

The Colombian Public Health Plan: advances and limitations

The Colombian Ministry of Social Protection (MSP) has expedited its National Public Health Plan (Decree 3039/2007). This plan includes, "health priorities, objectives, goals and strategies and defines public health responsibilities corresponding to nation, territorial entities and all actors involved in the General Social Health Security System (GSHSS). The plan was prepared in line with opinions from different public health sectors and international commitments, such as the American Health Initiative.

It represents an initiative which must be greeted with enthusiasm for several reasons. Colombia will experience a Public Health navigation route for the first time against which results will be demanded from public authorities and private GSHSS actors. The plan has been openly debated in Colombia and includes points of view from interested organisations and groups. It covers some aspects abandoned by the MSP, such as managing knowledge (know-how) and the integral management of the GSHSS's operational and functional development, a system which does have outstanding flaws.

The plan still has many aspects meriting discussion with a view to future adjustments. I would particularly like to refer to two of them: the know-how management component and the proposed goals. Regarding scientific knowledge, the number of research groups in Colombia has increased from 70 to 500 in less than 10 years and has diversified its research profile, passing from a basic biomedical approach to infectious diseases to the predominance of clinical research into non-transmissible diseases. However, real efforts must be made to develop other aspects regarding health research. Likewise, research must be strengthened using a public health approach, given its relative weakness, and the MSP thus has a fundamental role meaning that it must be the main user of research results. Other Ministries of Health in the region have extended their role as governing bodies for scientific and technological activities, meaning that they have been able to take better decisions based on considerations such as interventions' cost effectiveness and disease-load in health problems.

Regarding the goals, some are relatively modest and are not in line with expected results, nor do they demand the efforts which one expects from a plan of such great importance which Colombia needs. For example, only a 20% reduction is expected concerning maternal mortality, representing an extremely easy goal to achieve (when dealing with such a serious health problem and such a sensitive tracer of health service quality). The same could be said for the goals for HIV, oral health, mental health, reductions in leprosy and mortality from malaria.

We could thus conclude that we have a plan which is not perfect but which will play an important role in reducing several high impact health problems. The plan will also contribute towards clarifying objectives regarding infrastructure and public health spending in Colombia. Given our institutions current situation, great efforts must be made for putting all the good intentions expressed in the plan into practice.

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