

THEMES AND DEBATES

Refounding from the South: Reflections on the Fourth Latin American and Caribbean Conference on Critical Health Thought

Pensar desde el Sur para refundar: reflexiones sobre la IV Conferencia Latinoamericana y Caribeña de Pensamiento Crítico en Salud

Antonio Hernández Reyes. Escuela de Posgrados, Facultad de Medicina, Universidad de El Salvador. Grupo de Trabajo de Salud Internacional y Soberanía Sanitaria de CLACSO, El Salvador.

Email: antoniohernandezreyes@gmail.com, <https://orcid.org/0009-0008-1357-5379>

DOI: <https://doi.org/10.71164/socialmedicine.v18i3.2025.2345>

The recent Fourth Latin American and Caribbean Conference on Critical Health Thought — held June 5–7, 2025, in Bogotá, Colombia — was a profoundly political, epistemic, and territorial experience unlike any before it. It is worth sharing some reflections on this space, which represents not only the continuation of a collective process, but also its maturation within an increasingly complex regional and global landscape.

Since its inception, the Latin American and Caribbean Conference on Critical Health Thought has been envisioned as an epistemological, political, and ethical commitment: to rethink health from the perspective of Latin America and the Caribbean, from our concrete realities, our struggles, and our peoples. It calls us to an urgent task: to contest the meaning of health — its governance, its models of care and attention, its structural determinants, and its civilizational horizons.

This fourth edition of the Conference was not simply another event. It arrived at a moment marked by overlapping crises — health, ecological, economic, and democratic — that profoundly challenge the place of health within our visions of society. In the face of expanding privatization, the financialization of healthcare, and the resurgence of authoritarian discourses, critical thought is no theoretical luxury: it is a tool for analysis, resistance, and transformation.



Making the effort to come together in these times carries political significance. It allows us to bring agendas to light, to strengthen the ties between research and action, between academia and territory, between the diverse forms of knowledge that shape the field of health through a Latin American and Caribbean lens. This space has also reaffirmed a shared conviction: that it is both possible — and necessary — to build health policies that go beyond managing disease, and instead promote dignified life, social justice, and sovereignty.



Refounding Is Much More Than Reform

Unlike traditional health reform logics, which are bound by neoliberal frameworks and technocratic mechanisms, refounding begins with an epistemological rupture. As has been previously noted, transformation arises within the very cracks of the hegemonic model.¹ Refounding means contesting the very meaning of health — decolonizing theories, languages, policies, and institutions. It also means recognizing the structural failures of the state-centered and market-driven biomedical paradigm, which has been instrumentalized to legitimize structural inequalities within our health systems.²

As explored across the various panels of the Conference, the category of *refounding* serves as an analytical, political, and organizational tool — one capable of opening space for unfinished processes of transformation. This is not about proposing a “new reform,” but about reimagining and rebuilding health from the ground up, rooted in territory, with a focus on social justice, sovereignty, and dignity.

A Space of Encounter Between Systems of Knowledge, Struggles, and Territories

This Fourth Latin American and Caribbean Conference on Critical Health Thought, as a space for thinking about health from the South, was organized around six cross-cutting themes:

1. Health from the South and the strategy of health sovereignty
2. Decolonial, Black, and community feminisms toward a health paradigm from the South
3. Critical studies for the refounding of health systems
4. Critical epidemiology
5. Socio-environmental health and the epidemiologies of extractivism
6. Social and territorial movements for health sovereignty

From community feminisms to the critical cartographies of health extractivism, the Conference created a space to make visible forms of knowledge that have been silenced and systematically excluded by the academic canon —

expanding the field of knowledge beyond Western scientific paradigms.³

Shared Diagnosis, Plural Horizons

The more than 70 institutions represented at the conference agreed that today’s health systems — shaped by the logic of insurance, coverage, and managerial performance — have functioned in service of a deeply unequal, patriarchal, and colonial social order.⁴ ⁵ In response, participants reaffirmed the need to advance processes of refounding through the active participation of the people, strengthening public, non-state, and community-based networks in the collective construction of health.

Among the many roundtables, workshops, and panels, one that stood out was the session on “Critical Studies for the Refounding of Health Systems,” where participants debated the myths that continue to uphold the neoliberal Pan-Americanist model: the illusion of universal coverage as a synonym for equity; the notion of administrative modernization as a magic solution; and the idea of the state as a mere service provider, rather than as a political space in contention.⁶ ⁷

Toward a New Strategy for Health Sovereignty

The closing session, titled “*The Strategy of Health Sovereignty in the Face of the Crisis of the West*,” raised critical tensions between so-called “global health,” dominated by the WHO, and emerging forms of authoritarian Pan-Americanism. Participants discussed alternatives grounded in South–South cooperation, the actions of social movements, and the construction of plurinational and anti-extractivist institutional architectures.⁸

As we have argued in previous work, it is not possible to refound health without also refounding the state — along with the processes of radical democracy that sustain it.⁹ For this reason, the Conference emphasized an intersectional perspective that recognizes racialization, precaritization, forced migration, and epistemic violence as key determinants of health.

Conclusion: Toward a New Hegemony

The Fourth Conference confirmed that critical health thought is not an isolated theoretical exercise, but a collective praxis in motion. This space reaffirmed a shared conviction: that it is both possible — and necessary — to build health policies that go beyond managing disease, and instead promote dignified life, social justice, and sovereignty.

The refounding of health systems will not be an immediate task, but it is no longer a marginal utopia. It is an evolving roadmap, woven together through committed research, popular knowledge, public universities, and social movements.¹⁰ In the face of civilizational collapse, to refound health from the South is also to refound hope.

This Fourth Conference marked a historic moment of regional articulation, of collective accumulation, and of the maturation of a long-term political-intellectual project: critical health thought from and for Latin America and the Caribbean.

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Social Medicine
Health For All

ISSN: 1557-7112