ASSALUD: Its influence on policy formulation and implementation in Colombia

Francisco Jose Yepes
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Executive summary

ASSALUD (Asociación Colombiana de la Salud – Colombian Health Association) was created by a group of health actors in Colombia with the purpose of influencing health policies through research and reflection. It started as an ad hoc group, working on social security reform among other areas, and went on to create an organization which conducts health policy research and promotes policy debates and policy-influencing activities. After seven years, having lived through the country’s worst economic crisis in the last 100 years, which seriously affected financing for research, the organization is now looking back critically and searching for ways to be more effective.
<table>
<thead>
<tr>
<th>Acronyms</th>
<th>Description</th>
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<tbody>
<tr>
<td>COLCIENCIAS</td>
<td>Colombian Institute for the Development of Science and Technology</td>
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<tr>
<td>EPS</td>
<td>health solidarity enterprise</td>
</tr>
<tr>
<td>IADB</td>
<td>Inter-American Development Bank</td>
</tr>
<tr>
<td>IDRC</td>
<td>International Development Research Centre, Canada</td>
</tr>
<tr>
<td>PAHO</td>
<td>Pan American Health Organization</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
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</table>
Prologue

The aim of the Alliance for Health Policy and Systems Research (AHPSR) is to contribute to health development and the efficiency and equity of health systems through research on and for health policy. Its objectives are as follows:

- to promote capacity for health policy and systems research (HPSR) on national and international issues
- to collect information for policy decisions in the health sector and other sectors influencing health
- to stimulate the generation of knowledge which facilitates policy analysis and improves understanding of health systems and the policy-making process
- to strengthen international research collaboration, information exchange and learning across countries
- to identify global-level influences on health systems and promote appropriate research.

As we pursue these objectives, we have realized that we do not know enough about how research actually affects policy in lower-income countries.

- How are research topics identified and priorities set?
- How are funding and other resources mobilized to produce evidence?
- What have been the consequences of exercises in priority-setting in the past?
- What has been the impact of research on policy?
- What are the factors affecting this process?

In order to answer these questions, in early 2001 the Alliance launched two series of case-studies. The first dealt with the enabling environment, relating donors, clients, users and producers of research throughout the life of a research project. The second approach concentrated on the structure of innovative, research-based policy development institutions in relation to the external environment. Different processes were followed to produce the case-studies, although all produced working papers which were peer-reviewed.

Enabling environment

These case-studies identified relevant indicators for assessing effectiveness in the relationship between research funding, production and utilization. The studies would also be used for training in the research-to-policy process, forming part of a curriculum being developed in an international collaboration. Case-studies were prepared to encourage discussion about the processes and mechanisms which affect support for research and its impact. To achieve this, the case-studies followed the “management school” format, where specific decision situations are described. Researchers were trained to undertake and write case-studies for this purpose.

The case-studies then sought to identify challenges in the setting of research priorities, decision-makers’ support for research and the benefits they gained from the research process and its results. They investigated the interplay of institutional mechanisms which bring stakeholders together in an “enabling environment”. Attention was
therefore given to the factors which bring actors together to agree on funding, support
and utilization of research.

The Alliance launched a call for proposals and selected six researchers from five
countries:

- C.A.K. Yesudian (Tata Institute of Social Sciences, Maharashtra, India)
- Francisco Yepes (Colombia)
- Mahmoud Abdel Latif Salem (Egypt)
- Absatou N'Diaye Soumare (Mali)
- Godfrey M. Mubyazi and Joseph Mwanga (Tanzania).

In each country, a policy issue was identified and at least one research project
undertaken. Policy issues were selected according to various criteria: relevance for the
health sector within countries, diversity across countries, and the researcher’s
familiarity with the policy process and research in question. Within each policy and
research area, researchers were given the choice of focusing narrowly on priority-
setting, project financing or utilization, or covering all three aspects in a single case-
study.

