

Current portrait of environmental health dimension in Colombia, based on decennial Health Plan 2012-2021; Problems and challenges

Retrato actual de la dimensión de salud ambiental en Colombia basado en el plan decenal de Salud 2012-2021; Problemas y desafíos

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Public health, as a commitment to society, seeks an ideal in health. In order to achieve its objective, it proposes different models that include various actions that govern an entire territory. In Colombia, this involves ten-year health plans, understood as a social pact and a citizen mandate, which defines the action between the actors and the public, private, and community sectors. This should create conditions that guarantee comprehensive wellbeing and quality of life across the country, allowing the articulation of health in all public policies regarding human, economic, environmental and social development (1).

The Ten-Year Public Health Plan 2012-2021 is the navigation chart for public health in Colombia. It proposes the lines of work that are necessary to respond to the current challenges in public health and to consolidate, within the framework of the social protection system, the technical capacities at the national and territorial levels for the planning, execution, monitoring and evaluation of interventions in accordance with the Millennium Development Goals proposed by the UN (2000) (2). The Ministry of Health and Social Protection was in charge of the construction process of the plan, in accordance with Law 1438 of 2011 (3). The application and operational materialization implies, however, a territorial leadership of governors and mayors, in order to achieve integration and the commitment of all sectors and actors within the territory. The plan is comprehensive, because it is proposed based on priority dimensions for the lives of all people and it is also dynamic because it is permanently reoriented based on the evaluation of its own results.

The ten-year health plan incorporates different complementary approaches such as: 1) a rights-based approach; 2) gender perspective and life cycle approach; 3) differential approach 4) the model of Social Determinants of Health. It has eight (8) priority dimensions and two (2) transversal dimensions that represent the fundamental aspects for the wellbeing and quality of life of people and their communities, which, due to their importance, should be intervened, preserved or improved (2). The first priority dimension mentioned in the ten-year health plan is environmental health, which corresponds to a set of essential policies, which are related to the factors that surround people - physical, chemical, biological and social - which could affect health. Environmental health is therefore based on disease prevention and the creation of favorable environments and spaces to promote quality of life and health. Improving the quality of life denotes an advance in the population and a decrease in health-related costs. It helps to reduce mortality and morbidity in a representative way, in order to ensure that the population is productive at all times (4).

Human beings, thanks to their intelligence and adaptability, have had the ability to inhabit, in a symbiotic way, almost all ecosystems on earth; allowing them to take advantage of the natural resources that these provide. For this reason, activities that affect these environments should be reduced and controlled, including illegal mining, uncontrolled massive deforestation, commercialization of animals, over-exploitation of resources, indiscriminate use of non-renewable energy, atmospheric pollution of air and water, over grazing and others. All these facts contribute to the generation of climate change, a loss of biodiversity, and to the appearance of the greenhouse effect. If these environmental risks are not identified and control mechanisms are not established, the individual, the family and society, as a whole, will be affected (5). Improving the quality of life and health of the population not only requires actions in pro of the environmental determinants of health, but also requires participatory processes organized around specific environmental settings. Operational execution should therefore be carried out through:

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Healthy housing

This is a space characterized by a set of conditions that favorably influence the processes of restoration, protection and promotion of health and encourages creative activity and learning. This space includes: the house, the home, the peri-domicile and the community (6). In the same way, it includes the places of residence for the population with differential conditions, such as the prison population, the public forces residing in battalions, and elderly people residing in geriatric homes, amongst others. According to the accountability report provided to the Congress, in 2017: between 2010 and 2016, the percentage of urban households with housing in precarious conditions decreased by 25.8%. Since 2011, 7 million people accessed the sewer service for the first time and 6.3 million accessed an aqueduct for the first time. To this are added projects aimed at improving the quality and/or continuity of the aqueduct service that have benefited around 5.1 million people (7).

