FINAL PROJECT REPORT

MULTICENTER TERRITORIAL DIAGNOSIS of Social Inequalities and Inequities in Health through the application of Social Technology

2024

FÓRUM ITABORAÍ: POLÍTICA, CIÊNCIA E CULTURA NA SAÚDE

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Public Health Institutes of the World IANPHI

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1 BACKGROUND

At the recent seminar on health inequities held during the IANPHI Annual Meeting in Kigali, Rwanda, on February 8, 2024, participants agreed that time has run out to demonstrate that social inequalities are responsible for health inequities, reflected in a 20-30 years difference in life expectancy and significant impacts on quality of life, well-being and human rights. From the pioneering work of John Snow (Snow, 1854) on the cholera epidemic 200 years ago, to Latin American researchers in the 1970s (Laurell, 1982; Breihl, 1988), to the multiple works of Michael Marmot (Wilkinson & Marmot, 2003), among many others, this relationship has been widely demonstrated. Time has come for the health sector, together with other sectors of the government and social and community organizations, to act effectively to transform the reality of the territories, recognizing and eliminating these inequities.

Health inequities have been one of the main concerns of IANPHI's Latin American Network of National Institutes of Public Health (LatAm-IANPHI) since its creation. They have also been the objective of its Health Equity Workshop, held from August 21 to 23, 2023, in Petrópolis, Rio de Janeiro, Brazil, with the participation of the directors or their representatives and researchers of the National Institutes of Public Health of Argentina (ANLIS); Brazil (FIOCRUZ); Costa Rica (INCIENSA); Chile (INSPCH); El Salvador (INS); Mexico (INSP); Peru (INS) and Venezuela (INHRR), as well as representatives of the IANPHI Secretariat – Emory, Atlanta and of the South American Sub regional Programs of the Pan American Health Organization – SAM/PAHO.

The workshop, which was held in compliance with the recommendations of the Ordinary Meeting of LatAm- IANPHI in October 2022 at the headquarters of the National Institute of Public Health of Mexico, stated, among other issues, that *"Prioritizing the reduction of health inequities will allow a rapid recovery from recent setbacks in global development; strengthening their social and economic support systems; and strengthening primary care systems for those most affected... This applies to all levels of action, including local communities; intersectoral actions; health impact assessment and the formulation of public health policies so that populations and territories are resilient to resist current and future threats."*

These events were inspired by and respond to the conclusions of the World Conference on the Determinants of Health (2011) which reaffirmed *"...that health inequities within and between countries are politically, socially and economically unacceptable, as well as unjust and largely avoidable, and that the promotion of health equity is essential for sustainable development and for a better quality of life and well-being for all, which, in turn, it can contribute to peace and security"*.

The International Association of National Institutes of Public Health – IANPHI, has taken up this mandate at its annual meeting, held virtually due to the pandemic, in December 2021, urging member organizations to put the promotion of health equity at the epicenter of their action plans, in its final statement *"The Role of the National Institutes of Public Health in Addressing Health Inequities"*.

The hereby reported multicenter project aligns with the global declarations to address social inequalities and health inequities in the region of the Americas.

2 THE MAIN CHALLENGE

Presently, large evidence exists that clearly demonstrates that social, economic and environmental inequalities between and within countries are responsible for health inequities. These are reflected in indicators such as life expectancy, years of healthy life or in the response to catastrophic events such as exposure to pandemics and other disasters, access to health services, food security and any other possible health and well-being assets. The challenge is how to act on the structural causes of these inequalities, which are extremely complex, highly uncertain and variable and very long-lasting.

Initially, at least four basic premises must be considered:

a) The impact of structural determinants is clearly evidenced at specific vulnerable populations in their territorial levels.

b) Social, economic, and environmental determinants can only be faced through an intersectoral approach.

c) No long-lasting solution will ever be built without the active participation of the involved communities.

d) Any proposal aimed at changing structural realities, even at local levels, will not be reached in short time periods.

The Itaboraí Forum: Politics, Science and Culture in Health, a special program of the Presidency of FIOCRUZ, has been developing and applying Social Technology tools, which incorporate Participatory Rapid Diagnosis (PRD), Participatory Mapping (PM) and the Theater of the Oppressed (TO) through integrated actions with Primary Health Care units – PHC, and communities of the Municipality of Petrópolis, in the State of Rio de Janeiro, Brazil. These actions aim to identify and characterize territories of high social fragility and to develop joint intervention proposals aimed at modifying the structural determinants that, in the long term, sustainably reduce the health inequities prevalent in these territories. This work has been the subject of cooperation agreements between FIOCRUZ and the Municipal Government of Petrópolis and currently covers 17 territories with a population of approximately 70 thousand inhabitants (Rosenberg et al, 2020), where Community Forums and Local Intersectoral Health Councils are being created and strengthened.

This experience has inspired the recommendation of the LatAm-IANPHI Health Inequities Workshop to reproduce the methodology through multicenter pilot projects, where different national and territorial realities can be compared, with the perspective of evaluating and validating its possible introduction as a territorial practice in the field of PHC, intersectorally integrated at the local level and capable of acting effectively on inequities in populations of high social, environmental and economic vulnerability.

3 PROJECT OBJECTIVE

Develop a multicenter strategy, through the implementation of pilot experiences of social technology, for the territorial transformation of structural inequalities as determinants of health inequities.

3.1 – Fulfillment of the Objective

The objective of the project has been fully fulfilled. The pilot implementation of Social Technology tools in five sites in five different countries has shown that the methodology, applied by the participating institutions in partnership with the Primary Health Care teams, has great potential to identify and address structural inequalities as determinants of health inequities at the territorial level. The multicenter strategy has demonstrated the validity of the applied method regardless of the different results obtained, given the characteristics of each territory and the local experience. It further enriched the methodology, particularly through two of the experiences developed together with academic institutions. The most important result of the project is the commitment to expand the methodology at the national level by all participating institutions.

4 SPECIFIC OBJECTIVES

4.1 - Assess existing local capacities in five candidate sites, such as institutional means, links with local government authorities (including PHC) and identified community-based organizations, to participate in the project.

4.1.1 - Achievement of the Objective:

Eight LatAm – IANPHI member institutes plus two academic groups were invited to participate in the project. Four National Institutes of Health: ANLIS, Argentina; INS-Colombia; INS-El Salvador and INSP-Mexico plus the FLACSO team in Paraguay were evaluated during the month of March 2024 as suitable and available to participate in the project.

4.2 - Train participating sites in the implementation of Participatory Rapid Diagnosis (PRD) and Participatory Mapping (PM), in cooperation with primary health care units (PHC) and organized communities.

4.2.1 - Achievement of the Objective

Face to face training of two professionals from Argentina, El Salvador, México and Paraguay was completed in Petrópolis, Rio de Janeiro, during the period of 3 – 7 June. Colombia's team participated online in the theoretical and evaluation trainings (June 3 and 7).

4.3 - Mobilize community organizations to participate in the recognition of their territorial reality with respect to health and well-being conditions.

4.3.1 - Achievement of the Objective

Community-based organizations participated in pilot territories in Argentina, El Salvador and Colombia (details are presented in section 7). In El

Salvador, the project was able to mobilize the "ADESCO" association around the local health unit. In Guasca, Colombia, the Community Association "El Salitre" actively participated in the preparation of the site visits and mobilized a large number of community members in the local training delivered at the Health Unit.

4.4 - Carry out the PRD and the PM in municipal territories in five locations.

4.4.1 - Achievement of the Objective

The PRD/PM was carried out at all five sites (details are given below in section 7).

4.5 - Develop a set of proposals for integrated and multisectoral intervention to address health inequities identified at the local level.

4.5.1 - Achievement of the Objective

There was not enough time to develop a complete set of proposals. However, some initial ideas are described in Annex 02 – Site visits

4.6 - Disseminate the experience for possible expansion to other territories.

4.6.1 - Achievement of the Objective

A comprehensive strategy for disseminating results through various means is being constructed. Meanwhile, the director of El Salvador's INS has committed to training all PHC agents operating in the country (approximately 3000) in the PRD/PM tools. The other four sites will implement the methodology gradually, according to their possibilities.

4.7 - Create a Network of Territorial Experiences to Confront Health Inequities, open to all IANPHI members. (TEFHI Network).

4.7.1 - Achievement of the Objective

It will be implemented through the IANPHI Committee on Social Inequalities and Inequities in Public Health.

5 ACTIVITIES (FIOCRUZ)

5.1 - Consult the NPHI and similar in the Region about their possible interest in participating in the project.

All eight member countries of the LatAm Network – IANPHI were consulted. Seven institutions from six countries have replied interested in participating in the project. Five of them effectively participated in the project.

5.2 - Develop a Guide/Manual for the implementation of the PRD/PM with the participation of the municipal PHC units.

The Guide was prepared, edited in Spanish, Portuguese and English and distributed to participants and sponsors by the Itaboraí Forum.

5.3 - Select the participating sites, identifying the feasibility of implementing the project through a virtual meeting of all interested institutions to resolve doubts and possible solutions to the identified barriers.

A virtual preparatory meeting was held on April 25. Doubts, barriers and solutions were identified. The participation of Argentina – ANLIS; Colombia – INS; El Salvador – INS; Mexico – INSP; and Paraguay – FLACSO was confirmed.

5.4 - Hold monthly virtual workshops for the exchange between projects and the follow-up of experiences.

Following the first meeting on 25 April, several virtual preparatory, monitoring and evaluation general and bilateral meetings were held with participants.

5.5 - Carry out the theoretical and practical training of those responsible in each selected institution, at the headquarters of the Itaboraí Palace, Petrópolis, RJ and in two community projects in Petrópolis.

The training took place from 3 to 7 June. The agenda is presented in Annex 01. The Colombian participants did not receive travel authorization. They were able to participate virtually during the activities of the first and last days.

5.6 - On-site follow-up visits to assess and suggest possible corrective actions during the implementation of each project in each territory. The visits will also include talks for local health personnel and community organizations.

The five sites were visited by two or three (Colombia) professionals from the Itaboraí Forum team during July – August according to the following schedule:

Colombia: July 22 to 26. The team was composed of Sônia Carvalho (Social Worker, team leader); Marcelo Mateus (Social Worker); and Caiett Genial (Geographer).

Mexico: July 22 to 26. The team was composed of Bruno Cesar (geographer) and Marina Rodrigues (social worker).

El Salvador: July 29 to August 2. The team was composed of Bruno Cesar (geographer) and Marina Rodrigues (social worker).

Paraguay: August 5 to 9. The team was composed of Caiett Genial (geographer) and Marcelo Mateus (social worker).

Argentina: August 12 to 16. The team was composed of Caiett Genial (geographer) and Marcelo Mateus (social worker).

Summary reports of the activities of each field visit are presented in Annex 02.

5.7 - Hold a final face-to-face meeting with the aim of exchanging best practices and identifying barriers and facilitators for the implementation of the methodology and the contextualization effort required in order to make the experience widespread.

The meeting was held at the headquarters of the Itaboraí Palace, Petrópolis from September 16 to 18. Two members of each project were present, except for Colombia, which participated virtually because its government authorization was received out of time for the necessary travel arrangements. The meeting agenda, a summary report, and links to the individual presentations in Spanish from each participating country are listed in Annex 03.

