



## The Present Context

In 114<sup>th</sup> position on the UNDP human Development Index scale, Bolivia is one of the poorest Latin American countries, with 62.7% of its population living under the national poverty line. Indigenous people represent two-thirds of the country's population. In the last 50 years, Bolivia's total population has tripled in size. This increase was accompanied by an intense urbanization process. Between 1950 and 2000, the rural population decreased from 65% to 35% of the national population. In 2000, 15% of the population was aged less than 5 years, 40% less than 15, and 59% less than 25. The total fertility rate, 4.4 in 2000, remains high. The infant mortality rate has dropped and the government's policy of expanding the Basic Health Insurance to provide all services to pregnant women,

to new mothers up to six months after childbirth and to children up to five years of age, should result in further mortality reduction. However, chronic malnutrition and anaemia in children under three still persists. The Expanded Programme on Immunization (EPI) has resulted in high levels of immunization coverage.

Crisis involving: Part of the Population

## Millennium Development Goals in Bolivia

Eradicate extreme poverty & hunger	Achieve universal primary education	Promote gender equality	Reduce child mortality	Improve maternal health	Combat HIV/AIDS, malaria etc.	Ensure environmental sustainability	Global partnership for development
Lagging	...	...	On track	...	...	On track	...

Note: Information is based on one to two specific targets for each major goal. The selection of goals and targets in the table is based principally on data availability.

Source: UNDP, Human Development Report. 2002

## Main Public Health Issues and Concerns

### Health Status

- Between 1995 and 2000, the annual crude death rate was estimated at 9/1,000 population and life expectancy at birth at 61.4 years. The infant mortality rate declined from 89 to 56/1,000 live births between 1988 and 2002, although in some rural areas it still exceeds 80/1,000 live births. Between 1990 and 2002, the under-five mortality rate declined from 120 to 71/1,000 live births.
- The fertility rate varies between 2.7 and 7.1 depending on the level of education. In 1994, the maternal mortality rate was 550/100,000 live births, with wide regional disparities—274 in urban areas, 524 in rural areas, and 602 in the rural Altiplano—(WHO/PAHO). Maternal mortality rate decreased to 420/100,000 live births in 2000. In 1998, prevalence of chronic malnutrition in children under three was 26% nationwide, 36% in rural areas, and 44% among children with illiterate mothers. In the same age-group, the prevalence of anaemia was 67%. Bolivia has made great strides in improving maternal health, but one in 47 women still dies in pregnancy and childbirth in her lifetime—one of the worst ratios in Latin America.
- Malaria is a concern to half the country's population. Close to 86,000 cases were reported in 1998, an exceptionally high figure compared to the 34,000 cases reported in 2000, when the prevalence rate was 378 notified cases per 100,000 people.

### Disclaimer

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- In 1999, 9,272 tuberculosis cases were reported, 12.6% less than in 1996. The prevalence for 2002 was 312/100,000 people. Ever since the directly observed treatment, short course strategy (DOTS) was applied in some areas in 1994, the case-finding coverage has not exceeded 60%.
- Between 1985 and 2000, there were 605 cases of HIV/AIDS (52% asymptomatic carrier of HIV). Sentinel surveillance detected an HIV prevalence of less than 1% in pregnant women and 5% in populations with high-risk behaviour.
- There were 40,212 cases of cholera between 1991 and 1995, resulting in 814 deaths. There has been a decline in incidence since, from 2,068 cases in 1996 to 467 in 1998 and no cases in 1999 and 2000.
- Chagas disease, yellow fever, and dengue fever are all endemic in Bolivia and issues of public health concern.

## Health System

- Bolivia's health system comprises public and private for-profit and not-for-profit sectors, and the social security system. The Ministry of Health and Social Welfare (MSPS) is responsible for sectoral regulation, and for issuing and applying policies and national standards. The delivery of health care services is under administrative responsibility of the municipal governments. Approximately 43% to 48% of the population uses public health services. Social security funds account for 22% of coverage, and the private sector for 10%. Between 20% and 25% of the population lacks access to health services.
- In 1999, 72% of the population had access to potable water services (93% urban and 37% rural), and 61% had access to sanitation and excreta disposal services (79% urban and 33% rural).
- Vital statistics recording is inadequate: between 1995 and 2000, estimated national under registration of mortality was approximately 63%. To fill this gap, the National Epidemiological Surveillance and Health Situation Analysis System was set up in 2000. This system includes mortality, morbidity, nosocomial infections, risk factors, environmental surveillance and basic indicator data.
- In 1999, US\$ 98.5 million equivalent to US\$ 12.1 per capita were spent on drugs. In that year, 77.5% of drug expenditure came from out-of-pocket expenditure. The pharmaceutical sector is an important segment of the country's economy, accounting for 1.15% of GDP. There are 8,293 legally registered drugs, 5,518 of which are marketed. Of these, 27% are essential drugs and 70% are imported drugs.
- In 1999, the MSPS's staff included 13,850 people: 27% nursing auxiliaries, 26% administrative and service personnel, 18% physicians, 14% technicians, 9% professional nurses and 6% other professionals. Problems of imbalance persist between human resources available and the tasks required to solve problems, due to an 'irrational' ratio between administrative and medical personnel, imbalance in types of training, and low remuneration of medical and paramedical staff.

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## Main Sector Priorities

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