

Education and interprofessional practice in line with the historical commitment to strengthen and consolidate the Brazilian National Health System (SUS)

Historically, the Brazilian National Health System (SUS) is a scenario of permanent fights to implement the principles of comprehensive care, universality and equity committed with democratic social rights. The movement to strengthen and consolidate a health system based on these foundations is a political project that is committed not only to improving people's quality of life and of health but also to building a fair, equal and human society.

With this commitment in mind, social subjects throughout Brazil fight every day to reorient health education and practice, taking into consideration the local and regional singularities of the territory, users and communities. This militancy is based on the resistance to hegemonic practices, which value principles opposed to the project of a society focused on social wellbeing. It aims at reducing inequalities based on the complex and dynamic health needs of users, families and communities in the organization of the process to provide health education and services.

In the current scenario, the population's demographic and epidemiological profile is changing, diseases that were already under control are returning, and there is a social and economic conjuncture with great implications in the increase of social inequalities, as well as a growing complexity of people's health needs and problems. In this sense, changes in the health system's demands imply in necessary transformations in the education of workers according to SUS needs.

This editorial of the Supplement on Interprofessional Health Education and Practice aims at highlighting that the construction of interprofessional health education and practice is associated with the historical fight to strengthen SUS. Although it incorporates relatively new words, this topic provides essential principles to this conjuncture: focus on users in the reorganization of health services, professional profiles in line with these complex health needs and education of professionals who are more involved in the society's necessary transformations.

SUS is worldwide known as a universal system that ensures health access as an inalienable right and shows significant advances, such as the HIV/Aids program, immunization, transplants, fight against smoking and exponential growth of primary care and teamwork in the Family Health Strategy. These advances evidence the importance to continue fighting for its consolidation and strengthening. Despite these advances, reality evidences the need to advance towards the perspective of education for an effective teamwork as a powerful instrument to face this complex conjuncture and to provide an equal health system.

Legitimized by the uniprofessional logic, health education in Brazil needs to be revisited, since it contributed to reproducing the fragmentation of professional relationships in the scenario of practice. Pedagogical approaches that do not enable the development of collaborative professional competencies that are indispensable to improve the healthcare quality and strengthen the comprehensive care principle are still prioritized in the education of health professions.

Providing educational opportunities in which members of two or more professions interactively learn together with the explicit purpose of advancing towards the perspective of collaboration as a prerogative to improve the quality of care¹, as well as the interprofessional education movement, is the horizon presented in the collection of articles, experience reports and debates of this Supplement.

All proposals submitted represent the aspiration to strengthen SUS. This process also goes through the reorientation of education and practice, reinforcing the

commitment with interprofessional collaboration principles in the provision of health services and in the development of professionals who are more prepared and involved in an effective teamwork, committed with the previously mentioned health needs.

The group of submitted articles shows the diversity of production on the topic, particularly the ability to be inventive, fight and transform. There is no predefined interprofessional education model. Successful experiences throughout the world were consolidated by successive movements, rights and wrongs. The different realities that coexist in the country, each with their own specific needs, result in the importance of adapting interprofessional education initiatives to facilitating aspects, but they also present new possibilities. This was the major characteristics noticed in all manuscripts presented in this issue.

A total of 160 proposals of great relevance to the scenario of health education and practice in Brazil were submitted. Considering Interface's scope and guidelines, 19 original articles, four experience reports and one debate were selected. Most of the submissions covered topics and realities of the interprofessional health education process. However, the number of productions related to health work and practice was also remarkable.

The Supplement's public call aimed at encouraging the submission of works on key axes to the debate on interprofessional health education and practice. The objective was to foster dialogs with national and international references and show the power of this debate to the historical fight for the reorientation of health education and practice in Brazil.

In this line, under the axis related to theoretical and conceptual aspects, one of the articles discusses the theoretical aspects of education based on interdisciplinarity and interprofessionality. It takes into consideration the challenges of combining educational methods and strategies in the education of health professionals.

