

International People's Health University: A transformational experience in El Salvador

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Acronyms

CRPSC	Regional Committee for the Promotion of Community Health
FMLN	Farabundo Martí National Liberation Movement
IPHC	International People's Health Council
IPHU	International People's Health University
MINSAL	Salvadoran Ministry of Health
NHF	National Health Forum
PHA	People's Health Assembly
PHC	Primary Health Care
PHM	People's Health Movement
PHMLA	Latin American People's Health Movement

Background and Origin of IPHC

Global economic changes during the 1980s and 90s affected people's health as well as access to health care and other social services. The structural adjustment programs and other macroeconomic measures prescribed by the international financial institutions eliminated the welfare state, promoting "reforms" or cuts in social services, thereby deepening the gap between the rich and the poor, men and women, young people and the elderly.

In response, the International People's Health Council (IPHC) was established in 1991, committed to the right to health and the principles of the World Health Organization's 1978 Declaration of Alma Ata and its motto "Health for all by the year 2000." As a network active in different regions of the world, IPHC has studied health policies in depth and proposed alternatives to actions of the World Bank and the International Monetary Fund based on belief in the fundamental right to health. It has also promoted comprehensive Primary Health Care (PHC) as well as research, advocacy and mobilization related to the political and economic determinants of global health. It made people aware of the struggle against capitalist hegemony and the commercializing of health.

IPHC together with other organizations decided to organize what they named the People's Health Assembly (PHA) to "listen to the voices of the unheard." After two years of preparation, they invited activists from around the world to the first PHA in Savar, Bangladesh, in December 2000. Some 1,600 people, particularly community activists, health personnel and academics, attended from 87 countries, including a significant Latin American delegation.

The Declaration of PHA I in Bangladesh reiterated that the principles of universal and comprehensive PHC conceived in the Declaration of Alma Ata should be the basis for formulating health policies and called for an equitable, participatory and intersectoral approach. The statement also promoted the formation of a global people's health movement, which quickly caught on in Latin America and especially Central America, where community organizations had been dedicated to PHC since the late 1960s.

The Birth of the PHM and IPHU

IPHC also decided to implement a project to help form and consolidate what became known formally as the People's Health Movement (PHM). This gave rise to the itinerant International People's Health University (IPHU) to develop the capacities of young activists in health rights, mobilization and advocacy.

In 2005 the PHM organized the second PHA in Cuenca, Ecuador, in which indigenous peoples' participation was first given the special importance it has had ever since. Prior to holding it, IPHU conducted its first course in the same city, for which participants again came from around the world. Those from Central America included Dr. Eduardo Espinoza, now the vice minister of health, and student Margarita Posada, the current coordinator of civil society's National Health Forum (NHF), both from El Salvador; and IPHC coordinator María Hamlin Zúniga, author of this study, from Nicaragua. Based on the successful experience of that ten-day course, PHA II committed itself to promote IPHU around the world.

Since PHA II, the PHM has held IPHU courses in Latin America, Africa, Asia, Australia, the Middle East, Europe and North America. Some were ten full days like the Cuenca model, and others were shorter, such as one- or two-day educational sessions or multi-day seminars. Organizing an IPHU course demands high technical quality, active student participation based on Brazilian educator Paulo Freire's popular education methodology, and the commitment to reproduce what has been learned.

Young people from different countries participate in each course, usually conducted in English by IPHC teachers who are part of the PHM steering committee or of local or national expressions of the movement from the region where the course is taking place. These teachers have extensive training and academic recognition, as well as a clear commitment to the struggle for the right to health.

IPHU's Conceptual Framework

IPHU's goal is to contribute to "health for all" by strengthening the PHM as an international network of organizations and activists. It is committed to developing capacities among activists, particularly health activists, working for a healthy, just, harmonious and sustainable world.

