Ministry of Health and Sports

Bringing to scale maternal, neonatal and infant health
Bolivia’s Study Case

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BOLIVIA: Digna, soberana y productiva para que todos vivamos bien
MOVILIZADOS POR EL DERECHO A LA SALUD Y LA VIDA

BOLIVIA´S PROFILE

Surface (km²) 1,098,000
Total Population (millions) 9
Urban Population (%) 62%
Population Growth Rate 2.3%
GDP (US$) 2,200
Life expectancy (years) 62
Literacy rate (%) 83.6
Poverty incidence (%) 63
- rural 77
- urban 54
Trends in neonatal, infant and child mortality rates in Bolivia

Trends in Maternal Mortality Ratio in Bolivia

Continuum of Care

Source: DHS 2003 and National Health Information System.
1. INCREASE HEALTHY LIFE EXPECTANCY.
2. ELIMINATE SOCIAL EXCLUSION IN HEALTH.
3. STRENGTHEN SOCIAL MOBILIZATION AND PARTICIPATION.
4. RECUPERATE SOVEREIGNTY AND LEADERSHIP ROLE OF THE MOHS.
Bringing to scale maternal, infant and neonatal health

Vertical Expansion (Policies)
- Family and community intercultural Health Model

Horizontal (Expansion / replicate)
- Malnutrition “0”
- Universal Insurance “SU SALUD”

Sustainability
Inclusion
Quality
Coverage

Intercultural approach

Alliances
- Participative management
- Safe Motherhood and Birth Committee

Adapted by MOH from Thapa, Syam, Save the Children, 2007
MALNUTRITION “0” PROGRAM

Multisectorial program to decrease infant malnutrition

Strengthen families, communities, municipalities and health systems skills to improve comprehensive care and nutrition

- Improve community practices
- Strengthen micronutrients and food supplements strategies
- Strengthen skills at facilities
Universal Insurance “SU SALUD” (Your Health): to address inclusion

- Public policy to reduce maternal and infant mortality.
- Improve access to services eliminating economical barriers.
- Important instrument of MOHS to achieve MDG.
Evolution to the Universal Health Insurance Model

1996

- D.S. 24303 de mayo, 1996
- D.S. 25265 31 de diciembre 1998

2007

- Ley 2426, 21 de noviembre 2002
- Ley 3250, 6 de diciembre 2005 (Ampliación)

Mother and child intervention

Sexual and Reproductive Health

Student and adolescent health
SUMI coverage according to geographical areas

Urban population: 62.4%  Rural: 37.6%

Source: MOHS, 2005.
Family and community intercultural model

Prevention

Care

Participative management

Social participation

Comprehensive approach

Intersectorial

Social and Economic Health Determinants
Alliances for women child and newborns

National Nutrition Council
- Coordinated by the President with 9 Ministers
- MOHS, PAHO/OMS, PMA, Reform Project, UNICEF y FAO

Interagency Council for Malnutrition “0”.
- MOHS, other ministries, NGO´s, Cooperation Agencies, Women’s organizations, Scientific societies, among others

Safe motherhood and birth committee

Community Neonatal and NUT-IMCI
- Municipal governments, Mothers clubs, Teachers, Neighborhood committees, Community Health Workers, NGOs, etc.
The alliances have brought to scale programs and interventions

The Partnership

• could mobilize economic and human resources
• create synergy between countries and regions
• harmonize interventions between maternal, neonatal and infants interventions
• support sustainability and south to south technical assistance
• incorporate new allies and partners
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THANK YOU, IN THE NAME OF MOTHERS, CHILDREN AND NEWBORNS OF LATIN AMERICA AND THE CARIBBEAN.

Mobilized for the right to health and life

To live better