

Public health education in Colombia: influence on public policies

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Abstract

Colombia has a tradition on Public Health education since the mid years of 1950's. The first cohorts of Public Health academics and workers were trained at the National School of Public Health, which was established, with the support of the Rockefeller Foundation, at the *Universidad Nacional de Colombia* in Bogota, but later moved to the *Universidad de Antioquia* in Medellin. In the current context, Colombian Public Health academics have rallied against the neoliberal Health Reform implanted in 1993 that has failed to address the country's health priorities. Most of the interactions between Public Health academic leaders with government and other decision makers, revolve around the discussion on whether a new way to conceptualize and operate the national health system should be visualized and implemented. So far, the academic sector have been unable to overthrow the main aspects of the Reform –private insurance companies operating, and profiting, on public money– but they have demonstrated how inequalities in health access have widening under the Health Reform and how it have been unable to improve the health situation of the population.

Keywords: public health education; neoliberal model; public policy; Colombia

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Resumen

El origen de la tradición en educación en salud pública de Colombia data desde mediados de 1950. Las primeras cohortes de académicos y trabajadores de salud pública se formaron en la Escuela Nacional de Salud Pública, la cual se estableció con el apoyo de la Fundación Rockefeller, en la Universidad Nacional de Colombia en Bogotá, que luego se trasladó a la Universidad de Antioquia en Medellín. En el contexto actual, académicos colombianos de salud pública se han manifestado en contra de la reforma neoliberal de salud implantada en 1993, la cual ha sido incapaz de resolver las prioridades de salud del país. La mayoría de las interacciones entre los líderes académicos de salud pública con el gobierno y otros tomadores de decisiones giran en torno a la discusión sobre si se debe visualizar e implementar una nueva forma de conceptualizar y operar el sistema nacional de salud. Hasta el momento, el sector académico no ha podido derribar los principales aspectos de la reforma –las compañías de seguros privadas que operan y se benefician con dinero público– pero ha demostrado cómo las desigualdades en el acceso a la salud se han ampliado con la reforma de salud y cómo ésta tampoco ha solucionado ni mejorado la situación de salud de la población.

Palabras clave: educación en salud pública; modelo neoliberal; políticas públicas; Colombia

Colombia is the third most populated country in Latin America (roughly 50 million inhabitants) and the fourth with the largest surface (1.2 million km²). It is among the five most unequal countries on Earth¹ and

for many years, before 2005, had one of the global largest rate of homicides.² However, it is regarded as one of the countries with more effective and advanced health system by some national experts and even by some in-

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ternational agencies. Starting in 1993, Colombia began a transition –Health Reform– from a national health system financed by taxes toward a form of managed care model financed by direct deduction from the salaries of formal workers plus subsidized health plans for informal workers and the poor.³ Under this new model, Colombia has managed to get a high coverage of health insurance for more than 90% of its citizens although the quality of the health care provided by insurers is a matter of bitter disagreement.⁴

A recent sociological analysis by Prada and Chavez describes the Colombian health system as a structure where there are winners and losers. Winners have been the insurers and the financial industry behind them as well as the pharmaceutical industry, while hospitals and public institutions have been the losers, because of the asymmetry of political and economic power that the first group have amassed during the evolution of the system from a national system of health to the market driven health care system that is the current situation.⁵

In opinion of Beaufort and Huber,⁶ Public Health schools and departments are committed to contribute to Public Health through teaching, research and community service. However, they also should be willing to contribute to the public discussion on Public Health policy that are a key social determinant affecting the health and wellbeing of the population. This short paper analyses some aspects of the evolution of Public Health departments at some Colombian Universities and the role that they have played in the discussion on the evolution of the Health Reform, the most influential Public Health policy adopted in Colombia during the last 50 years.