Particular attention was paid to describing the influences shaping project selection and
the establishment of research programmes, the role of diverse mechanisms and actors,
and the incentives available to increase relevance for national and local problems. The
financial and human resources available to support the research-to-policy process
were also described by examining resource flows for specific projects and stages of
the project.

The impact of HPSR was analysed by observing research inputs and decision outputs
in specific policy development situations. Research inputs would be studied from the
supply side by analysing problems of HPSR dissemination, and from the demand side
through an examination of the participation of researchers as part of the policy-
making process. The influence of different types of knowledge – from empirical
findings in data-driven design situations to broad conceptual frameworks, for example
for health sector reforms – was to be explored. Case-studies would focus on policies
with explicit decision points, ample choices and scope for technical design, as well as
on those which operated in a more restricted or political environment.

**Research institutions**

The second series of case-studies focused much more closely on a single institution,
with the primary aim of influencing the policy process through research and analysis.
The main perspective was therefore the institution’s internal organization and its
relations with the external environment.

Four Alliance partner institutions were selected to develop the case-studies:

- Health Systems Research Institute (HSRI), Thailand (researcher: Wiput
Phoolcharoen)
- Mexican Health Foundation (Guillermo Soberon et al.)
- Health Systems Trust in South Africa (Gcinile Buthelezi)
- Colombian Health Association (ASSALUD) (Francisco Yepes).
These institutions have in common a focus on policy development based on research. Three of them are private, non-profit agencies with close links and working relationships with ministries of health and other government units, while HSRI is a public agency with a Board of Directors including non-government participants.

The terms of reference of the papers were quite broad, asking a member of the institution to describe its structure and organization as well as its relationships to decision-makers in the country concerned. More specifically, the researcher was asked to identify promising HPSR management strategies, to analyse their benefits and challenges, and to discuss the applicability of research management innovations for other developing countries and the lessons to be learned.
Introduction

ASSALUD (Asociación Colombiana de la Salud) was created by a group of health actors in Colombia with the purpose of influencing health policies through research and reflection. It started as an ad hoc group carrying out some very influential activities, and went on to create an organization which conducts health policy research and promotes policy debates and policy-influencing activities. After seven years, having lived through the country’s worst economic crisis in the last 100 years, which seriously affected financing for research, the organization is now looking back critically and searching for ways to be more effective.

Early work on social security reform

“The Health Sector is in crisis, health policies do not have any political relevance, the Ministry of Health does not exercise any leadership and the Minister of Health is the last appointment the President makes to complete the political chessboard!”

These were the motivations of a group of health professionals when they met in 1992 to discuss what they could do to contribute to a change in health politics in the country. They had already met at the end of the 1980s as a generational group of five health professionals who had studied abroad and held important public positions, but at that time they did not move forward. At this second meeting, they decided to set up a geographically representative intergenerational group. The initial group invited new members from the Atlantic coast, the north-eastern departments, Antioquia, the south-west and the coffee-growing departments, and started meeting at least once a month. They called themselves the “Macropolicies Group” (Grupo de Macropolíticas) (see annex 1).

The group’s agenda at that time centred on analysing the lack of leadership in the health sector and identifying actions which would make it more politically relevant. With the financial support of two Colombian foundations (FES and Corona), the group convened two forums on sectoral leadership, attended by heads of sector from all over the country. It then decided to concern itself with the social security reform which was being discussed in Congress.

The group organized a national workshop on the social security reform and invited the Minister of Health, the Minister of Labour, the National Planning Department, congressmen, experts and university professors to analyse the various reform proposals. This meeting was held at the Quirama Conference Centre in Rionegro, Antioquia in January 1993. Three matters were discussed:

- a proposal presented to Congress by the Minister of Health, Dr Juan Luis Londoño, for the creation of health solidarity enterprises (empresas solidarias de salud – EPS)
- a proposal led by senator Jaime Arias, under discussion in Congress at the time, which included most of the elements of the reform later approved
- a proposal presented by a group from the department of Antioquia led by Antonio Yepes, a former minister of education and former governor of the department, based on the decentralization of the Institute of Social Security.

