Ministério da Saúde
FIOCRUZ - Fundação Oswaldo Cruz
Instituto Aggeu Magalhães

Programa de Pós-Graduação em Saúde Pública - Modalidade Profissional (PPGSP-MP)

FIOCRUZ

DOUTORADO PROFISSIONAL EM SAÚDE PÚBLICA
TURMA 2020

Prova de Inglês

segunda-feira dia 27 de janeiro de 2020
das 09h às 12h

by
Sharing English
Inglês pensado para você

PART 1

Please answer Questions 1 to 10 with reference to Text 1, indicating the best alternative. There is one and only one correct answer for each question.

Q1. The two paradoxes mentioned in Paragraph 1 are

A. used to appraise historical processes

B. outlined in Paragraphs 2 and 3

C. contradicted in Paragraph 2

D. serious neglected diseases

Q2. Which of the following statements best sums up Paragraph 2?

A. greater development results in better health care in all countries

B. international inequities aid international development

C. inequality is good for health

D. greater development leads to greater inequality between countries

Q3. Which of the following causes of international inequalities and injustices is mentioned in Paragraph 3?

A. International solidarity

B. The financial sector

C. The prevalence of infectious diseases

D. Competition between national governments

Q4. Which of the following could NOT replace the word 'intention' in Paragraph 4 without substantially altering the meaning of the sentence?

A. aim

B. obstacle

C. purpose

D. goal

Q5. The verb 'gather' in Paragraph 4 could be replaced by which of the following without substantially altering the meaning?

A. prefer

B. reject

C. collect

D. analyze

Q6. The term 'in vogue' in Paragraph 4 means which of the following?

A. fashionable

B. wavering

C. effective

D. ambiguous

Questions 7 to 10
Match each paragraph with the viewpoint that is its main topic (A, B, C or D).

Q7. Paragraph 5

Q8. Paragraph 6

Q9.Paragraph 7

Q10. Paragraph 8

A. state regulation
B. international cooperation
C.the classical understanding of health
D. communication

TEXT 1

Development, Inequality and International Cooperation in Health

1. A key approach to the analysis of the relationship between development, inequalities and international cooperation in health is to admit that the problems associated with inequalities between countries at different stages of development could be mitigated through international cooperation. However, a critical appraisal of these historical processes points to two paradoxes.
2. The first contradiction concerns the more development/more inequality synergy, as international disparities increase with global scientific, technological and economic advances, separating the few beneficiary countries of full development from the others, which are affected in an iniquitous way by this process. The discrepancies have increased over time and are projected on world health, contradicting the ideology of progress, which should have a positive meaning in terms of economic production and the well-being of all.
3. The second paradox is revealed in the tension between international solidarity and national interests in the scientific, technological, economic, industrial and financial sectors that effectively define geopolitical and military accords between countries. Power struggles between governments affect this field of relations, under the influence of large private companies, often to the detriment of the collective interest, a key factor in the generation of inequalities and injustices that divide the world between the most affluent and the most underprivileged, with negative repercussions in terms of health.
4. The **intention** of the organizers of this thematic issue of C&SC was to **gather** critical contributions on international cooperation for development vis-à-vis health inequalities by considering four interconnected perspectives on the meanings of health and cooperation **in vogue** in the historical context of the United Nations.
5. The first concerns the interpretations of health enshrined in the classical concept of the causality of diseases, in line with their recognition as a transcendent value and fundamental human right that is projected in public policies of State.
6. The second viewpoint refers to the concept and practice of cooperation for development in the context of the United Nations, as the frame of reference for understanding international cooperation in health, with emphasis on the so-called South-South cooperation process and especially its redefinition proposed by the term structuring cooperation, disseminated by Fiocruz as the PAHO/WHO Collaborating Center in Global Health and South-South Cooperation.
7. The third perspective refers to state regulation to deal with the problems of health on a world scale through action at an international level, in areas closely connected to the genesis of these problems. The emphasis on this aspect comes from issues which are often beyond the reach of authorities and other actors of the health sector.
8. The debate on these issues is of interest to the whole of society and must therefore transcend the academic institutions, the bureaucratic apparatus of the state and especially the industrial and financial sectors. Therein lies the importance of a fourth way of addressing the issue in question, based on the field of communication, in its ambivalence in the liberation-domination dynamics between the actors of these different fields of interest. This is needed in order to revise concepts, strategies and tools capable of motivating the interest and the mobilization of broad social segments around the demands of health in the international context.
9. We trust that this compilation of texts represents a valuable contribution to those interested in this subject, to instigate discussion and encourage studies from the key approach adopted in the organization of this edition of C&SC in collaboration with Nethis/Fiocruz.

Ciência & Saúde Coletiva, 22(7):2094-2095, 2017

PART 2

Please answer Questions 11 to 20 with reference to Text 2, indicating the best alternative.

Q11. Which of the following statements is true according to Paragraph 1?

A. The change in the classification of diseases has had a negative impact on healthcare
B. Most tropical diseases were caused by colonialism
C. Diseases classified as most neglected do not occur in the most developed parts of the world
D. The United Nations Millennium Development Goals have undermined efforts to eradicate the most neglected diseases

Q12. The word 'it' appearing three times (marked with boxes) in Paragraph 1 refers to

A. tropical diseases
B. social development
C. the proposed classification
D. Darwinian evolution

Q13. According to Paragraph 2,

A. 1970s programs in Brazil did not focus sufficiently on research
B. research alone is not enough to bring neglected diseases under control
C. the concept of health innovation does not include research
D. research into tropical diseases is too complex to attract funding

Q14. Which of the following is an example of 'product innovation' according to Paragraph 2?