The crisis of the prison system has ceased to be news, and instead, the indifference of the people and the government regarding this problem has increased. The reality is dramatic, because, as of February 2018, there were 115,792 people in the prison system. Overcrowding rates exceeded 365 percent in some detention centers. The quality of primary care and access to specialized health services continues to be poor. There is currently a lack of space for recreation and re-socialization and the infrastructure continues to be obsolete, due to lack of maintenance (8).

Healthy Educational Environments

These are defined as geographic spaces which house the educational community: culture is built and reproduced and thought, affectivity and basic behaviors are developed to produce new knowledge, which involves seeking alternatives and better ways of living, relating more to the environment (6). These environments promote comprehensive health promotion actions, disease prevention around the educational center and also promote the sustainable human development of children, youth and adults. During the last four years of the Santos government, one of the most ambitious plans in educational infrastructure was launched, to advance in the construction of about 30,000 classrooms. Currently, teacher training programs are being carried out, along with the strengthening of pedagogical practices, so that students can receive better learning processes. Likewise, progress was made in the consolidation of coverage and permanence levels for basic and secondary education, with special emphasis on rural areas.

Healthy community environments

These are the set of scenarios in which individuals and social groups exercise their functional and political autonomy, framed in social relationships that can protect or impair health and that have been built historically. Reference is made to the opportunity and accessibility to public services, transportation, housing, education, recreational spaces, work and health equipment, which affect the health and quality of life of the population (7). It has been demonstrated that environmental deterioration produces direct and indirect negative effects on people's health and compromises sustainable development. In children, the quality of

the environment has a greater impact on health, as they are the most vulnerable group among the entire pyramidal structure of the population. Two of the five main causes of infant death are aggravated due to poor environmental conditions: for example, acute diarrheal diseases account for 8%, and acute respiratory infections account for almost 11% of causes of death among children under 5 years of age. These environment-related deaths are primarily associated with polluted water, poor sanitation, and polluted air (7).

Healthy work environments and sustainable production processes

The work environment is the space within the territory where people and social groups organize to produce goods and services, in which socially constructed relationships are expressed, which, in turn, determine differential exposures and unequal health outcomes of people based on their occupational position in national and transnational production chains. In the same way, territorial entities must carry out actions directed at groups of workers not affiliated with the General System of Occupational Risks but who are a part of the informal economy, articulating the interventions developed by employers and ARLs in the development of the National Occupational Health Plan with the objectives of the Ten-Year Public Health Plan (6). Sustainable production processes correspond to the basis of sustainable development and they seek to promote clean production techniques that protect living resources, soil, air or water, in all sectors of the economy, including livestock, agriculture, energy, mining, extraction of construction materials, manufacturing, services, transportation, tourism and forest care.

Previous and current governments have worked to combat labor informality by trying to shelter the largest number of employees within the general system of occupational hazards. Everything indicates that the government will propose allowing contributions for hours worked in the social security system, to incorporate informality and the use of new technologies. The National Development Plan 2018-2022 contemplates, precisely, a goal of integration into the Social Security System from 36.8% to 41.2% (9). Regarding sustainable environmental development, the national government has firmly committed to the conservation of ecosystems and the reasonable use of our country's natural capital. The delimitation of 20 moorlands and the declaration of 23.9 million hectares as protected areas is a clear example of this (7).

In conclusion, the priority dimension recently analyzed in the ten-year health plan contains a number of participatory processes organized around specific settings. As analyzed within this paper, these processes reflect a good structuring of how to reach the minimum requirements of sustainable development; unfortunately, along the way, different factors have appeared that prevent their adequate implementation, including corruption and the veiling of private interests against groups, facts that undoubtedly keep us from being able to comply with the plan that was previously established to achieve these objectives.

Promoting an ecological culture is our job and, according to the reductionist model, this must start from our own homes,

including measures such as recycling and environmental protection measures. Likewise, a commitment is required from the agencies in charge of ensuring and complying with these public policies. The job of our leaders is to recognize the plan and ensure compliance and carry out the respective evaluations. Let us remember that the ten-year health plan is a social pact and a citizen mandate, which means that this is up to all of us.

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