DESIGN OF THE INTERSECTORAL AND INTERINSTITUTIONAL STRATEGY FOR THE PREVENTION OF TB
DISEÑO DE LA ESTRATEGIA INTERSECTORIAL E INTERINSTITUCIONAL PARA LA PREVENCIÓN DE LA TB

Carlos Augusto Arboleda Jaramillo*
Sergio Andres Alvarez Granados**
Susana Alvarez Higuita***

Abstract

Through work with the intersectoral and interinstitutional strategy, it is intended to establish the technical and operational guidelines of the national program for the prevention and control of tuberculosis, with the participation of the community in a conscious manner and where there is social intervention that allows citizens and the territorial communities recognize themselves as the key and strategic actors of the project and that, based on common interests and demands, they can be executed collectively and obtain opportunities for benefits in general.

With social and community participation and institutionality, the aim is to see other possibilities to face the needs and social practices with a view to generating new and better living conditions for a population within the territories. Citizen participation is a matter of interest and motivation, values, practices and individual and collective attitudes that will contribute greatly to what is to be achieved with the intersectoral strategy, working together on the transformation and evaluation of possible solutions in the municipalities prioritized and in general in all the territories of the department of Antioquia to promote the participation of all the actors involved and apply the actions to fight TB, to achieve, through joint work, to put an end to these diseases in the population.

Key words: strategy, intersectoral networks, tuberculosis prevention.

Resumen

Mediante el trabajo con la estrategia intersectorial e interinstitucional se pretendeinstaurar los lineamientos técnicos

* Candidate for Doctor of Administration, Master of Administrative Sciences, Specialist in Management, Specialist in Project Management and Administrator. Researcher of the American University Corporation. E-mail: coordinatingparticipation@gmail.com

** Business Administration Student, American University Corporation, Colombia and Member of the Semillero JICA – Young American Research Consultants. E-mail: projectmanagerf@gmail.com

*** Business Administration Student, American University Corporation, Colombia and Member of the Semillero JICA – Young American Research Consultants. E-mail: susy.alhi@gmail.com

y operativos del programa nacional de prevención y control de tuberculosis, con la participación de la comunidad de una manera consciente y donde se tenga la intervención social que le permita a los ciudadanos y las comunidades territoriales reconocerse como los actores claves y estratégicos del proyecto y que, a partir de intereses y demandas comunes, se puedan ejecutar colectivamente y obtener oportunidades de beneficios en general.

Con la participación social y comunitaria y la institucionalidad se busca ver otras posibilidades de enfrentar las necesidades y las prácticas sociales con miras en generar nuevas y mejores condiciones de vida para una población dentro de los territorios. La participación ciudadana es un asunto de interés y motivaciones, de valores, prácticas y actitudes individuales y colectivas que van a aportar muchísimo a lo que se quiere lograr con la estrategia intersectorial, trabajando en conjunto la transformación y evaluación de las posibles soluciones en los municipios priorizados y en general en todos los territorios del departamento de Antioquia para promover la participación de todos los actores involucrados y aplicar las acciones de lucha contra la TB, para lograr con el trabajo mancomunado poner fin a estas enfermedades en la población.

Palabras clave: Estrategia, Redes Intersectoriales, Prevención Tuberculosis.

Introduction

For Sosa, Rodriguez, Álvarez and Bonet (2013) health is "a social process, whose specification incorporates important actors" (p. 652) and of great complexity that come "from diverse fields and variables, especially those that integrate the area structural components and consider socioeconomic factors" (p. 652). Through this intersectoral work, the aim is to strengthen training in health issues in different municipalities in order to increase citizen participation through different activities carried out, with clear care programs and routes and with collaboration networks.

With this, it is possible to ensure a great participation of the "diverse sectors in the identification of problems" (Sosa et al., 2013, p. 653) and difficulties of each community, thus allowing addressing difficult situations in health, including also the social causes. The sensitizations, workshops, forums, among others, are important since the leadership capacities of the participants are developed, the relationships between organizations, social groups, community sectors and the different health sectors are evidenced to review the initiatives that they have. each one, as well as the motivation to carry them out.

All these work activities prove once again that the entire methodology used allows for articulating the activity of the organizations and institutions present committed to the creation of the Network to obtain great health achievements in their communities and territory. The methodology implemented for the creation of the Social and Community

Network in coordination with the Intersectoral and Interinstitutional Strategy was designed under the WHO ENGAGE TB approach, which promotes the participation of civil society organizations (CSOs) in the actions of fight against TB incorporating the EAPB, the IPS and all the municipal territorial entities so that they would allow strengthening in reference to the prevention and care of TB and Hansen's disease patients in Antioquia.

Therefore, territorial leaders, community managers, health professionals, organizations, institutions, foundations, mayors, health secretaries, among others, were convened, where they were trained through the workshops that were held and leadership capacities were developed with all the participants to achieve the definition of the intersectoral strategy jointly with the objectives of the project. Thus, the way to establish the strategy in the prioritized municipalities is built with them and it is stipulated that work groups must be held in the territories by subregions and start the pilot in some municipalities of the department of Antioquia and also have an adequate structure. for each work table democratically elected among the allied actors of the participating institutions.

In this way, the realization of educational campaigns, the search for financing, permanent training for the different sectors that make up the strategy and dissemination campaigns are proposed for the operation and impact of intersectoral leadership and to achieve the sustainability of the Roundtable for the benefit communities with the prevention and treatment of these diseases.

The main objective is to design the intersectoral and interinstitutional strategy that allows strengthening in reference to the prevention and care of TB patients through the construction of the intersectoral work model and to identify the strategic actors.

