the physical, social and cultural environments. Talking about public health implies, therefore, taking into account the quality of air one breathes, of water one drinks, the unrestrainable consumption and the misery, social and environmental degradation, innutrition and hyper-nutrition, the different ways of inserting the various segments of the population in the world of work, the classification systems, which organize reality, personal life styles, access to processes, products and services innovation, production regimes and scientific and technological knowledge regulation, questions of gender and science and the omnipresent change in contemporary societies.

But, at the same time, health is a word, which designates a space of practical, actions and public and private activities, developed by heterogeneous actors organized in networks of varied extension and topology, an arena of ideological, utopic, political, economic and techno-scientific disputes expressed by uncountable interrelated concepts with a greater or smaller acceptance degree, such as: "primary health attention", "health promotion", "health education", "environmental health", "environmental sanitation", "health systems",

“technological health assessment”, “health innovation systems”... This arena complexity, which varies within the geographics spaces and the historical times, ranges nowadays from the industrial capitalism to the native populations, be them indigenous, peasant or extractivist, including also social urban and rural movements, academic communities, churches, labor unions, associations, non-governmental organizations, public and private foundations, cooperation agencies and multilateral agencies like the World Bank, the World Health Organization, the Inter-American Development Bank

Within the health arena, communication and information play a central role, an strategic function as an essential input for the diverse decision taking and the exercise of citizenship. Due to the increasing complexity of the problems faced by sciences, technologies, State services managements and by the State social control, new ways of knowledge production, treatment and propagation, such as the Internet, for example, imposing the constant updating of information and communication management and the use of associated technologies upon institutions, especially public institutions (BRAMAN, 2007; SILVA et al., 2001; THE ROYAL SOCIETY, 2006).

As a consequence of the undeniable anthropological dimension of communication and information, i.e., the world vision incorporated into the communicational and informational processes, there is no place in the health arena for a reducing conception of communication and information to its technologies. As WOLTON (1997) reminds us, communication is probably one of the human activities, in relation to which, man keeps the closest distance, due to the fact that it directly constitutes its relation with the world. Communication in this arena, but not exclusively in it, involves great fluxes of information and discourse, which contribute to the construction and transformation of social senses as of the processes of scientific propagation and the use of technological systems as the written press, radio, television and Internet to provide information on health, science, technology and innovation, but it is not restricted to any of them. Once there is no democracy without communication, communication transcends the functionalistic scheme emitter/recipient, following the direction of interlocutory dimensions, the search for articulated dialogue with other social processes, such as education and science popularization, shared and mediated by the communication media, but not determined by them. Information and communication are, therefore, inseparable due to the fact that, also according to WOLTON, if the first aims at forming the world, report events, facts and directly contribute to the functioning of complex societies, the second constitutes the medium to propagate this information and construct representations.

Within the world scenery, sectoral communication and information policies and strategies are in the central hub of the possibilities to generate new processes and products and changes in the institutional management models and in international relations

(MODY, 2003; MOWLANA, 1997). More than ever, it is within the communication and information processes that the majority of public health actions start and develop into life sciences (BAKER and CHEUNG, 2007) and into the health aimed technological development (HACHE, 2005; THE ROYAL SOCIETY, 2006).

As the technological systems become more integrated, more updated and larger, technological development becomes more complex, dependent on research in several areas, in such a way that the development process does not come in a sequence nor, obviously, starting with a clear set of research projects. The development of a certain product or technology depends on research in many fields of study, and the research in fields such as, for example, bioinformatics, genomics, proteomics and vaccinology, among many others, feeds innumerable technological developments. The progress from the idea to the research and then to its technological application is not only more linear but it also happens much faster than twenty years ago. Under these new circumstances, the traditional distinction between pure research and applied research is deprived of its empirical basis when you look at the tradition for the biotechnological and biomedical fields and at the exponential scientific advances in the sciences of life. For example, the biotechnologies constitute a set of techniques, methods and procedures using biological systems to develop new products, procedures and/or services through the collaboration between researchers of different fields such as biology, physics, mathematics and informatics, located in different institutions and countries.

