

PEOPLES HEALTH MOVEMENT - MSP

REPORT OF THE WORKSHOP: "ORGANIZATIONAL STRENGTHENING FOR THE ACHIEVEMENT OF HEALTH FOR ALL AND ALL"

Pandi, Cundinamarca - Colombia. September 2 to 4 of 2016

With the participation of 31 attendees, 2 from Brazil, the workshop "Organizational strengthening for the achievement of health for all" was held on September 2, 3 and 4, 2016, in the municipality of Pandi, Department from Cundinamarca, Colombia.

This workshop was part of the set of research activities on the contribution of civil society organizations to the achievement of health for all, promoted by the Peoples Health Movement, in which 6 countries from the Asian continents participated, European, African and Latin American, in which Colombia was one of them.

Colombia's contribution to this research included the study of eight processes of organization, mobilization, resistance and struggle for the right to health, driven by indigenous, peasant, LGTBI, labor and urban-popular neighborhood groups.

The workshop sought to become a space for dissemination and discussion of the results of research, which allowed to recognize key aspects for organizational strengthening and social mobilization for the right to health in Colombia, in alliance with processes of international social mobilization.

Objectives:

The workshop had the following objectives:

- Present the organizational initiative of the People's Health Movement
- Present and discuss the results of the research on the "contribution of civil society organizations to the achievement of health for all" contributed from Colombia and Brazil
- Know the organizational and social mobilization initiatives for the right to health that were involved in the contribution from Colombia
- Agree on strategies that allow articulating and strengthening the fight and mobilization for the right to health in Colombia.

Diary

The agenda that the workshop had was the following:

TIME	FRIDAY 2	SATURDAY 3	SUNDAY 4
7: 00- 8:30	Displacement And Accommodation In Pandi	Breakfast	Breakfast
8:30 - 12:30		Case VRC 60' ANT 30' Valley of C 45' Bogotá 45'	Group work (4) by territory 1 hour and 30 min Plenary (Responsible Diana) 1 hour and 30 min. Closing (Responsible Román) 15 min.
12:30 - 2:00	Lunch		
2: 00- 6:00	Presentation of the Workshop (Responsible Jairo) 15 min. Presentation participants (Responsible Jenny) 2 hours Presentation of the MSP (Responsible Mauricio) 30 min Presentation of the Project (Responsible Román) 30 min Presentation Brazil (Responsible Katia)45 min	Work in groups (5) 2 hours Plenary 2 hours (Responsible for Hope and Yadira)	RETURN A BOGOTÁ
7:00 - 8:00	Dinner		
8:00 - 9:00	Integration session	Integration session	

Participants

The workshop was attended by 31 attendees, from the regions of Magdalena Medio (Valle del Rio Cimitarra), Antioquia (Medellin), Suroccidente (Cauca and Valle del Cauca), Centro (Bogotá) and two people from the MSP group of Porto Alegre, Brazil.

See Annex No. 1 with the photos of the attendance list.

Presentation of the results of the investigations carried out

1. Presentation of Jenny García's master's degree

The work she developed with the ACVC (Campesino Association of the Cimitarra River Valley) which is an association that works in three departments, Bolivar with the municipalities of Canta Gallo and San Pablo, Antioquia with the municipalities of Remedios, Yondó and Segovia, Santander with Barrancabermeja. The ACVC works for a dignified life, food sovereignty, the right to land and territory. He mentions that the ACVC is part of the National Agroecological Network together with other Peasant Reserve Zones as a very strong reference at a national and international level

The research question was: How do women in the Peasant Reserve Zone contribute to the health of their communities? For this they used in-depth interviews and life stories were constructed.

Among the results, it is mentioned that women equate health with a dignified life. He mentions that state abandonment in the area motivated the organizational processes. He mentions the importance of the recognition of the peasant women and how in the leadership of the ACVC there are women. He mentions that the ACVC has a formal structure and that at the same time it is configured as an organized social movement. She mentions how the organizational processes are constructed from the kinship and friendship networks. The ACVC then appears with three repertoires of action: the defense of the land, the defense of life and the defense of a dignified life. That the right to health does not appear explicitly but that it appears as a right in interdependence. She mentions that the ACVC has an area of health and prevention. Among the actions The ones that the women realize are for example the day of the road where they organize themselves in a treat to clean the village. Finally she mentions that the health committees no longer exist and it would be necessary to investigate what happened to them.

