HEALTH FOR PEACE IN COLOMBIA

Summary visit
Colombia 24th February – 2nd March 2019

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1. Background

In December 2017, a Memorandum of Understanding on health cooperation between the Ministry of Health and Care Services in Norway and the Ministry of Health and Social Protection in Colombia was signed by State Secretary Maria Jahrmann Bjerke and General Secretary Burgos Berna. Among the issues to be developed, are primary health and health in rural and remote areas. Through a health cooperation, Norway wish to contribute to improvements in the health system as an important part of the reconstruction of the country and to strengthen the bilateral relations between Norway and Colombia.

NCRM (Norwegian Centre for Rural Medicine) at UiT- The Arctic University of Norway, has been asked by the Norwegian Ministry of Health and Care services (HOD) to take the lead on the development of the collaboration that has to do with strengthening access to primary health in rural and remote areas.

As part of the planning of the project, a trip to Colombia was organized from the 24th February until 2nd March 2019. The delegation from Norway was Director of NCRM, Dr. Helen Brandstorp, Ingvill K. Ceide and Mona Kiil at the Centre for Arctic and Global Health, UiT- The Arctic University of Norway. The host and project partner in Colombia was Assistant Professor, Dr. Francisco Lamus, at Department of family medicine and Public Health, at Universidad de La Sabana (https://www.unisabana.edu.co)

We would like to give a special thank you to Dr. Francisco Lamus for being an excellent host, organizing the different meetings and excursions during the week, driving us around and even taking the time for visits to museums where he was an excellent guide to the rich and colourful history of Colombia. The trip to Colombia would not have been the same without him.

2. Visit to Icononzo and El Triunfo.

Field visit to the local hospital Sumapaz, in the municipality and town of Icononzo, in the department of Tulima. https://hospitalsumapaz.gov.co

Icononzo town is approximately 3 hours' drive south-west of Bogotá and has a population of 10 600. The hospital Sumapaz is run by Director Claudia Uevedo Cañon. It is a small primary care hospital with a total of 6 beds including 4 beds for children. The hospital has a fair amount of new equipment financed by different projects. Included in the hospital is a small maternity ward, a pharmacy, ambulance service, a gynecologist and dentists. There are two doctors working at the hospital, in addition to the gynecologist. One of the doctors is doing this as their social service year, right after medical school, and it is a challenge that these young doctors leave after their social service year.
The hospital provides a rural brigade a couple of times a month, but struggle to have enough resources for this outreach work. The hospital personnel also do house visits and go to homes for the elderly, for prevention and to treat patients as early as possible. The hospital serves 32 so-called «veredas» in the Icononzo municipality (vereda is a subdivisional administrative part of a municipality). For patients that need to see a specialist, it's approximately 2 hours' drive, and approx. 1 month waiting time. Director Claudia would have preferred to have a specialist at the hospital.

The majority of the population living in Icononzo are either elderly or young children, as adults leave the area for bigger cities searching for work, and leaving their children behind with their grandparents.
Icononzo is also home to one of the 26 Territorial Training and Reincorporation Spaces (ETCR) for former FARC combatants in the country, set up after the peace agreement was signed in 2016 (FARC: Fuerzas Armadas Revolucionarias de Colombia). In Icononzo, there are 296 former FARC combatants living in an allocated zone, including 76 children. During the transitional period of 2 years (ending July 2019), former FARC members receive a range of services from the State, including health, education and financial support (90% of minimum wage). It is unsure what will happen after the transitional period is over. The agency ARN (Agencia para la Reincorporacion y la Normalizacion) is responsible to follow up the peace accord, and we met one of their social workers at the hospital.

At the hospital, we were able to meet with three former FARC combatants who were there with their new born babies. As combatants they had not been able to have children, due to the war;

> *«Holding a baby under one arm and a gun in the other was not practical in the jungle»* Maria, former FARC combatant.

Since the peace accord was signed, there has been a «baby boom» amongst former FARC members. Two of these women had worked as nurses for many years in FARC, with extensive experience as nurses, but no formal qualifications as they had entered FARC as young teenagers. One of them explained that she left to join FARC as a 14 year old to escape her violent family. They further explained that FARC had given them an education, including political studies and vocational training.

A common theme and concern that was raised in Colombia during our visit, is that the population is split in the middle regarding the peace accord, where approx. 50 % support the peace agreement and 50 % oppose it. Many Colombians believe it is wrong to give special treatment to former FARC combatants, and victims of the war feel neglected.

From left: Director Claudia Uevedo Cañon, Mona Kiil, 3 former FARC combatants, Ingvill K. Ceide, Helen Brandstorp, Francisco Lamus.