Intersectorality as a concept and practice

There are different ways of conceptualizing what is related to intersectorality, for this, and to clarify this concept in relation to the health sector, what is mentioned by Harris, Wise , Hawe , Finlay is highlighted. and Nutbeam (1995):

> Intersectoral collaboration, or intersectoral action, has received attention as a means to improve public and population health. While there are different factors that determine the health of the population and outside the direct control of the health sector, it must be addressed through actions within and between sectors. The term "sectors" refers to two or more involved sectors (for example, health and local government, or health and education) that may be involved in working together. The sectors are represented by specific organizations, such as a local Health Promotion Unit and a school or a single local government. (p.69)

Likewise, Dick (2002) citing Harris, Wise , Hawe , Finlay & Nutbeam (1995) establishes that intersectorality allows:

A recognized relationship between part or parts of the health sector and part or parts of another sector, which has been formed to take action to deliver or achieve health outcomes (or intermediate health outcomes) in a way that is most effective, efficient or sustainable than could be achieved the health sector works alone (p. 11).

Intersectorality in the health sector

Intersectorality is one of the pillars for the organization of public health today, in this regard, Sosa, Rodríguez, Álvarez and Bonet mention that:

> This term, applied to the field of health in the region of the Americas, is based on the Alma-Ata Declaration "Health for All of 1978", a document that highlights this strategy as a way to establish equity in care in health, showing that intersectorality «entails the participation, in addition to the health sector, of all sectors and fields of activity related to national and community development. (2013, p. 651) Likewise, Briceño (1994) cited by Díaz, Torres, Cruz, Álvarez, Piquero and Fuentes (2009) conceptualizes intersectorality in the health sector as "the coordinated intervention of representative institutions of more than one social sector, in actions aimed totally or partially to treat problems related to health, well-being and quality of life" (p. 657).

There are different authors, including Rubán , Lahera, Berenguer, Sánchez and Sandó (2019) who mention the different reasons why it is important to establish intersectoral collaboration strategies, among them, the following are highlighted:

a. Growing consensus on the importance of the key determining aspects in health, a responsibility that does not only reside in this sector.

b. Need to reduce persistent inequalities in health.

c. Understanding of the conditions that enable effective collaboration and intersectoral participation.

d. An environment that enables intersectoral actions and strategies.

For Sosa, Rodríguez, Álvarez and Bonet (2013) most studies indicate that the intersectoral exercise and its strategies are those "actions that have allowed, without distinction of country or territory, to control in a comprehensive and participatory manner the factors that determine the health and its differential characteristics of populations" (p. 651). Likewise, it is considered that this issue is relevant for all the actors involved in both production, "health social reproduction, and the treatment of its definitive social elements, among which governments, authorities and health professionals stand out, as well as international agencies" (p. 652).

In addition, they point out that health promotion corresponds to "essential functions of public health" (Sosa et al., 2013, p. 651) based on:

> The ability of its staff to learn to look beyond the medical context, with a view to identifying and solving problems, from a leading role together with other sectors of society, including the population, which is an essential aspect in any process aimed at progressing health indicators and the well-being of citizens. (Sosa et al., 2013, p. 651).

Conditions or principles for the effectiveness of intersectoral collaboration strategies

Next, the different conditions or principles that authors such as Butterfoss, Goodman and Wandersman (1996) have shown for effective intersectoral collaboration strategies are described, namely:

a. **Need:** the health sector and its organizations must work with other sectors

and their organizations; Instead of adopting an intradisciplinary attitude , the need for other sectors to work hand in hand with the health sector should be highlighted.

b. **Opportunity:** Opportunities exist in other sectors and organizational settings that support collaboration with the health sector to build on existing policies and gain the support of populations and communities.

c. **Capacity:** both organizations and sectors have the knowledge and resources to undertake different actions and thus meet the objectives in accordance with the commitments of each sector.

d. **Relations:** the relations between the sectors must be strong enough to undertake and sustain the different actions and strategies.

e. **Planned action:** correct planning is necessary and adjusted to the objectives that are intended with the different strategies and intersectoral actions, so that the results can be evaluated.

f. **Sustainability of strategies:** both sectors and organizations must ensure the sustainability of actions and strategies in the short, medium and long term.

In addition to the conditions described above, those described by Da Veiga and Bronzo (2014) can be mentioned, namely:

a. **Supporting policy environment:** The policy environment supports collaboration.

b. **Building alliances:** build consensus and trust between the actors.

c. **Shared Values, Interests, and Alignment of Purpose:** The values and interests being sought are of interest.

d. **Commitment of the actors:** the sectors that intervene are allied and committed to the common objectives.

f. **Horizontal and vertical linkage:** links are established within and between organizations.

g. **Shared leadership and responsibility:** the space where no one organization takes the lead, and the prevailing model is collaboration.

h. **Team building and support:** stable teams that work well together.

i. **Focus on concrete objectives and visible results:** clear results must be obtained in the short, medium and long term.

Now, community work, with a great source of intersectoral leadership, is predominant in all places and is the objective of the process because what is sought is to have community interaction with the health sector and with other sectors such as organizations , institutions, foundations, among others, and that are involved in advances in the promotion and prevention of TB and other communicable diseases, as well as actions aimed at improving the environment by promoting healthy behaviors in the population, emphasizing control and treatment of infectious diseases and their risk factors, which is a health problem in the department.

All this has been identified through the studies that have been carried out, progressively evidencing a very vulnerable situation that is expected to be modified through intersectoral action. All the design carried out and the activities carried out subsequently have shown great utility in the learning of actors and leaders involved that allow intersectoral participation that can strengthen the health sector.

Intersectoral work is known as the "organized grouping of companies and institutions representing social sectors, in partial or total joint work, to offer possible improvements in the quality of life and health" (FLACSO, 2015, p. 1). The intersectoral strategy focuses on working and articulating different sectors, involving different actors in decision-making and focusing on an improvement and possible solution to a problem, therefore, it is necessary to create different spaces to generate ideas, skills and leadership teams. , resources, strategic approaches and have an action plan.