Notes on the evolution and characteristics of public health education in Colombia

Colombia has a tradition in public health education since the mid decades of the XX century. In 1948, the Ministry of Health signed an agreement with the Rockefeller Foundation to create the National School of Hygiene with the aim to qualify medical doctors in Public Health.⁷ The School of Hygiene migrated to the *Universidad Nacional de Colombia* in 1951 but continue to be financed by the Ministry of Health. In 1958, its name was changed to the National School of Public Health still under the academic tutela of the *Universidad Nacional de Colombia*.⁸

Restrepo-Chavarriaga and colleagues mentioned that, by the end of the 1950's, Public Health learning migrated from the Hygiene paradigm to the Preven-

tive Medicine model.⁹ A new era in the Public Health education in Colombia started with the creation of departments of preventive medicine in several of the largest Colombian public universities. The first of such departments was created at the School of Medicine at the *Universidad de Antioquia*–in the city of Medellín–in 1954. The department of preventive medicine pioneered the use of participatory research in community and rural health at the department of Antioquia and the city of Medellín.⁹

Due to political and epistemological feuds between leaders at the Ministry of Health and scholars in the *Universidad Nacional de Colombia*, the Ministry of Health decided to move the School of Public Health to Medellín, to the *Universidad de Antioquia*, where it became the *Facultad Nacional de Salud Pública* which currently concentrate the most extensive offer of postgraduate studies in different fields of public health in Colombia (table I).

The second school of Public Health was created in the *Universidad del Valle* in 1956 with the name of Department of Preventive Medicine. The *Universidad del Valle* is situated in Cali which is the third largest city in Colombia. The department was supported by the Rockefeller Institute and from the beginning it became a leader on research on family health, environmental health, and infectious disease epidemiology.^{10,11}

The third oldest department of preventive medicine was created at the *Universidad de Cartagena* in 1960. It was organized in a similar way that the same department at the *Universidad del Valle*. At that time, the medical school of the *Universidad de Cartagena* was the only offer to those interested in medical education in the Caribbean Coast of Colombia while the *Universidad de Antioquia* and the *Universidad del Valle* covered mostly the Andean populations.⁹

Another important player in the field of Colombian Public Health education is the, now called, Department of Public Health at the School of Medicine of the *Universidad Nacional de Colombia*. As mentioned before, the early beginnings of the National School of Public Health were tied to the *Universidad Nacional in Bogotá*. After the National School departed from Bogotá, the School of Medicine created the Department of Preventive Medicine in 1964 which mutated to Department of Public Health and Tropical Medicine in 1998 and finally to Department of Public Health in the first decade of the XXI Century. Currently the Department offered the second largest offer of Public Health postgraduate courses in Colombia. It hosted one of the two doctorates in Public Health offered by public universities in Colombia plus two MSc programs and one Specialization in Public Health areas

Table I
PUBLIC UNIVERSITIES WITH DEPARTMENTS OF PUBLIC HEALTH, COLOMBIA

University	City	Hosting school	Name	Date of creation	Level of teaching	Postgraduates degrees
Universidad de Antioquia	Medellin	Public Health	National School of Public Health	1954	Undergraduate and post graduate	Master and doctorate degrees in Public Health and Epidemiology
Universidad del Valle	Cali	Public Health	School of Public Health	1956	Undergraduate and postgraduate	Master degrees in Public Health, Epidemiology, Occupational Health, and Health Administration
Universidad Nacional de Colombia	Bogota	Medicine	Department of Public Health	1998	Undergraduate and postgraduate	Master and doctorate degrees in Public Health. Master in Tropical Health and Infections
Universidad Nacional de Colombia	Bogota	Nursing	Area of Collective Health	2006	Postgraduate	Master in Work Security and Health and doctorate in Public Health
Universidad Nacional de Colombia	Bogota	Dentistry	Department of Collective Health	2001	Undergraduate	
Universidad Industrial de Santander	Bucaramanga	School of Health	Department of Public Health	1966	Undergraduate and postgraduate	Master in Epidemiology
Universidad de Cartagena	Cartagena	Medicine	Department of Social Medicine	1960	Undergraduate	
Universidad de Cartagena	Cartagena	Nursing	Department of Community Nursing		Undergraduate and postgraduate	Master in Work Security and Health
Universidad del Cauca	Popayan	Health Sciences	Department of Social Medicine and Family Health	1993	Undergraduate and postgraduate	Master in Administration of Health Organizations
Universidad del Magdalena	Santa Marta	Health Sciences	No formal department	2015	Undergraduate and postgraduate	Master in Epidemiology
Universidad de Sucre	Sincelejo	Health Sciences. Nursing	No formal department	2015	Undergraduate and postgraduate	Master in Public Health
Universidad de Caldas	Manizales	Health Sciences	Department of Public Health		Undergraduate and postgraduate	Master in Public Health
Universidad Tecnológica de Pereira	Pereira	Health Sciences. Medicine	Department of Community Medicine		Undergraduate and postgraduate	Master in Management of Health Systems
Universidad del Tolima	Ibague	Health Sciences. Medicine	Department of Public Health		Undergraduate and postgraduate	Master in Management of Health Services
Universidad Surcolombiana	Neiva	Health Sciences. Medicine	Department of Public Health	1983	Undergraduate and postgraduate	Master in Epidemiology