5.8 - The results of the pilot study will be shared in a virtual forum of LatAm IANPHI, together with members of the IANPHI Health Inequities Committee, to discuss the scope and possible future actions, with the aim of expanding this methodology to other communities.

Each project presented a brief report during the virtual meeting of the IANPHI Health Inequities Committee held on August 19. The presentations were followed by extensive discussions with Committee members.

5.9 - Prepare a comprehensive report, including the results of each site's experience, their respective intervention proposals, and the requirements for scaling up the methodology in the region.

Hereby reported.

5.10 - Produce an article for the IANPHI Insider.

Pending.

5.11 Produce an article for publication in a scientific journal. (*)

The teams in El Salvador and Mexico have committed to publishing their experiences on the site in their scientific journals. ANLIS, Argentina plans to publish in a national scientific journal. A full project description will be prepared and submitted for publication in early 2025.

5.12 - Produce didactic material, including conceptual background on health inequities and social technology methods applied to address social inequalities at the local level. (*)

(*) These activities will be carried out after the end of the project with complementary funds from other sources.

6 TIME SCHEDULE

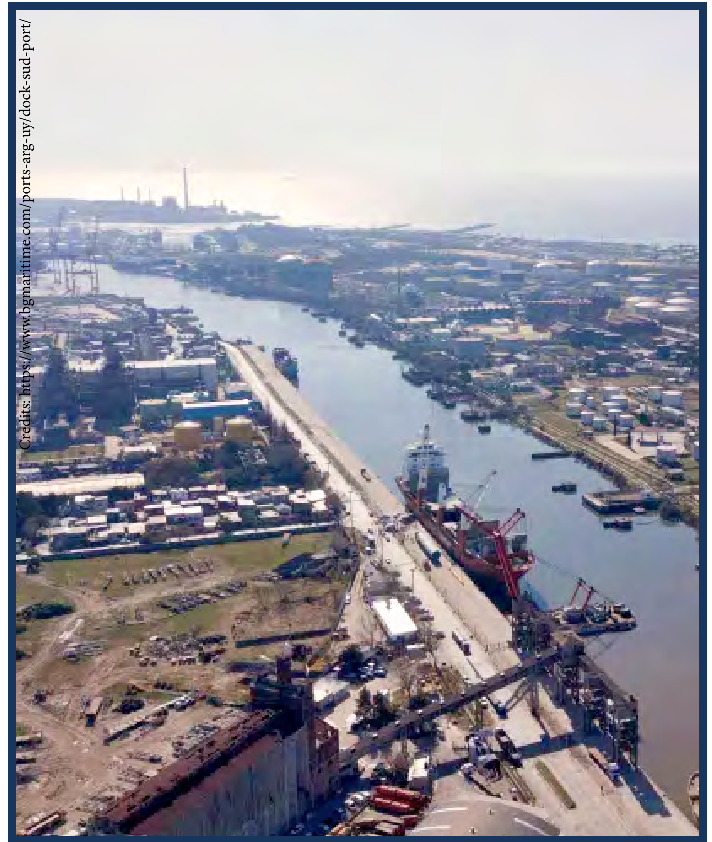
The programmed schedule was met with a slight delay due to bureaucratic delays in the release of funds. However, it was completed within the established deadline.

7 RESULTS

7.1 - Argentina / National Center for Diagnosis and Research in Endemoepidemics – CeNDIE / ANLIS – Malbrán

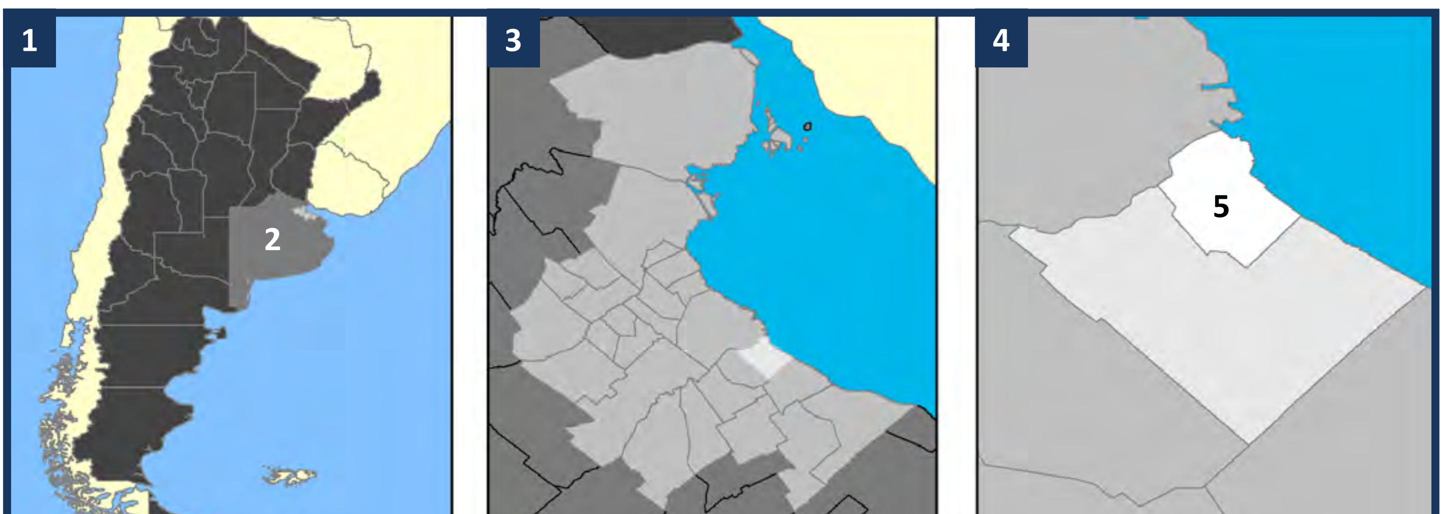
7.1.1 - PROJECT TEAM:

Mariana Manteca Acosta
Director, CeNDIE / ANLIS – Malbrán
Laura Recoder
Coordinator of the Climbing Area, CeNDIE / ANLIS – Malbrán. Director of the "Dock Sud" Project
Gisela Gagliolo
Co-coordinator of the "Dock Sud" Project
Florencia García
Researcher, "Dock Sud" Project
Juan José Gregoric
Researcher, "Dock Sud" Project
Javier Danio
Researcher, "Dock Sud" Project
Romina Etchevese
Researcher, "Dock Sud" Project
Corina Tolosa
Researcher, "Dock Sud" Project



7.1.2 - PROJECT SITE:

Province of Buenos Aires / Municipality of Avellaneda / Territory of Dock Sud. 30,318 inhabitants. It concentrates 7 informal settlements and popular neighborhoods where approximately 5,000 families live (about half of the families in precarious socio-sanitary conditions). One of the main characteristics of the town are the environmental problems linked to industrial pollution.



1) Argentina, 2) State of Buenos Aires, 3) Metropolitan Region of Buenos Aires, 4) Avellaneda and 5) Dock Sud.

7.1.3 - General perceptions of the community:

- In the past (the 50s and 60s, the rise of national productive development), local industrial and port activities generated jobs and organized the social life of the neighborhood; currently, they have a negative impact on health and the environment.
- The new migrations from Latin America, in contrast to European migrants of the late nineteenth and early twentieth centuries who settled in the area, have altered the way of life in the neighborhood, redefining some social ties.
- Some parks were identified as places where they can relax, think, and have a good time with family and friends. However, the problems of insecurity that often prevent them from using public space were also mentioned.
- They recognize the organizational and solidarity capacity of the population of the neighborhood in the face of various disasters such as fires, floods and even economic crises such as the one currently going through.
- Local arts and educational institutions are perceived as very important to young people.

7.1.4 - Team members' perception of project results:

Regional strengthening:

It allowed ANLIS to make itself known among the other national health institutes and to reflect together on the public health issues of each country.

It strengthened the link between national health institutes in the practice and application of social technology for health in the region.

Institutional strengthening:

The training in this methodology by FIOCRUZ, a leading health institution in the region, allowed the incorporation of new capacities to the institutional team, which were also transferred to the rest of the local health and university team.

Local strengthening:

It allowed the link between different levels of jurisdiction, integrating the community from the beginning and in a participatory way in this process.

Existing territorial networks, which are crucial to addressing inequities, were strengthened.

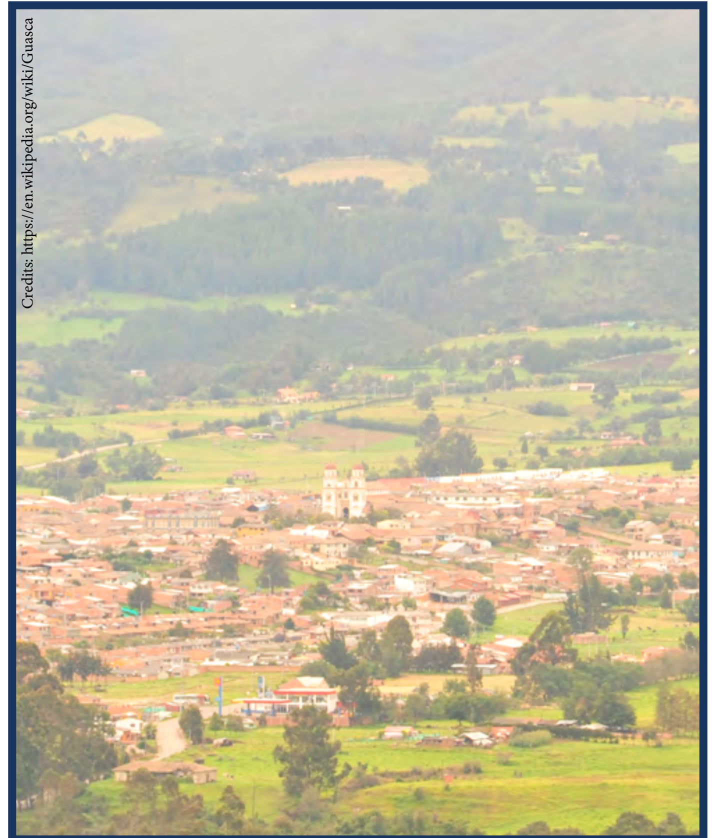
CeNDIE plans to expand the project to other municipalities in the provinces of Buenos Aires and Santa Fe in 2025.

Details of the territorial findings can be found in Annex 02.

A detailed explanation of the project in Argentina is available in Spanish at: Apresentação Argentina.

7.2 - Colombia – National Institute of Health – INS – Colombia

The project is implemented by the National Institute of Health – INS/Colombia through its National Health Observatory – ONS, headed by Dr. Carlos Castañeda.



