**Health Reforms in Bolivia – Health System Research Evidence Translated into Policy and Practice**
**The Role of Civil Society Activists**

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**1.- What was the complex issue/situation you were confronted with? What was the situation-background-setting?**

**As background setting:** The Bolivian population is around 10.389.903 inhabitants. The poorest 10% of the Bolivian population accounts for 0.3% of national income, while the richest 10% accounts for 47.2%. Moderate poverty affects 51.3% of the population. Absolute poverty affects 26.1% of the population. 16.7% of the *non*-indigenous population suffers absolute poverty. *33% of indigenous population suffers of absolute poverty*. Just 35% of total population enjoys social and health security, 10% of them has public insurance. Then, around 65 % are excluded from social health protection.

**The complex issue/situation we were confronted with**: For decades the Bolivian Health System (NHS) is characterized by concerning inequities, segmentation and fragmentation. The NHS is organized in three sub sectors: public, social security, private (involving profit and non-for profit organizations).Social protection for health is still a concerning issue. Accessibility and quality of care are under public concern. Despite various governments' health reforms proposals, health status barely improved. Population claims for availability, continuity, accessibility to acceptable quality health services. Human Rights activist and Civil Society (SC) is confronted to demand more social justice, health equity, coherence in health policies with a human rights perspective, improvement of the NHS performance ,full exercise of the *right to health and health care,* which should be universal, accessible, affordable, avoiding discrimination and inequities. The people's demands were oriented to achieve that

**2. What did you do to deal with it?**

In 2009 after 3 years of national debate, a New National Constitution (NNC) was proposed and adopted. Civil Society Organizations (CSOs involving human rights organizations, patients associations, health activists, community leaders, journalists, part of People's Health Movement - PHM Bolivia - and the NGO Justicia, Salud & Desarrollo Bolivia), identified such period as a good opportunity to mobilize citizens demanding to include key articles to protect genuinely *Right to Health and Health Care* and reforms of the NHS .This interaction was totally free of political-party commitments, not linked to profit, commercial, religious interests. It was guided only by a genuine vocation towards greater social justice, public service and human rights protection.

In order to canalize social endorsement theoretical ideas and evidence on the performance was needed. Then, various SC organizations conducted and independent Health System Research (HSR). Findings of this survey were used to convince decisions makers, mass media, General Public about the CS interaction proposals. Findings and results were submitted widely under public scrutiny.

**3. What were the expected and unexpected results?**

As expected results: T As expected results we wanted to include in the new Constitution more concrete articles to protect Public Health, ensure also as part of its content a more coherent theoretical orientations for health policies, define mechanisms for implementation through NHS, granting priority to a more humanitarian holistic, integrated sociological approaches and more community participation, replacing the conservative hegemonic medical model and health care system, which persisted for decades.

The new constitution adopted most of the proposed articles. The NNC recognizes now, key articles: i.e. the State obligation to protect Right to Health and to health care through public policies aimed at improving the NHS, including to pay much more attention to Social Determinants of Health (SDH), free access to a *unique NHS* (avoiding fragmentation, segmentation of NHS) The state now has a binding obligation to ensure and uphold the Right to Health as a s*upreme state function and first financial responsibility.*

Unexpected Results:

**What was unexpected?**

In the process the SC coalition realized that most politicians supported the CSOs proposals as a way to increase their credibility. CSOs coalition, initially expected not more than 12 articles to be approved of the 48 proposed. We were gladly surprised that 33 were approved. Some of them really quite controversial (i.e. the issue of Patients' rights prevailing over patents and intellectual property rights).

We were gladly surprised with the involvement of young health activists displaying lobby and advocacy actions due to the inspiration of some academics committed with human rights and public health. Their participation resulted amazing.

Initially we do not expected that after the approval of the new constitution, the approval clear time limits for the implementation of such measures might result so complicated. As consequence, most of the adopted articles have not been yet translated into concrete practice and actions in favor of the population due to lack of political will.

Then CSOs Coalition still has a hard work to fulfill and still we have to deal with pressures of various powerful sectors interested to postpone the implementation. ( i.e. some international actors more interested on the “health of the economy “rather than on people’s health, who play a negative role , also some health providers who observe the process with lot of concern, etc) . As concrete progresses CSOs are happy with the implementation of some measures: i.e. more attention to Promotion and diseases prevention strategies.

The NNC includes now 33 articles. Recognize Right to Health as supreme state responsibility and priority, guarantying universal access to NHS with equity, efficiency, effectiveness, granting emphasis to health promotion, disease risks prevention, access to essential medicines, respect to patient's rights, recognizing traditional medicine practice, among other key issues.

**4. Which new problems emerged? Which opportunities did you create/use to tackle these new issues?**

**Problems emerged:**

We had to face some Failures and Frustrations: our actions were displayed in a complex environment: risks, threats, pressures from political, corporative, commercial, industrial, private sectors, were unavoidable. It was then needed to generate strong social endorsement. Actions needed to be widely visible working with mass media, which resulted essential.

The model we used was carefully prepared, so that it became based on Independent trustable information. We demanded decisions makers, more openness, transparency and accountability on their public health decisions.

Strong leadership was needed to provide good directions, with the purpose to act locally but think globally. Bring together efforts of different organisations and sectors resulted however, a powerful tool.

**Opportunities we created:** We create solidarity and friendly atmosphere within the CSOs coalition. Health researchers, academicians, health activists, human rights activists, all collaborated together producing independent indicators about Health Situation in Bolivia. Semi-structured interviews were used. After data analysis, open debates with various stakeholders were hold to exam current health policies and NHS situation, reaching some conclusions, contributing to build more health governance.

How we tackle news issues: Human Rights organizations, CSOs, and health activists, working together contribute to build fair, effective, pro-poor health policies governance.

We would like to continue with this interaction. Unfortunately we are orphan of adequate support to ensure continuity to this movement.

**5. What are in your opinion the competences or mindsets you need(ed) to deal with this complex issue?**

Health Professionals and health workers, as well as CSOs activists need also be prepared to act as policy advocates, have communication skills, assume sometimes strong leadership, be efficient organizing community movement to monitor and evaluate Health Policies, strategies and NHS reforms. Our participation can add credibility to the democratic processes.

Our experience confirm that *there is no better time for health services researchers, for health workers, for health activists and social movements, than to act during pre-election periods.* Politicians can maintain their credibility if they keep their deals and decisions based on scientific HSR evidence. Health Policy and NHS reforms need however to define clearly functions on community representation, so that decisions results more accountable building *good health governance.*