2. Presentation of the degree work of Katherine Carrillo (nutritionist)

Her work is about food sovereignty and the struggle for the right to health and food. He mentions that in the region due to the conflict there were many blockades that prevented the entry of food and also crops suffered due to fumigations. So it was that in order to avoid having to grow coca, they had to organize and formulate a development plan for the Peasant Reserve Zone that would safeguard food sovereignty. They mention how they begin the breeding of buffaloes from which they produce dairy products such as cheese and yogurt. They also mention that they developed a cooperative in Puerto Nuevo Ité and thus through the cooperative the community food supply and new marketing possibilities were guaranteed, given that the cooperative also guaranteed fair prices to be able to supply the farmer in their areas. They are also organizing an ecotourism project.

Facing the question of what is the basis of health? People mention: to be able to eat, to be able to live, to be able to love, are not doctors. Thus they understand health as an organization and association. They mention that to think about health is to think about the territories and the dignified life. The question remains: How do social struggles incorporate the issue of health?

3. Presentation of the CRIC work by Alexandra and Gloria

Mention that in Cauca there are about 235 thousand indigenous people. They mention that in 1971 the Regional Indigenous Council of Cauca (CRIC) was created and that in 1994 the Association of Indigenous Councils of Northern Cauca (ACIN) was created. They are NASA communities whose social organization is based on respect for family, community and nature. Where the guides are the elderly, knowledgeable ancestral and traditional authorities. They mention that the NASA come from the water (Yu) of the Earth (Kiwe) and the Sun (Sek). They mention that "nature is our law of origin"

The research was proposed to understand the right to health from NASA and the advances in the achievement of the right. In that sense they mention that the right to health implies a broad perspective of the care of the territory, as well as a balance of energies, good living and territory. They say that the right to health is in connection with other rights but that it is centrally connected to the territory. But they have an idea of territory that is not only a physical space but also a symbolic one.

They point out that models of intercultural health care are needed. That is why they proposed the SISPI (Indigenous System of Own and Intercultural Health). The decree 1953 of 2014 that regulates the operation of the indigenous territories is the one that gives place to the SISPI. They mention that in that sense the System can define the pillars that should be common to all indigenous communities but that the Model must ensure the particularities according to each indigenous worldview.

They mention that the indigenous people have life plans (in the form of development plans) and that for each life plan there is a counselor who goes to the association. They mention that life plans have similarities with certain P & P programs, for example the program of growth and development, they call it "awakening of the seeds" the prenatal control "woman who gives life". In the same way they made the proposal to create their own IPS because the ESCOs did not want to adapt to their needs. This is how they contract the attention of the first level with their own IPS and contract the second level and emergencies with other IPSs. They mention that the Health Program (Health Fabric) first appeared and then the SISPI was created to advance in a new health model.

For NASA it is important "that they help us to be mass to achieve what we want" the reasons for being mass is because they believe that "we must add to be heard" ... mention that "health is only a route" ... "health is a tissue" They say that the idea of SISPI is to transform the health system from within. They mention that the territory is an integrator of social life.

4. Presentation of Katherine's master's degree right to health in the LGTB community.

Theoretical-methodological references and results of research on social mobilization for health, Colombia case.

The different nested cases that are part of the Case Colombia study were constructed using various theoretical-methodological approaches. In the theoretical field we find that in general local cases use the articulation of 2 or 3 different perspectives. In no case was a unique theoretical approach exclusively used, rather we can affirm that the specific research problems required for their understanding, complementary theoretical perspectives appropriate to the uniqueness of each case and the contributions they made to the questions of the study promoted by the Movement for the Health of the Peoples. Table 1 summarizes the theoretical approaches.

5. Presentation of the case "Collective action for the right to health at work: The Case of the Association of Superannuated Workers of Colmotores - ASOTRECOL" by Mauricio Torres-Tovar

The reform of social security in labor risks in Colombia has been accompanied by the emergence of an expression of social resistance assumed by sick workers to whom neither the companies nor the government and social security entities have guaranteed their rights, which has generated a mobilization on their part to demand their right to health, to work and social security. An emblematic case of this fight is represented by the Association of Sick Workers Colmotores - ASOTRECOL, which has advanced a fight represented in a tent located at the main entrance of the US Embassy in Bogota, conducting hunger strikes and multiple mobilizations before the inoperancia of the instances of the social and legal security to respond fully to the situation.

