

## The Cali Declaration Colombia, 2018

The VII Ibero-American Summit of Family Medicine was held in Cali, Colombia, on the 13<sup>th</sup> and 14<sup>th</sup> of March 2018, with the theme **FORTY YEARS OF ALMA-ATA: FAMILY MEDICINE AND FAMILY HEALTH, A PATH FOR PEACE**.

The event, aimed to contribute to the strengthening of health policies in Primary Care and Family Medicine in Ibero-America, was organized by the Ministry of Public Health of Colombia; the World Organization of Family Doctors (WONCA); the Ibero-American Confederation of Family Medicine (CIMF); the Colombian Society of Family Medicine (SOCMEF), Municipality of Santiago de Cali; and the Pan American Health Organization (PAHO/WHO). Representatives of Health Ministries of Ibero-America, representatives of WONCA, representatives of WONCA Ibero-American CIMF, representatives of SOCMEF, representatives of the health of municipal governments of Colombia, and of other Latin American countries, coordinators of medical programs of Medicine of Family, civil society delegates, and representatives of PAHO/WHO, gathered to discuss the following topics:

1. Forty Years of Alma Ata: Family Medicine and Family Health, a Path to Peace;
2. Research applied to the Territories;
3. Economic Impact of Family Medicine on Health Systems;
4. Family and Community Medicine as a source of Mental Health Care;
5. Quaternary Prevention: How to do and how to teach it;
6. Family and Community Medicine and the Health of Migrants.

The following definitions and recommendations were generated, as a result of the analysis of the working groups, made up of experts from the above mentioned areas, and coming from the organizations convened by the institutions that endorse this Summit:

1. To include, in the undergraduate courses in Medicine and postgraduate in Family Medicine, both theoretical and practical contents, necessary and appropriate to each level of training, for the development of competences (knowledge, skills, abilities and attitudes), including family and community approaches and communication, in order to better deal with the diversity of violence in a professional practice context.

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2. To urge authorities (in the areas of training and professional practice) to promote self-care and inner peace for families and communities, aiming at the construction and implementation of transversal public and educational policies to human development, focused on a culture of peace, from a human rights perspective, based in an intersectoral and transdisciplinary work.
  3. To establish funding policies that stimulate research that identifies the factors of protection and deterioration linked to violence, promoting the empowerment of the population, through participatory methodologies, and using tools to address the community scenario in Primary Care.
  4. To contribute to the strengthening of the IBIMEFA Network, aiming at the integration of researchers from the Region, as well as to identify and disseminate opportunities for training, financing, and to generate information and periodic meetings for specific protocols.
  5. To improve the communication channels of theses, undergraduate/field work, carried out by students/residents, for a better acquaintance of the region, in order to monitor the results and knowledge of this type of research and establish thesis/research repositories, and databases, for defining lines.
  6. To encourage/promote clinical and epidemiological research in a differentiated way, with Fundamentals and principles of family medicine (use of Health and Family Medicine tools) and to get back in touch with subgroups of previous summits, as well as group coordinators of the IBIMEFA network, identifying real possibilities of financing.
  7. To emphasize the importance that each family physician should have a population as signed to it, in a specific territory and in all sectors of the health system, in order to guarantee access and equity.
  8. To recommend that there should be a minimum of 30 family doctors for 100,000 inhabitants, a goal that can be achieved in the next decade.
  9. To recommend that common strategies should be developed for member countries to obtain standardized indicators that measure the professional performance and economic impact of the family doctor.
  10. To form strategic alliances with decision-makers, health personnel and citizens in order to apply the principles of quaternary prevention and reduce over-diagnosis and over-treatment, thus contributing to quality health care.
  11. To disseminate the concept of Quaternary Prevention, to achieve health empowerment through community networks, mass media, community leaders, schools and other support groups.
  12. To incorporate and/or strengthen, as the case, mental and community health training, necessary for the healthcare spaces in which family physicians work, without endangering vital situations, through the development of self-care strategies for sustainable people, both in the time and in the financial capacity of the Ibero-American countries; in order to develop the capacity to face stressful every day situations that allow the development of strengths for emergencies and disasters.
  13. To strengthen community work, so that the empowered community itself establishes networks of support in mental health problems and is prepared, as a whole, to deal with everyday situations, and enable it to take immediate action in emergency situations and natural or unnatural disasters.

14. To prioritize cost-effective self-care strategies, guided by personal and families development tools, including health teams, and teachers, tutors of Family Medicine in such a way that virtuous relationships, oriented towards a cordial and constructive manner, can be established. The staff of FM residencies should take charge of actions aimed at self-care of students, which are prone to facilitate the learning process and preparation for the practice of the profession in a complex environment such as primary health care centres or in any context work with the PC strategy.
15. To include the concept of quaternary prevention in undergraduate and postgraduate academic programs of the health professions, through the implementation of cross-curricular study plans, encouraging the investigation of the subject, in accordance with the proposals presented at the Summits and according to the needs and regulations of each country.
16. To recognize the right to health of migrants and their families, ensuring equal access under the same conditions of protection, shelter and rights of native citizens.
17. To incorporate in the curriculum of undergraduate, postgraduate and continuing education programs the necessary skills for the integral attention of the migrant population and their families.
18. To recommend the creation of a migration health observatory, with reliable and validated information, to analyse and monitor effective, family & people-centered decision-making processes.

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