The meeting produced a consensus proposal, and a working group was set up, led by
the Minister of Health. Members of the group attended the discussion in Congress throughout 1993. In July of that year, after the constitutional committees had approved the law and before it had been submitted for plenary discussion, the group convened a second meeting with the same participants of the “Quirama Forum”, at which the draft law approved by the committees was discussed and several suggestions were presented. The two bodies had several technical meetings during the second half of 1993 and contributed concrete proposals for the content of the new law, including the prevention and promotion component in the compulsory service package (plan obligatorio de salud – POS) with a predetermined percentage of the capitation unit (unidad de pago por capitación – UPC).

ASSALUD

After this successful experience, several of the group members felt strongly that a base institution was needed to follow up health policies, conduct policy research and lobby for sound health policies. Accordingly, in January 1994 a nongovernmental organization called the Colombian Health Association (Asociación Colombiana de la Salud – ASSALUD), started operations with a grant from British Petroleum Exploration, Colombia.

The Association’s aims were to:

- become a permanent forum to analyse the health problems of Colombians and State policies and contribute to appropriate solutions
- develop a centre devoted to thinking on health themes
- generate a meeting point for persons and institutions, theory and practice in health and other disciplines for both the public and the private sectors
- develop a critical mass of qualified researchers in health systems to contribute to improvements in the health of Colombians
- help individuals and institutions to advance the development process and improve health services.

ASSALUD was established as an NGO with a very small staff in order to minimize fixed costs, and with a group of associate researchers (see annex 2) who were called upon for specific projects. From very early on, one of its priorities was the development of strategic alliances to maximize its effectiveness.

ASSALUD researchers speak out

A former director of ASSALUD says:

“We have attained our original objectives only partially. We placed a lot of emphasis on health systems and health policy research and centred on three main issues: decentralization, the social security reform in the health system and violence.

“During the first year, ASSALUD provided technical support to the Constitutional Commission on Health and Social Security of Congress in the follow-up of the reform implementation. For the first five years, we were pretty active. We conducted three projects on decentralization, three on a follow-up of the social security reform implementation at a macro level, one on the transformation of the public hospitals into state social enterprises, one on the relationship of the Health Secretariat of Bogota
with the community organizations and one on violence in Bogota. We proposed and developed conceptually and methodologically a monitoring system for the health sector (the “health observatory”). This initiative was geared to monitoring the actual behaviour of the health sector and following up the different policies. In that period, we became members of one national and two international research networks, developed relationships with the London School of Hygiene and Tropical Medicine and with the University of Montreal and successfully applied for research grants to WHO, IDRC, PAHO and COLCIENCIAS.

“We have been active in moving ideas also: we organized the National Public Health Congress with the Minister of Health and PAHO in 1993 and three seminars on the effects of the reform on different components of the health sector (the pharmaceutical sector, health professionals and the family subsidy institutions) in 1994. In 1998 we convened an international seminar on war and health with experts from several countries with the collaboration of three universities, a public institute, two health secretariats and the Red Cross. As a development of this seminar, the Ministry of Health asked us to run a series of workshops throughout the country to train health workers in the protection of health activities. Besides, for three years we ran twice a month the ASSALUD Thursday seminars, where we presented research proposals and research results and discussed policy issues with ample participation by professionals from the Ministry of Health, the Planning Department, and other research institutions.

“During the first seven years of the reform we have permanently followed-up its implementation, and as a result we have published two books. We have not been able to publish a third one, which is ready, because of lack of financing. We just concluded with IDRC, Econometría and the University of Montreal an evaluation of the impact of macroeconomic policies and health reforms on the health sector from 1980 through 1997, and with the Colombian Association of Medical Schools (ASCOFAME), the Association of Universities with Programs in Health Administration (AUPHA) and CES University we are conducting one of the Ministry of Health-IADB [Inter-American Development Bank] financed projects to support the reform implementation. However, I feel that in some ways we have our hands tied. And that is because there is a notable institutional fragility. You do not get support for institutional development and even when you get financing for research you are required to put up counterpart financing. We have been able to survive because our cost structure is minimal and we get a lot of free collaboration from our associates. The Macropolicies Group is not only wholly voluntary, but they even pay for their own travel expenses when required.”

