GENEVA HEALTH FORUM 2026

From Mountains to Evidence:
Primary Healthcare Teams Breaking Barriers through Community Partnership in Rural Colombia

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Community-based primary healthcare, territorial intelligence and applied rural research



INTRODUCTION AND OBJECTIVES

In dispersed rural Matanza, healthcare availability did not equal effective access. Distance, poor roads, transport costs, limited connectivity, and fragmented follow-up delayed care and reduced participation in prevention. The E.S.E. Hospital San Rafael de Matanza developed "Primary Healthcare Teams Breaking Barriers," a public model linking communities, local authorities, health professionals, and researchers.

OBJECTIVE

Describe how community-based teams converted territorial information into coordinated care, locally relevant evidence, and decisions to improve rural health.

METHODOLOGY

From 2024 to 2026, multidisciplinary teams performed household visits, territorial recognition, social mapping, and dialogue with community leaders. They assessed social and environmental determinants, affiliation and access barriers, clinical history, treatment adherence, and unmet preventive needs.

Each relevant finding generated an individual, family, or community primary care plan with assigned actions, referral pathways, follow-up, health education, and intersectoral management.

FIELD-TO-EVIDENCE PATHWAY

1. **Community dialogue**
2. **Household & territory mapping**
3. **Determinants & clinical risk**
4. **Traceable primary care plans**
5. **Referral, follow-up & education**
6. **SI-APS + epidemiological research**

DATA SOURCES

National SI-APS operational data + cross-sectional review of 581 rural residents aged 40–95 years (blood pressure, lipid profile, glucose, renal function and body mass index). Findings guided outreach priorities and were subsequently published as epidemiological research.

KEY RESULTS

428 households reached	**686** people reached
100% attended people with care plans	**318/581** participants with hypertension
54.7% hypertension prevalence	**30.5%** follow-up consultations by nursing

RESULTS AND DISCUSSION

In 2025, two teams comprising 16 clinical and community profiles reached prioritized rural microterritories. All registered households and individuals were uploaded to SI-APS, and 100% of those attended received implemented care plans. Hypertension was the most frequent condition.

The model shifted the institutional response from waiting for patients to actively identifying people, barriers, and risks in their homes. Community knowledge informed service planning, while clinical and operational data generated evidence for local decision-making. Nursing's 30.5% share of follow-up consultations illustrated the value of interdisciplinary primary care.

The initiative created a practical bridge between a small rural public hospital, communities, municipal actors, and academic partners.

RECOGNITION & DISSEMINATION

- 1st place — Colombia's 2026 National Award for Quality and Humanization in Health
- Presented at the 11th Latin American Forum on Quality and Safety in Healthcare, São Paulo, Brazil

CONCLUSIONS

Locally governed primary healthcare teams can integrate care delivery, community participation, applied research, and institutional accountability.
In Matanza, rural data became transformative when communities helped define priorities and health services converted findings into traceable care plans.
This adaptable model offers a pathway for underserved territories to reduce access barriers, strengthen prevention, and connect field action with research and public decision-making.

TAKE-HOME MESSAGE — **Rural data become transformative when communities help define priorities and health services convert findings into traceable care.**

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