IPHU organizes intensive courses of 7 to 10 days with 30 to 40 young activists and local and international teachers. Following the Freire concept that teachers also learn and students also teach, they work together on topics such as PHC, health promotion, the political economy of health, health sector reforms, health and trade, gender and health, social determinants of health, awareness raising, participatory research and how to work with communities.

Health Reform in El Salvador

The experiences of participating in the PHAs and IPHU courses generated support in Central America for using these approaches to promote comprehensive PHC and continue the struggle for health with an emphasis on its social determinants. Central American, and particularly Salvadoran, activists were impacted by their experiences, which affected their knowledge, research and activism against the privatization of the health sector at both the community and national levels.

In 2009, the candidate of the Salvadoran Left (the Farabundo Martí National Liberation Front - FMLN) won the presidential elections with an electoral platform built on identification of the population's needs. With the electoral slogan "Hope is born, change will come," that platform included elements on health that had been widely discussed in the PHAs and IPHU courses.

In the months leading up to taking office, expressions of social movements, academics and unions that had supported that election process organized a “Social Dialogue” and developed proposals for the new government’s policy platform, including a public health proposal. In May 2009, Dr. María Isabel Rodríguez, former rector of the University of El Salvador who became the health minister in that first FMLN government, presented the president-elect that proposal called “*Construyendo la Esperanza*” (Building Hope), which grew out of the reflections of the PHAs, IPHU, the “Social Dialogue” and other sources. It was adopted as the government’s National Health Policy for the first five-year program, which began the following month.

El Salvador’s “Building Hope” National Health Policy conceives of human resources in health as the cornerstone of the health reform it proposes, which prioritizes community health and primary health care at health posts and centers over the previous hospital-oriented model. It is based on using the progressive epidemiological approach of social determination rather than the previously hegemonic emphasis on risk management or at best social determinants of health. (See table below for the differences between these three approaches.) In 2009, several participants in a discussion of the book *Salud para Todos, una Meta Posible* (Health for all, a possible goal) identified the need to give PHC greater impetus in the country and to conduct awareness-raising courses among health personnel and the budding social movement.

Risk Approach	Social Determinants of Health	Social Determination of Health
Offers a merely descriptive approach, without social mobilization.	Faces the expressions of the health-disease process, but singularly, confronting them in isolation from each other.	Stimulates an analysis of structural causes and reveals the vices of the development model.
Does not address the cause of inequity. Uses statistical models described in terms of time, place and person.	Incorporates into the health discourse the concept of social determinants, but relegates them from the social context and from the inequalities.	Analyzes social injustices that translate into health inequities originating in the inequitable accumulation of wealth and power.
Risky lifestyles are defined as unhealthy conditions, poor environmental sanitation systems, precarious housing and lack of education for the population.	The determinants are water, housing, employment, education, etc. seen in isolation. That is to say, the old risk factors unrelated to the hegemonic model of development and the relationship between social processes and nature.	Does not consider living in these conditions an “elected lifestyle.” Links the social, historical, cultural and ethnic context of the population in question.
Expressions of this bad way of life (illness and death) should be addressed with greater access to health services, preventive care such as educational programs and medicines and health technologies provided through basic health packages.	This is only a more advanced developmental conception of the risk approach. As a consequence public policies are still focused on disease.	This approach includes community organization, community leadership, spaces for participation, intersectorality, the human right to health and universal health coverage and access to unified and strong public systems, financed by general taxes, without copayments and free of charge for the population.

TABLE. MAIN EPISTEMOLOGICAL AND IDEOLOGICAL DIFFERENCES BETWEEN THE RISK APPROACH, SOCIAL DETERMINANTS OF HEALTH AND SOCIAL DETERMINATION OF HEALTH.

On a working visit to El Salvador in March 2011, Dr. David Sanders, a PHM founder, raised the idea of training activists in the new health reform framework and recommended implementing the IPHU in El Salvador as a unique chance to work directly with the Health Ministry in a flagship PHM project.