As part of the field visit we continued our journey to El Triunfo, a smaller community approx. 1 hours drive on very small roads. El Triunfo has a population of approx. 300 habitants. The population of this community had been victims of the war, as a former FARC stronghold, and we heard powerful stories of loss and grief from some of the people we talked with. The community has been without any form of health service since 2004, when the violence in the area forced them to close down its only health centre, and the only nurse in charge had to flee the area to save his life. The nearest hospital is in Icononzo, but transport is difficult to find. Local buses does not comply with the rigid rules from the health insurance companies, and thus the hospital is not allowed to use these for patient transport. The community has access to local health promotors who used to work there previously, but they are not working now as they are afraid to take the responsibility due to rigid state regulations regarding accreditation. The message from the community is that they feel abandoned by the health system.

> «*The rule of law is opposed to the citizen's need and has to be more flexible*».
> Dr Francisco Lamus.

With local community leaders El Triunfo

The abandoned health centre

3. Visit to Red Hospitalaria Sur Oriental

Field visit to the headquarters of the network for health providers in the south of Bogotá, Red Hospitalaria Sur Oriental. The network is a new model that has recently been introduced in Bogotá where one large hospital administer all the smaller clinics in 4 departements of Bogotá. The population they cover is 1, 2 million in the 4 departments, with 30 % of the population being poor. Three of the areas they cover are rural areas in the department of Sumapaz. The network reported that they have very good results on maternity mortality rate, teenage pregnacies rate and vaccination coverage.

We visited 3 rural clinics, Destino, Pasquilla and Mocheulo and talked to the doctors doing their social service at the clinics, as well as one permanent doctor at Destino.
The young doctors were from other parts of Bogotá, and planned to return to the city after their social service year. We did not see a lot of patients at the clinic the day we were there. Some of the feedback we heard about this new system is that people have a lack of trust in

it, and feels it has become impersonal, there are no family doctors, and more «industrialized» when the main focus is cost-effectiveness.

Map of the 4 departments of the South network.

Helen & Mona with a young doctor in Pasquila

A new health reform was introduced in Colombia in 2016, with more focus on primary prevention and education. For the rural areas there are health teams («equipos de salud»), that does outreach visits to rural and remote areas. The teams consist of doctors, nurses, nutritionists as well as specialists, gynecologists and surgeons. For the South network, the team visits a rural community once a month, and in the case of higher risks they may visit up to 4 times a month (diabetes, high risk pregnancies, chronic disease). There are local health agents living in the communities that identify patients for the team. The health agents receive training from the network and can do vaccinations and pre-natal check ups amongst other things. Recruiting health professionals to rural areas is a big challenge, and one incentive is that the network pays 40 % more than a normal salary for the health teams doing outreach brigades.

4. Royal Norwegian Embassy

We met Kirsti Andersen, Economic and Commercial Adviser, and Hege Fisknes, Minister Council, at the Norwegian Embassy in Bogotá, https://www.norway.no/es/colombia/ to share our thoughts and ideas thus far regarding the collaboration. The Embassy is happy to give us advice and to support us when they can, including advice on security and political

issues, as well as being a contact between the ministry of health and our team. They will participate in our activities if needed, depending on their own schedule and relevance.

One of the challenges they face in Colombia is that the bureaucracy works very slow, with the new government (May 2018) it has taken a long time to put in place new staff in the different ministries. Public employees at the ministries are hired on 1-year contracts; sustainability is therefore a big challenge.

In general, the situation in Colombia is that it is a fragile peace, where the population is split in the middle with regards to the peace accord. It is very important to stay neutral when aiming to do a project like ours. When we plan our initiatives, we should make sure it is not only benefiting former FARC combatants, but the community as a whole. New criminal groups are forming these days as a response to frustrations regarding the peace process. In addition to this, Colombia is facing an influx of immigrants from Venezuela, approx. 1 million have now entered the country and are in need of basic social services.

The challenges of recruiting and retaining health personnel to rural areas are very much the same in Norway and Colombia. Kirsti agrees that our ideas to focus on training a local workforce with initiatives to strengthen young doctors' and other health professional's capacities is important.

Hege Fisknes has been involved in the peace process and Norway supports the health initiatives. The Norwegian Red Cross is already involved in a project where former FARC combatants get training to formalize their skills. (see chapter 5.)