Dr Duque, President of the Board, has similar opinions and adds some additional points:

“ASSALUD’s main limitation is the lack of support for institutional development.

1 World Health Organization; International Development Research Centre, Canada; Pan American Health Organization; Colombian Institute for the Development of Science and Technology.
3 Delineación de las políticas de investigación en salud pública en Colombia hasta el año 2010 [Description of public health research policies in Colombia to the year 2010]. In press.
4 A firm of private economic consultants.
Nowadays it is not possible to get seed money in Colombia. The situation is aggravated if you take into account the fact that most national and international financing for research asks for some degree of co-financing. How can you co-finance a project if you have not been given the opportunity to endow your institution? At the beginning, we did it by complementing the international financing with national science and technology funds, but that has been impossible for the last three years with the country’s fiscal crisis. Fortunately, COLCIENCIAS financing has been increased for 2002 and we expect to recover and increase our participation.

“Now, we have some other limitations, we should have been more active in building permanent strategic alliances to strengthen our diffusion of ideas locally. It is quite unreasonable that we now have four books almost ready to be published and cannot do it because of lack of funding. Trying to overcome this limitation, we are planning some new and more stable strategic alliances. For publications, the alliance with the University of Antioquia and the Valle University could be very important because they have a considerable publishing capacity and have expressed interest in joining forces with us. The alliance with the School of Economics of the University of El Rosario for joint research projects and for convening public forums for presentation of research results is another promising idea. Researchers from both institutions are already preparing a proposal for the science and technology institute and they are already running invitations for a public forum in October where they will present the results of a research project carried out by ASSALUD. They are targeting invitations at congressmen, Ministry of Health and Health Superintendence and National Planning Department executives, as well as at university professors and researchers.”

Dr Sánchez, a consultant and researcher at ASSALUD, feels that building more stable strategic alliances is an excellent way of compensating for the financial weakness and attaining impact. She mentions an experience in 1998 when “we were able to convene a very large and influential number of institutions for the first international forum in Colombia on health and war. We brought together universities, private enterprises, public institutes, the international Red Cross.”

**Strengths and weaknesses analysis**

Dr Bustamante, the current Executive Director, has asked ASSALUD members to prepare for the development of a strategic plan. For this they did a SWOT analysis (strengths, weaknesses, opportunities and threats).
<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
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<tbody>
<tr>
<td>• low-cost structure</td>
<td>• financial fragility</td>
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<td>• well defined research programme</td>
<td>• few publications</td>
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<tr>
<td>• group of research associates</td>
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<tr>
<td>• capacity to develop strategic alliances,</td>
<td></td>
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<tr>
<td>international partnerships</td>
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<tr>
<td>• Macropolicies Group</td>
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<tr>
<td>• capacity to convene</td>
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<tr>
<td>• field work</td>
<td></td>
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<tr>
<td>Opportunities</td>
<td>Threats</td>
</tr>
<tr>
<td>• social security reform</td>
<td>• the country’s fiscal crisis</td>
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<tr>
<td>• the need for HSPR to inform policy</td>
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<tr>
<td>development</td>
<td></td>
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<tr>
<td>• Science and Technology Health Strategic</td>
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<tr>
<td>Plan 1999-2004</td>
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</table>

Looking at these results, Dr Sánchez comments: “There is really one of ASSALUD’s objectives we have not attained: *to help individuals and institutions to advance the development process and improve health services*. Of course, we still have a long way to go in the satisfactory accomplishment of all our objectives, but we have been doing a lot, within our financial limitations, on the first four. In relation to the fifth, I think that, although most of our projects are geared to support development of institutions, and albeit in our three decentralization projects we supported local actors by providing them with feedback information (devolution of information) - we carried out a training workshop for municipal health secretaries and supported a postgraduate course. We should be more explicit and active in this particular aspect. Right now we are developing a proposal to utilize the Internet for supporting local health actors, which we expect would allow us to become much more active in this respect. However, we are faced with the limitations of the research funding agencies which are not used to financing action components.”