In intersectoral projects it is vitally important to know the degrees and levels and the scope of the health sector with the different government entities. (FLACSO, 2015, p. 2). At the intersectoral level, all kinds of information that contributes to the construction process of a concise and clear communication model for assertive communication between the different actors participating in the process, which will give execution to the project, is of vital importance; Likewise, it is extremely important to articulate the health sector and the different actors to learn about other priorities and logic of other aspects with the purpose of articulating all the groups and achieving joint work.

The efforts of each sector directed at uniting collaborative work ties are important, managing to produce from a casual or reactive job, carrying out strategically oriented actions focused on common problems and needs, reaching the achievement of the activities and projects of all the sectors that are determinants in favor of the health sector; For this reason, public health is what leads to this type of intersectoral work present in the field of execution or implementation of programs or policies.

The World Health Organization (hereinafter WHO), defined intersectorality as follows: "a process in which the objectives, strategies, activities and resources of each sector are present in their involvement and impact on the objectives, strategies, activities and resources from other sectors" (WHO, nd, cited in Aldasoro, 2012, p. 2). They have also recognized it as "the common efforts of other sectors such as government to produce comprehensive policies that adapt and respond to general needs" (WHO, nd, cited in Aldasoro, 2012, p. 2).

The implementation of intersectoral work represents variations depending on the scope of the political function (local, regional and national), so there are specific concepts of the conceptualization and development of the work that depends on the sector that takes the initiative. This is why intersectoral processes directed from the health sector should consider, as a priority, the focus on the health sector and the actions that predominate in it. Next, the prevailing view of health in other sectors, in accordance with how the different actors and sectors perceive it. It is important to bear in mind that the poli-

cies of the non-health sectors may or may not include health policy.

The fundamental element for the development of intersectoral work is the conceptual model that supports intersectoral action in health. But in the same way, the nature of the framework of the public policy that is being worked on is of the utmost importance.

Methodology

It is necessary to identify the institutional and social actors for the intersectoral work model, keeping in mind the social organizations and NGOs that are present in the territory and how the municipal initiative is articulated with the processes already existing at the departmental, national and international levels. Likewise, a bibliographical review must be carried out that allows establishing a state of the matter regarding the subject that is going to be treated and later, through participatory workshops, generate a diagnosis of the problem presented in the subregions of the department, and in turn generate the articulation institutional at the local, departmental and national levels. Finally, carry out a systematization of each process.

These elements can be developed through a methodology applied in different workshops. A methodological proposal for these workshops is: 1) Identify the problems that affect the population, 2) Identify what the causes are for each problem, 3) Indicate if there have been any successful initiatives for each problem, and 4) Generate proposals for the future. All of the above would make

it possible to identify which instruments of institutional, regulatory and financial change must be carried out within the territory to design and execute sustainable programs in health prevention. For the methodological design, it should also be carried out with the *learning-by-doing methodology,* with some additional tools of participatory methodologies. In the book *Participatory methodologies, a strategy to build and understand social innovation: A tour of the program " Innovantioquia, Juventud Antioqueña Piensa en Grande",* it is defined that the actions must work in a systemic way to the extent that they manage to generate a relationship between them. and complement each other to generate the theoretical and methodological guidelines for the creation of the final document (Arboleda et al., 2018).

Participatory techniques seek to stimulate not only learning, but also to mobilize the prior knowledge and intelligence of each participant with a view to a common goal: to respond to a situation that can be transformed. From this point of view, these techniques should always be considered as:

a. A collective, collaborative process of discussion, debate and reflection (even if no conclusions or solutions are reached).

b. A space for the socialization of tacit or individual knowledge in a social group or a specific context.

c. An experience of reflection, which at the same time is in itself knowledge management and learning. The individual is nourished by shared stories, collective experience and the diversity of points of view.

d.A collective creation of knowledge that generates a social capital that goes beyond the intellectual (of the individual), the relational (of group work) and the social itself. That is, cognitive capital (shared social knowledge).

Now, an outreach or awareness-raising activity must be carried out, which allows one to delve into the context, get to know and learn a little more about the people with whom one can work, and then continue in the next phase of intervention: The information gathering activities, taking into account the social groups or interest groups with which it works. It is vital at this time to have a certain empathy with the population with which you are going to work. There are four lines for this relationship phase that are listed below:

a. Identification and prioritization of the problem: a collective elaboration exercise of the problem tree can be applied, or the review of the previously identified problem tree, based on activities that help to confirm or modify it.

b. Identification of the exceptions to the problem: this implies working with the group or with the community when the problem does not occur or when the situation is better even though characteristics of the identified problem persist. Likewise, recognize with them what happens when they do not show up and how to take advantage of those situations or exceptions.

c. Work for the solution: plan the action process (or actions) that must be followed to try to solve the problem. Here the use of artifact creativity techniques is very useful.

d. How to scale the process: who else could be worked with and how to do it.

Once the information necessary to work on the topic/problem has been collected, some time is needed to classify it, codify it, interpret it, analyze it and show the results. In investigations that are carried out in collaboration with groups or that effectively achieve the active participation of communities or interest groups, this phase is still important and, like others, must be planned so that it is effective and generates information. sufficient, relevant and efficient for the research results.

Results

Strategy Definition

For the construction of the intersectoral and interinstitutional strategy for the prevention of TB, the guidelines of the Intersectoral Commission of Public Health (hereinafter CISP) are taken as a point of reference, which defines intersectorality as the integration between sectors, can solve problems social and public health, allows the exchange of resources, knowledge, methodologies, and in the same way allows promoting the design, approval, execution and evaluation of public policies in search of improving the quality of life in the communities and identifying the territory from the departmental level , district and municipal to carry out the intersectoral operation.