They were located as achievements of the collective action of ASOTRECOL:

- the company product of its collective actions was forced to give it a treatment different from workers who have fallen ill, having to manage rehabilitation and relocation processes, without being able to dismiss them. Also that Colmotores made technological investments with an ergonomic approach to prevent illnesses in the workers,
- the families of the Associates got involved understanding the value and the sense of the struggle undertaken by ASOTRECOL and also the solidarity with which a part of the community of the The neighborhood where the tent is located has given them, which has contributed to their maintenance all these years,
- ASOTRECOL has become a benchmark for other sick workers to take their fight and resistance process as an example and want to imitate them, as well as In some way, ASOTRECOL has become an articulating node of the experiences of other associations and organizations of the same nature that exist in the national sphere.

They were located as limitations of the collective action of ASOTRECOL:

- Resources to undertake collective action. The involvement of the workers in the Association has been at a high cost since it has practically been with the economic patrimony that remained after being removed from the company, which for some has meant the disintegration of their families and the loss of their housing,
- Judicial action, which should be the one that acts to protect labor rights and social security for workers. Likewise, the limited action that the Ministry of Labor and the Attorney General of the Nation have had, that although at a given moment they acted protecting the rights of the Colmotores workers, then they were subordinated to protect the interests of the company and the ARP Colpatria,
- Politics, especially with the trade union movement, which has not acted with sufficient strength and solidarity that deserves a case like this.

They were located as lessons learned and conclusions in the study of the collective action undertaken by ASOTRECOL:

- document the cases of the health conditions related to working conditions to fight for the enforceability of the right to health at work,
- the importance of online communicative work that allows to widely disseminate the meaning and development of the struggle, the incidence - lobby especially of international order that makes the conflict visible and supports and protects in some way these social processes Collectives
- emphasize persistence as a transcendental event despite the enormous difficulties, the wear and tear, the lack of resilience implied by a resistance as prolonged as that given by this Association, a set of workers,
- evidence that without a doubt the set of managerial strategies and technology that drives entrepreneurs, which emphasizes productivity, often leads to an intensification of the workforce, which usually brings a negative impact on the health and lives of workers,

- nothing It serves with that the business community has a discourse of good practices, of social responsibility, when in practice what really matters is productivity. Without a real and committed coherence with this new type of business discourse and its daily practices, health at work cannot be adequately protected.

Finally some challenges and questions were posed:

- In relation to the research field, it is necessary to say that the struggles and resistances have been little studied that workers have undertaken in defense of the right to their health linked to working conditions.
- The case documented here of ASOTRECOL shows that there are struggles and resistances product that the transformations in the world of work have precarious working conditions and intensified the forms of exploitation, generating deterioration of the health of workers and expressed in accidents, illness and death of work origin and that this deserves the attention of the academic centers to contribute to knowing more about these realities and mainly to contribute to transform them
- This dynamic of struggle and resistance from the world of work that the workers expelled from their jobs as a result of becoming sick due to the conditions in which they worked, establishes the challenge of progressing in an organizational process of all these victims in health, so as to generate a process of national articulation between these associations, which strengthens their organizational processes and makes it possible to configure a political subject with the ability to influence and transform this reality.

Table 1. Type of theoretical approach of nested cases in the study of the contributions of civil society to the construction of health for all

Actors	Organization to which it belongs	No cases	Type of approaches used
Organization of workers and former urban workers	Asotrecol	1	Theories of the collective action and identity. Human rights approach. Health approach for workers from social medicine.
Organization of urban workers health sector	Workers San Juan de Dios Hospital	1	Theories of collective action. Theories of resistance. Paradigm of the social construction of reality.
Campesinos/as	Asociación Campesina del Valle del Río Cimitarra (ACVC) Social movement for land	3	Theory of subalterity. Social determination of health.
LGBT population	LGTB social movement	1	Theory of collective action and identity. Focus on human rights. Gender focus.
An Indigenous Population	Association of Indigenous Councils of Northern Cauca (ACIN)	1	Theory of collective action and identity. Human rights approach
Users of health, victims of armed conflict, workers and citizens	Popular Education School of the Intersectorial Table for the Right to Health MIAS - GGF - UdeA	1	Human Rights Approach. Popular education approach.

Source: Prepared by the author.

