
CONFERENCE ABSTRACT

Collaborative project: health systems and services centered on people and their communities

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The collaborative project “Systems and services focused on people and their communities” is an interdisciplinary editorial effort of academics and managers, that come from different experiences and backgrounds, to discuss the challenges for health systems to be effectively oriented to resolve comprehensively the health needs of people and their communities. From Chile, Argentina, Uruguay, Mexico and Canada, existing paradigms are problematized and shared responses to the obstacles that make changes difficult are sought by joining reflections of several universities in the Americas.

From an anthropological, legal and public health point of view, the installation of a hegemonic model of understanding the health and disease relationship is observed; model that focuses on “organs”, on “pathologies” in a way that it distances itself from a multiverse understand of the dimensions of humans as social beings. Paradigm that is functional to both a vertical and paternal welfare response that takes control of the “patient”, as well as to the response of the lucrative health business that encourages the “client” to consume solutions. Both responses do not fully understand the person as a subject of health rights. Both do not understand the wholeness of the person, the social determinism of good living and how essential it is for the well-being and quality of life the construction of new and healthier realities.

In the search to build new paradigms that enable the centrality of people and their communities in health systems and services, debates are raised on the institutionality required to guarantee rights in health in deeply inequitable societies and strong social exclusion, which is the reality of many countries of the Americas; on how the power imbalance can be tackled between those who design the policies, control the markets, provide care services and those who receive them; on key elements for a governance of the systems in which citizens have effective interference; on how to model services to people and their communities; on how to make quality and technology gears for change; and, on how to train those who work in health, so that instead of defenders of the status quo, they are agents for change.

There are multiple answers for these complex realities: strategies aimed at empowering people; to strengthen associativity and community life, so that people and their

communities can take the leading responsibility in building contexts for good living. Where those of us who work in health are collaborators to co-care, inter-care, generated from the same people and their communities to overcome the multiple forms of capture: clientele (for short-term partisan political interests), lucrative (business of health), corporate (of the interests of the different incumbents), and paradigmatic (the one that does not accept the coexistence of the various worldviews in health).