7.2.1 - PROJECT TEAM:

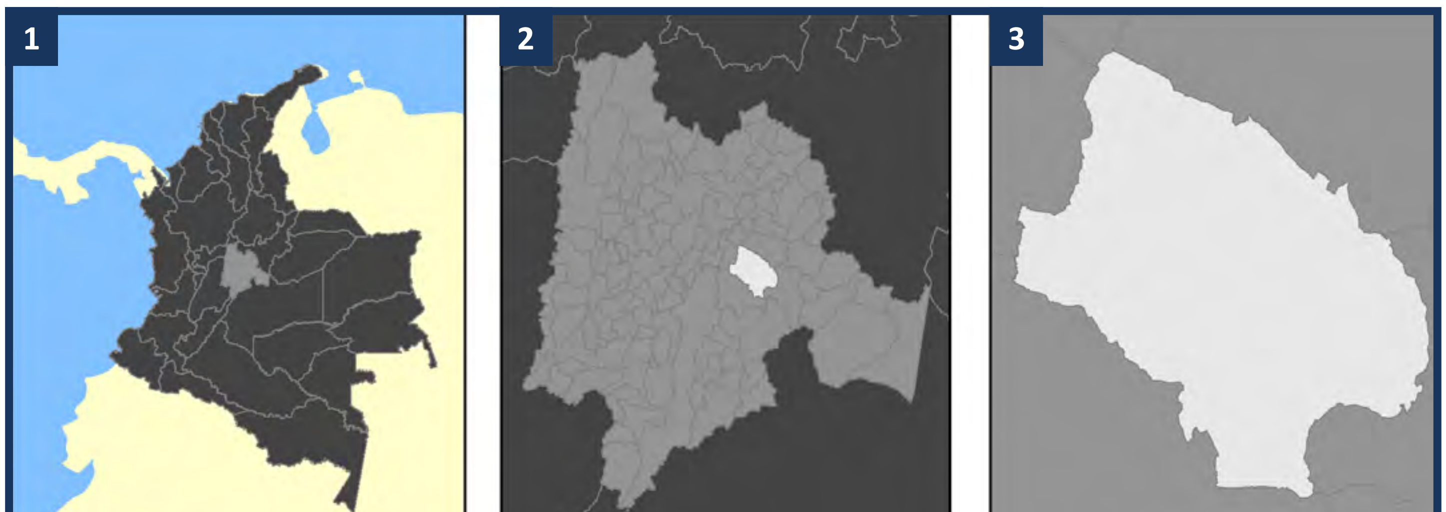
The field team was composed of ONS-INS officials Karol Cotes Cantillo, Diana Díaz Jiménez and Sonia Garzón, official of the Mayor's Office of Guasca; in addition, officials of the Guasca administration; students from two public schools, a group of women, officials from different dependencies of the Mayor's Office, health promoters and professionals.

7.2.2 - PROJECT SITE:

The territory of Guasca, with 18 thousand inhabitants, located 44 km from Bogotá.

7.2.3 - GENERAL PERCEPTIONS OF THE COMMUNITY:

- Limited resources for a growing population and distrust of "foreigners".
- Accelerated population growth, reconfiguration of the territory.
- Changes in economic activities. From a peasant crop to large-scale cultivation companies of flowers, blueberries and strawberries.



1) Colombia, 2) Cundinamarca and 3)Guasca.

- The arrival of Venezuelan migrants and ethnic populations from the North of the country in search of labor is linked to insecurity and the increase in demand for care for vulnerable populations.
- The migration of the upper classes in search of a place to rest has been responsible for the urbanization of rural areas.
- Limited health infrastructure for urban and rural populations.
- Increase in landfills and the potential contamination of water resources associated with mega-cropping.
- Mental health problems: Increased anxiety disorders, self-harm, suicidal ideation.
- Tertiary road restrictions make it difficult to leave remote rural areas.
- Few opportunities to promote the expectations of the young population and little space for entertainment. Despite the sense of belonging, they do not plan to stay and live there.

7.2.4 - Team members' perception of project results:

("Stimulating, comforting, and hopeful")

- Social technology based on qualitative research applying PRD and PM will be incorporated into the National Health Observatory – ONS of the INS-Colombia strategies.
- Approach the community with theoretically based methodologies aimed at understanding and addressing health inequalities.
- Important space for the community to be heard freely.
- Practice unbiased listening.
- Links and opportunities to work with the territories: INS in search of territorial presence.
- Interest of local public authorities in using methodologies for policy formulation.

Details of the territorial findings can be found in Annex 02. A detailed explanation of the project in Colombia is available in Spanish at: Apresentação Colombia.

7.3 - El Salvador – National Institute of Health INS - El Salvador

The project is executed by the National Institute of Health through the Governance and Knowledge Management Unit directed by Dr. Carlos Hernández.

7.3.1 - PROJECT TEAM:

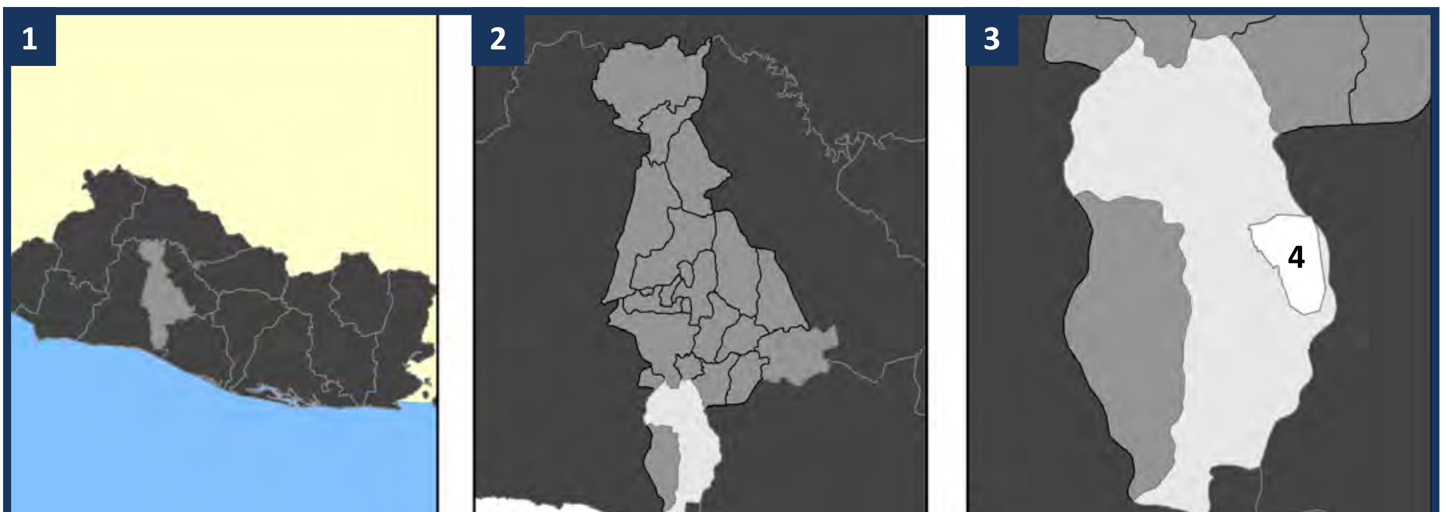
The field team was composed of Cesar Mateo Gavidia, Zaida Ivette Álvarez and other members of the Institute's staff.

7.3.2 - PROJECT SITE:

The project site is Panchimalquito, located in the department of San Salvador, Municipality: San Salvador Sur, District of Panchimalco, with a population of approximately 1000 inhabitants.

7.3.3 - GENERAL PERCEPTIONS OF THE COMMUNITY:

- The community praises the existence of fertile soils, the absence of social risks and the beauty of the landscapes.
- The main challenges include the lack of community organization, difficult access through the streets and the large accumulation of waste and garbage.
- The desired territorial interventions include the availability of leisure parks, cultural spaces and a better internet signal.



1) El Salvador, 2) San Salvador, 3) Panchimalco and 4) Panchimalquito.

7.3.4 - Team members' perception of project results:

- Impact on community perception and visualization.
- Strengthening the health system.
- Impact people's reality, empowering them and making their demands visible.
- The INS's immediate next steps will cover following up on the first cohort of PRD/CM-trained health promoters; implementation of a Second PRD/ CM Workshop for 30 health promoters.
- Dr Xochitl Sandoval, director of INS has committed the planning of a training program to cover all 3,000 acting health promoters in the country

Details of the territorial findings can be found in Annex 02.

A detailed explanation of the project in El Salvador is available at: Apresentação El Salvador.

7.4 - Mexico – National Institute of Public Health INSP – Mexico

The project is implemented by the National Institute of Public Health – INSP - Mexico, through the Center for Research in Population Health, headed by Dr. Tonatiuh Barrientos.

7.4.1 - Project Team:

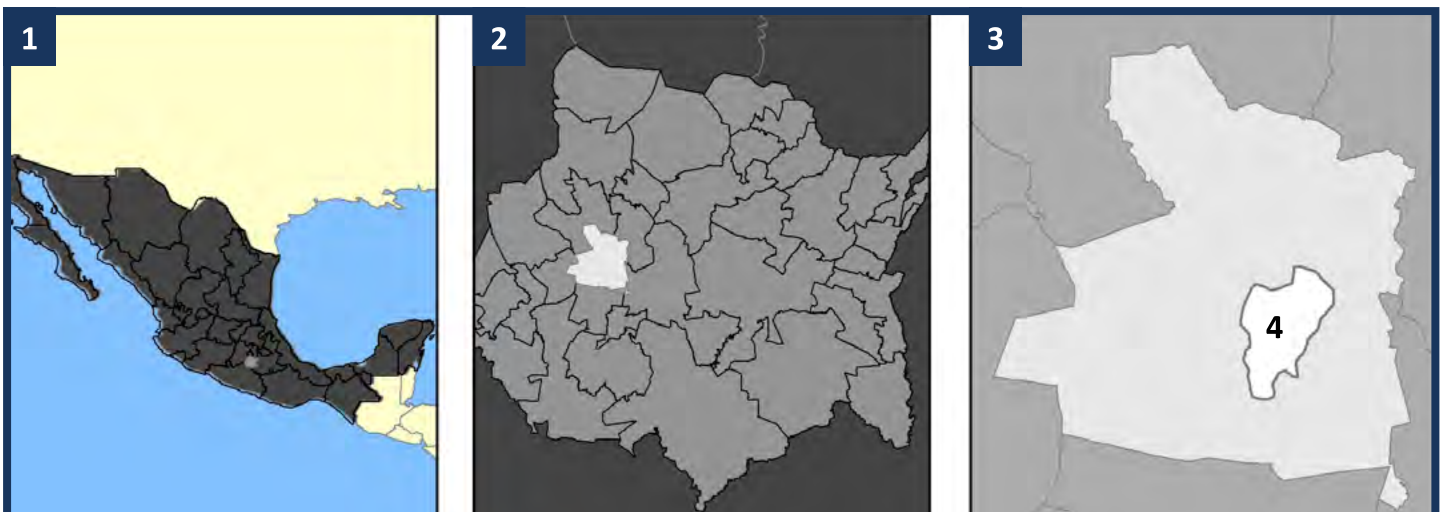
The INSP field team was composed of Urinda Álamo and Leith León.

7.4.2 - Project Site:

The project site is the community of Atlacholoaya, with approximately 5,000 inhabitants in the municipality of Xochitepec, State of Morelos, about 40 Km away from INS-Mexico.

