

<b>Número de inscrição</b>	
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## **ESCOLA FIOCRUZ DE GOVERNO**

Programa de Pós-Graduação em Políticas Públicas em Saúde

### **Prova de Inglês**

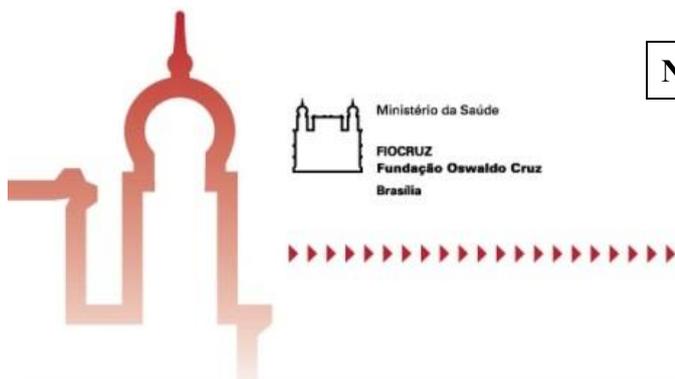
Nome completo: \_\_\_\_\_

Assinatura: \_\_\_\_\_

### **LEIA COM ATENÇÃO AS INSTRUÇÕES ABAIXO:**

1. Preencha os seus dados nos locais apropriados e assine no campo indicado acima.
2. Certifique-se de ter preenchido todas as informações corretamente, pois essa é a sua identificação.
3. Não será permitida qualquer forma de consulta a materiais ou a outras pessoas durante a realização da prova. O candidato que desrespeitar esta condição estará automaticamente eliminado da seleção.
4. A prova vale 10,0 pontos.
5. A prova contém 3 questões dissertativas, numeradas de 1 (um) a 3 (três). O valor de cada questão está indicado na respectiva questão.
6. Escreva o seu número de inscrição no local indicado na parte superior de todas as folhas de resposta.
7. Utilize exclusivamente o espaço disponibilizado para a resposta a cada questão, pois nada escrito fora deste espaço será considerado na correção.
8. Ao terminar, chame o responsável pela aplicação da prova e entregue-lhe as suas folhas de respostas e este caderno de questões completo. Não será permitido ao candidato levar consigo qualquer parte deste caderno de questões.

**Boa sorte!**



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### Questão 1 (3 pontos)

The unquestionable advances of SUS in favor of the needs and rights of the population constitute an unprecedented level of achievement, knowledge and practices. Within the framework of Primary Health Care (PHC), integration of activities aimed at promoting, protecting and recovering health increased, and this was supported in epidemiological and social diagnostics, training and teamwork processes. In practice, it has been noted that the resolution can reach 80%/90% of health needs being met. There are dozens of areas or microregions in the national territory, with favorable and even exceptional circumstances and characteristics for managers, health workers, family health teams, and matrix support groups actions. Many of these areas have excellent physical and funding infrastructure, the support of specialized references, and are often integrated with academic activities. However, these areas tend to be exceptions, because there is no material condition and strategy to expand their experiences today, turning them into niches or trenches or even system standards (Santos, Nelson Rodrigues dos. 30 years of SUS: the beginning, the pathway and the target. *Ciência & saúde coletiva*, v. 23, n. 6, 2018, p. 1729-36).

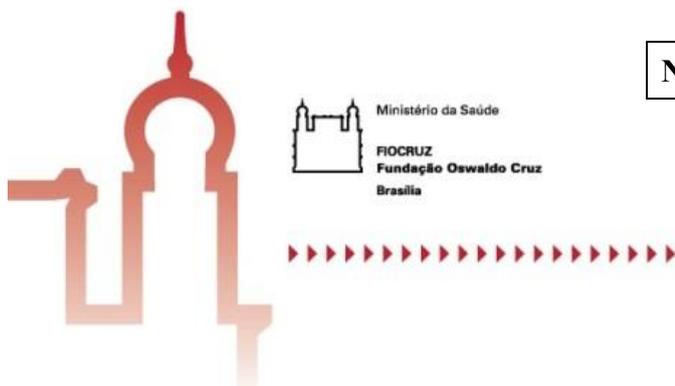
**Pergunta:** Considerando o texto acima, identifique os avanços do SUS no âmbito da Atenção Básica e porque as experiências exitosas, onde a resolutividade alcança patamares ideais, não representam o cenário mais comumente encontrado no SUS.