As can be seen in table 1, most of the works are registered in the field of studies of collective action with 4 works; likewise 4 works used the human rights approach; the three works related to peasant population used as a theoretical approach the perspectives of subalterity and social determination of health. Finally, according to the needs of each case, unique approaches were used, such as the perspective of health from the workers, theories of resistance, gender focus and popular education. Next, he will describe in a general way how each of these approaches was understood and appropriated by the works.

The field of study on social movements (MS) and collective action (CA) is broad and heterogeneous. Inside you can find at least three perspectives: the first, those that privilege the view on the structural conditions that foster and configure collective action, whose developments can be found in the so-called structure of political opportunities (EOP) or with greater development in the political contest (CP); the second, represented by those theories that privilege the analysis of social processes linked to the construction of MS as collective actors, known generically as identity

approaches and; finally, those that attempt complementary approaches between these two approaches.

For the case studies in Colombia that used the approach of CA and MS theories, a complementary view -theories of identity and EOP- that tried to read the CA and the MS exploring the processes involved in the configuration of actors was given priority. collectives and how these are built in conflict and tension with the structural changes of public policy and State model. The analysis of the processes of construction of identities -as in the cases of the ACIN, the LGTB movement, Asotrecol and the Popular School- showed that it is processual, that the actor is being built through CA, that these identities are built from the particular way as each actor understands the right to health as a fundamental human right. The second theoretical edge from this field -the EOP- contributed to the analysis of the works by allowing us to understand which were the structural elements that are currently disputed in the contest for health and that make up the AC. In this sense the different works show at least two issues, on the one hand there is a clear link between the pro cessations of social policy reform and health policy in Colombia with social mobilization, is the systematic dispossession of the guarantee of rights such as work, territory, pensions and of course access to health services, what has generated indignation and suffering producing -not automatically, but mediated by the construction of collective actors- exercises in organization and mobilization for rights. On the other hand, the cases show that this dispossession affects in a particular way each of the actors that were part of the cases studied.

The second approach used by four cases -CAIN, LGTB movement, Asotrecol and the Popular School- is that of human rights; This approach recognizes the SD as a fundamental right that, according to national regulations, the constitutionality block and the jurisprudence of the Constitutional Court must be universal, not discriminate, be linked to the condition of citizen and equitably guaranteed by the State based on the human dignity; It is also recognized as interdependent with other rights such as the right to work, the right to life, the right to territory, matters clearly found in cases. Similarly, the International Covenant on Economic, Social and Cultural Rights, in Observation No. 14, defines that "health is a fundamental human right and indispensable for the exercise of other human rights."

In addition to the universalism of the human rights approach, the call for the right to recognition is added, it was evidenced in the cases of the ACIN and the LGTB movement, in both of which it was found that their actors, in addition to what is established in the jurisprudence, demand recognition of the right to difference in health care, based on the incorporation of ancestral practices in health and the inclusion of models of care that recognize non-heteronormative gender and sexual orientations.

The previous works also required specific theoretical contributions. In the case of the contributions of the LGBT movement to the construction of health for all, it required a gender approach that, from authors such as Lamas and Butler, state that the gender category seeks to differentiate between the biological and socio-cultural constructions that are made around biological characteristics, assuming that power structures give shape to a dominant model-heterosexuality-and to socio-cultural practices that involve forms of domination and control of some actors with greater power than others, thus explaining forms of exclusion and historical discrimination in front of populations with non-heteronormative sexual and gender orientations.

The case of the workers of the San Juan de Dios Hospital also incorporated the contributions of the theory of resistance posed, from James Scott, that subordinate actors -that is, with little power over

other actors that dispute the health field- they mobilize notions of citizenship, of construction of political subjectivities, of emergency and visibility in the public sphere, and of counter-hegemony.

The case of the popular school of health leaders -EPLS- also required the approach of DH the popular education approach. The school has three components: the pedagogical, the communicative and the research. The pedagogical component is based on popular education understood not as a process of transmission of knowledge from someone who knows to someone who does not know, but as a meeting between people, through which, through dialogue, reflection and exchange of their own knowledge, they recreate the world to try to understand it, having as horizon the construction of a more just and democratic society. The communication component is based on communication for social change -CCS- seeks to influence social transformation, strengthening communication in the processes of organization and participation, as a strategy of collective growth. The CCS gives relevance to participation and dialogue. That is why it complements very well with popular education¹. The research component is based on critical research using social research methods in the construction of knowledge for action against different forms of social domination, thus influencing the transformation of our reality. In the EPLS it is specified in the tutorials and in the systematization of the experience, which is a form of qualitative research that works with the ordering, reconstruction, analysis and critical understanding of lived experiences, for example, at the level of community organizational processes or educational processes. It is an exercise that seeks to understand the lived process and the factors that intervened so that this process was given in one way and not another.

