

Child Family Health International - Bolivia



Tristan Perry, Dr. Karen Cowgill

Introduction

Attached to Child Family Health International (CFHI), myself and a group of other students travelled to the city of Tarija, Bolivia, in order to better understand the healthcare system in place within the country. This four-week event took place in August-September of 2019. Assigned to weekly rotations through different healthcare settings including major hospitals and rural outreach clinics, we shadowed physicians and learned about the healthcare institutions in place, and how they helped and hindered the community.

Aside from physician shadowing, Spanish language tutoring was also a major part of the program as well as cultural tours across some of Bolivia's most important historical and natural landmarks.



Adaptation to Universal Healthcare

In early 2019, Bolivia adopted a universal healthcare system in which helped to insure approximately half of the country, or around six million citizens.

The budget allocations for the healthcare system were not raised, however, and during our visitation protests occurred daily over the mismanagement by the government over funding. The doubling of insured individuals was met with the same amount of funding as before the insurance policy began, meaning physicians were overwhelmed and heavily underfunded.

Many supplies and medications I was told were based on donations either federally, privately, or internationally.

Quality of Medical Institutions

Due to budget constraints, a lot of the healthcare settings compared to the United States were poorly maintained. For instance, tuberculosis wards were left open having no negative pressure rooms or quarantine areas. Surgical rooms as well did not follow sterile protocol we are familiar with in the US.

However medical providers are very well trained, and incredibly dedicated. Most encountered physicians worked on their days off just to be able to provide care to their communities and are much more involved. Motivation among these medical professionals is very high, despite the lack of pay and clear evidence of overworking due to increased patient loads.



Conclusion

The government of Bolivia has since gone through two presidential changes in which budget allotments saw an increase in funding towards healthcare, facilities, and physicians. Since 2019, my involvement with CFHI has concluded and therefore there was no continuation into the research of the development of healthcare within the country. It is notable however that in my firsthand accounts of the country, that the healthcare community of Tarija had proven to be highly resourceful and hard working. Active outreach to their communities, funding their own supplies at times, and willingness to teach students (local and abroad) are just a few of the actions I witnessed that prove the determination of the Bolivian people to help one another.