Another element that must be kept in mind according to the CISP is that these are processes that must be thought out, planned and programmed for each context and

region in the country; hence the importance of establishing its own strategy for the department of Antioquia articulated to the Ten-Year Health Plan and the other development and strategic plans that are articulated with

global and citizen agendas through three factors that intervene in its development to guide the actions of an efficient execution of the strategy:

Figure 1: Factors involved in development.
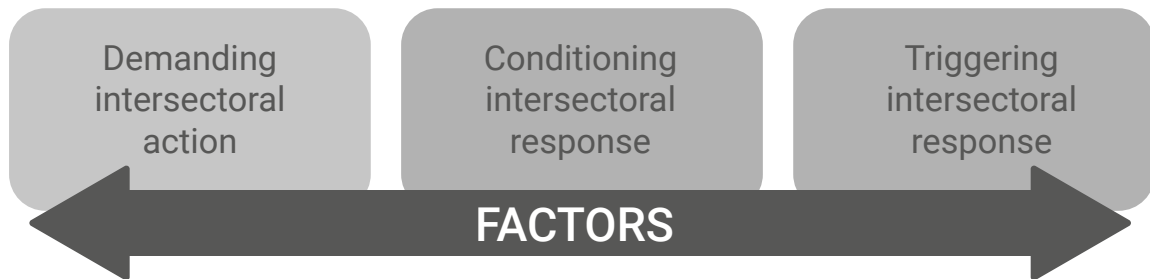
Source: Own elaboration adapted from MINSALUD. (2020).

For the territorial scope, five key moments are defined for the CISP:

Figure 2: CISP key moments.

Source: Own elaboration adapted from MINSALUD. (2020).

It is pertinent that intersectorality develops in each territory, and from there, the growth of inter-sectoral action begins gradually, for which relations with other sectors can be established as follows:

Figure 3: Cross-sector action growth.

INFORMATIVE	COOPERATIVE	OF COORDINATION	OF INTEGRATION
Information interchange with other sectors	Casual or reactive cooperation	Create synergies with public administration	Sectors are inclusive and share decisions and governance
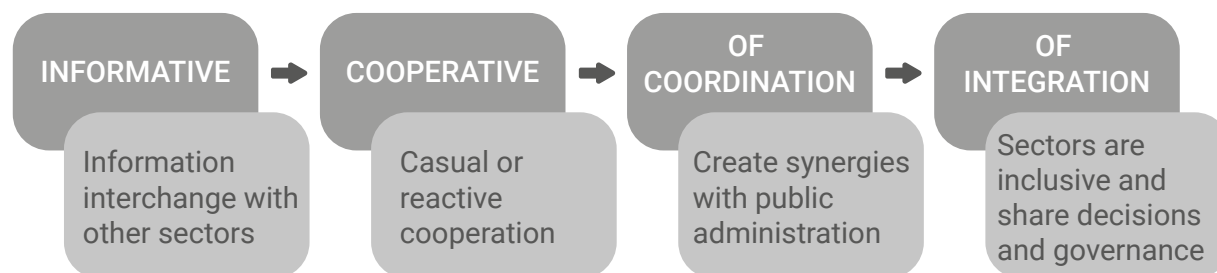
Source: Own elaboration adapted from MINSALUD. (2020).

Among the key factors for the formation of the intersectoral strategy, it is pertinent to think about its structure; Villalobos (2016) lists some models with their main advantages and disadvantages and concludes that one of these two can be proposed for intersectoral action:

Figure 4: Working models.

THE INSTRUMENTAL MODEL

It is adequate because allows to identify scopes and create specific coordination with targeted communities, which:
- Allows to decentralize decisions and combine sub-national and national level functions.
- Allows to work with the territory as a "unit of intervention".
- Facilitates the identification of opportunities and strategies of complementarity.
- Allows to focus specific commitments for each actor.

THE POLYNODAL MODEL

It is useful because helps to better organize support and management information mechanisms:
- Allows to enrich the map of resources and opportunities by territory.
- Allows to identify specific circuits by topics or scopes of action.
- Allows to identify responsibilities by decentralizing functions and resources.
- Allows to work along with territorial networks already existent.

Source: Villalobos (2016, p. 25).

Now, according to the DNP (2015), to define and maintain the intersectoral strategy in Colombia, these three levels must be taken into account:

Figure 5: Levels for Colombia.