The case study of Asotrecol workers in addition to the approaches of DH and AC and MS, required the relationship between health and work, for it used the approach of health of the workers from the social medicine. In this sense, this approach contributed to the recognition of collective identity processes among sick workers, their organizational dynamics, the repertoire of actions used, and the scope and limitations of their social mobilization for their labor, health rights, and social security.

Finally, the 3 cases of the peasant movement in the Rio Cimitarra Valley used two different approaches to those proposed up to now: the focus on the social determination of health registered in the field of Latin American social medicine and the theories of subalterity. From these conceptual bets the focus of social determination contributes to the understanding of health as a socially and historically situated field, with particularities - constraints and possibilities of change - articulated to the socio-economic structure and to the position of social class. On the other hand, the subaltern approach showed the configuration of actors with little position of power in the public sphere as a whole, as political subjects, capable of mobilizing resources and joint actions to modify or build living and health conditions in accordance with the needs of the micro-territories and communities.

Methodologically all the studies corresponded to case studies, generally all of them constructed from qualitative approaches. One of the studies corresponded to a case with an ethnographic design -ACIN. Two of the experiences were considered as case studies with systematization of experiences - Escuela Popular and one of the cases of the Cimitarra River Valley. The case of the LGBT movement was a case study with a biographical method, and the others were considered as qualitative cases.

In general, the techniques used were documentary analysis, focus groups, in-depth interviews, semi-structured interviews and participant observation. All of them tried, from the particular cases,

1. The CCS is immersed in the training seminars, because those responsible for each session are also teachers or educators of the organizations that converge in the School, in a horizontal relationship.

to contribute to the different categories proposed by the study of the People's Health Movement, the most developed being: construction of the movement, campaigns or advocacy, production and dissemination of knowledge and training and capacity building; due to the characteristics of the cases and the particularities of the Colombian context, the contributions in terms of local politics and governance were more limited.

Conclusions derived from the research conducted in the Colombian case

Colombian experiences of struggle for the right to health, gathered at the Pandi meeting, move between the configuration of a national social movement with regional expressions, resistance to health policies that have stripped rights to the populations, and the defense of the dignified life, of the territory and of good living as concretion of the right to health.

These experiences redefine and extend the traditional conception and enforceability of the right to health, which, has focused on access to medical care or health services. Without minimizing this component, which is often the most demanded and tangible for the population, social mobilization shows:

- i) a conception and praxis of health linked to the defense of the territory, life and dignified life near to the notion of the good living of the ancestral peoples;
- ii) food sovereignty as a component of the right to health and, at the same time, as a form of resistance, exercise of autonomy and alternative to the territorial dispute, by armed actors;
- iii) the construction of intercultural health systems linked to the defense of life, mother earth, water and respect for traditional salutogenic practices and knowledge of indigenous communities;
- iv) the strengthening of citizenship in health through popular education, the dialogue of knowledge and research with a critical approach;
- v) the generation and persistence of anti-hegemonic resistance practices in opposition to the privatization and dispossession of rights implanted with the health reform process,
- vi) the interpellation, from different forms of sexuality, of the borders of the right to health with an inclusive gender perspective;
- vii) the visibility of sustainable and innovative alternatives to the dispossession of social rights resulting from neoliberal health policies.

The weakness of these experiences of mobilization around health is the difficulty in articulating a collective subject with the capacity to affect effectively in the construction of a health system based on human dignity, the core of the fundamental right to health, with a territorial perspective, and inclusive, that incorporates ethnic, sexual, territorial and socio-sanitary diversity, led by the State, with predominance of the public and with decision-making participation of social organizations and citizens. This weakness constitutes an unfinished debate and an open question.