Dr Luis Carlos Gómez, one of the members of the Board and an associate researcher himself, adds: “I agree that having a reduced fixed-cost structure is an advantage, but it is also an important limitation, because we have no permanent full-time researchers. All our associate researchers earn their living elsewhere and work with ASSALUD only for specific projects, and although we have a core of very dedicated volunteers, the institutional development of ASSALUD is limited.”

Dr Oscar Rojas, a member of the Board and the Macropolicies Group, says: “I agree that the Macropolicies Group is a strength. However, although seven of the members of the group are either researchers or directors of ASSALUD, I think we have been underutilizing the potential of the group to influence policy development in the last years. The Macropolicies Group was active during the reform debate and after that, only in the last two years to follow up the reform implementation, when it commissioned ASSALUD to evaluate the first seven years of implementation. But besides presenting the result to the Minister of Health, the group has not done much. I think they should go to Congress and to the press.”

Several external observers coincide with this opinion. They recognize the merits of ASSALUD and the importance of the Macropolicies Group, but they are very critical of what they consider to be the underutilization of a very important asset. However, they are also aware of the impact of the lack of adequate financing on the organization’s ability to act.
Conclusions

ASSALUD has been a pioneer of health policy and systems research (HPSR) in Colombia. In a short time and with limited resources, it has defined relevant lines of research, carried out numerous research projects and joined one national and two international research networks. COLCIENCIAS and IDRC support have been the most significant, alongside many others such as WHO, PAHO and the City of Bogota Health Secretariat. However, with the exception of the initial support of British Petroleum Exploration, ASSALUD has not obtained any resources for institutional development. This leaves the association in a difficult situation, because it does not have any endowments, cannot count on a minimum permanent research staff, and does not have the resources to disseminate its research results. On the other hand, it has brought in initiatives like volunteer work and development of strategic alliances.

In the future, ASSALUD needs to improve its publication capacity, utilizing national and international journals and consolidating its alliance with Antioquia and Valle universities. It should also mobilize the Macropolicies Group more actively. At the same time, it will need to initiate an active search for endowment funds.

List of issues for consideration

- What actions or strategies would you recommend to the Board of Directors of ASSALUD?
- How can ASSALUD improve its influence on policy formulation and evaluation in Colombia?
- How can ASSALUD increase the number of its publications?
- What should ASSALUD do to maximize its strengths and minimize its weaknesses?
## Annex 1

### Macropolicies Group

<table>
<thead>
<tr>
<th>Member</th>
<th>Position</th>
<th>Region</th>
</tr>
</thead>
</table>
| **Arias Jaime** | President, Social Security Institute  
Minister of Health, Minister of Education  
President, Conservative Party                                                            | Bogotá  |
| **Bersh David** | Deputy Minister of Health  
Secretary General, Minister of Health, Director,  
Foundation for the Development of Health Education in Colombia (FUDESCO)                  | Quindío |
| **Bustamante Rodrigo** | Director, Social Security Institute  
Planning Director, Minister of Health  
Former Executive Director, ASSALUD                                                      | Bogotá  |
| **Carrasquilla Gabriel** | Health Secretary, Valle  
Health Director FES Foundation                                                              | Valle   |
| **Cruz Luis Fernando** | Director, Carvajal Foundation  
Municipal Health Secretary, Cali                                                            | Valle   |
| **Duque Luis Fernando** | Deputy Minister of Health, Director National Institute of Health  
President, Antioquia University                                                           | Antioquia |
| **Esguerra Roberto** | Director, Santa Fe Foundation  
Director, Colombian Association of Clinics and Hospitals                                    | Bogotá  |
| **Gómez de Vargas Inés** | Health Superintendent  
Congresswoman                                                                                           | Atlántico |
| **Gómez Jorge** | President, Industrial University of Santander  
Dean, Medical School Industrial University of Santander                                         | Santander |
| **Gómez Luis Carlos** | Planning Director, Minister of Health, Research  
Director, National Institute of Health  
International consultant                                                                 | Bogotá  |
| **Guerrero Rodrigo** | President, Valle University  
Cali Mayor                                                                                                 | Valle   |