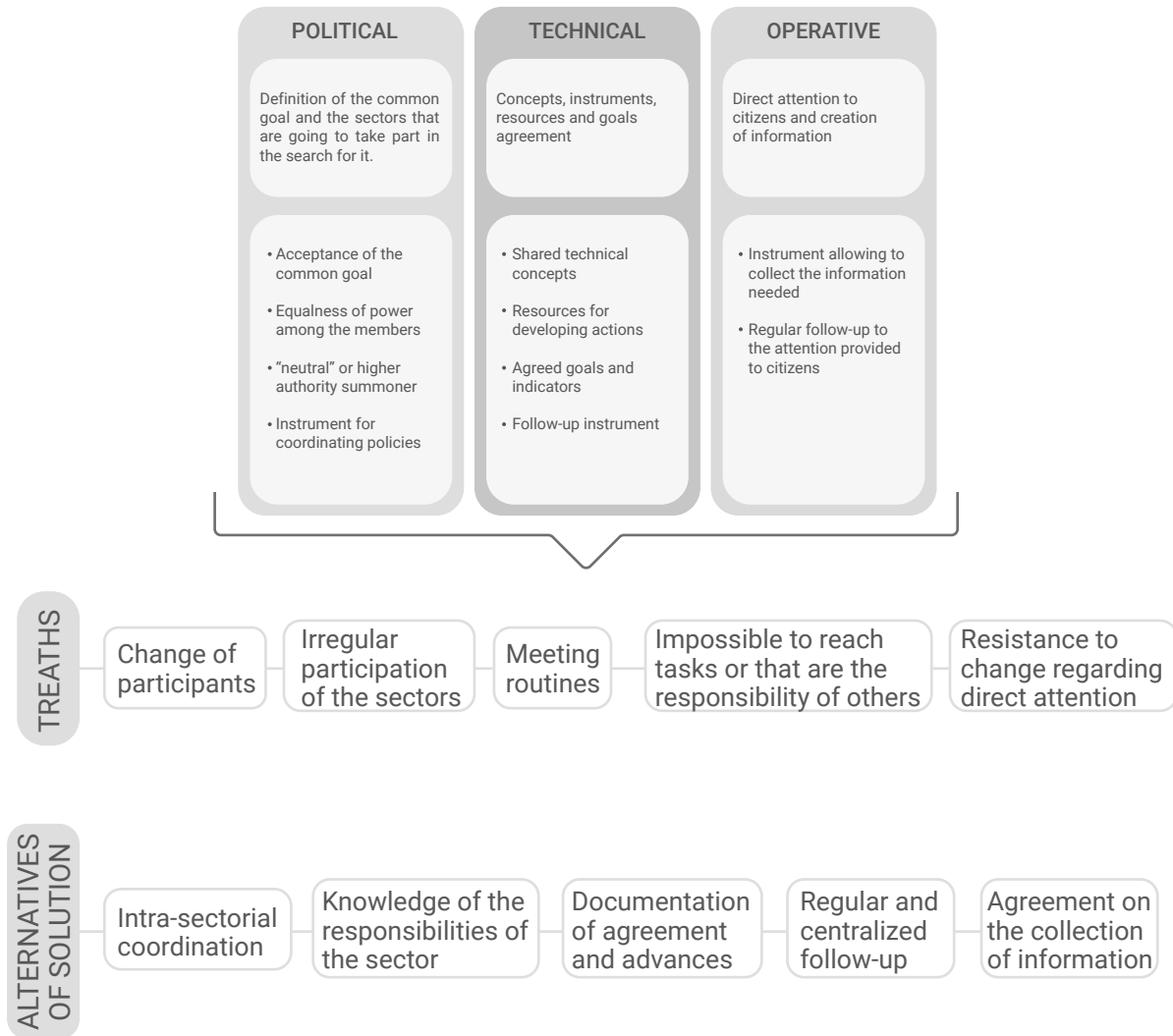| POLITICAL	TECHNICAL	OPERATIVE
Definition of the common goal and the sectors that are going to take part in the search for it.	Concepts, instruments, resources and goals agreement	Direct attention to citizens and creation of information
• Acceptance of the common goal • Equalness of power among the members • "neutral" or higher authority summoner • Instrument for coordinating policies	• Shared technical concepts • Resources for developing actions • Agreed goals and indicators • Follow-up instrument	• Instrument allowing to collect the information needed • Regular follow-up to the attention provided to citizens

TREATHS: Change of participants — Irregular participation of the sectors — Meeting routines — Impossible to reach tasks or that are the responsibility of others — Resistance to change regarding direct attention

ALTERNATIVES OF SOLUTION: Intra-sectorial coordination — Knowledge of the responsibilities of the sector — Documentation of agreement and advances — Regular and centralized follow-up — Agreement on the collection of information
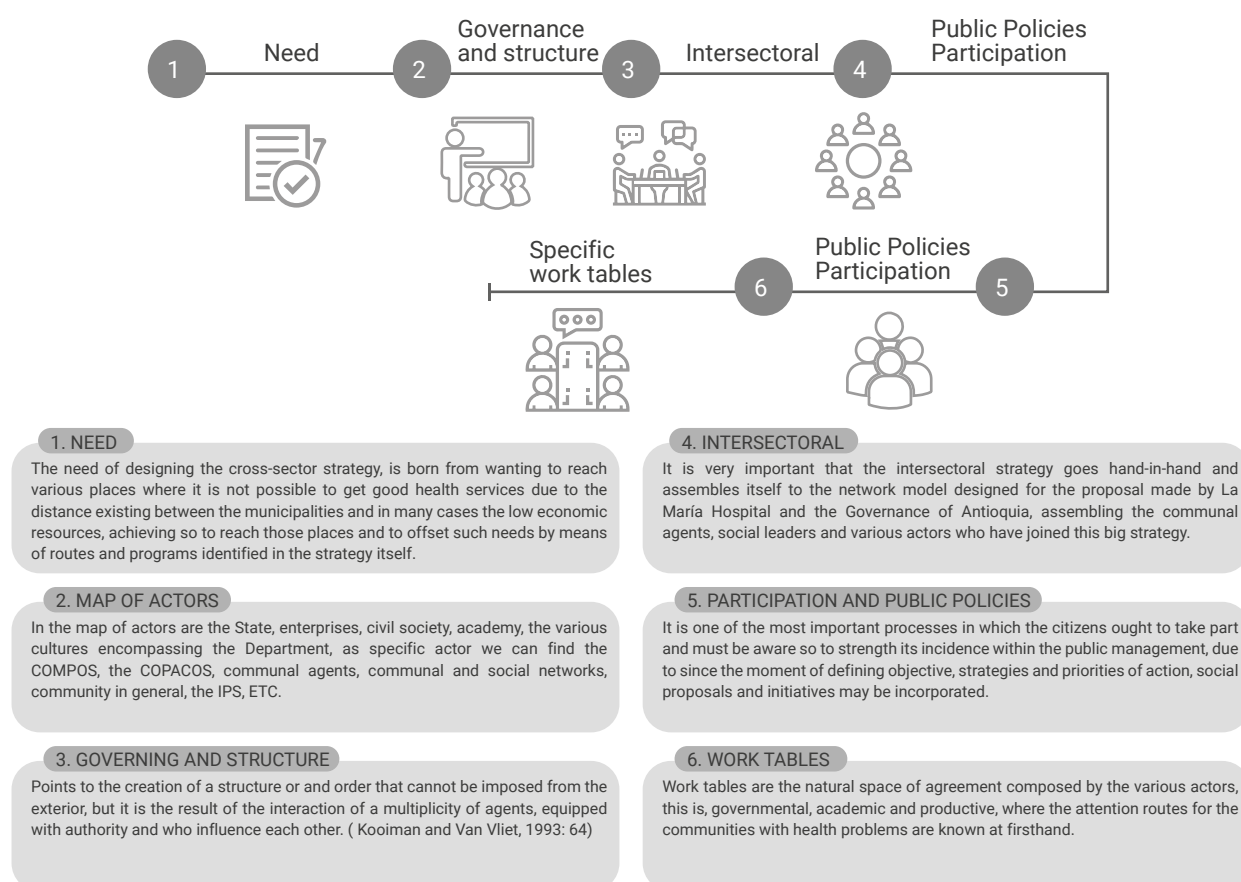
Source: Own elaboration based on the DNP (2015).