5. Norwegian Red Cross

Meeting the Norwegian Red Cross' country manager, Patricia Escudero Renedo
https://www.rodekors.no/vart-arbeid/internasjonal/sor--og-mellom-amerika/colombia/

The Norwegian Red Cross (NorCross) is training former FARC combatants who have experience working as nurses, doctors etc. during the war, but who does not have any formal training or any formal certification. To support the re-integration of former combatants into civil life, NorCross has set up several training sessions in different parts of the country. The participants may choose between 5 different vocational options including nurse assistant, health manager and dentist assistant.

The next intensive training session lasting 4 weeks will be done in Icononzo in March/April. Dr. Francisco Lamus will be joining for a couple of days to learn more about this programme.

6. Ministry of Health and Social Protection

We spent two days with the Ministry of Health and Social Protection during the week to discuss ideas and start developing a plan for the collaboration. The delegation from Norway felt very welcome and we had constructive discussions with the representatives of the ministry, Dr. Jorge Velez Vargas and Camilo Sanchez Merteens. The second day we were also joined by the Director of Human resources, Dr. Luis Gabriel Bernal Pulido. From the Universidad de La Sabana we were joined by Dr Francisco Lamus, Rosa Margarita Durán, Dr. Camilo Muñoz and two public health students. Dr. Claudia Uevedo Cañon, Director of Hospital Sumapaz, also joined the last day.

Health as a component of the peace agreement is mentioned in 4-5 articles. It is considered an important element for the re-construction of the country and is part of a comprehensive rural reform:

"As for social development, plans will be undertaken to **improve healthcare**, *education, housing, and drinking water services, with all of the aim of improving opportunities for rural people*." General Agreement for Ending Conflict and Building a Stable and Long Lasting Peace).

The implementation part has not, however, been without its problems. There are several institutions in Colombia working on the issues of health and the peace accord, incl. RED SALUD PAZ, a network of universities, NGOs and other organizations. The ministry is very interested in research projects with regards to health and the peace accord. The Ministry of Health has facilitated public meeting across the country, with thousands of participants, to ask local communities about their most important health issues, and for a mapping of their needs and suggestions. These meetings/mapping has also created high expectations amongst the population, that the Ministry fear they will not be able to meet. (for ex. requests for new hospitals).

A new national plan for rural health is being finalized these days in Colombia. Although access to health insurance is at 97 % of the population, there are remote areas where there is no health service available. The insurance system needs to be adjusted for each area with its specific setting and specific need. There is a huge gap in health indicators between rural and urban areas (incl maternal/child death rates, nutrition etc.). It is considered crucial that the new health model is being implemented from the ground-up and adapted to local needs.

A stronger focus on training local health promoters/health agents that are able to do tasks such as vaccinations, early detection of risk, maternal care etc. is needed.

An important aspect of the reconstruction efforts is the specific measures of providing healthcare for former combatants in designated areas: 26 Territorial Training and Reincorporation Spaces (ETCR). These areas need a range of services, such as water, health and infrastructure. To succeed in reconstructing the country and create lasting peace, it is essential to build trust. Health is a public service that former combatants lacked access to during the war, as such, health is considered to play a major role in the reintegration efforts and for trust building. At the same time, it is important to keep in mind the negative aspect created when victims of the conflict feel neglected in an unfair distribution of support.

Dr. Francisco Lamus argued that there is a disconnection between the health system and the needs of the local community. It is a paradox that the system as such is too rigid, and therefore not able to provide necessary health to local communities.

Dr. Jorge Velez (Ministry of Health) would like to take this opportunity to develop a close collaboration with the project team and to «go beyond the typical co-operation where one only meets in conference rooms. This is a golden opportunity for us to do something concrete». Dr. Velez suggest that training health personnel is a key element to make positive changes and strengthen primary health in rural and remote areas.

7. «Health for Peace in Colombia» – workshop at La Universidad de La Sabana.

The team and project partners met at Universidad de La Sabana to summarize our findings and start a plan for the continued collaboration:

The starting point for the collaboration is the Memorandum of Understanding (MoU) signed by the two Ministries of Health of Norway and Colombia in December 2017, where one agrees that access to health is important for the reconstruction of Colombia after decades of war. Our mandat is to strenghten primary health in rural and remote areas. The team including our project partners at la Universidad de La Sabana, agree that this can be done through, amongst other things, developing human health resources that are locally based and rooted in communities.

"Keeping in mind that one of the many challenges facing Colombia during this reconstruction period is the continued lack of trust between former combatants and victims of the conflict. When we start our pilot we must take this into account and make sure we include all groups in the community, if not, we might contribute to deepen the conflict instead of building peace". Ingvill K. Ceide

NCRM is one of several international partners that have developed a framework for recruitment and retainment called «Making it Work: Framework for Rural Remote Workforce Stability» funded by the Northern Periphery Programme in EU. The team believe this framework could be adapted to the Colombian context and be a good starting point for the initiative we will develop.