1 Information accurate early 2001.
<table>
<thead>
<tr>
<th>Name</th>
<th>Position and Affiliations</th>
<th>Location</th>
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<tbody>
<tr>
<td><strong>Jaramillo Iván</strong></td>
<td>Dean, Medical School, Valle University</td>
<td>Bogotá</td>
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<tr>
<td><strong>Ochoa Luis Carlos</strong></td>
<td>Assistant director, PAHO/WHO</td>
<td>Antioquia</td>
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<td></td>
<td>Deputy Minister of Health</td>
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<td></td>
<td>Municipal Health Secretary, Medellín</td>
<td></td>
</tr>
<tr>
<td><strong>Redondo Herman</strong></td>
<td>President, Medical Association, Cundinamarca</td>
<td>Bogotá</td>
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<tr>
<td></td>
<td>Member, National Health Social Security Council</td>
<td></td>
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<tr>
<td><strong>Rojas Oscar</strong></td>
<td>President, Valle University</td>
<td>Valle</td>
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<tr>
<td></td>
<td>Vice-President, FES Foundation</td>
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<td></td>
<td>Vice-Minister of Health</td>
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<tr>
<td><strong>Sánchez Luz Helena</strong></td>
<td>Research Director, National Institute of Health</td>
<td>Bogotá</td>
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<tr>
<td></td>
<td>Director, Medical Care, Health Secretary, Bogotá</td>
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<tr>
<td><strong>Yepes Antonio</strong></td>
<td>President, Social Security Institute</td>
<td>Antioquia</td>
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<tr>
<td></td>
<td>Minister of Education</td>
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<tr>
<td></td>
<td>Governor of Antioquia</td>
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<tr>
<td><strong>Yepes Francisco José</strong></td>
<td>Vice-President, Social Security Institute</td>
<td>Bogotá</td>
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<td></td>
<td>Secretary-General, Minister of Health</td>
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<tr>
<td></td>
<td>Executive Director, ASSALUD</td>
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Annex 2

ASSALUD associate researchers

**Bustamante Rodrigo**  MD, National University of Colombia, 1970; Master of Public Health and public health specialist, Valle University, Colombia, 1975 and 1984; MSc in Tropical Medicine, London School of Hygiene and Tropical Medicine, 1980.

**Cantor Beatriz**  social worker, 1983, National University; Master of Public Administration, Diploma in Health Services Administration, 1991, University of New Mexico, USA.

**Castaño Ramón Abel**  MD, Antioquia University.

**Duque Luis Fernando**  MD, Antioquia University; 1964; public health specialist, Master of Public Health, Antioquia University; Master of Public Health, Johns Hopkins School of Hygiene and Public Health 1968.

**Garay Gloria**  MD, National University, 1986; anthropology, Andes University, Colombia.

**Gómez Conrado**  MD, Antioquia University.

**Gómez Carlos**  statistician, biostatistics, National University of Colombia, 1962; specialist diploma, School of Hygiene, University of Chile, 1963; Master of Sociology, diploma in probabilistic sampling, Michigan University, USA.

**González Beatriz Elena**  sociology, Pontifical University of Bolivia; Master of Health Administration, Javerian University, Colombia.

**Jaramillo Ivan**  public accountant, Salle University, Mexico; Master of Public Administration, Centre for Economic Research and Teaching (CIDE), Mexico.

**Olano Guillermo**  architectural engineer, Miami University; Master of Health Insurance, College of Insurance, New York, USA.

**Pinzon Carlos**  anthropologist, National University of Colombia, 1985.


**Romero Eugenia María**  MA in anthropology, South Illinois University, 1977; anthropology, Andes University, Colombia, 1970.

