Bolivia

Total population (2005)	**9 182 000**
% population under 15 (2005)[1]	**38**
% rural population (2005)[1]	**36**
Life expectancy at birth (2005)[2]	**64.9**
Mortality in children under 1 year per 1000 live births (2004)[2]	**54**
Maternal mortality per 100 000 live births (2004)[2]	**230**
Total health expenditure as a % of Gross Domestic Product (2004)[3]	**6.8**
National Expenditure as a % of total health expenditure (2004)[3]	**12.8**
Ranking among 177 countries on the Human Development Index (2003)[4]	**113**
Gross national income (GNI) per capita US$ (2003)[2]	**2490**
% of the population below the national poverty line (1995-2002) [2]	**14.4**
Adult literacy rate (15+) (2005)[2]	**88.3**
% of the population with sustainable access to an improved water source (2002)[4]	**85**
% of the population with sustainable access to improved sanitation (2002)[4]	**45**

Sources:
[1] United Nations Population Division
[2] Health Situation in the Americas. Basic Indicators 2005. Pan American Health Organization
[3] WHO data on national health accounts
[4] Human Development Report 2005

HEALTH & DEVELOPMENT

In 2005, Bolivia had an estimated population of 9 182 000, 64.4% of it urban and 35.6% rural. According to the 2001 census, 31% of the population identified itself as Quechua, 25% as Aymara, and 6% as Guarani and other Amazonian ethnic minorities, while 38% did not identify with any particular ethnic group. Bolivia's population is very young: 60% is under 25, and only 7% over 65. The average annual population growth rate is 2.7%.

According to the 2001 census, 64% of the population did not bring in enough income to meet its basic needs. Projections indicate that the incidence of poverty in 2006 will be on the order of 63%, with 35% of this group living in extreme poverty. This mainly Quechua and Aymara population is concentrated in municipalities located in the Andean valleys and the Altiplano (high plain) region. Poverty is also found in the flatlands, the Chaco region, and the country's major cities, owing to migration. In 2003, the average per capita income was US$ 900. However, an examination of the distribution of that income reveals that, on average, the income of the wealthiest 20% of the population is 13 times higher than that of the poorest 20%.

The indigenous population is marginalized and lacks access to health care and basic services. In a study of 50 municipalities (of the country's 327) with high levels of extreme poverty, where the monolingual native population lives, infant mortality is twice as high as in the 138 municipalities where poverty is the lowest.

Life expectancy at birth rose from 63 years (2001) to 65 years (2005). This low rate of increase is attributable to high infant mortality, 54 per 1,000 live births, and this in turn to neonatal mortality. The crude birth rate remains high (28.5 births per 1000 population). This is due to the large population of young adults, high fertility rates (3.7 children per woman), and women's lack of autonomy in decision-making and consequent inability to exert their sexual and reproductive rights. The birth and death dynamic indicates that Bolivia is growing the way the developed countries did in the 1950s and 1960s.

According to the information reported, the current distribution of mortality reveals a predominance of cardiovascular causes (40%), followed by communicable diseases (13%) and external causes (12%). Mortality is higher in men than in women (1,102 versus 897 per 100 000). In 2003, 27% of children suffered from chronic malnutrition, and of these, 8% from severe malnutrition.

Only 26% of the population is covered by the health insurance system, and over half the population practices traditional medicine. The private sector meets only 5 to 10% of the demand for services, which means that the remaining 70% of the population must be covered by the public sector. Limitations on access to the system leads to the conclusion that only half the population that should be served by the public sector actually has access to it, leaving the remaining 35 to 40% of the country's population without coverage.