With the FMLN in executive power, the possibility of conducting ongoing courses in El Salvador opened up, an opportunity IPHU eagerly and imperatively seized. The Salvadoran experience is the most intense of any health reform that privileges primary and community health care over the curative approach, while including social participation. That participation is currently represented by the NHF, created in 2010 with the primary objective of hammering out consensus, including at the community level, on proposals for constructing the new national health system based on the right to health, universality, inclusion, quality and citizens’ protagonism. Its three strategic objectives are territorial civic participation, sectoral civic participation (meaning, women, youths, indigenous peoples, etc.), and advocacy.

Little by little, the content of the “Building Hope” National Health Policy and the need to develop human resources as a cornerstone of its reform process found a refreshing and catalyzing element in the teachers and students who had participated in different PHM activities, including IPHU since its inception.

Six generations of IPHU in El Salvador

Thus, in September 2011, the Dr. Salvador Allende Health Movement (MSA), El Salvador’s chapter of the Latin American Association of Social Medicine (ALAMES) organized its third Congress and its first congress as ALAMES. The Congress, named after the now 93-year-old and still active Dr. María Isabel Rodríguez, agreed that the MSA should request to join the PHM.

This provided an historic opportunity to organize the first IPHU course in El Salvador, specifically to train MSA activists, most of whom were health personnel and catalysts within the public health system. The next steps involved designing the course, raising funds and identifying participants, especially those who since the 1970s have contributed to critical and progressive thinking in Latin America, including professionals from ALAMES and the Latin American People’s Health Movement (PHMLA). To eliminate the linguistic barrier that had existed in the IPHU course in Cuenca and other courses, in which most teachers had not been Spanish-speaking so required volunteer professional translators, the organizers sought out Latin American or at least Spanish-speaking resources. The course, titled “Health Policy for the Promotion and Advocacy of the Human Right to Health in the Framework of the Health Reform Process in El Salvador,” began in 2011.

To date, six generations of IPHU courses have been held, involving more than 300 participants, including both professionals in health and other disciplines and NHF community leaders, all of whom are committed to help strengthen the Health Sector Reform. People from other countries of the region, particularly Guatemala, Honduras and Nicaragua, have been given an opportunity to participate, as have two people from the Basque Country and one from Bolivia.

The process begins with the design of a fundraising proposal. An academic and logistics planning team is formed to design the course content, identify and convene the most suitable national and international teachers, and be part of a 5-member facilitation team made up of the most outstanding participants of previous generations. Then the course announcement is published on the website of the Salvadoran Ministry of Health (MINSAL). Student applicants complete the form and submit a project proposal, which can be a research or promotion activity. They also attach their immediate supervisor’s permission and a statement of their commitment to IPHU’s internal regulations. Subsequently a selection process takes place in which the course’s coordination team (Dr. Espinoza, an assistant of his chosen for the specific course, the MINSAL human resources chief and myself as the PHMLA representative) reviews and qualifies the applications, taking into account the age, gender, profession, location within the system, activism experience and project qualification. It then recommends whether or not to include the prospective student. In the selection process the team seeks gender equity and prioritizes persons under 40 years of age, equal distribution from the five health regions, training institutions, nongovernmental organizations, associations or professional organizations, preference for different disciplines and care levels in the system. Those selected are then notified and a letter of permission to be absent from their position is issued. In the case of the NHF, the technical coordination proposes its participants following similar criteria, taking territorial representativeness into account. As for age, the NHF is allowed some students over 40 years old. At the end of the course, a comprehensive online assessment is conducted. The results are discussed

primarily with the facilitation and coordination teams with the objective of improving the future courses.

IPHU's purpose in El Salvador is to generate technical, behavioral and political capacities for a comprehensive approach to health and its inequities that considers social determination as well as the best way to approach and resolve inequities by organized community action. The course is conducted with academic support by IPHU and the PHMLA and is coordinated by the Health Ministry's vice minister for policy and a technical team.