In this regard, some explanations can be risked, as hypothesis, which in any case should be confronted with reality:

- i) the insufficiency of alternative proposals for structural reform to health, which in fact have been built in the country, to convene and articulate regional, intercultural, territorial, rural and gender diversity, and / or so that organizations and citizens in general, feel it as inclusive and alternative,

- ii) the social and political asymmetry of the subaltern actors that dispute the field of health and political forces that could defend an inclusive society project, a guarantee of social rights, with a strong redistributive component in favor of the most disadvantaged and a health system consistent with that vision of society. The relationship of forces in the legislative and executive powers, mainly defenders of neoliberal policies, have not allowed alternative proposals to have ample diffusion, political support and sufficient or sustained social legitimacy for change;
- iii) persistence in the collective mentality, and in the struggles of some social organizations, of a conception of the right to health linked to the hegemonic medical model of strong medicalized, individual, assistance and disease-based imprint, in which the perspective salutogénica of good living and the knowledge and alternative practices of other groups or social organizations, can, eventually, be valued as alien, utopian, unscientific, or ineffective,
- iv) the lack of a political platform that articulates the multiplicity and plurality of these mobilization initiatives and social fabric in health as those that were made visible in Pandi. The debate continues on whether we should constitute a common platform, or if from each organization the struggle for particular axes of mobilization continues, without having much clarity about how to articulate with proposals of greater scope and political impact,
- v) the lack of resources and conditions -economic, political, time, access to the media, research, and social legitimacy- to strengthen the knowledge, dissemination, and political impact of these initiatives, although health is, in Colombia, one of the obvious causes of social unrest that emerge in the polls and in the agendas of political leaders, is not yet, as Nancy Fraser would say, "a matter of collective interest", that is, in the public debate they predominate other issues such as political polarization in the face of the peace process and legislative and presidential elections, and the continuity or otherwise of extractive policies Source of capital accumulation, and other priorities that despite being linked to the guarantee of the fundamental right to health, are not seen as such by the majority of public opinion,
- vi) the international legitimacy of the Colombian health system, guaranteed by recognized bodies or authorities such as the WHO- PAHO, which on several occasions have presented it - against all the evidence, based on concrete results - before academia, social organizations, and public opinion, as a successful, efficient model; and that has improved health equity.
- vii) the violation of the human rights of social and union leaders, represented in murders, persecution, threats, little or no protection of the rights to life and protest, disappearances or forced displacement, and impunity, all in the face of indifference or the fear of society. This systematic violation of rights is a powerful demobilizer of initiatives for change in a country in which scarce democratic spaces and the incipient and complex task of building peace have had a high social and human cost.

Faced with this panorama of social mobilization for health that came together in the meeting of Pandi, we consider that there are struggles that must be continued because they compromise our sense and reason of being as citizens and because they are processes of far-reaching change.

Group work by regions

An exercise was carried out in work tables by regions (Four that were the assistants), which was ordered through a work guide (see Annex No. 2). The results of this workshop moment are presented through a set.

South Western Region of Colombia (Cauca and Valle del Cauca)

What are the most important regional challenges?	Articulation with organizations in the region in the fight for the right to health. Recognition of the actors (diversity, bets and struggles of the other) Seat and presence in the territorial entities of the area.
What actions should we take to reduce the impact of those challenges?	Generate meeting spaces between the various organ and actors. Active participation in the work tables of the territorial plans. Generate spaces for training and exchange of experiences. Take advantage of local and regional media for the dissemination of health problems and raise awareness of mobilization for the right. to health.
What is missing from the national movement for the defense of the health of Colombia?	From the movement generate spaces of recognition with actors and organizations that dispute for the right to health. Consolidation of a platform to fight for the right to health. Strengthening organizational processes that allow to carry out negotiations to conduct meetings.
Is / should be the global movement for the health of the people?	It is an international network that brings together health activists and should strive to: Generate training and meeting spaces for different organizations. Form trainers in the field of health. Follow up and continuous evaluation of the processes advanced.

Central Region - Bogotá

What are the most important regional challenges?	Strengthening of processes and unions. Articulation of processes. Position the issue of neighborhoods with didactic topics and workshops, that is, integrate and articulate communities with emphasis on their rights. Re meaning the concept of health from community perceptions and Individuals.
What actions should we take to reduce the impact of these challenges?	Educative: that allows to generate spaces for training. Use of territorial brigades. Work as a solidarity network between unions and social organizations. Unity in action.
What is missing from the national movement for the defense of the health of Colombia?	Recognition as a social movement. Diversifying and increasing the call. Incidence in political, social and territorial spaces.
What is / should be the world movement for the health of peoples?	It is a political platform. Diffusion of videos and in various media. Create identity, ownership and sovereignty. Organization that brings together the right to health. Training for the struggle and resistance

	to the process of globalization seeking dignity and sovereignty.
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Medellin Region