Pilot: Health for Peace in Colombia

The «tree metaphor» we have chosen for «Health for Peace in Colombia» illustrate the collaboration where the roots represent the places where health service is needed. The trunk of the tree represents human resources, as both countries have challenges regarding recruitment and retainment to rural areas. The branches of the tree may be a range of different projects developing and growing from the collaboration;

- «Vaccinations transported by drones»
- «Lives of female ex-FARC combatants»
- «Recruiting and retaining young doctors to rural areas»
- «Decentralized education of health professionals»
- «E-health projects»

Photo:
Tree metaphor, photo taken from inside an abandoned health station in El Trionfo, Icononzo.

> *"The collaboration has to be organic and rooted in local communities' needs. I suggest we use a tree metaphor to illustrate the interconnectedness between the needs, the resources and the possibilities that may arise and develop from this collaboration".*
> *Dr. Helen Brandstorp*

Where:
The team has identified **Icononzo** in the **department of Tolima** as the starting point to develop a model/pilot for our initiative to strenghten human health resources in rural areas. In addition we were advised by the Ministry of Health to add a second location, to make sure that we include both former FARC combatants and a community of non-combatants. The second location is also in the department of Tolima, **the municipality of Chaparal**, that has a very diverse population including indigenous and afro/Colombian populations. Chaparal is an area that struggles with amongst other things tropical diseases such as Chagas disease.

> *"Understanding the area we have chosen to work in as a cultural landscape will be important, as the current post-conflict situation involves local trauma being expressed in different ways. The barriers of trust amongst the different groups in the communities are evident. Building trust between us and the participants, as well as assuring local knowledge and local ownership of the process, is key for success"*
> Mona Kiil.

Local partners:
Dr Francisco Lamus and his collegues Rosa Margarita Duran and Dr. Camilo Munoz will participate from Universidad de La Sabana to co-develop a programme that takes into account the experiences from «Making it Work».

We have been in contact with a public university, Universidad del Tolima, http://www.ut.edu.co which offer several programs in health sciences, to start dicussing how we might collaborate with them as a local university near Icononzo and Chaparal.

The hospital Sumapaz in Icononzo would be a partner in the collaboration with regards to initiatives of recruitment and retainment, with Director Claudia Uevedo Canon being a very dynamic and positive force to be reckoned with.

Research:
As part of the collaboration we plan to do research projects parallel with the practical initiatives. We have four students that are currently exploring research themes that would could fit into the theme of strengthening primary health care in rural and remote areas in Colombia. Two of the students are from the medical school at UiT-The Arctic University of Norway, Håvard Søndenå (Phd candidate) and Eira Føyen (Master), as well as two students from Universidad de La Sabana, doing their Masters in Public Health. Dr Torstein Risør is the advisor to the two Norwegian students and Dr Francisco Lamus is the advisor to the two Colombian students.

Dr. Luis Gabriel Bernal Pulido, Director of Human Resources at the Ministry of Health made the point that the ministry lack data on health and especially in rural and remote areas;

> *«to be able to plan better and solve the problems in rural and remote areas, we need to learn more and gather better data*» Dr. Bernal Pulido.

Collaborating with the Ministry of Health:
The Ministry of Health in Colombia will be an important partner and advisor to the team, as any initiative must and should be aligned with Colombia's own health plans. The new National Plan for Rural Health will be launched soon, and the team (Dr Helen Brandstorp and Professor Roger Strasser) has been invited to join the launching of the plan;

> «*We may to use this opportunity to give some key messages regarding recruitment and retainment of health professionals to rural and remote areas*» Dr. Jorge Velez Vargas.

8. Conclusion

As we reflect upon the very interesting meetings we have had in Colombia, with a range of experienced and dedicated professionals in both academia, public service as well as local community leaders, we are humble and grateful for the opportunity to take part in developing positive changes in communities that are in dire need of such support.

We also take with us the advice from our project team member Professor Roger Strasser, who reminds us to always take into account that any project must be based first and foremost on local needs, to listen carefully to what local people are saying they need, and not come with a «finished model» to implement in any given setting. A key for success is creating local ownership to any initiative, to get key people involved at each level, from the community up to the Ministry of Health.

Colombia is not yet «stable» after 5 decades of conflict and war, the peace process is fragile, and it will be of the upmost importance for us to make sure we do not initiate projects that divide communities instead of strengthening communities. We do believe that strengthening access to health for all members of a community, whether you live in an urban or rural setting, is important in the re-constructing of the country and to rebuild trust.