The course lasts ten continuous full-time days, with long working hours (including nights). The 35 participants, facilitators and national and international teachers, all of the latter public health experts, are concentrated during this period in a location outside of San Salvador. Permanent working groups are formed for in-depth discussions and the drafting of projects, while ad hoc groups are created to systematize the proceedings, take photographs and prepare cultural activities. Groups of a maximum of 10 people, preferably with different disciplines, are organized for field visits to observe and document concrete cases of the Salvadoran reform's social determination approach to health. This includes visits to observe metal-mining struggles, chronic kidney disease, violence and health, environmental pollution and NHF leadership activities. These IPHU themes in El Salvador coincide with those of the global curriculum, with the difference that they are developed within a health reform framework. Teachers make their presentation in person or virtually, followed by discussions in groups and plenary sessions. For the last two generations, a virtual platform has been designed on MINSAL's website, where lectures and debates with trainees are shared in real time and stored for future use.

Development of the IPHU, capacity-building and the meeting of professionals and activists

For this case study, key actors were interviewed in depth and focus groups were held with both health professionals and NHF leaders who have participated in one of the six IPHU generations. Qualitative assessment exercises known as "most significant change" were conducted with facilitators of different generations, as well as with foreign students and several international teachers. The material that follows is a synthesis of those activities.

"The IPHU produces an intense shock that shakes one. The contents are profound, very strong, and unveil 'real reality.' There's a break between before and after the IPHU. We're changed; nobody's the same as before."

Some health professionals see IPHU as helping to link two things: knowledge from university vocational training and social policy; i.e. medical training and militancy, that is a strong commitment to activism. The course is a link between these two ways of thinking, acting and living. "I've now lost the fear of talking about health within my political militancy." They consider IPHU valuable from the theoretical and academic point of view. There is no other space for discussing the topics developed in IPHU, such as the differences between social and collective medicine and biomedical practice. The course allows reflection and analysis on different theories and visions of public health.

For their part, NHF activists value that IPHU involves people such as themselves who are not trained in areas linked to medicine. "Participating in IPHU broadened our vision that health can and should be promoted from

different disciplines.” There is a lot of active participation as well as a novel process: work in mixed groups of health personnel and community leaders.

The Salvadorans graduates of Cuba’s Latin American School of Medicine (ELAM) see IPHU as an opportunity to learn El Salvador’s reality after years in a different system. It helps them understand many processes and clarify doubts, and is enriching.

“The greatest benefit I received from IPHU is to have generated friendships with all the participants whose dream is to transform and create a better world.”

IPHU strengthens ties of companionship and communication with men and women who have the same desire for change. Networking among activists has increased and many projects have become easier or faster to complete.

NHF participants inevitably experience some differences with MINSAL personnel during the course. While there is a contradiction between discourse and field practice, IPHU is without doubt a space to generate new relationships. After participating in IPHU, the attitude of some health workers changed with respect to their previous image: “Now I see the course participants in a different way, not by academic level but as IPHU comrades.”

Initially, the medical professionals tended to look down on the NHF leadership because they are not highly educated. They didn’t appreciate that as a civil society organization the NHF includes community leaders who may not have much formal education, but do have leadership skills and community support. The area of social participation, represented by the NHF since 2010 and considered in the content of the course, was an unknown for most health personnel entering the courses.

That bridging of the professional-activist gap has been mutual thanks to IPHU. “In the course, NHF leaders have come to understand that doctors working in the communities are arrogant because they have been formed by the hegemonic system, so we hope to change the training of professionals. In the course, we learned a lot from the health personnel, but they learned about the other side of the problem and what the communities are thinking.”

The NHF territorial leadership finds that the course fuels self-esteem. Participating in such a university, studying with medical professionals and with national and international teachers, is very satisfying. While the NHF leaders feel the differences, they realize their own value and different skills and abilities.

The NHF’s participation in IPHU from the second generation onwards has strengthened its organization, motivation, militancy and commitment to health reform. The course provides an opportunity to get to know its leadership and its community organizing work. At the same time, it allows the NHF to clarify its role in social controversy and political advocacy. Health personnel say their perception of the NHF has changed after their participation in IPHU.

