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The Colombian Health Model: Exportable as a Function of the Market Interests

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Objectives: To describe aspects of the structure, financing and operation of the Colombian health system and the results obtained after 14 years of implementation.

Methodology: Analytical and descriptive; review of secondary sources of information.

Results: The author begins by describing the organization, operation and funding of the Colombian health system. Then he shows a sample of shortcomings, which he claims are a clear sign of the health inequity and injustice inherent in the market system: the lack of universal health coverage scheduled for 2001; deteriorating population health, which is visible in the increase of cases of yellow fever, tuberculosis and malaria; increase in inequality in health, where the first decile of the poorest people receive just 4.8% of the distribution of the subsidy for health while deciles 9 and 10 of the richest earn 12.8% and 14% respectively of such assistance. In this context, the author complains about the unstable conditions of workers in the health system, which effects displacement in these professions towards the market logic.

The author notes in turn that one consequence of the current model of health is the breakdown of social web, since the focusing of subsidies generates disputes among the poor sectors eager to obtain those benefits. This situation has been sufficiently reported in the conflicts between rural organizations and the indigenous sector.

Conclusions: For the author, the Colombian health model after the law 100 of 1993 systematically violates the right to health of the population to turn health into a private commodity. That measure pays particular attention to the disease as if it were an object of consumption, which breaks down the fields of public health and collective health and immobilizes the promotion and prevention of illnesses in a collective perspective. Administrative barriers do nothing but raise costs in health care. The current health system in Colombia is far from being a successful model and legitimacy exportable; urgent changes are needed to focus on the wellbeing of the population and to promote health in a universal, public and collective perspective.