

The Role of Epidemiology and Public Health: Past, Present And Future; a Permanently Current Debate in the Life of the Communities

The application of epidemiological knowledge is aimed at the control and prevention of diseases and the study of the health and disease process itself. This defines it as a science (with methodological rules, contributions to knowledge over time, hypothesis and analysis proposals with their valuations and rejections, and the generation of useful information for decision and action).

Public Health has been defined by the Institute of Medicine, Committee for the Study for the Future of Public Health. Washington, D.C. National Academy Press, 1988, relating it to the satisfaction of society's interest in ensuring conditions that allow people to be healthy (which implies organizational approaches of individual and collective action under the guidance of public health, and the committed ideals of each human group).

The efforts of community organizations are aimed at the prevention of disease and the promotion of health. Therefore, the goal of public health is aimed at improving the health of human populations. And it is connected to a process of principles, values and a set of actions and changes.

Emergence of epidemiology, its evolution and relationship with health systems and services

The development of epidemiology has spanned many centuries. This discipline has benefited from sociology, demography, statistics and economics, among other fields of knowledge. Two very old general concepts state that the environment influences the way in which the disease is distributed, and that many diseases are contagious.

An evident confrontation of health to a critical stage is explained through the following facts: Although a wide range of effective diagnoses and technologies for treatments is available, access to these instruments is still not optimal due to a lack of number of reasons; there is a limitation due to the nature of the financial mechanisms that have been developed in the national and international scope to pay for health care; there is notable inequality in health care among different population groups; and **no real commitment has been achieved towards the culture of health.**

The problems described above find a solution in the assumption that new processes of effective health reform and reduction of poverty would imply the development

of new capacities by health systems in the region. On these arguments rests one of the essential approaches with which this publication is committed.

In the current case of Colombia, an unavoidable challenge is posed. The Colombian society and the Government have come to agree on the need for a Statutory Reform of the Health System, and of course, the need for Organic Laws and Regulatory Decrees able to produce the required changes in a transition period. In the case of Statutory Law 1751 of 2015 and the National Development Plan 1753, there can be found that they intend to:

- Propose essential elements and principles with the clear purpose of guiding the interpretation and scope of the Fundamental Right to Health.
- Establish that the Colombian State is responsible for respecting, protecting and guaranteeing the effective enjoyment of the fundamental right to health.
- State the right of people to participate in the decisions adopted by agents of the Health System that affect or interest them.
- Establish that Health Services must be provided completely, regardless of the origin of the disease or health condition.
- Recognize by the State the financing of social determinants in health (that is, the circumstances in which people are born, grow, live, work and age), with resources other than health. However, for cases that seriously affect the health of a community, the resources of the Health System may concur.
- Protect access to Health Services, prohibiting authorization for the provision of the service.
- Establish a structured plan on a comprehensive conception of health that includes health promotion, prevention and care of the disease, and rehabilitation of its consequences.
- Establish that under no circumstances may the Health Plan be interpreted as a restriction of the scope of the right.
- Determine that services or technology that do not meet the scientific or necessity criteria will be explicitly excluded by the competent authority.
- Guarantee the resolution of conflicts or discrepancies in an agile manner, through Medical teams from the Health Service Providers, or through the Medical Board of the Health Services Providers Network.

- Respect medical autonomy and promotes self-regulation. At the same time, health professionals must contribute by participating in the collective decisions of the Health System.

The Universidad Libre de Colombia and its Faculty of Health Sciences, contains in its institutional mission the development of a promotional preventive approach to health as the basis of its *raison d'être*; these contents are concomitant to develop in a model of successive approximations and to specify a new model of care based on the primary attention of health, and in the relation that with the family and community health define the socio-anthropological axis of a health culture.

Our purpose of research, innovation, communication, teaching, and social and knowledge projection, and its application to critical thinking, is oriented to the axes set forth here, and with which we reaffirm our commitment.

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