7.4.3 - Major health problems perceived by the community:

- Women's cancer (breast cancer and cervical cancer)
- Dengue fever
- Diabetes
- Scorpion Sting
- Teen pregnancy
- Gender-based violence (child sexual abuse, economic violence)
- River pollution
- Lack of infrastructure in schools (lack of water)
- Mistreatment by doctors



1) Mexico, 2) Morelos, 3) Xochitepec and 4) Atlacholoaya.

- Alcoholism
- Drug addiction
- Child labor
- Child malnutrition
- Lack of doctor, hospital and medication

7.4.4 - Team members' perception of project results:

- Potential to integrate social technology into the training programs of students and future leaders of Public Health in Mexico and Latin America, as a tool for social transformation in the territories.
- Potential to provide technical and methodological support and capacity building to guide the transformation process in the territories.
- Potential for capacity building and support for the community component IMSS-BIENESTAR* model, at the local, municipal and state levels through territorial action plans based on social technology.
- Secure funding to support technical and methodological guidance, along with capacity building, to effectively integrate and position social technology within communities.

Details of the territorial findings can be found in Annex 02.

A detailed explanation of the project in Mexico is available at: Apresentação México.

(*) *The IMSS-BIENESTAR is a government model focused on individuals, families and their communities, seeking to understand the needs of the population and their determinants. It is a tool for the implementation of public health policy in the country and is the first model that integrates the entire health sector.*

7.5 - Paraguay – FLACSO

The project is implemented by the Social Policy Laboratory (LabSo) of FLACSO Paraguay, a unit of the Latin American Faculty of Social Sciences.

7.5.1 - PROJECT TEAM:

The FLACSO team was composed of Patrícia Lima, Evelyn Mendonça, Panambi Scalamongna, María de Jesus Ritter, Marcela Aquino, Pedro Gabriel Pérez Quintana, Beatriz Agüero.

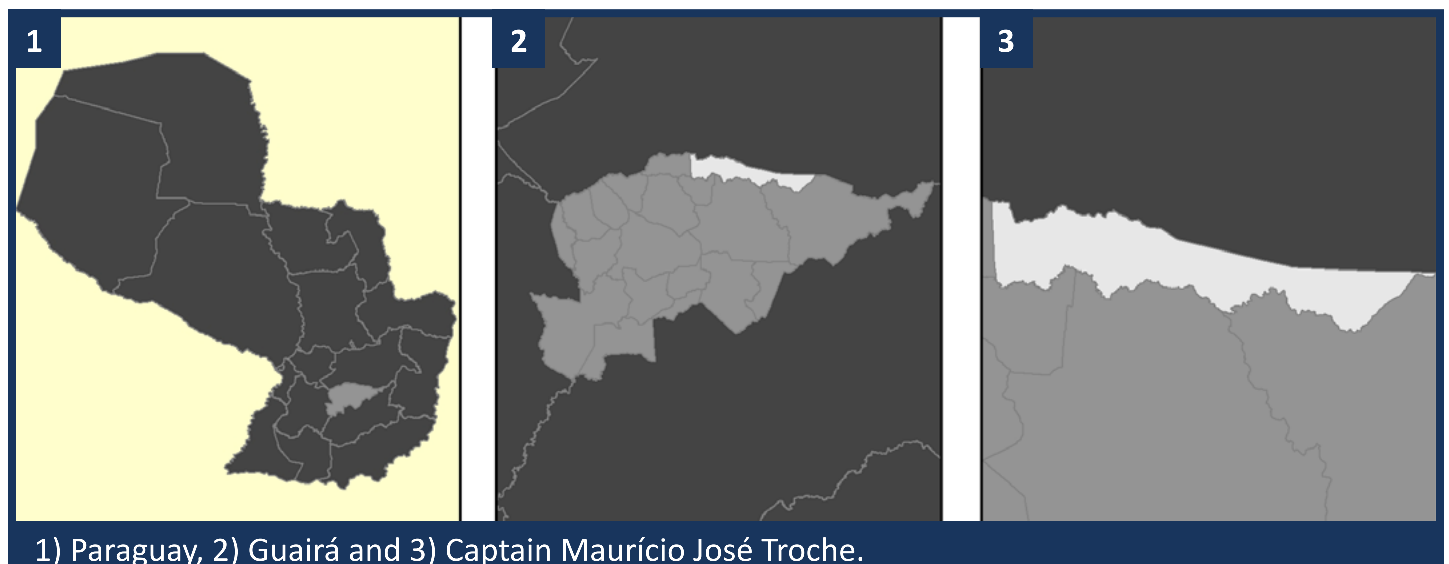
7.5.2 - PROJECT SITE:

The activities were carried out in the municipality of Mauricio José Troche, located 131 km from the capital, Asunción, with a population of approximately 11,300 inhabitants.

The work in the territory was implemented with the Family Health Teams of two Family Health Units and with members of the community. It began with a participatory social mapping exercise in the Troche community, designed to reveal the local social, economic, and political contexts that produce health and disease, as perceived by local actors.

7.5.3 - GENERAL PERCEPTIONS OF THE COMMUNITY:

Community members have pointed out different expressions of inequality in gender relations; in territorial and political organizations. They also indicated the existence of inequalities between people who speak Spanish and those who speak Guaraní (an indigenous language also used by peasants).



1) Paraguay, 2) Guairá and 3) Captain Maurício José Troche.

There are inequalities between people who live in areas with basic services and those who live in areas of informal occupation.

A factory that distills fuel alcohol from sugar cane ("guarapo"), manifests itself as a social equalizer; despite different situations that place some in conditions more or less adverse than others: young people with respect to adults; women with respect to men; peasants with respect to the workers in the factories, everyone suffers it, everyone feels it. The "guarapo" also manifests itself as a social differentiator: because everyone carries their scent everywhere, like a brand. When they leave the village, they are marked by the smell on their skin.

Although the village is small, the distances to access and depend on health services are long.

7.5.4 - Team members' perception of project results:

FLACSO Paraguay's Social Policy Laboratory (LabSo) is dedicated to identifying barriers to social development, developing and empirically testing novel solutions, and transferring knowledge to civil society partners, social movements, and the public sector to improve evidence-based policymaking. LabSo focuses on four intertwined areas: Gender and Social Reproduction, Work and Employment, Agri-Food Systems and Health Systems.

The multicenter social technology project, carried out in collaboration with Fundação Oswaldo Cruz (Brazil), aims to develop interventions and research tools for frontline workers in the Family Health Units of the Ministry of Health of Paraguay to make the planning and implementation of community-based primary health care more participatory.

This methodology allowed the team to discover instances of dialogue and listening; to become aware of common problems. But also, in each "community agent" working in the health units, the team discovered possibilities for reforming health services. In each walking through the site, the community agents, who are also residents of the peripheral neighborhoods, have shown that they know the problems of the community and the people who suffer from them.

Future actions will be to replicate the exercise in other communities, to codify the mapping methodology and develop a prototype toolkit and training module for community health workers. This could be followed by an experiment to test the effectiveness of the training module and mapping methodology on the content and implementation of local primary health care plans.

Details of the territorial findings can be found in Annex 02.

A detailed explanation of the project in Paraguay is available at: Apresentação Paraguai.

8 BIBLIOGRAPHY

8.1 – Snow, J. On the Mode of Communication of Cholera. 2nd. Ed. Much Enlarged. LONDON JOHN CHURCHILL, NEW BURLINGTON STREET. Af. DCCC.I.V.

8.2 – Laurell, AC. La salud-enfermedad como proceso social". Revista Latinoamericana de Salud, México, 2, 1982.

8.3 – Breihl,J. Epidemiologia, Economia, Medicina y Política. 4a ed. México: Fontamara, 1988.

8.4 – Wilkinson,R and Marmot, M. Social Determinants of Health: The Solid Facts. 2nd Ed. WHO, 2003

8.5 - IANPHI – Rio de Janeiro Statement on the Role of National Public Health Institutes in Facing Health Inequities, 2022. https://www.ianphi.org/news/2022/rio-statement-healthequity.html

8.6 - Organización Mundial de la Salud. Conferencia Mundial sobre Determinantes Sociales de la Salud. Rio de Janeiro, Brasil. 2011

8.7 - Rosenberg, F et al. Atención Primaria en Salud y Gestión Urbana en Comunidades Sujetas a Elevada Fragilidad Socioeconómica y Ambiental. Rev Peru Med Exp Salud Publica. 2020;37(2):350-5.

9 ACKNOWLEDGMENTS

The essential collaboration for the success of the project of the International Association of National Institutes of Public Health (IANPHI) and the FIOCRUZ Support Foundation (FIOTEC), is acknowledged.

ANNEX 01

PHASE 01
TRAINING

PHASE 1: Training in tools for Participatory Rapid Diagnosis – PRD and Participative Mapping – PM

AGENDA:
05/19:
Meet and greet at Galeão airport and transfer to Petrópolis

05/20:
08h30: Departure from the hotel
09h – 12h30: Theoretical lectures (Concepts of Social Determination of Health, social inequalities and Inequities in Health, SDGs and the 2030 Agenda; Primary Health Care and Intersectorality)
12h30 – 13h30: Lunch Break
13h30 – 17h: PRD and PM, concepts and tools
17h: Return to the hotel

05/21 to 05/23:
08h30: Departure from the Hotel to visit communities in Petrópolis where PRD and PM actions will be carried out in conjunction with professionals from the Itaborai Forum and the Local Family Health Strategy Team (Two Groups). Lunch during the visit
16h30: Return to the hotel

05/24:
08h30 – Departure from the hotel
09h – 10h30: Presentation of the characteristics of the participating territories
10h30 – 12h30: Preparation, presentation and discussion of reports of the visits
12h30 – 13:30: Lunch
13h30 – 17h: Discussion of logistical aspects for carrying out the work in the respective participating territories

05/25:
Airport transfer

ANNEX 02

PHASE 02:
ON-SITE VISITS

PHASE 2: ON–SITE VISITS – ARGENTINA

Date: August 12 to 16, 2024

Credits: Multicentric Projetct Team

PARTICIPANTS:

Forum Itaboraí / FIOCRUZ:
Caiett Genial and Marcelo Mateus

CeNDIE / ANLIS:
Mariana Manteca Costa (director of CeNDIE); Maria Laura Recorder, (study coordinator, Anthropologist); Florencia García, (Researcher, sociologist)

National Technological University – Avellaneda:
Gisela Gagliolo (Co-coordinator, anthropologist)

Secretary of Health of the Municipality of Avellaneda:
Juan Gregoric (researcher, anthropologist) Javier Danio (director of the Health Center, researcher, sociologist)

Directorate of Environmental Health of the Ministry of Health of the Province of Buenos Aires:
Romina Etchevese (researcher, psychologist); Corina Toloza (researcher, social worker)

ACTIVITIES:

The work was carried out in Dock Sud, located in the commune of Avellaneda, one of the 135 municipalities of the Province of Buenos Aires. The municipality of Avellaneda has 3 official towns (Gerli, Piñeyro and Villa Domínico), and 4 cities (Sarandí, Wilde, Dock Sud and Avellaneda, capital of the municipality). Dock Sud is located in an area that borders the Río de la Plata, the Sarandí stream, the Matanza-Riachuelo basin and the Dock Sud Canal, characterized by being a space with several precarious settlements and villas that are crossed by historical social and environmental problems.