“The course made me get out of that nonexistent space of being in the system as ‘a professional’ (colonized) and anchored me to a mooring that keeps me closer to reality, as one who is critical and feels others’ pain. It’s an eye opener that sensitizes and humanizes a person.”

Health personnel have access to knowledge that has never been seen before in El Salvador’s traditional medical education. They learn to look at health from a human point of view, which allows them to make better decisions. “IPHU is an opportunity to meet other people, hear other ideas, learn to listen to the population. It’s a motivation to share and reach a personal commitment as an agent of change.”

Many see the field visits as an opportunity unavailable in the daily health services work at the primary attention level, much less in the hospitals. With these visits, they learn for the first time about the source of health problems in open-pit mining, use and misuse of agrochemicals and chronic kidney disease or violence.

NHF activists believe the course has helped a lot, particularly enhancing community participation. There is more rapprochement with communities. Fear is reduced and value is gained. Now they go to other municipalities to strengthen community organization, making people aware of organized struggles. There is an opportunity to work on new approaches that help to rethink the traditional approach to health. We see the contribution of community leaders and their identification with these new approaches to promoting the right to health.

Value added by IPHU in the context of health reform in El Salvador

“IPHU in El Salvador marks people’s lives because they encounter reality itself, with explanations that provide elements to judge their own behavior, to understand the class struggle and why people act as they do, and finally to understand life itself. The course forms lifelong activists to strengthen the struggle for health based on social determination and to advocate for health reform.”

IPHU addresses social medicine, struggles in other countries and the different processes required to expand the approach to the social determination of health, making significant contributions to critical thinking. This knowledge creates new ways of working in coordination with and solidarity among people and gives one the possibility of believing, imagining, dreaming and transforming despite today’s existential crisis, particularly of youth.

Some people claim their militancy has grown after IPHU. The bonds of friendship formed between people of different generations affect both their political work and their health work. “The networks extend and one feels part of a collective.”

The IPHU has allowed participants to learn how the oligarchy benefits from commercializing health care. They use strategies to weaken everything public in order to make health a huge business enterprise.

NHF leaders mention that they now have the capacity and the understanding to influence issues such as the minimum wage, the fiscal problem, pensions, etc., which appear to be non-health but in fact do have to do with health, so we should be involved in them. With the acquired knowledge, they see the imperative of intervening, of getting actively involved in clearer and more comprehensive approaches to mobilization and advocacy around such issues.

The IPHU program strengthens the NHF and allows for a change in the perception of both NHF and health personnel. It ensures the NHF’s territorial expansion, seeking greater collaboration between the NHF leadership and MINSAL personnel who have participated in IPHU.

One person mentioned that being a student as well as an IPHU facilitator has meant a series of opportunities that have strengthened the NHF’s organizational and advocacy work. “Personally, the most impressive experience of IPHU was to have developed, with my project group, a proposal to strengthen the NHF by creating an expression of it in Nueva Granada, Usulután.” Subsequently two project group members (an NHF leader and a MINSAL worker) worked side by side to create an NHF structure there, which involved a lot of interaction and reflection. To date, the Nueva Granada Health Committee remains a model for territorial development in the eastern region of the country.

Other examples of the NHF's territorial development resulting from projects and this unusual collaboration between NHF leaders and health personnel who have participated in IPHU include the health committees formed in the municipalities of Santiago de María and Jiquilisco in Usulután. This effort was developed in the course as a community organizing approach to the problem of chronic kidney disease produced by agrochemicals. Sometimes these initiatives come from the NHF and sometimes from the MINSAL personnel, but as both sides admit, they have come to respect and value one another and work together ever since the second generation of courses.

Another IPHU project was the formation of a social audit committee of the National Hospital of Chalchuapa, which allowed the development of a health committee in the same municipality and later the formation of a departmental NHF committee in Santa Ana. The NHF has had results changing the paradigm of social audit practice at the hospital attention level. "Even the specialists in hospitals want to know the results of the social audit exercises. It has caused a boom in the hospital."

