Health Care in Bolivia:

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This research project is based on a one month work experience in Cochabamba, Bolivia through the NGO Sustainable Bolivia at Hospital Viedma, a major public hospital and Centre de Salud Pacata, a rural outpatient health clinic. The information presented below is derived from both research and personal experience.

This trip was partially funded by Jefferson Office of International Affairs with the goal of gaining experience and knowledge about the Bolivian health care system.

### Hospital Viedma, Cochabamba, Bolivia

#### Neonatology

**Pre-term Birth and Respiratory Distress Syndrome**

- Lung infections. Patients kept on ventilator until full term or complete lung development. RDS with infections can often lead to sepsis and death.
- **Perinatal Asphyxia**
  - Patient is unable to take up enough oxygen during birth for various reasons. Causes include low Apgar score and potential neurological complications. Patients placed on ventilator and monitored. Not necessarily associated with pre-term birth.
- **Acidemia**
  - Patients kept on artificial ventilation until full term or complete lung development. RDS with acidemia.

**Infections**

- Many patients turned away if not severely ill—raises costs and increases morbidity.
- **Decrease in infant mortality since election of President Evo Morales-**
  - The Bolivian health care system was not Universal, the aim is to achieve universal coverage through three main systems:
    - **Public**
    - **Private/NGO Insurance**
    - **Social (Social Security)**
  - SUMI is run by the Ministry of Health and is covered by taxes and not necessarily associated with pre-term birth.

**Problems in Hospital Viedma NICU**

- Only hospital in Cochabamba required to accept all patients—scarcity of beds.
- Every room always occupied.
- Patients transferred depending on severity, prognosis and response to treatment.
- **“Older” patients**, those responding well to treatments, and those not responding well to treatment moved to maternity ward as new admittances arrived.
- While the public hospital guaranteed care and was covered by SUMI, privilege to get NICU care was not necessary.

#### Reproductive Health in Rural Areas

**Burns Ward**

- **Burns Ward**
  - In more fortunate cases, family dynamics, such as step parents, made it so that parents would punish children by forcing them to sit on hot bricks. Again, they mostly did not realize the damage they were doing and what this would cost them.
  - In many unfortunate cases, family dynamics, such as step parents, made these punishments extremely severe.

**Centre de Salud Pacata, Cochabamba, Bolivia**

#### Contraception Usage in Bolivia

**Contraception Usage in Bolivia**

- **Contraception not covered.** Most women have first pregnancy in teens.

#### Maternal and Child Health

**Causes of death among infants are all preventable including diarrhea, perinatal care and pneumonia**

### Health Care in Bolivia

#### Barriers to Health

**Language Barriers with the Indigenous Population:**

- **Huge Indigenous population in Bolivia that speaks Quechua not Spanish**
- **Most of the population occupying rural areas speaks Quechua**
- **Distant Spanish doctors because they feel they bear an unfair amount of the burden of poverty**
- **Lower rates of education as a result**

**Cultural Barriers:**

- Male dominated society so condom use is uncommon
- Practice of cutting children on hot stones as punishment—high rate of severe burns in children due to lack of education

**Lack of Resources:**

- **1 CT and no MRI machine in biggest public hospital in Cochabamba, 3rd largest city in Bolivia.** Poor diagnosis, prognosis and follow-up as a result.
- Extreme shortage of beds—many patients turned away if not severely ill—raises costs and increases morbidity and mortality.

**Health Care System**

- While the health care system in Bolivia is not Universal, the aim is to achieve universal coverage through three main systems:
  - **Seguro Social (Social Security)**—Some Employed Citizens, Elderly
  - **Seguro Universal Materno Infantil (SUMI)**—All pregnant women and children under 5
  - **Private/NGO Insurance**—Everyone Else

SUMI is run by the Ministry of Health and is covered by taxes and not necessarily associated with pre-term birth.

**Flaw:** While the programs before it did cover family planning, SUMI only covers pregnant women, and is ineffective in promoting contraception.

#### Hospital Viedma, Cochabamba, Bolivia

**Burns Ward**

- Non-Profit Movimiento Sonora - raises money to help families pay for children in hospital.

- Hospital Viedma is one of few hospitals to have a specialized burn ward and had the largest ward in Bolivia- patients come from different parts of the country and the beds were all always occupied.

- Some patients were covered by SUMI, many patients were above the age of five and did not have means to pay for their stay—parents wait outside the wards all day waiting for doctors to enter, begging them to treat their children for free.

- The main reason was a lack of education among parents but for two distinct reasons.

- One major cause of burns is shear accidents. Living conditions in Bolivia often made it so that small homes where mothers spent a lot of time in the kitchens, kids spent a lot of time there too. Parents do not have the education about how easily kids can get burned or how severe, life threatening and costly those burns will be.

- The major cause for burns in children is parents would punish children by forcing them to sit on hot bricks. Again, they mostly did not realize the damage they were doing and what this would cost them.

- In more unfortunate cases, family dynamics, such as step parents, made these punishments extremely severe.

#### Maternal and Child Health

**Health Care Reform continues under President Evo Morales - First elected in 2005 and Re-Elected in 3rd term in 2014**

- Poverty has fallen from 33% of the population to 20% under his regime.

**Referances**