OPPORTUNITIES	CHALLENGES
• New government with a solid base in the indigenous and native populations and a mandate for social change in health, coinciding with the principles of Alma-Ata • National Development Plan that recognizes the intrinsic link between social determinants and heath inequities and contains a rights approach • A participatory constitutional process that involves the creation of a new model for assigning responsibilities, with the Ministry exercising the steering role in the sector • Allocation of new fiscal resources for health, based on the strategy of redistributing wealth to the local level • Adoption of the principle of *health sovereignty,* which implies recognition and strengthening of the Ministry's steering role vis-à-vis international cooperation. • Appreciation of PAHO/WHO support in the participatory transformation of the State • Retooling of PAHO/WHO's role in cooperation, particularly with priority countries	• Participating and providing technical and policy assistance for the constitutive process • Strengthening the steering role and institutional capacity of the Ministry in the exercise of health sovereignty • Strengthening mechanism for channeling the demands of excluded groups to decisionmakers • Identifying and strengthening the institutional capacities of PAHO/WHO within the context of the country's transformation • Balancing regional mandates with the country's new priorities • Identifying, systematizing, and sharing good practices and lessons learned at the global, regional, and national level • Clearly defining PAHO/WHO's role with respect to the new modalities and actors in international cooperation • Considering current national priorities in the preparation of PAHO/WHO cooperation instruments (country BPB, subregional Biennial Proposed Budget (BPB), Technical Cooperation among Countries (TCC) projects, mobilization of other resources)

INTERNATIONAL COOPERATION

The country adheres to the principle of *health sovereignty* in line with its National Development Plan, which has resulted in a review and assessment of the role of technical cooperation agencies. This will have a significant impact on international cooperation and its new actors and modalities, such as bilateral cooperation between countries of the Region (Argentina, Brazil, Cuba, Venezuela (Bolivarian Republic of)). Of particular interest in this context is the new role of the United Nations and especially that of PAHO/WHO.

PAHO/WHO STRATEGIC AGENDA (2006-2010)

Based on the previous CCS, PAHO/WHO's updated cooperation strategy attempts to strategically position the Organization to support the political process of reorganizing the Bolivian State. In the sectoral area, this process is grounded in the principles of: *national* and *health sovereignty*, a rights and social determinants approach, interculturalism, equity, and solidarity.

Within this framework, the following strategic agenda is proposed:

1. Work based on an approach to health as a human right, with the social determinants of health explicitly spelled out in the National Development and Strategic Health plans. This means tackling the following issues, *inter alia*: the reduction of inequities and exclusion in general; as well as in gender, indigenous and native peoples in particular; the reduction of malnutrition to zero levels and of family violence.
2. Technical and policy support for the Constitutional process; in particular, participation in the Pre-consitutional Congresses and the continuation of that process in the formulation of the new General Health Law
3. Technical cooperation in the development of Universal Health Insurance and the Unified Health System and in the formulation of financing and human resources development policies that make these systems sustainable and viable
4. Support in the development of a family and community health model that extends beyond curative care and promotes respect for interculturalism and traditional medicine and in the formulation and implementation of a human resources and health services policy consistent with that model
5. Continued implementation of the healthy municipalities strategy in priority municipalities, recognizing them as key locations for encouraging management, participation and social control
6. Support in the coherent definition of local/departmental/national management levels, development of the service network, integration of programs, and interaction between levels. An important line of action here is evaluating local performance of the Essential Public Health Functions
7. Encourage knowledge management through the use of situation rooms and the Virtual Public Health Library
8. Support sectoral development and strengthening of the steering role in health

The national authorities selected items 2, 3, and 4 of the agenda as immediate priorities for PAHO/WHO cooperation. The strategic cooperation agenda involves: a) traditional cooperation (consultancies, advisory services, training, etc.) and nontraditional cooperation modalities, the latter based on involvement in health policymaking, the coordination of actors, and the mobilization of capacities, processes, and resources in the international health agenda and its new modalities, under the leadership of the health authority (which includes promotion of the sectoral approach and the harmonization and alignment of cooperation); b) support in responding to emergencies and health situations; c) community participation; and d) the strengthening of administrative action, which will foster national capacity building to institutionalize mechanisms, standards, and administrative procedures in support of the Strategic Health Plan.

For this purpose, it is necessary to coordinate collaboration among the different levels of the Organization under a common programming and monitoring framework. This is the way to provide a timely and flexible response to the national dynamic. At the same time, it is necessary to improve information exchange with the other Representative Offices to provide assistance for bilateral cooperation initiatives.

ADDITIONAL INFORMATION

WHO country page **http://www.who.int/countries/bol/en/**
WHO Country Office website **http://www.ops.org.bo/**

This brief is available online at the WHO Country Focus web site **http://www.who.int/countryfocus**
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