Currently, there are departments of Public Health or units of Public Health at most schools of medicine across the country. Table I describe some characteristics of several departments or schools of Public Health at public universities Colombia. It describes the name adopted by the department and the university area or school where it is inscribed and the offer of postgraduate programs.

Otálvaro-Castro mentioned that there are 49 undergraduate programs that trained professionals and technicians in different Public Health-related areas. At postgraduate level, there are 50 programs offering master's degrees and five doctorates in different fields of Public Health. It has been estimated that, between 2001 and 2016, 21 868 people graduate from undergraduate or postgraduate Public Health -related programs in Colombia.¹²

Despite the sprawling number of Public Health departments in public and private universities in Colombia, there are still few options to undertake postgraduate studies in Public Health related fields. There are only three doctorates in Public Health, two in public universities and one in a private school in Medellín (CES University). Likewise, there are three doctorates offered for Epidemiology—two in Medellín (National School of Public Health and CES University) and one in Bogotá (Pontificia Universidad Javeriana). Even master's in Public Health and epidemiology are mostly concentrated in public and private universities in Bogotá and Medellín with very few options in the rest of the country.

Colombian Public Health education at public universities is supported on different paradigms. One is the traditional Public Health teaching model based on the Anglo-Saxon model where classical or modern epidemiology is a fundamental component. This model has a strong focus on evaluating risk factors for different types of diseases, analyzing trends, and assessing the interventions that the government implement to tackle the numerous health problems afflicting the Colombian Population. Recently, social epidemiology from the Anglo-Saxon perspective have been slowly incorporated at some departments.¹³

The other potent current of thinking in the Public Health education in Colombia is the Latin American Social Medicine. It is composed of a combination of academic work and political advocacy whose discourse contain strong opinions against the traditional approaches of the Anglo-Saxon version of Public Health. The main subject of study for the Latin American Social Medicine is on how economic and social injustice affects the health of the people that suffer social or economic discrimination. It emphasizes on the need of a strong “praxis”, *i.e.*, the need that academic work together with communities to empower them to change their economic, social and health situation.¹⁴

Notes on the characteristics of the Colombian Health System

In the 70's and 80's years of the XX century, Colombia had a national system of health which provided access to health care for most of the population although service was qualitatively different between those covered by private or labor insurance and those who were not. Private or labor derived insurances only covered 20% of the population and most of the rest had to be attended in public hospital that in most regions were almost at verge of closing due to bad management, local corruption, etc.³ In many areas of the country, the budget of public hospitals only covered 2/3 of the year

costs and the remaining funds had to be bargaining in the middle of strikes carried out by health workers trying to force local and national government to pay for their salaries.

A reform of the system was introduced in 1993 when the legislative body of the nation, the National Congress, released the Law 100, which replace the subsidy to the offer by the subsidy to the demand. The Health Reform and its effects have been subject of many analyses by the academic sector in Colombia. On the bright side, their defenders emphasize that the Reform have been able to provide health insurance to more than 90% of the Colombian citizens, an achievement that was completed around the year 2015, 20 years after the Law 100 was enacted. In addition, out of pocket expenditures have declined which have lead to an increase in the income of poor households have increased too.¹⁵

However, critics like to underscore the curative bias of the system after Health Reform was enacted, the weaknesses of the Public Health activities including the surveillance of infectious diseases with high epidemic potentiality, the almost null effectiveness of health promotion activities to reduce the impact of chronic diseases, the high costs that the country pay by new drugs and treatments, the barriers that health insurance companies put in place to undercut the citizen's rights to health care access, and the high amount of money that health insurers owe to hospitals and clinics, among many others critical aspects of the Reform implementation.^{3,5,15,16}

