The most necessary preventative models today

Most health systems in the world have become uncertain socio-political phenomena that try to respond to multiple interests and needs regarding efficiency and financial sustainability of health care in terms of equity and equality of results of better health status. Our societies passively witness the confrontation between a robust industrial medical model and a timid preventive model that seeks to advance towards universal health.

In recent decades, Latin American and Caribbean countries have made commitments to undergo a structural and sectoral reform of their health systems, including few initiatives to increase their capacity to respond institutionally and socially to their social health needs. They have generated a weak scenario for the adoption and implementation of Primary Health Care (PHC), which would allow strengthening the levels of care by making them more resolute, accessible and embedded in the particular contexts of our societies.

This year, the world will gather at the Global Conference on Primary Health Care with the commitment to position primary health care in all policies and achieve universal health coverage in the 21st century. The Conference will be held in Kazakhstan on October 25 and 26 on the occasion of the 40th anniversary of the Alma-Ata Declaration.

Since the 1920s, PHC has been considered a resource and an operational tool that would allow responding to the health needs of the poor and vulnerable population of developing countries with comprehensive health care. The discourses of the WHO, and other international organizations and governments that see PHC as a technology for the efficiency of health systems, are insufficient to face the current conception of health and welfare of our society, which aspires to go beyond the strengthening of curative care and privilege other dimensions in relation to PHC that we put to discussion.

We propose to respond both to a need for training in undergraduate and graduate programs, and to build responses to current social health needs of the Colombian society. We are also interested in exploring other ways to operate the current care model of the country. With this broad view in mind, we should not focus on generating human talent that responds to PHS as an operating strategy of the General System of Social Security in Health (SGSSS), but rather we should delve deeper into a fundamental question: What type of human resources should our Health Faculties train to face the health situation of society and our health system?

Here, the discussion starts from considering not only that PHC is a strategy for the operation of health care, or that "PHC is another element of Public Health", or considering that PHC is a special medical practice, but a thesis that places us in a particular position with respect to the current trend of strengthening PHC as a philosophy, with health teams that go beyond knowledge on life sciences.

A dialogue between knowledge and skills is required to address the country's current health scenario. For this, we need to know a series of visions and experiences regarding PHC, in order to reach consensus and come up with possibilities to propose adjustments in the different health sciences and social sciences programs that our universities offer with contents related to PHC.

We should make visible the different levels of the problem, and also reform the pedagogical model for PHC practice; we should recognize, based on interculturality, the changes in sustainable health practices, or improve insufficient preventive practices to

alter biomedical practice in relation to primary care. We believe that we should work not only to strengthen social response capacity by proposing more preventive care models that incorporate our citizens in health care decisions. The health phenomenon should be made visible in all policies to really strengthen PHC in the country.

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