Are the regional challenges more important?	Articulation with other fight scenarios in the framework of the post-agreement. Projection at the regional level. Advancing in the construction of a collective consensus on the structural transformation of the health and social security system. Advances in the processes of intergenerational integration. the construction of a peaceful country. Recover socio-political analysis in public health.
What actions should we take to reduce the impact of these challenges?	Promote scenarios of encounter and convergence with other organizations and social and political platforms. Take advantage of training scenarios to enhance organizational knowledge in the region. Build networks of trust and solidarity with organizations that allow us to resist in unity. Promote regional and national meetings for an agenda that allows us to build a new model of health and social security. Maintain the presence of young people in all action scenarios. Convene the young beneficiaries of the participatory budgets when performing their practice in the school. Promote from the academy different training scenarios, for critical socio-political analysis in relation to public health.
What is lacking in the national movement for the defense of the health of Colombia?	Regional and national articulation. To promote the construction of a platform at the national level by the movement. To promote scenarios of encounter and exchange of experiences. To promote scenarios of regional and national formation. To promote articulation with bull fighting scenarios (indigenous, peasant, Afro, LGBTI, workers, students, among others)
What is / should be the world movement for the health of the peoples?	A space of formation, of denunciation, of judicialización of the violations of rights at internacional level. Of exchange and of financing in case of being possible of the different strategies of lucha.

Región Magdalena Medio (Valle Del Rio Cimitarra)

What are the challenges most important regional	Make visible the health problems of the peasants of the territory, the health needs (potable water, basic sanitation, food, etc.) and the difficulties of access to the health care system. Raise the flag of transformation of the health system based on the decisions that are adopted in a participatory manner with the communities so that health is available to the communities, is more universal, comprehensive and has effective access to health care. Promote the unified mobilization of communities and social organizations
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	from the territories, sectors and social groups around the flags of struggle for health
What actions should we take to reduce the impact of these challenges?	<p>The six points of the sheet of health of the peasant, ethnic and popular Minga (emergency nutrition plan, preventive health plan, health infrastructure construction plan, allocation of sufficient resources, comprehensive social security plan with pension coverage and occupational risks, and new bill to change the existing regulations that commercialize the right to health). Agreement 1 of Havana on Integral Rural Reform that includes national social plans including the Rural Health Plan; and the constituent for peace.</p> <p>1) EDUCATION: develop educational activities for communities, their activists and leaders with a focus on learning by doing; this means reviewing the educational proposals, teaching and learning methods so that they develop around the tasks and priority needs, with popular language, including the knowledge and practices of the communities. Develop literacy programs that include health topics. Guarantee logistical support for the transport of trainers and communities to the chosen training sites. Recognize the differences of context in educational processes. Decentralize the educational processes at the level of the territories and communities so that a wider participation is guaranteed. Create a permanent school of popular education in health that moves in the territories beginning by forming a peasant educating team that serves as a multiplier.</p> <p>2) COMMUNICATION: reactivate the health committees of the Communal Action Boards, of women, among others, to be the basis of communication processes in health; combine the use of new communication technologies with traditional forms according to the circumstances and conditions; To ensure that in the press, newspapers, bulletins, web pages and other means of communication farmers always include complaints about the health situation and struggles for it; Think about what is strategic to communicate at each moment and why.</p> <p>3) ORGANIZATION AND MOBILIZATION: Revitalization of the health committees of each of the action boards and other community organizations; to generate permanent health activities by local communities so as to guarantee a strong link between activists, leaders and social bases and participation of communities in decisions; Reactivate the Tables for a dignified life at each territorial level, guaranteeing the development of intersectoral actions for health and impact on local development plans and mobilization around priority tasks; Define a fight program and a platform of action for health in each territory, at the regional and national levels; Include in the programs and platforms of struggle of the ACVC, ANZORC, FENSUAGRO and CUMBRE AGRARIA the peasant program of struggle for health</p> <p>4) NATIONAL HEALTH ENCOUNTER: convene a national meeting on health to define the position of the peasant, ethnic and popular, based on our related processes, on the implementation of the Havana agreements regarding health, agree on a position</p>

	on the health policies of the government (Aseguramiento, PAIS and MIAS) and define a joint mobilization agenda for the salud.
What is missing from the national movement for the defense of the health of Colombia?	Little or no organization and training of activists and leaders around the fight for health; lack of communication between organizations and between them and their bases; weak work in networks of organizations, weak process of unity and mobilization around health; build a discourse on the health of the territory that vindicates all the needs related to health and not only those of medical attention; build a discourse that identifies the common concepts of the different groups of the territory and respects the diversity of them; promote the incidence of communities in the formulation and implementation of public health policies that recognize the peasantry as a subject of rights; promote periodic health campaigns to find solutions to priority health needs in the territories.

