

# **Colombia: In the shadow of the peace process**

## **The impact of other situations of violence on the population's health**

### **Executive Summary**

This report highlights the consequences of violence on the population's health in the Colombian municipalities of Buenaventura and Tumaco, where the international medical and humanitarian organisation Médecins Sans Frontières (MSF) provides health services to victims of violence. Colombia is experiencing a new political and social reality with the so-called post-conflict era and the signing and implementation of the Peace Accords with the guerrillas of the Revolutionary Armed Forces of Colombia-People's Army (FARC-EP). However, an analysis of violent events in the Buenaventura (Valle del Cauca) and Tumaco (Nariño) areas illustrates that violence is still active despite the end of the conflict with the FARC-EP.

In these areas, there is an increase in the presence and influence of criminal organisations and other armed groups. Likewise, in the communities, Other Situations of Violence (OSV) such as threats, selective homicides, kidnappings, disappearances, harassment, extortion and restriction of movements are being internalised.

These situations of violence have a clear impact on the physical and mental health of the population of the municipalities of Buenaventura and Tumaco. MSF has analysed the data collected in the consultations carried out by its psychologists during the period 2015-2016: as a result of exposure to violent events and risk factors, people assisted by MSF suffered from conditions such as depression (25%), anxiety (13%), psychological disorders (11%) —schizophrenia, childhood psychosis, bipolar affective disorder— and post-traumatic stress (8%). Although the situations and needs of the people assisted by MSF in Tumaco and Buenaventura cannot be directly extrapolated to the rest of the country, they can be considered a plausible approximation of reality in the urban and rural areas of many departments of Colombia.

The report shows that there is a deficit in the institutional mental health services available in primary care, despite the significant needs of the population and the existence of a legal framework on care, assistance and comprehensive reparation for victims (Law 1448 of 2011) and mental healthcare (in particular the provisions of Law 1616 of 2013, which ratifies it as a fundamental right and regulates the obligation of the State to guarantee the promotion, prevention, diagnosis, treatment and rehabilitation of all mental disorders).

As regards sexual violence, the analysis of medical data shows that only 9% of rape cases seen by MSF were treated within the first 72 hours, a critical period to ensure the utmost efficacy of medical treatment and reduce the risk of transmission of sexual diseases and unwanted pregnancies. The false belief that, in order to receive medical attention, a complaint must be filed with the authorities (a cultural belief reinforced by the treatment of victims in public institutions) is also observed among victims themselves. In view of these data, it is essential to reinforce the message that sexual violence is first and foremost a medical emergency, and those subject to rape should be treated within 72 hours.

In view of this reality and based on its experience, MSF calls on the Colombian State to continue on the road that it has already taken in the field of legislation and effective implementation of mental healthcare and care for victims of sexual violence. Addressing the authorities, in particular, MSF recommends:

- 1.** That mental health services be decentralised to be made available at primary care level, in order to guarantee timely and quality assistance to those who require it, providing clinical care in hospitals and health centres as well as through outreach activities. MSF suggests that psychologists be hired to provide clinical care at this first level of care, and that efforts not be limited to advocacy as is the case now..
- 2.** That, in the specific case of Tumaco and Buenaventura, at least seven psychologists be hired in Tumaco and 25 in Buenaventura to provide clinical care; this recommendation emanates from data collected by MSF in 2016 in both municipalities, where, on average, 3% of the population suffered from mental disorders requiring attention.
- 3.** That primary care physicians receive training on the World Health Organization (WHO) mhGAP strategy, in order to facilitate the diagnosis and appropriate treatment of mental illness and thus reduce the barriers that this population faces when seeking care.

4. That better permanent psychiatric services be guaranteed, with at least one psychiatrist in the municipality of Tumaco and another in Buenaventura.
5. That public services and institutions reinforce their messages on sexual violence so that it is understood, above all, as a medical emergency. Sexual violence must be treated as a public health problem and priority should be given to medical care for victims.
6. That timely and quality attention to alerts or emergencies related to the confinement or displacement of populations be provided, in order to prevent the aggravation of symptoms of mental disorders and/or the generation of chronic disorders.

## Introduction

Médecins Sans Frontières (MSF) has been working in Colombia since 1985 (mainly in areas most affected by the armed conflict), providing healthcare to those most in need in the most remote parts of the country. The dynamics of conflict have changed and forms of violence have mutated, and consequently, MSF's medical interventions have adapted to continue to respond to humanitarian needs at all times.

As of 2014, in Colombia MSF has focused on the victims of Other Situations of Violence (OSV) concentrated in the urban areas of the municipalities of Buenaventura and Tumaco, in addition to the emergency response to assist, in the majority of cases, victims of violence in rural areas.

In Tumaco, MSF professionals work within the structures of the health system and, in Buenaventura, within structures belonging to the organisation. In both cases, the care provided by MSF is coordinated with the national health system, both for referrals and counter-referrals of patients and via trainings and workshops where experiences are shared. To reach people who need care, inform them about the availability of care, gain their trust and convince them to seek care, MSF uses a psychosocial strategy that includes awareness-raising and promotion of medical services and that helps people to be able to recognise their symptoms and the need for professional assistance.

This report is based on a quantitative analysis of the medical records and context analysis carried out by MSF programs in 2015 and 2016 in Buenaventura and Tumaco; medical data collected during the response to 39 emergency situations carried out by MSF in 2016 in a total of seven departments in the country are also included.

In total, the data of about 6,000 people who attended mental health consultations in 2015 and 2016 were analysed. The pathologies, the procedures performed and the barriers faced by these people in accessing healthcare were studied. The report also includes testimonies of people assisted in these consultations, which are considered representative of the difficulties and concerns affecting these populations. These personal stories were collected by MSF staff separately to the doctor-patient relationship and respected in all cases the rules of confidentiality and medical ethics. Although the interviewees agreed to share their experiences, their names have been changed to ensure their personal safety.

The report aims to highlight the humanitarian needs stemming from the violence that continues to affect the Colombian population and to warn of the impact that this has on mental health. The report is structured in three sections: the first presents the context documented by MSF in 2015 and 2016 in Buenaventura and Tumaco, as well as MSF's response to emergencies in other areas of the country; the second describes the most acute health needs encountered and other findings; and the third focuses on sexual violence in both municipalities from a public health perspective

**The full report in Spanish can be consulted here:**  
**[https://www.msf.es/sites/default/files/attachments/msf\\_report-colombia-aug2017.pdf](https://www.msf.es/sites/default/files/attachments/msf_report-colombia-aug2017.pdf)**

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