Some people recommend that linkage mechanisms in the territories should be made clear during the IPHU course. Thus we would have allies among health personnel and in management positions of the Community Health Family Units, hospitals and micro-networks. Progress should be made in influencing a change in the agendas of the networks at departmental, regional and national levels.

Other projects designed in IPHU that have been implemented are the production of educational material such as a brochure and institutional agenda summarizing the pillars of the health reform (2011), an institutional agenda on climate change (2012), NHF newsletters and educational bulletins (2013) and an institutional agenda summarizing the pillars of the updated health reform (2016). There are also advocacy projects directed to MINSAL's health services, including improving the quality of care and humanized treatment in the Ciudad Barrios National Hospital (2015), an approach to the problem of pockets of Salvadoran populations on the Honduran side of the El Salvador-Honduras border (2012), an atlas of health inequities in El Salvador (2013), the drafting of clinical guidelines and approach to pharmacovigilance (2012) and the design of an approach to social violence by health services in the municipalities of Mejicanos and Cuscatancingo (2013). A group of students designed a project proposal to expand territorial experiences titled "Families united to guarantee human rights, healthy lives free of violence for Salvadoran children, adolescents and youth" and submitted it to compete for UNESCO funds in 2017. The outcome was not yet known at the time of publishing this study. Projects to replicate such IPHU courses elsewhere are described in another section of this document.

"We realized Salvadorans have lost their identification with the indigenous population. We not only have the right to territories, to water, and to restore forests and preserve the air, but also to recover and promote their traditional, ancestral knowledge."

Following the interaction with the PHMLA, especially with its Regional Committee for the Promotion of Community Health (CRPSC), the NHF established a new commission on the environment and climate change on which both community leaders and health personnel are represented.

How to insure IPHU's sustainability

"More than former participants, we are militants in the struggle for health"

Several participants believe IPHU's sustainability in El Salvador must not depend not only on the continuation of the FMLN government or the current vision of MINSAL authorities. Guaranteeing IPHU depends on the willingness of all, follow-up with the participants, courses, projects and already-developed bonds of partnership and solidarity. It also requires the support of international cooperation with a vision that

strengthens health reform through the formation of activists. This requires serious reflection to generate concrete proposals related to sustainability.

NHF activists do not believe their participation should cease when the course ends. Continued participation and integration between participants from the different generations is necessary to articulate information and knowledge and contribute to the development of territorial work.

Some proposals revolve around following up on the courses by replicating them in their entirety or else on specific subjects, either in the territories or in national capacity-building processes such as educational sessions, workshops, exchanges of experiences and the like. Some examples in MINSAL are the gender and health workshops, the basic field epidemiology course of MINSAL's Health Surveillance Directorate, the process of inducting personnel into social service in the Metropolitan Health Region and later in other health regions in varying degrees, and the training of NHF leaders at territorial and national levels.

A proposal has been made to hold an annual meeting of participants from different IPHU generations to strengthen knowledge, share experiences and look for concrete ways to defend health reform through greater commitment and militancy.

“It is fundamental that people from other countries of the region and the world recognize the Salvadoran revolutionary process and the struggle for health.”

The systematization and socialization of IPHU's contents have enriched people's struggles in several countries and new examples of regional collaboration have emerged from IPHU. The sharing of experiences between social actors in the region is leading to the organizing of sister forums in Honduras and Guatemala. It has also strengthened the CRPSC and the PHMLA.

Foreign students say that in practice the IPHU helps quite a bit to raise awareness about issues such as environmental struggles and medicalization. “In IPHU we also talk about the struggle in other countries and the PHM at a global level. We recognize that El Salvador is in the vanguard with respect to other countries. It gives great satisfaction to realize that the reform process is advancing.”

Some intellectuals and academics who have participated as teachers/tutors in IPHU courses have shared their reflections for this study.