Next, the steps that are considered necessary to conform the intersectoral strategy and allow a better development of the country are presented.

Figure 6: Intersectoral strategy steps.

1. NEED

The need of designing the cross-sector strategy, is born from wanting to reach various places where it is not possible to get good health services due to the distance existing between the municipalities and in many cases the low economic resources, achieving so to reach those places and to offset such needs by means of routes and programs identified in the strategy itself.

2. MAP OF ACTORS

In the map of actors are the State, enterprises, civil society, academy, the various cultures encompassing the Department, as specific actor we can find the COMPOS, the COPACOS, communal agents, communal and social networks, community in general, the IPS, ETC.

3. GOVERNING AND STRUCTURE

Points to the creation of a structure or and order that cannot be imposed from the exterior, but it is the result of the interaction of a multiplicity of agents, equipped with authority and who influence each other. (Kooiman and Van Vliet, 1993: 64)

4. INTERSECTORAL

It is very important that the intersectoral strategy goes hand-in-hand and assembles itself to the network model designed for the proposal made by La María Hospital and the Governance of Antioquia, assembling the communal agents, social leaders and various actors who have joined this big strategy.

5. PARTICIPATION AND PUBLIC POLICIES

It is one of the most important processes in which the citizens ought to take part and must be aware so to strength its incidence within the public management, due to since the moment of defining objective, strategies and priorities of action, social proposals and initiatives may be incorporated.

6. WORK TABLES

Work tables are the natural space of agreement composed by the various actors, this is, governmental, academic and productive, where the attention routes for the communities with health problems are known at firsthand.

Source: Own elaboration, (2020).

Results of the general actors

1. **State:** It is the one that must offer tools and better options to guarantee the quality of life of people, whose public policies are essential to achieve the objective of social and community networks, articulating together with other actors.

   In this case, the government of Antioquia should strengthen the weaknesses of each of the department's municipalities, focusing especially on giving priority to the urgency of TB and LEPROSY, which are diseases that afflict the department of Antioquia, reinforcing the institutions and intersectoral working groups.

2. **Business:** The private sector plays an important role in social and community networks and in the intersectoral strategy, since they are major providers of health projects and promote these campaigns in a large part of the department; also, the companies and their directors have aligned their mission to the different health proposals that are executed in the department and the business association has been able to take an important presence in these projects as participating actors, managing to promote throughout the department strategies and thus reach many people.

3. **Civil Society:** Civil society is a key actor in the strategy, since it is designed for them, they are articulated with community managers and volunteers who are part of civil society and who also belong to different groups (social networks and community). Social and community networks are designed to bring together different actors, to weave social links for exchange, decision-making and to build different solutions with the intention of promoting proposals for the benefit of people affected by TB and LEPROSY, that bother the department of Antioquia.

4. **Academia:** Universities play a very important role in the design of networks and in the intersectoral strategy, since great results have been found from education and research that have yielded products of great value and utility for civil society; from the academy it is important to know and have these significant contributions and concepts by the great modern thinkers and specialists in this great work for health in Colombia. From the universities and the academy, all the pertinent tools will be applied, such as key and specific knowledge for social appropriation in the territories.

5. **Culture:** It is desired to unite all the cultures that belong to the department of Antioquia in favor of a TB-free territory, bearing in mind that there is great cultural diversity in the department and it is intended to articulate with each subre-gion of the department to strengthen the social network and community and the intersectoral table, and in this way the programs will be taken to every corner of the department. On the cultural issue, it is also expected that the network will be welcomed by the communities and the social sector as a culture of which we are all a fundamental part.

Results of the specific actors

COMPOS: With the COMPOS, it is hoped to facilitate, equip and articulate the health tables of the municipalities with a social network that offers and improves the opportunities to acquire better health services, reach the most remote villages of the municipalities so that people with limited resources and difficulties to get around to access health services. The COMPOS must conform and articulate with social and intersectoral networks and thus carry out joint work in which community actors are a fundamental part of this strategy since they are the bridge of communication and information to be able to bring to the COMPOS the needs they present. the people in the municipality.

COPACOS: It is hoped that from the COPACOS community work will be strengthened in the different communes and neighborhoods; It is very important for the RED to have the full commitment of their leaders, since through joint work with the COPACOS and community leaders, it is possible to strengthen the strategies that they intend to execute with the intersectoral strategy.

It is important to have citizen participation committees in health since they are knowledgeable about their territories and have access to the needs of the inhabitants of their neighborhoods, communes and municipalities; additionally, it is essential that the COPACOS leaders be able to make the social network strategy known to their communities and manage to extend the network to cover their territories.