Attempts of insurers to shave off health care costs at the expenses of user's rights have been met with a proliferation of legal actions (*tutelas*) that the citizens have been forced to use to ensure they get adequate health care.¹⁷ In Colombia, *tutela* is a writ petition introduced by the Constitution of 1991 to guarantee and protect human rights. This mechanism has been very effective to improve the access of Colombians to health care, and therefore, have been fought hard by the government and insurers but so far, they have been unable to dismantle it.⁵

The original Reform has been subject to numerous amendments through different legal actions: new laws, decrees, resolutions, high court sentences, etc. Those modifications have attempted to correct the imbalances left by the original law that did not consider important aspects of Public Health and was more focused in improving the health care of sick people (curative medicine). One of the last legislative acts was the promulgation of Law 1751 in 2015—the “statutory law”—aimed at increasing the equity for care access by unifying the benefit plan for all insurance regimes—contributive and

subsidized—and lowering the prices of medicaments by creating a Medicament National Policy.¹⁸ The ability of the law to meet its ends is still pendant.⁵

How the Colombian Health System and schools of public health interact

The public health academic sector contributes to policy making in Colombia in several different ways: 1) providing training for public health workers and therefore influencing their ideas about how public health should be understood and practiced in health services; 2) conducting studies and assessments on different aspects of public health in Colombia; 3) serving as experts in governmental committees that advice decision making process, and 4) being vocal against or in favor of governmental initiatives that may affect the health of the public.

I believe that within the arena of the public policy making, the main subject of interaction between academics and the policy makers have been the assessment and discussion on the strengths and failures of the Health Reform. Several Public Health schools, especially in public universities, have taken a hard line against the Health Reform and its consequences. Academics have led the voice to try to overthrow Law 100 showing its impact on the growing inequality on access to health care and underscoring the increase in capital for the financial organizations that are behind the insurers. They also have been vocal against the weakening of Public Health activities that were one of the main consequences of the Health Reform especially during the first 10 years after its promulgation.^{15,19,20}

In my opinion, there are three important achievements of Colombian Public Health academia in its pursuit to modify the Health Reform: 1) the research of the most important Public Health schools or departments have provided a counter narrative that balance the official (governmental) history about the benefits of the Reform;²¹ 2) some academic leaders participated in a national committee to follow a Constitutional Court sentence (Sentence T 760/2008) that ordered to correct structural failures of the health system leading to an explosion of *tutelas*. Their participation has been pivotal to qualify the proposals that the Ministry of Health have implemented to meet the orders of the Court; and 3) Public Health academics have been in the front line of the advocacy to achieve the implementation of the “statutory law” and guarantee that it is not twisted against the citizen’s rights during the process of implementation.

Other sectors of the Public Health academy participate in the decision-making process by using other

approaches. Some academics participate in operative committees at the Ministry of Health in areas like vaccination, prevention of infections, VIH/SIDA prevention, economic analysis of interventions, program evaluation, Public Health surveillance, etc.^{22,23} Other areas of harmonic interaction with the Ministry of Health is participation in the design and execution of national surveys—child and maternal health, risk factors for chronic diseases, mental health and abuse of substances- and implementation of observatories.²⁴

Conclusion

The role of Public Health education and Public Health scholars in the context of less developed societies with great inequality and high burden of political and civil violence is complex and dangerous. In Colombia, prominent Public Health leaders in the academic field have been assassinated because they have denounced social and economic injustice and have been ferreous defenders of the Human Rights of the poorest and displaced populations.

Dr. Hector Abad Gomez, former director of the National School of Public Health and tireless defender of social justice, was murdered in 1987 by an alliance of drug dealers, politicians, and military members and his crime is still in impunity.²⁵ Many other Public Health academics have been threatened or forced to exile because their political positions, their denounces for the abuse of economic powers against communities or simply because their community work.

Challenging as it is to work in the heated Colombian political environment, the Public Health academic community have managed to thrive and consolidate a solid community of researchers, that have greatly contributed to understand the health conditions of the population, and the need to undertake profound reforms of the health system to improve it.

Declaration of conflict of interests. The author declares not to have conflict of interests.

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