As a first strategy to approach the territory, the CeNDIE team recovered secondary data that were essential to support field activities. This research contributed to the development of guiding documents that facilitated the systematization and adaptation of methodologies to the Argentine reality.

Due to the size of the area and the population density (38,318 inhabitants), it was decided to select a small portion of the locality of Dock Sud,

which corresponded to the programmatic area of the reference health center for our study. In turn, this area was divided into 5 sectors to plan field activities.

As an initial strategy to approach local actors and inquire about territorial dynamics and health strategies, interviews were conducted with health professionals from the five health units present in the territory and with the entire team of the health unit selected to carry out the project (a total of 22 people interviewed). The health team that participated in the study was included in the project from the very start, making it possible for them to participate in each of the proposed activities. Following the arrival of the Itaboraí/FIOCRUZ Forum team, a work agenda was established focused on the activities in which the CeNDIE team had the greatest difficulties in being carried out, particularly those related to the implementation of the PM. This agenda consisted of three PM workshops, two conversation circles and four walks through the territory (crossings), in addition to a conceptual talk for professionals from CeNDIE, the Municipal Department of Health and health professionals who work in Dock Sud:

08/12: General Assembly at the Isla Maciel Health Unit (Dock Sud); conference on PRD and Territory; PM workshop with health professionals from Dock Sud; planning the week with the CeNDIE team.

08/13: Conversation Circle with professionals from the "Manzini" health unit (Dock Sud); PM workshop at the "Manzini" health unit; a journey with the CeNDIE team in Dock Sud; evaluation of the day's activities and preparation of the next day's activities.

08/14: Conversation with community leaders and crossing of the "Las Torres" and "Inflamable" neighborhoods; circle of conversation with the elderly; crossing of the reference sites of the Dock Sud community and visit to the headquarters of the Mutual Relief Society of the Cape Verdean Union in Dock Sud.

08/15: PM and Social Memory workshop at the Eva Perón Cultural Center with residents; crossing through different areas of the Dock Sud.

08/16: Meeting (in the CeNDIE building) with the entire research team, evaluation of the activities carried out and planning of the next stages of the project.

MAIN FINDINGS:

Main challenges:

- Growing urban violence, the product of historical rivalries linked to certain neighborhoods and soccer fans and also disputes over territory for the drug traffic.
- The economic crisis, the lack of work and food support for the most vulnerable families emerges as a major problem in the neighborhood. The increasing opening of popular restaurants and community kitchens (run by community organizations) so that some families can eat at least one meal a day was mentioned. A decrease in the support of the national government in the purchase of food to help this type of initiative has been reported, which has led to a decrease in the supply of food to the most vulnerable population.
- The environmental problem of Dock Sud is historical, especially after the arrival of the Shell refinery and other companies of the Dock Sud Petrochemical Complex. There is contamination of the soil and rivers (the Matanza-Riachuelo River is considered one of the most polluted in the world). Where the greatest problem is perceived is in the town of "Villa Inflamable", made up of precarious settlements on the slopes of the rivers.
- There have been many reports of unemployment and declining incomes by Dock Sud residents in recent years. There is also a change in the labor profile, with the dismissal of formal workers in the industry, and the insertion of some of these workers in informal jobs. Informality is visualized, for example, in street vendors and street food stalls in several of the neighborhoods of the town.
- There are many problems related to the circulation of trucks that transport containers and fuel

both to the port and to the petrochemical hub. Vibrations, cable breakage, ambient noise and accidents are some of the problems mentioned. In some streets, the population built concrete barriers in the middle of the street to prevent the passage of large vehicles.

- Racial discrimination and the invisibilization of the Afro-descendant communities that inhabit the town was a problem deployed and emphasized by a referent of the Cape Verdean community of Dock Sud. The great invisibility exercised even by other community leaders makes it difficult to build common strategies.

Territorial opportunities:

- Existence of many health facilities in the territory, with six health units in the town of Dock Sud. Each of them is made up of professionals from different disciplines.
- An area of historical occupation (since the end of the nineteenth century), and of industrial structure, and which, therefore, has a considerable urban structure with regular streets, access roads to the center of Avellaneda and Buenos Aires.
- Soccer clubs, especially Club A. San Telmo (in Isla Maciel) and Sportivo Dock Sud, are very important cultural references for the inhabitants, where the fields are perceived as places of entertainment and community unity.
- There is a positive perception in relation to the welcome of the community and the sense of belonging of the residents.
- There is a large concentration of social organizations, linked or not to political parties, that carry out continuous social work in the community, some of them linked to the maintenance of the popular restaurants, mainly in current times. These institutions were perceived as representative and as part of the Dock's historical organizational potential.
- Some of the health units were highly praised by members of the community, representing a space of containment, care and daily attention.
- There are "mutual aid" actions in several of the local organizations, for example, the Cape Verdean Society, which distributes donations of food, clothing, and basic items to Afro-Argentines living in the Dock.
- The differences in identity associated with the different neighborhoods within the locality produce, on the one hand, tension and even episodes of violence between neighborhoods, but on the other hand strong bonds of solidarity between those who inhabit each neighborhood. Solidarity was the neighborhood characteristic most mentioned by the interviewed people.

The aspects related to health and its determinants can be summarized as follows:

1. Food insecurity. Food insecurity appears to be one of the main problems in part of the territory, with residents unable to eat all their meals a day and do not have access to more affordable food, making use of community kitchens to ensure dinner or lunch.

2. Environmental pollution. Environmental problems are other reported problems. Residents describe skin pathologies (allergies, body spots), respiratory problems, cancer, and death of domestic animals. The population has managed to take the issue to court and is constantly asking for sanitation responses and specific health care. The success of these lawsuits and claims is quite relative, being insufficient in most cases.

3. Unemployment and informality. The labor issue is one of the main aspects related to social inequities. Due to unemployment and precarious work issues, many residents of Dock Sud have low incomes and are unable to pay for their daily expenses, mainly reporting not being able to eat all meals for the day and to buy basic items, such as personal hygiene items. In addition, they complain about food prices in Dock Sud itself, which aggravates the situation.

4. Urban violence. It is reported as a growing problem, especially in part of Isla Maciel and Las Torres. Several accounts were heard of clashes

between rival gangs, with homicides and people attacked, posing a serious risk to the physical and mental health of residents.

5. Mental health. This was a very recurrent topic in the conversation with the health professionals who work at Dock Sud. During one of the PM activities, a neighbor said that she would like to "wipe her house off the map," because she went through many difficult times there, related to urban violence, family problems and hunger. The professionals stated that situations like this are very recurrent and that they need to build strategies to promote mental health in the territory, together with the inhabitants.

PHASE 2: ON–SITE VISITS – COLOMBIA

Date: July 22 to 26, 2024

Credits: Multicentric Project Team

PARTICIPANTS:

Forum Itaboraí / FIOCRUZ:
Sônia Carvalho, Marcelo Mateus and Caiett Genial

Local participants:
Karol Cotes Cantillo, Diana Díaz Jiménez, INS-Colombia; Sonia Garzón, Mayor of Guasca

Other participants:
Secretary of Social Development of Guasca; Coordination and professionals of the Primary Health Care of Guasca; President of the Vereda Salitre Neighborhood Association

ACTIVITIES:

07/22: Briefing at the INS headquarters - Colombia, where the conceptual framework of the project was presented to a group of professionals and the fieldwork plan was designed.

07/23 – 25: Fieldwork in the territory of Guasca, with 18,000 inhabitants, located 44 km from Bogotá. Visits were made to the health center, schools, associations, as well as conversation circles with different age groups and an audience with the Mayor. The team also participated in a local radio program to raise awareness of the Multicenter Project. Potentialities and challenges were identified in the urban area and in the rural community of El Salitre.

07/26: Feedback and evaluation meeting at the headquarters of INS-Colombia.

KEY FINDINGS:

- There is a strong relationship between the health of the population of Guasca and its natural resources, tourism and culture. Students, adults, the elderly and professionals consulted highlighted how the rich biodiversity, lagoons, hot springs and

ravines contribute to a good quality of life, providing tranquility and well-being. The perception by the population, observed by the appreciation of religious monuments, fauna and flora, cave paintings and cultural tourism itself, revealed a positive perception of the territory, which directly impacts the feeling of belonging and good living in the region. Government support for cultural activities reinforces this relationship, showing how contact with nature and the preservation of historical-cultural heritage contribute to a healthy and balanced lifestyle.

- The main economic activities are related to agricultural production (strawberries, watermelons, potatoes, beans, corn) and intensive flower cultivation. Livestock and milk production complement the local wealth. In addition to boosting the economy, the supply of work in this agricultural universe has a direct impact on the nutritional and satisfaction conditions of families, which are unanimous in mentioning its importance.
- However, there are difficulties such as the cost of inputs for crop maintenance and the increased interest of farmers' children in opportunities in urban areas, which led many to sell or lease their properties, especially to floriculture companies. This has generated a significant socioeconomic impact in the region. In addition, the precariousness of labor relations and low wages are critical factors that affect the well-being of the population.
- These economic and employment challenges compromise both physical health, due to exposure to chemicals, and mental health, due to stress related to job insecurity and the loss of family land.
- Students highlight biodiversity, leisure spaces and tranquillity as aspects that promote physical and mental well-being. The multi-sports court, for example, is considered essential for activities that provide healthy living and community spirit. However, concerns about pollution, pesticide use, and improper garbage disposal raise warnings about the environmental impact on young people's health. In addition, the lack of adequate transportation and the desire of many young people to leave Guasca in search of better opportunities highlight social challenges that can affect emotional balance and mental health. Problems such as drugs, delinquency, early pregnancy and even cases of suicide are also pointed out as social and health risk factors, which reveals the need for more spaces for expression and support for the youth.
- Health professionals stressed that the intensive use of pesticides, especially in floriculture, is a strong threat to the health of workers and residents, in addition to degrading the environment. Continued exposure to these chemicals has led to respiratory problems, skin diseases, and other negative health impacts, as well as impaired the quality of food and water. A considerable challenge is the resistance to integration of the Venezuelan population, which often generates conflicts and episodes of violence, adding a layer of stress and pressure to the work of health professionals. Logistical problems, such as the access of professionals to rural areas, aggravate the situation, forcing adjustments in schedules and improvised solutions, which increases the workload and difficulties in the day-to-day life of the teams. The high turnover of professionals also hinders the continuity of medical care, affecting the quality of the services provided.
- An important segment of the population is made up of elderly people who appreciate and participate in recreational and cultural initiatives promoted by the municipal administration, such as the "Older Adult/Seeds of Love" program. It is also worth mentioning the follow-up program for pregnant women and people with disabilities.
- The growth of domestic violence and the increase in alcohol consumption in Guasca have had direct impacts on the health of the population, affecting both social and family life. These problems are compounded by the increase in robberies and the use of weapons, generating insecurity among residents, who are now afraid to leave their homes

at night due to the presence of unknown or newly arrived people.