Community Managers: With the community managers, the aim is to strengthen the social network strategy; At the intersectoral level, all kinds of information that contributes to the process of building a communication model between the participating actors of the communities is of vital importance; In the same way, it is essential to articulate with the health sector and the work groups. The efforts of each community manager and each sector aimed at uniting joint work ties are important, carrying out strategically oriented actions focused on common problems and needs and reaching the achievement of the activities and projects of all sectors that are decisive in favor of community.

Social and Community Networks: The model of social and community networks that was designed in the project with the Hospital La María and the Government of Antioquia, and the deployment throughout the department of this project is very important so that the implementation of the project is a success. model, since everything will be executed from the knowledge of community leaders and managers. In the company of the Hospital la María, the social organizations, the COMPOS, the COPACOS and health boards of the different municipalities - this is what a Social and Community Network refers to -, all social sectors are covered without exception, and it is in charge of uniting knowledge, community groups, social organizations and more actors who work for the same cause.

Community in General: It is part of this entire process since it is aimed at the community in general that presents this type of diagnosis, in addition, they may be in charge of leading social and community networks as managers and community leaders. It is essential that the network is known and by the community in general since it is directed to it, therefore, it is essential that the work of social and community leaders has a great responsibility when disseminating the existence of the network.

IPS: It is necessary for the IPS of the most remote municipalities of the city of Medellin to be able to treat and master these two diseases in order to reduce treatment times and travel costs, and that people do not abandon treatment (it would be common that abandoned them due to long journeys and delays in providing the service).

EPS: It is important that the EPS can be articulated with the network to be able to offer better guarantees and health services to the inhabitants of other municipalities, it is expected that the EPS and the other actors of the network manage to create an interdisciplinary and intersectoral network, in which all the work and efforts made are of great benefit to the community. With this strategy, it is intended to reach all corners of the department with each of the EPSs and in this way ensure better health services and a timely reaction time, generating more effectiveness in TB treatments.

EAPB: With these entities we want to reach the articulation and manage to reach the most remote parts of the municipality because there are many places in which neither the IPS nor the EPS manage to cover these territories in such a way that they want to strengthen and create more possibilities for access health services and be able to contribute jointly to the development of social and community networks.

NGOs: With the NGOs we want to articulate the foundations and other entities dedicated to fighting TB and different diseases, we also intend to articulate other foundations, organizations other than NGOs that do not fight TB, but are interested in being participant in this project. With these organizations it is expected to count, in addition to different institutions that wish to be part of this initiation by the government and the Hospital la María.

Social Organizations: The different social organizations that are part of this proposal and to which a number of organizations that do not work with TB have joined will be a great contribution to the work of social and community networks, bearing in mind that these organizations have a long way to go and can contribute to strengthening the network.

Municipal Health Secretaries: It is expected to articulate the Municipal Health Secretaries to extend the proposal to all the municipalities of the nine (9) subregions of the department of Antioquia and reach the neediest populations in a joint and articulated manner, carrying out networking with community managers and different social leaders, getting and managing to spread the Social and Community Network throughout the department.

Figure 7: Functioning of the intersectoral table for each municipality.
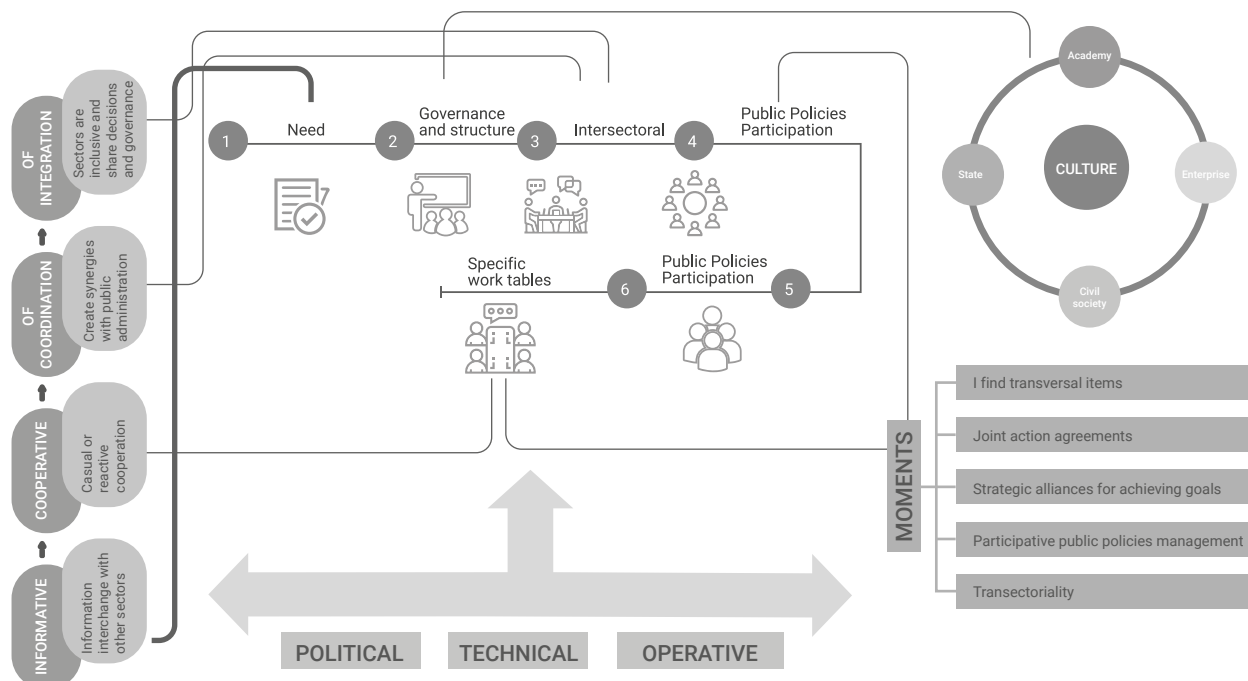
Source: Own elaboration (2020).