### Questão 2 (3 pontos)

The health intervention strategy – prevention, protection and promotion – deals with the process of health and illness and the question of risks. In relation to the broadness of the discussion on these strategies, a short summary description of their dimensions within Health Surveillance is given.

Preventive actions are defined as interventions designed to avoid specific illnesses happening, reducing their occurrence and prevalence. It is grounded on epidemiology, in which the concept of risk corresponds to the probability of an event of occurring, in a period of observation, in a population exposed to a given risk factor, and is always collective<sup>8</sup>. This concept of risk is fundamental, but insufficient for the area of HS. The greater part of the actions are directed to protection and defense of health, having risk as a possibility, due to the great difficulty of carrying out probability calculations.

Protection of health is grounded on a structural concept of risk as possibility of occurrence of events that will be able to cause damage to health – without necessarily being possible to define what the event is, and/or whether one will occur. From this concept of risk as a possibility there is derived comes the notion of potential risk, which is an operative concept for Health Surveillance, since the essentially preventive nature of its actions will



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activate many interventions in view of the possibility that something under surveillance might cause damage to health directly or indirectly.

Promotion of health is more widely defined: it is oriented to improvement of the state of wellbeing, quality of life of the group or community, and seeks to identify and confront the macro-determinants of the health-illness process and turn them towards health. Health surveillance actions also promote health, by acting on goods, services and environment to improve their quality, and also on diffuse risks, present and potential, that could directly or indirectly cause damage to individual or collective health; and by regulating the advertising of products, practices and services that might be damaging to health and to the environment. These interventions include community actions in defense of health, which help to strengthen individual and public capacities to deal with the multiple and diverse factors that influence health (Silva, José Agenor Álvares da, Costa, Ediná Alves and Lucchese, Geraldo. SUS 30 anos: Vigilância Sanitária. *Ciência & Saúde Coletiva*. 2018, v. 23, n. 6, p. 1953-61).

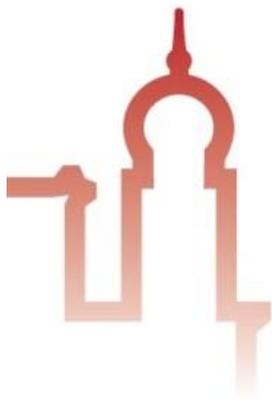
**Pergunta:** Com base no texto acima, explique como são definidas as 3 diferentes estratégias relacionadas com a Vigilância em Saúde no SUS.

<b>Questão 3 (4 pontos)</b>
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Abortion is permitted in Brazil in cases of rape or when the mother's life is in danger, and, since 2012, in cases of anencephaly. The criminalisation of abortion has been shown to reinforce inequality, as oppose to preventing the practice. While women with a higher socioeconomic status are able to afford safe abortion services, the majority are driven to use unsafe methods, such as taking misoprostol. These women then seek SUS hospital treatment at the first sign of bleeding to complete uterine evacuation and treat complications<sup>11</sup>. As a result, there were 205,439 hospital admissions associated with abortion in 2015.

The prohibition of abortion, therefore, only increases the number of hospital admissions related to unsafe abortions. For women who attempt unsafe abortions, admission to hospital represents the only alternative to deal with potentially lethal health complications. Post-abortion care focuses on the practice of curettage, which implies admission to hospital and waiting for treatment. The failure to prevent repeated unwanted pregnancies and unsafe abortions is commonplace, as is the lack of information on and access to contraception (Leal, Maria do Carmo et al. Reproductive, maternal, neonatal and child health in the 30 years since the creation of the Unified Health System (SUS). *Ciência & Saúde Coletiva*. 2018, v. 23, n. 6, p. 1915-28).

**Pergunta:** De acordo com o texto acima, descreva a relação entre a proibição legal do aborto e as desigualdades sociais e quais são as consequências observadas no campo da saúde.



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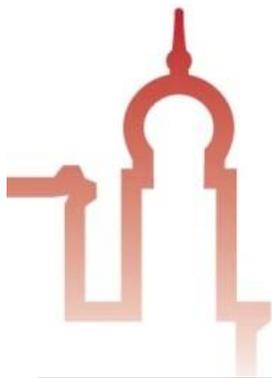


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**Prova de Inglês**  
Folha de respostas  
**Escreva sua resposta no espaço abaixo**

<b>Questão 1 (3 pontos)</b>	
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<b>Questão 2 (3 pontos)</b>	
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<b>Questão 3 (4 pontos)</b>	
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