- The pandemic has brought a significant increase in anxiety and other disorders, intensifying the need for mental health interventions, including the use of medication. In response, the municipality has intensified its approach to mental health, but faces challenges with professional turnover, compromising continuity of care and bonding with patients. Despite this, the work of health promoters is widely accepted by the community, reflecting the importance of ongoing support in health promotion and prevention of psychological problems.
- Places with open sewerage, precarious transportation, lack of leisure spaces and socioeconomic inequality favor an environment prone to diseases and stress, compromising the physical and mental health of the population. The insecurity caused by aggressive dogs and the disorderly growth of the area intensify the feeling of discontent and isolation of some of the residents, especially in the urban area.

The aspects related to health and its determinants can be summarized as follows:

1. Government involvement: The active collaboration of the local government through the social worker and the Secretary of Social Development and Health is crucial for the success of health initiatives. This institutional commitment is an important determinant, as it reflects the prioritization of health in the public agenda.

2. Health infrastructure challenges: The fragile situation at the Guasca Health Center illustrates how population growth and limited health infrastructure put pressure on services.

3. Impact of Immigration and Inclusion: The challenges faced by Venezuelan nationals and members of ethnic communities from the north of the country who have immigrated to the region, along with local resistance, indicate the need for health policies that address intercultural inclusion and acceptance. The perceived hostility between groups highlights the importance of fostering a welcoming social environment.

4. Conflict mediation: The need for strategies for conflict mediation and strengthening community ties reflects how social and cultural dynamics impact health. The health system must be sensitive to these issues, considering that health is not only a technical issue, but also a social, economic and cultural one.

5. Intersectorality: The overload of the health system is not limited to resources and infrastructure, but intersectorality is vital. Health must be integrated with other areas, such as education, social assistance and culture, to comprehensively address the needs of the population. This collaborative integration is an essential determinant to improve the quality of life.

6. Youth participation: The diversity of young people's opinions about the community highlights the importance of their inclusion in discussions about the future of the region. The active participation of young people is key to building solutions that reflect their needs and concerns.

7. Community activities: cultural and open space cleaning community initiatives are positive examples that strengthen the sense of belonging and togetherness, contributing to mental health and social cohesion. However, problems such as drugs, violence and discrimination require immediate attention, as they affect the safety and health of the population.

8. Environmental awareness: students' concern for environmental problems shows that ecological factors are determinants of health. Valuing the positive aspects of the community, along with awareness of environmental issues, is essential to developing strategies that promote a balance between sustainable development and public health.

9. Limited resources: the accelerated population growth and the limited resources of the municipality to provide the necessary equipment and services to respond to the needs, require intersectoral work, but also a regional view of the planning processes and place the municipality in a classification that allows greater transfer of resources

PHASE 2: ON–SITE VISITS – EL SALVADOR
Date: July 29 to August 2, 2024

Credits: Multicentric Projetct Team

PARTICIPANTS:
Forum Itaboraí / FIOCRUZ:
Marina Rodrigues de Jesus and Bruno Cesar dos Santos

INS-El Salvador Participants:
Cesar Mateo Gavidia, Zaida Ivette Álvarez and others

Other local participants:
Health promoters; representatives of the El Cantón School; community leaders

ACTIVITIES:

The territory chosen by INS-El Salvador to implement the project was Panchimalquito, district of Panchimalco, 26.5 km from the center of San Salvador (1 hr and 10 min) with an approximate population of 1,000 inhabitants in 198 homes and 202 families. Five hamlets were included: El Centro, El Limón, Bajíllo, Conacaste and Tiragran.

In the week prior to the arrival of the Itaboraí / FIOCRUZ Forum team, the INS team carried out training activities for health promoters in RPD/PM, for the appropriation of this social technology tool. This process aimed to ensure that the methodology was adapted to local realities, promoting a practice that evidenced inequities and strengthened the work process of professionals and their territorial reading and the active participation of the community.

07/29: Arrival of the Itaboraí Forum team in the country. Collaborative planning of the work including a meeting with the INS board to discuss the activities carried out in the previous week, such as the training of Health Promoters.

07/30: Crossings of the towns of El Limón and Conacaste and conversation circle with INS professionals, health promoters, representatives of the

Pachimalquito Health Unit, representatives of the El Cantón public school and community leaders.

07/31: Crossings; conversation circle with leaders, health promoters and community leaders and Mapping Workshop with adolescents from public schools.

08/01-02: Meeting with INS technicians to systematize information and reflect on the field experience.

RESULTS:

Local health structure: The figure of the health promoter is valuable. With local knowledge and a strong link with the community, these professionals act as referents and facilitators of access to the health system and establish intersectoral connections. The recently inaugurated Primary Care unit of Pachimalquito is seen by the residents as an achievement, the result of the struggle of the health committee, which today is composed of five residents who organized themselves with the public authorities for the implementation of the unit, which has a minimum team of professionals and has a good structure to serve the population.

Community leaders: There is significant engagement by local leaders with the committees, the school board and women's group that are organized in the Catholic Church. These groups are embryos of a process of community organization.

Potential for agroecology and food self-sufficiency: The community is concerned and interested in recovering ancestral knowledge of agroecological land management, an important resource to mitigate pesticide use and stimulate food sovereignty.

Access to water: the implementation of cisterns and dams that improved families' access to water resources. Previously, they traveled long distances to have access to water.

Community culture and identity: The cultural bond of the community, especially in the preservation of clothing and traditions, strengthens culture and social cohesion and can be the basis for actions that strengthen identity with the appreciation and rescue of local knowledge, such as the Nahuatl language and the practice of historians.

Popular participation committees: The existence of local committees, such as health and school councils, show a minimal organizational structure for the exercise of social control. The community was open to dialogues on expanded health, being able to promote assemblies and dialogue tables to plan joint actions. The school board, which recently acquired land for agroecological practices, demonstrates strong organizational capacity and a desire to promote inclusive education.

ASPECTS RELATED TO TERRITORIAL CHALLENGES IN HEALTH AND THEIR DETERMINANTS:

Mobility and local health structure: The rural community faces significant obstacles in accessing essential health and education services. Due to the long distance that separates the community from services and the high costs of transportation, many residents make grueling walks. Some families report walking up to three hours to reach the nearest health service, while children and adolescents walk about an hour and a half to get to the community school. In addition, access to commerce and cultural spaces is also hampered by the absence of accessible transportation.

Despite the fact that there is a Primary Care Health Unit in the region, residents point out that the care offered is limited and irregular. Community health promoters play an important role in supporting the population by conducting home visits and covering long distances on foot. However, they face serious limitations, as they do not have adequate support for their travel, which reduces the number of weekly visits they can make.

Environmental conditions and sanitation: The community has an irregular sanitation service, which translates into the risk of contamination and accumulation of solid waste. Access to basic services, solid waste disposal and wastewater treatment also contributes to and increases the

exposure of the population to risk factors that can generate diseases. Part of these problems are influenced by environmental risks such as landslides on access roads, which are currently being intervened by the authorities.

In schools, the health situation is precarious, with an absence of adequate sanitation systems and poor toilets, raising concerns for children's health. School feeding is organized by mothers and guardians, who lack adequate space to prepare food. The school board has acted to organize itself in search of mitigating actions.

Housing conditions and geological hazards: Most of the residences are very simple self-constructions, some of rammed earth and with poor ventilation, without running water and with limited electricity. In rainy periods, the community faces geological hazards, such as landslides, which can leave isolated areas. The lack of evacuation routes and adequate preventive measures puts the safety of residents at risk.

Health problems/disease: By analyzing previous epidemiological data, diarrheal diseases were identified as one of the first five causes of consultation; in the community there are factors that can favor the appearance of these diseases. Residents have pointed to the presence of mosquitoes that could contribute to the spread of diseases such as dengue. In addition, sanitation conditions in the community are irregular and there are difficulties in accessing drinking water for the entire community, as well as a lack of adequate infrastructure for solid waste disposal. According to verbal data from the residents, they have noticed an increase in the presence of mosquitoes in recent years, which increases concern for community health.

Young children suffer from respiratory and diarrheal problems, while the elderly have cases of hypertension and diabetes and heart problems. Mental health is also noted, especially among women, who report feelings of sadness and depression, in part, due to the historical social aftermath of the gang civil war that marked the history of the population.

As for the care of pregnant and postpartum women, it is affected by environmental factors such as landslides in access streets due to the geography of the area. Despite this, the first level of care (Health Unit) in coordination with the central level of the Ministry of Health of El Salvador, generates community approaches to be able to provide care and control of these special populations. One of the risk factors identified was the long and expensive journey that these populations must travel to be able to leave their homes, and the irregularity of access to transportation that affects both public transportation and that of the Health Unit for transfer to maternal waiting homes.

The long and expensive journey to the birthing site increases the risks for pregnant and postpartum women, putting them in vulnerable situations. Despite the existence of a birthing house in the municipality of Pachimalco, public health services transportation is not available and, in some places, there is no access for vehicles.

Income conditions and food security: The community's economy is based on subsistence agriculture, which faces intensive pesticide use and low productivity due to climate change and the loss of traditional agroecological practices.

A significant part of the residents is forced to leave the community in search of job opportunities, many of whom are engaged in commerce and domestic service. Those who have higher education tend to abandon the community to seek better job opportunities outside. The dependence on subsidies, the lack of social interventions such as cisterns and poultry projects, added to the migration of the population for access to job opportunities to Panchimalco or to the capital, San Salvador, affects the resolution capacity of Panchimalquito and generates financial difficulties in the territory. Some women supplement their income by selling food, such as pupusas, eggs and produce from their home gardens.

Based on the results obtained, the following proposals for intervention by the INS were developed:

1. Implement a training program in health PRD/PM for more than 3,000 health promotion professionals in the country, covering basic concepts of the Social Determination of Health and Critical Epidemiology. This is intended to qualify professional praxis and strengthen popular participation in health in order to incorporate this technology into the work processes of field supervisors.
2. Publish the project in the Institute's scientific journal of Public Health.
3. Possibility of integrating professionals from other areas of knowledge into the Institute to promote a multidisciplinary vision in territorial analysis.
4. Create observatories to monitor and evaluate the process of training health promoters and changes in community health practices.
5. Apply Participatory Mapping strategies in public health strategies, such as the georeferencing of health inequities, which allow representing and specializing conditions that affect health services, allowing the identification of these for evidence-based decision-making and public health policies.
6. Strengthen community participation in accordance with the guidelines of the Ministry of Health, providing feedback from the PRD/PM in the regional assemblies.
7. For the application of this social technology, it is essential to consider some requirements. And the first step is to ensure the involvement and commitment of the management of the institute, as observed in this project, where managers and technicians delved into the principles and objectives of the PRD/PM. The rapid adaptation of the pedagogical materials, combined with the intentionality and applicability of the tool, made it possible to analyze the potential impacts and changes that can be generated in health practices and in the fight against inequities. The multidimensional and multi-level approach of the methodology was strengthened with the participation of the technicians, reinforced by the previous experience in Brazil.