Recently, it has become common place to say that the sciences, the technologies and the innovations will have an increasing importance in the well-being of all people, especially because they took up the position of history's and economy's motor. No one can deny the incredible penetration that information and communication technologies, the new materials and the biotechnologies (molecular diagnosis, gene therapy, cell therapy, recombining vaccines, regeneration of organs using stem-cells, etc.) have had in our lives. Although the conversion of sciences and technologies into commercial products that satisfy the needs of the societies is widely dominated by the private sector, the public sector has a role to play, specially when the co-existence among the technological advances and the amplification and diversification of the great social inequalities between nations and, within each one, between regions, social classes and groups can be verified (GLOBAL FORUM FOR HEALTH RESEARCH, 2002; MEADE et al., 2000; SACHS, 2001; UN MILLENNIUM PROJECT, 2005; WHO, 2004).

It is with great joy, satisfaction, hope and optimism that I finish the introduction of this inaugural issue of the RECIIS, emphasizing three key-ideas that could be stated from the epistemology underlying this new editorial space, financed entirely by the *Instituto de Comunicação e Informação Científica e Tecnológica em Saúde* [Institute of Scientific and Technological Communication and

Information in Health] da Fundação Oswaldo Cruz²: first, the multiplicity of the real, inexhaustive, hinders the unity of a totaling knowledge; second, the complexity of the object health to be known is irreducible to a decomposition in simple elements and, last, the object health to be known is a dynamic reality irreducible to a static structure.

Many thanks to all those who hide behind this Editor's name for making the birth of RECIIS possible in only five months of work. We, now, await the answers from our readers and hope they feel encouraged to submit their works in the future numbers of the RECIIS.

Notes

1. In Brazil, this "new complexity" is announced in the Constitution of the Republic of 1988 in its articles 196 and 198 Article 196 – Health is a right of all and the duty of the State, warranted by social and economical policies aiming at the reduction of the risk of disease and other damages and universal equalitarian access to actions and services for its promotion, protection and recovery; Article 198 – The public health actions and services integrate a regionalized and hierarchized net and constitute an unique system, organized according to the following directives: I - decentralization, with a single direction in each government sphere; II – integral care, with priority for preventive activities, to no loss of assistance services; III – community participation.

2. Linked to the Ministry of Health, the Oswaldo Cruz Foundation (Fiocruz) has the mission of generating, absorbing and broadcasting scientific and technological knowledge in health by means of the integrated development of research, teaching, information, services and goods production. Its objective is to furnish strategic support to the Unique Health System (SUS) and to contribute to the improvement the quality of life of the population and for the full exercise of citizenship. Created by the public power in 1900, Fiocruz is grounded on the primacy of the experimental activity.

The institution unites science, technology, professional formation of human resources, rendering of services, production and management to solve the national problems of public health. (FUNDAÇÃO OSWALDO CRUZ, 2007).

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About the editor

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Carlos José Saldanha Machado holds a PhD in Social Anthropology from the Université Paris V – Sciences Humaines Sorbonne and a Master's in Production Engineering Sciences (focusing on Science and Technology Policy) from the Coordenação dos Programas de Pós-Graduação em Engenharia at the Universidade Federal do Rio de Janeiro. Currently, he is (1) Science and Technology Researcher at the Fundação Oswaldo Cruz and Head of the Laboratório de Ciência, Tecnologia e Inovação em Saúde at its Instituto de Comunicação e Informação Científica e Tecnológica em Saúde; (2) Professor on the Postgraduate Program (PhD) in Environmental Studies at the Universidade do Estado do Rio de Janeiro, responsible for the course on "Brazilian Environmental Policy"; (3) Institutional and Course Evaluator for the Ministry of Education for the Sistema Nacional de Avaliação da Educação Superior. He is active in the areas of sociology and anthropology, with emphasis on: science, technology and health innovation studies; management of health research; public policy in the area of health and the environment. Over the past 5 years he has published 4 books and numerous articles in Brazil. His new projects include research into: the new regime of production and regulation of scientific and technological knowledge in biomedicine; the recent changes in the configuration of bioscience, especially in the infrastructures of knowledge production; the local transposition of international models for the organization of biomedical research; the Fundação Oswaldo Cruz's policy for science, technology and innovation in health.