“The strategic alliance generated between the PHM-IPHU and MINSAL of El Salvador is of vital importance. On the one hand, the PHM-IPHU makes available to the ministry a teaching methodology and a group of facilitators trained in a pedagogy for liberation, while MINSAL assumes as a priority the formation of political and technical cadres as a central element to advance the health reform. Today, it can be said that the leaders in charge of the Salvadoran health system are the IPHU graduates who consider the struggle for the right to health their fundamental objective.”

Oscar Feo, Venezuela.

“The IPHU in El Salvador has allowed the creation of a critical mass of health professionals, trained to [translate and interpret] the underlying reality in the public health and health systems environment. Tools of a certain complexity are acquired, given the self-interested ‘wrappings’ that conceal reality. This group of professionals is essential to support the country's current health reform. In the future, from the opposition, they will be guarantors of non-regression of achievements. The ‘transversality’ of the participants’ origin and especially the NHF’s participation are important factors. The constant presence of the teachers insures the exchange of opinions, from diverse sanitary environments, at different moments.”

Txema Ostolaza, Basque Country.

“There is no health reform that will survive in time if not defended by its professionals, its workers and the organized population. That is precisely what the issues discussed in El Salvador’s IPHU are affecting.”

Juan Luis Uría, Basque Country.

Dr. Urias also offered the following reflection:

“In the reforms of health systems, in addition to the political will of the government to prioritize social policies and specifically health policies and citizen's right to health, the socioeconomic context and the attitude of the population and the leadership in support and defense of the reforms are important. The ideological position of the professionals working in the central health structures, health centers and hospitals is key.”

“The role of health professionals and workers is fundamental in the defense of a democratic public health system, with efficient and effective citizen participation and control of scientific and technical quality in accord with the objectives of the health plan.”

IPHU in El Salvador is fulfilling and has fulfilled this multifaceted role with the Ministry leaders and health workers who have attended, as well as with the NHF leadership:

- A role of ideological formation in conceptualizing health as a human right.
- A training role in community health techniques, skills and protocols and the implementation of this orientation in the health system.
- A role of strengthening the first primary level of health as a necessarily hegemonic tool in the health system.
- A role that sees hospitals as social and integrated into the set of care processes for the health of the country’s people.
- A role that prioritizes the epidemiological method and health planning over the institutions’ management processes.

It is, in short, a role that proposes a new humanism in how political and social change processes are understood, particularly in health policies in the population and within health institutions.

All this can help ensure the sustainability of the health reform implemented in El Salvador, in addition to the necessary economic and legal framework in the country.

Conclusions

IPHU has formed a critical mass of sensitized health workers and NHF leaders with tools to defend health reform. They are a strategic generational replacement group in the public health system, many of whom have management-level positions in the institutions and organizations to which they belong.

Implementing IPHU in a single country over time, with the majority of participants coming from that country, helps strengthen territorial organization.

The major obstacle to developing the course was the deep-rootedness of the biomedical model among the majority of health professionals, attributable to their formal education and to the traditional organization and functioning of the health system. Another obstacle is the lack of follow-up, institutional support and funding for the projects proposed in IPHU.

El Salvador's experience with health reform and the value of IPHU to that effort is neatly summed up in this MINSAL document titled "*Diagnostico Nacional de Promocion de la Salud*" (National Health Promotion Assessment), jointly prepared by representatives of both NHF and MINSAL, an accomplishment that in itself is of historical symbolic importance: "Today, in addition to the hegemonic [risk and social determinants] approaches, there is another more progressive approach to health at a global level: one that speaks of the social determination of health. MINSAL has made a commitment to implement that social determination of health approach. Participation in IPHU in El Salvador has allowed for that transformation in ideological, theoretical and practical terms. It is not simply a matter of semantics, but an understanding of the social determination of health approach, a fairly recent conception for approaching and understanding the process of health and disease." A major achievement and lesson for the global PHM is the involvement of a critical mass of participants in this debate, as well as their importance at the national, regional and global levels.