PHASE 2: ON–SITE VISITS – MEXICO
Date: July 22 to 26, 2024

Credits: Multicentric Projetct Team

PARTICIPANTS:

Forum Itaboraí / FIOCRUZ:
Marina Rodrigues de Jesus and Bruno Cesar dos Santos

INSP-Mexico Participants:
Urinda Álamo and Leith León

Other local participants:
Community leaders; local and municipal authorities, youth, parents, university students; health personnel and people from the community.

ACTIVITIES:

The site activities were carried out in the town of Atlacholoaya, in the municipality of Xochitepec, state of Morelos, about 40 km from the headquarters of INSP-Mexico. The town has 4,594 inhabitants in 1,529 homes.

The process included visits to key institutions, such as the Atlacholoaya Health Center and the DIF (Integrated Family Development System) Xochitepec, where issues such as health organization, health promotion, and the vulnerabilities and potentialities of the territory were discussed. Conversation circles were also held with the residents, journeys through the territory and Participatory Mapping activity to identify the social, cultural and economic dynamics of the community, discuss and stimulate the construction of possibilities for territorial improvements.

07/22: Institutional visits were carried out, which were fundamental in terms of territorial dynamics. The institutions visited were the Atlacholoaya Health Center and the DIF Xochitepec. The activity of the Health Center aimed to present the methodology applied in the territories of Petrópolis, its potentialities, limitations and challenges, as

well as to explore the strengths and challenges of health services in Atlachol Institutional visits were carried out, which were fundamental in terms of territorial dynamics. The institutions visited were the Atlacholoaya Health Center and the DIF Xochitepec. The activity of the Health Center aimed to present the methodology applied in the territories of Petrópolis, its potentialities, limitations and challenges, as well as to explore the strengths and challenges of health services in Atlacholoaya. A brief characterization of the Unified Health System in Brazil was presented, as well as the specific characteristics of the public health network in Petrópolis and the history of the institutional performance of the Itaboraí/FIOCRUZ Forum. The staff of the health center mentioned the resources it has for its operation, the programs it attends, as well as the day to day difficulties it presents.

07/23: Visit to the "Ayudantía", a kind of sub-prefecture of the territory, to talk to the person in charge and a young woman, who works as an assistant, approximately 16 years old. Questions were addressed about what it is like to live in Atlacholoaya, what are the potentialities, vulnerabilities, challenges for young people, economic characteristics, etc.

07/24: Crossings throughout the territory. Two groups were divided, including professionals from the Itaboraí/FIOCRUZ Forum and the INSP, residents of the territory and 2 young people, higher education students who supported the collection of data in the field, using geotechnology. The places chosen to make the crossings were La Guamuchilera and El Calvário, highly marginalized neighborhoods belonging to the territory of Atlacholoaya.

07/25: PM activities and popular education tools. The objective, in addition to raising and debating issues in the territory with the people involved, was also to show possibilities for rapid replication. The Petal Diagram technique was chosen, where it is possible to identify potentialities, vulnerabilities and work on these issues in an articulated way. The participatory mapping activities themselves had already been carried out previously, coordinated by INSP professionals, identifying relevant aspects of the territory on maps, with the population.

07/26: Visits to the Municipal Health Directorate and FUCAM, a private institution that provides care to women with cancer and return to DIF Xochitepec, for a more in-depth conversation about the programs, scope and structure of the institution.

RESULTS:

Atlacholoaya is perceived as a close-knit community, with a strong connection around the Catholic church and its traditional festivals, despite generational changes and the arrival of new residents. Such changes are expressed in the talks on migration issues, seen as potentially disarticulating traditions and knowledge among residents, both highly praised by the community. This situation is very strong in some neighborhoods, such as La Guamuchilera, which receives a seasonal population due to the sugarcane harvest, as well as the populations of the new residential complexes that are growing in Atlacholoaya, without ties to the community.

MAIN CHALLENGES:

Education: Local youth express challenges related to continuing education and returning to the community, where the lack of employment opportunities becomes a barrier for many. Despite this, the region's agricultural school has played an important role in reviving young people's interest in cultural preservation and agriculture, sectors crucial to local identity.

Employment: The generation of employment and income is considered a very big challenge, since most of them live from informal occupations in commerce. This difficulty in generating employment and income ends up being reflected in food

insecurity. Although they are not perceived as part of Atlacholoaya, the new residential complexes are important for generating employment and income, as some residents work in these places.

Violence and insecurity: This is the main concern of both young people and adults, exemplified by the tragic case of a young girl from the local choir who was fatally shot in a dispute for territorial control. Sexual violence in the area also stands out, mentioned by both residents and health personnel.

Health Issues: Respiratory diseases, such as tuberculosis, diarrheal diseases, and high rates of teenage pregnancy, are highlighted by health professionals. Breast cancer and cervical cancer were pointed out as the main problems in the territory.

Difficulty in accessing health services: The population faces challenges in moving to medium and high complexity health centers. The local unit sees about 8 patients a day and works on a walk-in basis, but access to specialized tests and treatments is limited. This low number of attendances is a critical point pointed out by residents. Women face constraints both in the domestic sphere and in access to preventive care. Infrastructure problems were pointed out, such as pavement, lack of public lighting , poor basic sanitation and insufficient access to water.

MAIN POTENTIALITIES OF ATLACHOLOAYA:

United population: The community maintains strong social cohesion, especially around cultural and religious practices.

Motivated young people: Despite the difficulties, young people in the region show interest in training and contributing to the community. The girls' choir is an important initiative that brings new perspectives to young women, although it lacks institutional support.

School of Agriculture: Acts in rescuing local culture and promoting agriculture, helping to renew young people's interest in preserving cultural and environmental heritage.

Social infrastructure: DIF Xochitepec offers important support programs, such as community kitchens and care for women victims of violence. These projects offer significant support to families in vulnerable situations. However, the facilities of the DIF Xochitepec are located far from Atlacholoaya, a situation that makes it difficult for the inhabitants of the community to access these programs.

EXPECTATIONS FOR THE TERRITORY:

Construction of more leisure and training spaces for young people in the town. Activities that involve the training of women to generate employment and income in the locality. Reduction of systemic violence considered the greatest challenge for the territory.

CONCLUSION:

The experience revealed a community with strong social and cultural ties, but also with great challenges, especially related to violence, access to health and women's living conditions. Young people, although they face difficulties, are seen as a potential force for transformation. Cultural initiatives, such as the girls' choir and agricultural school, stand out as promising examples, while local institutions, such as the DIF and the Health Center, play a crucial role in supporting families and in the few health promotion initiatives.

PHASE 2: ON–SITE VISITS – PARAGUAY

Date: August 05 to 09, 2024

Credits: Multicentric Projetct Team

PARTICIPANTS:

Forum Itaboraí / FIOCRUZ:

Marcelo Mateus and Caiett Genial

FLACSO-Paraguay participants:

Patrícia Lima, Ever Mendonça, Panambi Scalamongna, Mati Ritter, Marcela Aquino, Valer Walder, Pedro Gabriel Pérez Quintana and Beatriz Agüero

Other participants:

Community health agents and other professionals from the Health Unit. Community Leaders.

ACTIVITIES:

The activities were carried out in the municipality of Mauricio José Troche, located 131 km from the capital, Asunción, with a population of approximately 11,300 inhabitants.

08/05: Planning meeting with FLACSO staff in Asunción. Travel to the project site.

08/06: Group conversation with two family health teams at the La Familia Cerro Punta Health Unit. Participatory mapping with the Mauricio José Troche Health Unit. Semistructured interview with a peasant leader of the Organization Lucha por la Tierra (OLT), who offered a strategic vision on local issues. In addition, a home visit was made to assess the living and health conditions of a family, which allowed for an indepth understanding of the challenges faced by residents.

08/07: Interview with the director of the Health Center. Five focus group meetings were held with teachers from the "José Maurício Troche" National School. A car tour of the territory, providing inputs for participatory mapping.

08/08: Participatory mapping in the local school. Group meeting with patients at the health center.

Interview with young people from the local church and a health group leader.
08/09: Return trip to Asunción and final evaluation meeting with FLACSO staff.

MAJOR HEALTH CHALLENGES IN MAURICIO JOSÉ TROCHE:

Prevalence of Respiratory Diseases, Mental Health, Diabetes, Hypertension and Cancer: The population of Maurício José Troche has high rates of respiratory diseases, such as asthma and bronchitis, aggravated by industrial pollution. Chronic diseases such as hypertension and diabetes are common, in addition to the growing number of cancer cases. The lack of resources for early diagnosis and appropriate treatment limits the response to these conditions. Shortages of essential medicines for the control of hypertension and diabetes compromise the health of patients, increasing the risk of serious complications and unnecessary hospitalizations.

Unequal access to health services: The population faces transportation barriers, poor infrastructure, and a lack of qualified professionals, making it difficult to provide regular care, especially for chronic diseases and early diagnosis of cancer.

Traditional Medicine and Community Networks: The lack of effectiveness of the formal health system in meeting local demand leads the population to turn to traditional medicine and community networks for basic care, revealing the need for integration between these practices and the formal system.

Environmental and health inequities: Industrial pollution disproportionately affects vulnerable communities, increasing cases of respiratory illness and possibly contributing to a higher incidence of cancer due to continued exposure to pollutants. Lack of sanitation and the accumulation of garbage increase the proliferation of vectors and the risk of diseases, such as dengue.

Education and Health: School dropout and unfavorable conditions for educators create a cycle of vulnerability, impacting the mental and physical health of the population, in addition to making it difficult to access information on prevention and self-care.

Mental health: Mental health is a growing challenge in Maurício José Troche, affecting young people, the elderly, health professionals and former peasant leaders. Young people face high levels of anxiety and depression, compounded by a lack of prospects; the elderly deal with social isolation; health professionals with the pressure of work; and peasant leaders with the emotional exhaustion of defending their rights in the midst of uncertainty.

Infrastructure and mobility: Dirt roads, accumulated garbage and open-air wastewater expose the population to precarious conditions. Difficulty of access: During the rains, children and young people are unable to go to school, and access to health services is very limited.

PROPOSALS FOR A MORE EQUITABLE SOCIETY:

- Strengthening Primary Care and Early Detection: Expanding access to primary care to include preventive screenings for respiratory diseases, hypertension, diabetes, and cancer. Active search and home monitoring programs will help reduce complications and promote early diagnosis, especially in cases of cancer and chronic diseases.
- Improve community infrastructure and mobility: Invest in improving road infrastructure and public or community transport to facilitate access to health facilities and schools, ensuring that patients with serious illnesses, such as cancer, can access the care they need.
- Health Education and Integration of Traditional Medicine - Integrate traditional medicine practices into the formal health system, promoting health education campaigns for the management of chronic diseases. This strengthens the community's trust in the health system and values self-care.

