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BOLIVIA – HEALTH REFORMS: PEOPLE ABSENT AS CENTRE OF RESEARCH AND INNOVATION FOR HEALTH?

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Background Bolivia adopted a new constitution (2009) recognizing the Right to Health, Universal Health, free access to acceptable quality services, equitable, intercultural, participatory, based on solidarity, efficiency, social responsibility.

After 6 years of implementation, an operative health research study shows the proposal is not contributing to improve equity, quality of life and health of the most vulnerable populations. Government's health, environmental and extractivist policies affect negatively wellbeing and health of indigenous communities.

Objectives Identify policies influencing adversely health reforms in Bolivia, hindering People to be the centre of research and innovation for health, contributing to solutions.

Methods An study based on collected evidence and on review of independent published literature. Group discussions with community leaders, patients, health workers, in-depth interviews with experts, former health authorities, allowed to analyze health, social, environmental policies adopted, the functioning of the health system, assessing selected indicators to measure the impact on vulnerable populations.

Result According to government, public policies improved living conditions of Bolivians: the average growth of the economy mounted to 5.7%, surpluses triplicate foreign reserves (\$14 billion dollars), corporate profits are high, remittances are unencumbered, health, environmental and safety regulations are lax. However, the top tenth percentile receives 45.4% of household income, the

bottom 10 percentile 1%, Gini coefficient is 50.5, Maternal mortality rate 229/100.000; Infant Mortality 48.6/1,000 health emergencies still force most of households go into deb. There are lags on Social Determinants of Health and Ecosystem Sustainability. Extractivist policies are worsening health of indigenous communities

Conclusion Health reforms have resulted in significant ideological political transformation. The process of change in the speech did not change the reality of social and health inequities that affects poor critical population, still dying for lack of health care, not having resources to meet interventions or treatments. Public scrutiny result crucial to re-orient the process.