Health Care in Bolivia: A First Hand Experience

Sanchi Malhotra
Jefferson Office of International Affairs

This research project is based on a one month work experience in Cochabamba, Boliva through the NGO Sustainable Bolivia at Hosptial 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

Majority of Cases at Hospital Viedma NICU

Pre-term Birth and Respiratory Distress Syndrome: Lungs are not developed and lack surfactant- substance that keeps alveoli from deflating. Patients given artificial surfactant and monitored using CXR and labs to rule out infections. Patients kept on artificial ventilation 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 acidemia, low APGAR score and potential neurological complications. Patients placed on ventilator and monitored. Not necessarily associated with pre-term birth.

Problems in Hospital Viedma NICU

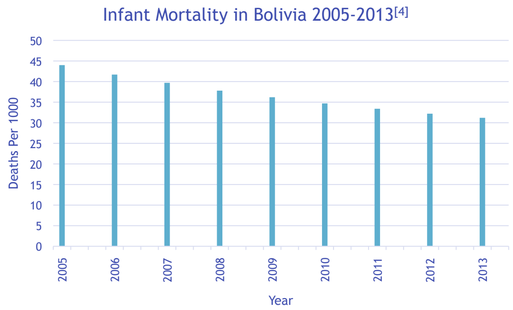
Only hospital in Cochabamba required to accept all patients—scarcity of beds
- Twins always shared a bed, all patients triaged depending on severity, prognosis and response to treatment
- Only the most immediately severe could stay, but only if they still had a good prognosis.
- "Older" patients, those 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 it was covered by SUMI, privilege to get NICU level of care and attention.

Scarcity of resources
- Patients only covered for 2 doses of surfactant
- Only monitored by CXR and labs. CT not ordered in NICU

Maternal and Child Health

How is Bolivia Improving?

Causes of death among infants are all preventable including diarrhea, perinatal care and pneumonia [2]



Decrease in infant mortality since election of President Evo Morales

Health Care in Bolivia

Barriers to Health

Language Barriers with the Indigenous Population:
- Huge indigenous population in Bolivia that speaks Kechwa not Spanish
- Most of the population occupying rural areas speaks Kechwa
- Distrust 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 putting children on hot stoves 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
- Seguiridad Social (Social Security) – Some Employed Citizens, Elderly
- Seguro Universal Materno y Infantil (SUMI) – All pregnant women and children under 5
- Private/NGO Insurance- Everyone Else [2]

SUMI is run by the Ministry of Health and is covered by taxes

Implemented in 2003, it is not the first form of insurance for maternal and child health, but rather the third improvement from past government programs for the same population.

It covers many more interventions (400) compared to past programs (92) Its effectiveness is shown by the decrease in infant mortality between 2003 and now

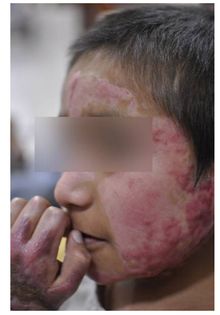
Flaw: While the programs before it did cover family planning, SUMI only covers pregnant women, and is ineffective in promoting contraception [2]

Health Care Reform continues under President Evo Morales- First elected in 2006 and Re-Elected for 3rd term in 2014

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

Hospital Viedma, Cochabamba, Bolivia

Burns Ward



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

Hospital Viedma is one of few hospitals to have a specialized burn wards 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 sheer accidents. Living conditions in Bolivia often made it so that insmall 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. [3]

Centre de Salud Pacata, Cochabamba, Bolivia

Reproductive Health in Rural Areas

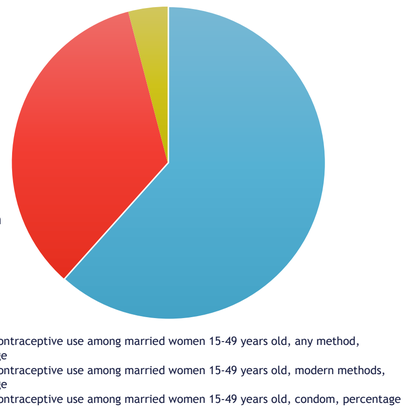
Free prenatal care under SUMI

All health care services free to pregnant women even if unrelated to pregnancy

Reproductive health clinic in rural area successful in increasing access to prenatal care and reducing maternal and infant mortalities

Contraception not covered.
Most women have first pregnancy in teens

Contraception Usage in Bolivia[4]



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