Regarding policies to reorient health education and practice as powerful spaces to adopt interprofessionality, the works are important productions that contribute to analyzing interprofessionality experiences or possibilities of incorporating it into SUS' strategic policies: Pró-Saúde, PET-Saúde, the More Doctors Program and the Project of Experience and Internship in the SUS Reality (VER-SUS). Articles related to Pró-Saúde and PET-Saúde as scenarios to resize proposals of education of teachers in health strongly advocate for collaborative and interprofessional learning. Regarding the More Doctors Program, the Political-Pedagogical Projects of Family Health specialization courses offered under this policy were analyzed as to the possibility of adopting theoretical and methodological elements of interprofessional education. VER-SUS, in turn, is an interesting experience of shared and interprofessional learning in Sobral, Ceará, Brazil. It reiterates the importance of strengthening an effective communication in the dynamics of the health education and practice process.

Most of the Supplement's articles focus on the Interprofessional Health Education Initiatives axis. These articles discuss the incorporation of interprofessional education's presuppositions in different scenarios of health education: research groups as spaces to practice interprofessional education; the reality of health services as a scenario of interprofessional education; successful interprofessional education experiences under the scope of multiprofessional health residencies; interprofessional education in different scenarios of undergraduate Collective Health courses; aging as a topic capable of providing interprofessional education strategies in different undergraduate health courses and in *stricto sensu* postgraduate courses.

In the axis related to teaching and learning methods in interprofessional health education, contributions involve reflection about the importance of diversifying learning scenarios and the power of integrating different curricula of undergraduate health courses to practice interprofessional education.

Regarding interprofessional and collaborative practice initiatives in different scenarios of provision of health services, the contributions of this Supplement's articles are also significant. They involve reflections on the dimensions of interprofessional work and collaborative practices in the Family Health Strategy's Primary Care Unit (UBS); discussion on collaborative practice in urgency services; communication under the dialogical perspective of collaborative interprofessional practice in primary healthcare; and debate on teamwork and collaborative practice in primary healthcare.

In the axis related to the interprofessionality's implications in the changing process of health education and practice, the articles foster a consistent debate on interprofessional education experiences in higher education institutions in Brazil, such as Unifesp, Baixada Santista campus, and Universidade Estadual de Maringá, and in undergraduate medical and nursing courses under the students' perspective.

The axis related to the assessment of interprofessional health education and practice initiatives presents an experience of revision of the curricular matrices of an innovative pedagogical project. This revision was a way of discussing possibilities to strengthen interprofessionality in health education.

Finally, regarding interprofessional and collaborative practices in health in the process of strengthening and consolidating SUS, and focusing on users and their needs as the foundation of interprofessional health education and practice, the Supplement includes a consistent analysis of interprofessional education and the provision of care.

This Supplement also integrates the activities provided for in the Action Plan to strengthen interprofessional education in Brazil. This plan was created in 2017 by the Division of Health Education Management (DEGES), of the Management Department for Work and Education in Health (SGTES), of the Brazilian Ministry of Health, in partnership with the Directorate of Health Education Development (DDES), of the Higher Education Department (Sesu), of the Ministry of Education, universities and researchers of the Brazilian Network of Interprofessional Health Education and Work (ReBETIS), supported by the Pan American Health Organization/World Health Organization (PAHO/WHO).

Publications of this nature show an interest on the interprofessional education and practice topic and reveal paths to incorporate this movement into health education and practice. They also signal knowledge gaps for future researches, promote a larger debate and dialog with national and international literature, and highlight the commitment to actively strengthen and consolidate SUS.

The Supplement's articles strengthen the perspective presented by Hobsbawm²:

We do not know where we are going. We only know that history has brought us to this point [...] however, one thing is plain. If humanity is to have a recognizable future, it cannot be by prolonging the past or the present. If we try to build the third millennium on that basis, we shall fail.
(p. 562)

May this reading encourage new projects and ways of working and teaching in health without losing sight of the project of a better society and upheld by the accumulations and gains of historical fights.

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