



Canadian Society for International Health A Canadian Voice for Global Health

La Société Canadienne de Santé Internationale

DEVELOPING CAPACITY FOR HEALTH REFORM IN BOLIVIA 1997-2002

In the 1990s, the Bolivian government sought to address poverty, increase community participation in local development, and respond to rapid state modernization. With the passage and implementation of the new Popular Participation and Decentralization Laws, the government undertook major structural changes across a number of sectors; one of those most affected was the health sector. In line with the new laws, the Ministry of Health developed a Strategic Health Plan that would restructure and devolve the existing health sector in an effort to provide universal primary health care. Responding to the challenges faced by the Bolivian government, CSIH, in cooperation with the Canadian International Development Agency,



designed and implemented the *Building Capacity for Health Reform Project*. The project developed partnerships between Canadian and Bolivian institutions and provided technical cooperation to strengthen regional and local capacity to plan and deliver restructured primary health care services and to develop health policy in the devolving health system.

The project fostered local ownership among, and accountability of, key institutions and community stakeholders to enhance the local decision-making and primary health care development processes. Technical cooperation addressed the adaptation of health system planning and management in the face of decentralization, and included national-level policy development, district-level training and infrastructural support for planning and management, and community-level training to improve participation in the analysis, planning, design, and management of local health services. Across all levels, CSIH emphasized interdepartmental and inter-sectoral coordination.

The project focused on policy, planning, organizational, and governance issues, as well as service provision (family and community medicine). The project team tested a new management model in a participatory manner. It formulated new forms of organization, consensus-building, planning, social/community participation, and budget management to provide a high-quality, equitable response to the population's health needs and expectations. The project also addressed gender equality, leading to increased participation of women in health sector decision-making, and the

construction of small resource centers that provided women with health information.

Bolivia benefited through a transfer of Canadian expertise in key reform areas, such as policy analysis and formulation, health services planning, health administration, information management, and development and management of integrated health services delivery systems. It also benefited through the development of sustainable institutional linkages with Canadian

health organizations. To ensure compatibility with the Bolivian government's National Health Plan and longer term sustainability, CSIH developed a strategy for the institutionalization of processes, not only at the regional/local levels, but also centrally.



The following results were noted by the end of the project:

1. The Servicio Departamental de Salud (SEDES) and its affiliated health districts demonstrated an improved capacity to formulate and apply policies and procedures in accordance with the legal requirements of the Strategic Health Plan
2. SEDES, health districts, municipalities, and community organizations demonstrated an improved effectiveness in applying the Strategic Health Plan in terms of technical, inter-sectoral and social management strategies. Women played an increased role at the community level, beyond the traditional roles of community health workers
3. Health districts organized and maintained a network of services that effectively implemented the new model of service delivery, including the construction of women's health resource centers.
4. The health management model was consolidated in participating Districts, approved by the SEDES, and recognized at the national level.

The most noteworthy success was improved health conditions. In 1997, the two project districts had some of the worst health indicators in the country. After only five years, CSIH's work on improving health management and services planning, together with shifts in resource allocation, resulted in significant improvement in key health indicators. In fact, key child health indicators in those two districts became among the best in the country by the time the project was completed.



In October 2006, the Canadian Society for International Health has been awarded the Canadian International Cooperation Award for improvement of social infrastructure for their Public Health Strengthening in Guyana Project.

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Canada

For more information please contact:

Canadian Society for International Health
1 Nicholas St., Suite 1105
Ottawa, ON K1N 7B7, CANADA

Tel: (613) 241-5785
www.csih.org
Email: csih@csih.org