

## EDITORIAL

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With the creation and issuance of the National Health Code (Law 9 of 1979) in a context of the National Health System –NHS (Decrees 056 and 350 of 1975), a broad approach to the aspects involved in health was adopted in Colombia human being including specific elements in relation to the protection of the environment. This approach is based on the understanding that the relationship between the human being and his or her environment is a basic determinant of quality of life and health condition (Steenland and Savitz, 1997). The National Sanitary Code was regulated in various aspects such as air emissions (Decrees 02/82 and 2206/84), drinking water (Decree 2105/83), and liquid waste (Decree 1594/84), among others. These regulatory instruments were, at the time, the support for the control of environmental contamination within the scope of public health.

During 1993, and as part of a reform ensemble, the creation of a National Environmental System (Law 99 of 1993) and the reform of the health system based on an assurance model (Law 100 of 1993) were processed and approved. Then, it was firstly established that: “As soon as the activities regulated by the Ministry of the Environment can affect human health, this function will be exercised in consultation with the Ministry of Health,” hence it established the participation of the Ministry of Health in the National Environmental Council. In the second instance, it was established that: “The Ministry of Health will define a basic care plan that complements the actions foreseen in the mandatory health plan of this law and environmental sanitation actions,” which should be obligatory and financed with resources fiscal.

Thus, the amendments introduced in the legislation were not aimed at strengthening an integrated approach, but rather produced a split between two sides of the same coin, generating fragmentation and therefore a constraint for the development of environmental health in the country, which implies an important distortion in the conception of the interactions of these two universes (health-environment), while in reality people and communities continue to face the effects of these interactions. The issue is critical because it has been estimated that environmental damage in the country, including social and environmental costs, represents 3.7% of GDP (Larsen, 2004). This figure

exceeds the average reported by countries with income level similar to ours (Sánchez-Triana, et al, 2007). Based on various authors (Ordóñez, 2000, Gee and Payne-Sturges, 2004 and Briggs, 2008), and from a purely epistemological approach, it is proposed to differentiate three environments within which people develop as individuals and as a community: the more proximal (chemical, biological, and physical environment); the intermediate, constituted by its natural and cultural environment (which includes the modifications that have been introduced to nature); and the most distal, related to power structures in three fields (economic, social and political). This categorization is important because it allows structuring efforts in the attention of episodes of environmental health according to the level where they can be presented and where a solution can best be designed. However, although all matters related to the health of a community have proximal, intermediate and distal determinants (McMichael, 1999 and Álvarez, 2009), this analysis does not always adequately orient the most efficient effort (Krieger, 2008).

Government intervention at these three levels must be done in a coordinated manner so that the efforts undertaken are not within their own area of influence but transcend and coordinate with all levels and are consistent with long-term efforts. Methodological approaches can be undertaken; for example, the one proposed by Corvalán, et al (1999) called “Cause-Effect Framework Between Health and Environment,” for both intra-level and inter-level initiatives, which consider all the associated determinants to the specific problem, regardless of the scope required.

Nevertheless, there are two aspects that are suggestive. In the first place, that the temporary closeness in the discussion and approval of the laws that address the issues of health and environment has not generated a better legal and conceptual interaction. And secondly, that after almost four decades of issuing the so-called National Health Code (Law 9 of 1979), it has not been possible to advance an integrating vision of the way in which environmental realities are determining the indicators of the health of people.

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