**Sánchez Luz Helena**  MD, National University of Colombia. 1977; Master of Public Health, Harvard University, USA, 1980.

**Yepes Francisco José**  MD, Antioquia University, 1964; Master of Public Health, Antioquia University, 1967; MSc in Health Services Administration, Harvard University, 1971; Doctor of Public Health, Harvard University, USA, 1979.
### Annex 3

#### Teaching and dissemination of ideas

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
<th>Partners</th>
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<tbody>
<tr>
<td>1994</td>
<td>National Health Congress</td>
<td>Ministry of Health, PAHO</td>
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<td>1994</td>
<td>Workshop on impact of law 100 of 1993 on the health professions</td>
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<tr>
<td>1994</td>
<td>Workshop on impact of law 100 of 1993 on the pharmaceutical industry</td>
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<td>1994</td>
<td>Workshop on impact of law 100 of 1993 on family subsidy institutions</td>
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<tr>
<td>1996</td>
<td>Workshop on health decentralization to the municipal level</td>
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<tr>
<td>1996</td>
<td>Diploma course on social security</td>
<td>Free University of Pereira, ASEJURIS</td>
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<tr>
<td>1998</td>
<td>International seminar on war and health in Colombia</td>
<td>International Committee of the Red Cross; Legal and Forensic Medicine Institute; City of Medellín and Department of Antioquia Health Secretaries; Universities of Antioquia and Bosque, National School of Public Administration; British Petroleum Exploration; British Council; Avianca Airlines</td>
</tr>
<tr>
<td>1998</td>
<td>Courses on humanitarian international law and protection of health activities</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>2000</td>
<td>Regional Health Leadership Forum for the Andean Countries</td>
<td>Mexican Health Foundation, Fundación Mexicana para la Salud (FUNSALUD) and IADB</td>
</tr>
</tbody>
</table>
## Annex 4

### Research projects

<table>
<thead>
<tr>
<th>Year</th>
<th>Project</th>
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</thead>
<tbody>
<tr>
<td>1980-97</td>
<td>Evaluation of the impact of macroeconomic adjustment policies on the health sector</td>
</tr>
<tr>
<td>1995</td>
<td>Follow-up of the first year of implementation of the social security reform (Law 100, 1993)</td>
</tr>
<tr>
<td>1995</td>
<td>Health decentralization: development of operational models for the subsidized health social security regime</td>
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<tr>
<td>1996</td>
<td>Health behaviour of the Bogota population</td>
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<tr>
<td>1996-97</td>
<td>Epidemiological study of violence in Bogota</td>
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<tr>
<td>1996-99</td>
<td>A health sector monitoring system – the Health Observatory</td>
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<tr>
<td>1997</td>
<td>Health decentralization at the municipal level: case study in three successful municipalities</td>
</tr>
<tr>
<td>1997</td>
<td>Health decentralization at the municipal level: case control study of certified and noncertified municipalities</td>
</tr>
<tr>
<td>1997</td>
<td>Knowledge and relationships between the community health organizations and the City of Bogota Health Secretary</td>
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<tr>
<td>1997</td>
<td>Alternative curative practices in Bogota</td>
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<tr>
<td>1997-99</td>
<td>Evaluation of the transformation of public hospitals into state social enterprises</td>
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<tr>
<td>1998</td>
<td>Formulation of health research policies until the year 2015</td>
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<tr>
<td>2000</td>
<td>Study of the current situation and financial and technical feasibility study of Convida EPS</td>
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<tr>
<td>2000</td>
<td>Follow-up of the first five years of implementation of the social security reform (Law 100, 1993)</td>
</tr>
<tr>
<td>2000</td>
<td>Follow-up of the first seven years’ implementation of the social security reform (Law 100, 1993)</td>
</tr>
</tbody>
</table>
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ASSALUD. Delineación de las políticas de investigación en salud pública en Colombia hasta el año 2010 [Outline of public health research policies in Colombia to the year 2010]. In press.