- Environmental regulation and air quality monitoring: Adopt strict air quality monitoring policies and implement regulations to reduce industrial pollution, with a focus on protecting vulnerable communities and children from respiratory health risks and cancer.
- Valuing health and education professionals – Improve the working conditions and remuneration of health and education professionals, promote the training of community agents and combat school dropouts.
- Guarantee of Supply of Essential Medicines – Implement a policy of regular acquisition and distribution of medicines, especially for hypertension and diabetes, with stock monitoring systems and delivery in hard-to-reach areas. Facilitating the continuous supply of these drugs will help prevent complications and reduce the burden on the healthcare system.
- Psychological Support and Community Mental Health Promotion – Establish psychological support centers and assistance programs for youth, the elderly, health professionals, and farm leaders. Offering affordable psychological care and creating community support groups, recreational activities, and workshops to reduce the impact of mental health and promote resilience and mutual support.
- Integration of Multisectoral Policies and Urban Planning: Promote the integration of health, education, and environmental policies, along with urban planning focused on equity and inclusion. Improvements in urban infrastructure, such as paving dirt streets, implementing garbage collection systems, and building sewer networks, contribute to mitigating structural barriers and strengthening community health. In addition, the implementation of awareness campaigns among the population about the importance of proper waste disposal can help reduce the proliferation of vectors.

CONCLUSION:

The analysis of health challenges in Maurício José Troche reveals a scenario marked by inequities that affect the quality of life of the population. Respiratory diseases, diabetes, hypertension and cancer are prevalent, aggravated by factors such as industrial pollution and a lack of resources for diagnosis and treatment. Inequality in access to health services is amplified by precarious infrastructure, such as dirt roads and open-air sewage, which limit mobility and expose the community to health risks. Reliance on traditional medicine reflects dissatisfaction with the formal health system, while mental health is a growing challenge, affecting different age groups and professionals. Proposals to mitigate these inequities include strengthening primary care, improving infrastructure and mobility, integrating traditional health practices, regulating the environment, valuing health and education professionals, ensuring essential medicines, and promoting psychological support. These actions aim to create a more equitable and healthier environment, promoting inclusion and well-being in the community.

ANNEX 03

PHASE 03
FINAL EVALUATION

PHASE 3: FINAL EVALUATION MEETING

Date: September 15 to 19, 2024

A3.1- Agenda:

09/15:
Reception at Galeão airport and transfer to Petrópolis

09/16:
08h30: Departure from the hotel
09h – 09h20: Welcome. Presentation of the objectives and methodology of the meeting
09h20 – 11h20: Presentation of the fieldwork in the Province of Buenos Aires
11h20 – 12h20: Debate. Strengths and Weaknesses. Continuity proposals by ANLIS
12h20 – 14h: Lunch Break
14h– 16h: Presentation of the fieldwork in Paraguay
16h – 16h30: Debate. Strengths and Weaknesses. Proposals for continuity by FLACSO/Paraguay
16h30 – 17h: The Theatre of the Oppressed as an instrument of Social Technology
17h: Return to the hotel

09/17:
08h30: Departure from the hotel
09h – 09h30: Welcome. Conclusions of the previous day
09h30 – 11h30: Presentation of the fieldwork in El Salvador
11h30 – 12h30: Debate. Strengths and Weaknesses. Continuity proposals by the INS – El Salvador
12h30 – 14h: Lunch Break
14h– 16h: Presentation of the fieldwork in the Department of Morelos
16h – 17h: Debate. Strengths and Weaknesses. Continuity proposals by INSP-Mexico
17h: Return to the hotel

09/18:
08h30: Departure from the hotel
09h – 09h30: Welcome. Conclusions of the 17th
09h30 – 11h30: Presentation of the fieldwork in the Community of Guasca/Colombia
11h30 – 12h30: Debate. Strengths and Weaknesses. Continuity proposals by INSColombia
12h30 – 14h: Lunch Break
14h – 15h: Debate: Common conclusions and particularities that potentially affect the working methodology
15h – 17h: Bases for the elaboration of a future Work Plan
17h: Return to the hotel

09/19:
08h30 – Departure from the hotel
09h – 11h: Virtual meeting of the participants of the Multicenter Project with the IANPHI Inequities Committee
11h – 12h: Proposals and Recommendations for the IANPHI Inequities Committee
12h: Closing of activities and airport transfers

A3.2 - Summary of Executive Report

Four National Institutes of Public Health, namely, ANLIS – Argentina; INS – Colombia; INS – El Salvador and INSP – Mexico and one academic institution, FLACSO – Paraguay, actively participated in all stages of the Multicenter Project. Due to domestic travel restrictions, the team of Colombia was unable to travel to local activities in Petrópolis. However, this limitation was partially resolved through online participation.

The final evaluation meeting was unanimous in affirming that the project was very successful, even more so if one considers that it was organized and executed in its entirety in less than four months.

One place (Argentina) was urban; one (El Salvador) was semi-urban and the other three were small rural communities. Due to the short time available to execute the project, sites were chosen that were easily accessible and where some local links already existed and, except for Mexico, not where there were territorial and social conditions for a richer experience.

In three of the participating institutions, qualitative field methodologies are applied with different depths prior to the project. In the other two, they were applied for the first time.

But they all agreed on the strength of the methodology, its flexibility and speed to obtain relevant, deep, useful information with the potential to transform realities. The project provided a new methodological perspective, even in those where qualitative fieldwork had already been applied. Most previous field projects were previously organized through closed and either sectorial or thematic biased forms or meetings which gave reduced opportunity to widen up community insights. Even when group activities were carried out, they were usually reduced to pre-established groups, sometimes with the presence of formal authorities that inhibit people's conversations. On the contrary, the methodology applied in this project organizes the groups according to the results of the RPD/PM. The main innovation consisted of the emphasis and methods given to impartial listening to the perceptions of the community. The community walks (crossings) allowed the team to realize in situ many of the perceived territorial problems. The way in which communities are approached was an important learning experience for the groups, because it gains trust, particularly where political interests or drug trafficking prevail.

The participation of two groups linked to academic institutions (Argentina and Paraguay) made it possible to incorporate important improvements into the methodological guidelines, such as the development of better structured survey forms and the adjustment or clarification of the name "Participatory Rapid Diagnosis" to ensure that it encompasses continuous rounds of community approaches for follow-up and intervention proposals. Another important aspect was the development of the tools for the application of Participatory Mapping, with the production of icons and graphic elements together with the participating population. This experience with different Latin American populations profoundly expanded the capacity to represent different social groups. The use of GIS for the systematization of qualitative data also proved to be innovative, with pre- and post-field activities that made it possible to systematize it stage by stage, based on ethnographic contributions from the institutes' teams. The need to better adapt the language of the Manual/guidelines to other users was also noted, with the possibility of creating various materials for different audiences, such as schoolchildren; field workers; and so on.

An important methodological challenge outlined by the participants concerns the systematization of the results. It was suggested that the outcomes could be organized in relation to the relevant SDGs, as this would also encourage cross-sectoral approaches. On the other hand, it is important to organize the results according to the gender, age, ethnicity, and social classes or groups

(measured by occupational profiles) of the individuals consulted.

In terms of results, most of the findings were common to all or most sites. For example, an important finding is related to local productive activity as the main determinant in territorial results. The disappearance of the Dock Sud factories in Argentina and the new developments of the large farms producing flowers and other agro-crops, as well as the productive disruption of small Mexican farmers, culminating in a process of irregular overcrowding, disfiguring the existing territorial organization based on immigration to the territory, and the alcohol distillery in Paraguay were the main factors that created social, economic, environmental and health constraints and distress in the territory as a whole.

This reinforces the need to place greater emphasis on the occupational categories that prevail in the territories studied.

The most prevalent problems perceived by the communities were the following:

- Internal or international migration causing disruption to local social and economic arrangements and varying degrees of violence.
- Difficulties in urban and rural mobility in accessing health services and employment opportunities.
- Job insecurity / lack of job opportunities.
- Environmental health: pollution, pesticides, climate disasters.
- Lack of sanitation and access to safe drinking water. - Precarious access to health systems.
- Food insecurity, especially in rural areas, due to the recent transformation of traditional family farming into agribusiness.
- Gender and ethnic discrimination (indigenous peoples, Afro-descendants).
- Reduced access to secondary, technical and university education, particularly in non-urban areas.
- Deficiency in mental health care, use of harmful substances and lack of comprehensive care of young people.

Finally, the participants evaluated the possible results and the follow-up of the project:

1. Strengthened awareness of the importance of Social Determination of Health and the need to promote the intersectoral approach at the local level.

2. Incorporation of social technology as a concept, qualitative methods as tools and approach to primary care services, as a strategy within the scope of the NPHIs.

3. The importance of promoting the implementation of the project's methodology and approach as a Primary Health Care policy at the national level.

4. Awareness and dissemination in the IANPHI Health Inequities Committee.

5. Training of 3,000 community agents in PRD/PM in Primary Health Care units in El Salvador.

6. Expansion of demonstration projects in three new municipalities in two provinces of Argentina.

7. Proposal for collaboration with the IMSS-Bienestar (Health promotion branch of the National Social Security System in Mexico).

8. Incorporation of social technology in comprehensive health diagnoses, carried out by public health students in Mexico.

9. Incorporation or strengthening of qualitative field research in the participating Institutes; continuity and integration to achieve transformation in the territories.

10. Presentation of the new methodologies in the fieldwork of FLACSO Paraguay. The team built popular theatre activities to address labor issues at the alcohol factory with the population of Troche.

11. Insertion of Social Technology in postgraduate curricula and awareness of its use at the government level.

12. Development of a communication strategy to sensitize local authorities about the importance of implementing Social Technology, particularly to strengthen health promotion objectives.

With regard to the project, emphasis was placed on the creation of a network of participat-

ing groups in order to exchange experiences and follow-ups.

Two virtual sites would be created. One of them for the monitoring and exchange of existing projects and another, more didactic, open to anyone who wants to join, including health workers and members of the community.

The creation of a Network Observatory where local participatory experiences are described and discussed.

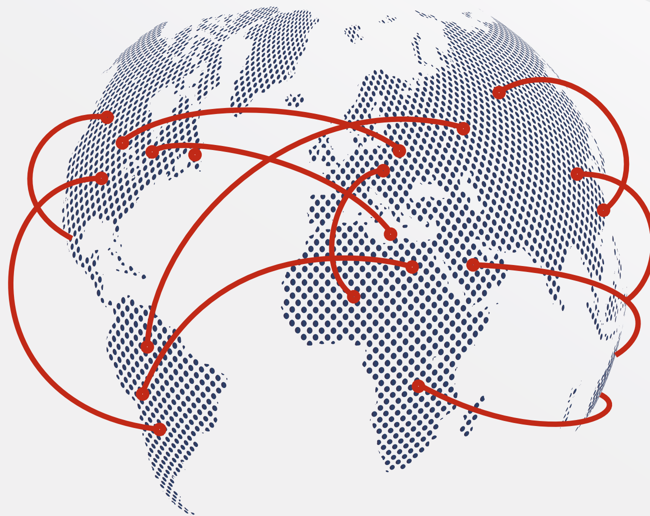
Organize an online virtual course. The members of the participating institutes are willing to work together on their content and media.

The possibility of personal exchange visits between the sites was also considered to be extremely useful. Specific funds should be sought for that purpose.

A3.3 - Acknowledgments

The Itaboraí Forum/FIOCRUZ and the participants of the project are grateful for the encouragement and the financial and technical support of the International Association of National Institutes of Public Health (IANPHI) and the FIOCRUZ Support Foundation (FIOTEC), without which the execution of the project would not have been possible.

Credits: Luiz Pistone (FIOCRUZ)



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