Conclusions

The results on the part of the actors were very successful since all these activities carried out provided the ability to organize themselves better through teamwork with greater participation of people, with a participatory strategy of planning, implementation and evaluation of the process carried out. , and the empowerment and commitment of all the participants was seen, in addition to strengthening intersectoral action in their organizations, communities, territories and health areas.

Collaborative intelligences work more with the emotional and the relationships of ideas make a break with individualism and seek to get the best out of each participant in a creative act and collective solution to an adverse situation.

Collaboration enriches us, makes us more creative, improves our communication with others and makes us better as people. Finally, the collaborative and the participatory are another way of reading social innovation: transforming our realities with others changes us and achieves in us an innovation in spirit.

Referencias

Aldasoro, E. (2012). Acción intersectorial en Salud: Estrategias, experiencias y buenas prácticas. Disponibleen https://www.euskadi.eus/contenidos/informacion/accion_intersectorial_salud/es_def/adjuntos/Accion-intersectorial-salud.pdf

Ander-Egg, E. (2003). *Métodos y técnicas de investigación Social IV: técnicas para la recogida de datos e información*. Buenos Aires: Lumen.

Arboleda Jaramillo, C. A. et al. (2018). *Las metodologías participativas, una estrategia para construir y comprender la innovación social: un recorrido por el programa "Innovantioquia, Juventud Antioqueña Piensa en Grande"*. Medellín: Corporación Ciudadanía Activa. 103 p.

Barbas, A. (2012). Educomunicación: Desarrollo, enfoques y desafíos en un mundo interconectado. *Foro de Educación, 14,* 157-175.

Blomqvist, K., Hurmelinna, P. &Seppänen, R. (2005). Playing the collaboration game right - balancing trust and contracting. *Technovation, 25* (5), 497-504.

Bunge, M. (1972). *Teoría y realidad.* Barcelona: Ariel.

Butterfoss FD, Goodman RM, Wandersman A. Community coalitions for prevention and health promotion: factors predicting satisfaction, participation and planning. *HealthEducationQuarterly*, *23* (1), 65-79

Castro, E. (2011). El paradigma latinoamericano de la Educomunicación: el campo para la intervención social. *Metacomunicación*, (1), 117-128. Recuperado de https://goo.gl/FMq9yP

Centro de Investigación y Desarrollo de la Educación – CIDE. (1990*). Técnicas participativas para la educación popular*. 3a ed. Santiago de Chile: Alforja. Recuperado de https://goo.gl/yGEFJu

Da Veiga, L., & Bronzo, C. (2014). Estratégiasintersetoriais de gestão municipal de serviços de proteção social: a experiência de Belo Horizonte. *RAP: Revista Brasileira de Administração Pública, 48* (3), 595–620. https://doi.org/10.1590/0034-76121453

Díaz, Cristina, Torres, Yisel, Cruz, Ana Margarita de la, Álvarez, Ángel M., Piquero, María Eugenia, Valero, Aida, & Fuentes, Omar. (2009). Estrategia intersectorial y participativa con enfoque de ecosalud para la prevención de la transmisión de dengue en el nivel local. *Cuadernos de Saúde Pública, 25* (Suppl. 1), S59-S70

DNP. (2015). *Breves reflexiones sobre la intersectorialidad*. Bogotá: Departamento Nacional de Planeación.

Fals, O. (2009). *Una sociología sentipensante para América latina*. [Comp. Moncayo, V]. Bogotá: Siglo del Hombre editores y Clacso.

FLACSO. (2015). Informe Técnico para el Diseño de Plan de Trabajo para reorientación de Programas de Salud Pública. Chile: Facultad Latinoamericana de Ciencias Sociales.

Freire, P. (2005). *Pedagogía del Oprimido.* 2a ed. [Traducido al español de Mellado, J.]. México: Siglo Veintiuno Editores S.A

Harris E, Wise M, Hawe P, Finlay P, Nutbeam D. (1995). *Working together: intersectoral action for health*. Canberra: Australian Government Publishing Service.

Ind, N. & Coates, N. (2013). The meanings of co-creation. *European Business Review, 25* (1), 86-95.

Kaplún, M. (1998). Procesos educativos y canales de comunicación. *Comunicar,* (11),158-165. Recuperado de https://goo.gl/c4Gyc8

Martí, L. (s. f.). *La investigación - acción participativa. Estructura y fases.*Redcimas. Recuperado de https://goo.gl/1id4cu

Minsalud. (2020). *Comisión intersectorial de salud pública.* https://www.minsalud.gov.co/salud/publica/epidemiologia/Paginas/comision-intersectorial-de-salud-publica.aspx

Morales, J. & Huici, C. (Coords.). (1999). *Psicología social.* Madrid, España: UNED, McGraw-Hill.

Rubán Alfaro, M. Lahera Cabrales, R. BerenguerGoarnaluses M. Sánchez Jacas, I. SandóAntomarchi, N. (2019). Estrategia de participación comunitaria e intersectorial en la prevención del dengue. *MediSan*. 23(05), 820-836. Disponible en https://www.redalyc.org/journal/3684/368461459004/html/

Soares, I. (2009). Caminos de la educomunicación: utopías, confrontaciones, reconocimientos. *Nómadas,* (30), 194-207. Recuperado de https://goo.gl/tZcEmP

Sosa Lorenzo, I.; Rodríguez Salvá, A. Álvarez Pérez, A. y Bonet Gorbea, M. (2013). Intersectorialidad y participación en la planificación, implementación y evaluación de intervenciones de salud en Cuba. *MediSan*, 17(4), 650-660. Disponible en http://scielo.sld.cu/pdf/san/v17n4/san12413.pdf

Villalobos, V. S. (2016). *Factores clave para la intersectorialidad: Encuentro Nacional de Fortalecimiento de la Entidades Territoriales para la Gestión de la Salud Pública*. Bogotá: Banco Mundial.