FINAL PLENARY AND CONCLUSIONS

These are the highlights of the final plenary that took place in the workshop, which was mainly devoted to discussing the theme of the conformation of the Circle Colombia of the MSP:

- It was mentioned that there are two proposals for shaping the circle as a political mobilization platform and not as an organic structure or as a political platform and an organic structure
- The subject of the popular and the importance of its construction are discussed a less academic and more popular movement
- It was suggested that care should be taken in the relationship between the MSP and the organizations, organizational bases s, local, regional, national and international;
- Questions are asked about how to work from the everyday, the micro-territorial, who will do it and how will it be done? What is it that unites us?
- We discuss the need vs. the erosion of forming another structure in front of the multiple existing structures: National Movement for Health and Social Security, the ANSA, the National Board for the Right to Health, the Collective Health Network, ALAMES Colombia and the different local expressions of the movement. It is proposed to work under the flags of the MSP but from the already constituted spaces
- It is proposed the need to advance in articulation with others to develop broader social platforms and not only to remain in the vindication of the right to health but to advance in the struggle for a more democratic and inclusive country
- Promote the development of local meetings and then a national one on the topic of the right to health.
- Promote a sustained process of training health trainers.

Given the Colombian context, of negotiation between the government and the insurgency to give a political solution to the long armed conflict in Colombia, the subject of the national plan for rural health, which was included in the so-called Havana Agreements, was considered a nodal issue. Here was an opportunity to promote the design of a health model, based on a broad dialogue of knowledge, that effectively meets the needs of everyone.

It is considered that then a network should be promoted that efforts, resources, initiatives, that diversify the strategies for the construction of a common social and health project, that effectively allow the construction of peace in Colombia.

Annex. Work guide second day

Three moments are proposed:

- i) In the morning (8 - 12 m) and by work groups, socialization of the cases related to the project. There will be organized between 3 and 4 groups with the participation of leaders of the different organizational processes, in which the different cases analyzed in the project will be presented as a discussion. Both students and members of the organizational experiences will provide the information of each case from their knowledge and practices.
- ii) In the afternoon they will work in group the analysis of the cases during 1:30 hour, elaborating a report based on the proposed guide (guide of work1);
- iii) Socialize, in 2 hours, the whole group, the work done in the groups (20 minutes per group and 10 minutes for questions). The groups will be organized with the participation of leaders of the different cases as much as possible.

Work guide 1. Analysis of cases by groups.

1. What are the historical aspects and central processes that have shaped health as a field of struggle and political action (here it is about identifying the most important moments in the historical trajectory of each case).
2. What characteristics of the socio-political, economic and health context have determined or influenced the mobilization of the organizations and processes analyzed (eg: some public policies, the labor situation, the dispossession of rights, the struggle for identity or for recognition, etc.)
3. How were the relationships that have been built with other actors (articulations, splits), what has been the role of the State or governments in the cases analyzed (identify situations of conflict, cooperation, alliances, confrontation) and how have they influenced these relationships in the configuration of those cases (strengthening, disarticulation)
4. What are the scopes - achievements and difficulties - of the cases analyzed for the configuration of the right to health and the movement for health
5. What aspects have favored or hindered the construction of other capacities within organizations that fight for health (incidence in public debate, advocacy, armed political conflict, organizational autonomy)
6. What other aspects would you propose to consider for the analysis of the cases?

Socialization and conclusions

Each of the groups will socialize the results of their analysis and after the presentations there will be a collective discussion around the following four questions:

1. Achievements and tensions around the autonomy and articulation of the struggle for the right to health (that is, if there has been or is under construction) a mobilization platform for health, or if that struggle is immersed in others (for example, in the land claim)
2. Weight of the territorial and the national in the organization and mobilization for health (it is more decisive one than another, in what cases and why, or there is simultaneity of both)
3. What are the cross-cutting issues and what are the particularities to understand, from a country perspective, the axes of social mobilization for health?
4. What are the contents and scope of the right to health that emerge from the cases analyzed (extension of demands, notions of justice, new struggles, etc.)