A. Vaccinating populations en masse to ensure sustainability
B. Running rings around syringes used to apply vaccines
C. Changing the shape of the needle to improve vaccine delivery
D. Creating a cheap vaccine that works

Questions 15 to 17

Paragraph 3 identifies three failures that cause neglected diseases to persist. What 'treatment' does it propose for each failure?
Choose one of options A to D for Questions 15, 16 and 17.

A. novel strategies
B.further research
C.improved diagnostic tools
D.deals to lower costs

Q15. Science failure

Q16. Market failure

Q17. Public health failure

Q18. 'Developing countries which lag behind in their development' (Paragraph 4) are

A. slow to develop

B. held back by corruption

C. making huge advances

D. depending on aid from wealthier nations

Q19.According to Paragraph 5, the outlook for Brazil is

A. highly promising

B. impossible to predict

C. inevitable

D. very difficult

Q20. The word 'nomenclature' in the last paragraph means

A. celebrity

B. bureaucracy

C. iconoclasm

D. naming

Text 2

Innovation in health and neglected diseases

1. The World Health Organization (WHO) and Doctors Without Borders recently proposed the classification of diseases as *global* (occurring worldwide), *neglected* (more prevalent in the developing countries), and *most neglected* (exclusive to the developing countries). This classification represents an evolution in the term "tropical diseases", since it contemplates the political, economic, and social development contexts. It extends beyond the view (inherited from colonialism) of geographic determinism in disease causality. It also signals that the struggle against these diseases, which particularly affect marginalized populations, is essential for achieving the United Nations Millennium Development Goals.

2. If the principal causes of a disease were limited to geographic factors, it would suffice to develop a specific intervention against the specific agent to make its control possible. This view framed the research programs created in the 1970s (the Integrated Program on Endemic Diseases in Brazil and the WHO Special Program for Research and Training in Tropical Diseases), which focused their initial priorities on financing research. Although necessary, research activities are not *sufficient* to control neglected diseases, but are merely a component in a complex system of *health innovation*. Smallpox eradication is a good example of what we are talking about: (a) *Product* innovation: research activities generated an effective, low-cost vaccine; (b) *Method* innovation: development of a bifurcated needle for inoculation of a constant amount of vaccine; (c) *Process* innovation: involvement of local system levels in application of the vaccine, thereby reducing costs; and (d) *Strategy* innovation: adoption of vaccination in "rings" rather than mass vaccinations, thus guaranteeing the sustainability of eradication.

3. Why do neglected diseases persist? They persist because of different causes or "failures" that we classify in three types: *science failure* (insufficient knowledge); *market failure* (the medicines or vaccines exist, but at a prohibitive cost); and *public health failure* (cheap or even free medicines exist but are not used, due to deficient planning) (*Innovation Strategy Today* 2006, 2:1-12). For different diagnoses, different treatments. Failures of science require more research. Market failures require innovative financing strategies or negotiations to reduce prices. Public health failures require new strategies.

4. There is a clear need to devise a *Global Health Innovation System,* capable of integrating the industrialized countries' systems with those of the developing countries, which lag behind in their development (*Innovation Strategy Today* 2005, 1:1-15; 2006, 2:1-12; *Science* 2005, 309:401-4).

5. What are Brazil's prospects in this scenario? The challenge is huge, since the country has invested unevenly in research, technological development, and innovation. It has failed to invest sufficiently in education for Brazilians to either enjoy the "knowledge economy" or to decrease the inequity that divides us. Neither has it succeeded in developing an industrial policy linking academia, government, and industry.

6. Some recent developments like the passage and regulation of the Innovation Act have pointed in the right direction. In the health field, important strides include the creation of the Department of Science and Technology under the Ministry of Health's Secretariat for Science, Technology, and Strategic Inputs, and the Department's issuing of various calls for projects stimulating health innovation (including for *neglected diseases*). However, much remains to be done in order for Brazil's public health achievements, like the internationally acknowledged National STD/AIDS Program, to be repeated in relation to neglected diseases, an area whose very nomenclature is indicative of its low priority.

Cad. Saúde Pública, Rio de Janeiro, 22(8):1522-1523, August 2006

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TURMA 2020

Nome do candidato: _____

RG do candidato: _____

CPF do candidato: _____

Questão	Resposta				Questão	Resposta			
1	A	**B**	C	D	11	A	B	**C**	D
2	A	B	C	**D**	12	A	B	**C**	D
3	A	B	C	**D**	13	A	**B**	C	D
4	A	**B**	C	D	14	A	B	C	**D**
5	A	B	**C**	D	15	A	**B**	C	D
6	**A**	B	C	D	16	A	B	C	**D**
7	A	B	**C**	D	17	**A**	B	C	D
8	A	**B**	C	D	18	**A**	B	C	D
9	**A**	B	C	D	19	A	B	C	**D**
10	A	B	C	**D**	20	A	B	C	**D**

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