

# Expanding Access, Improving Outcomes: Lessons from Bolivia's Universal Healthcare Coverage Implementation



UNIVERSITY of WASHINGTON

Olayinka Faulkner and Morgan Heinz  
Division of Science and Mathematics | University of Washington, Tacoma

## Abstract

Universal healthcare coverage (UHC) ensures everyone can access health services without financial barriers, but achieving it is challenging. In the United States, healthcare coverage is often tied to socioeconomic status, leading to disparities in access and outcomes. Programs like the Affordable Care Act (ACA) and Medicaid expansion have increased coverage for low-income populations. Still, gaps remain for those who don't qualify for Medicaid and can't afford private insurance (Li et al., 2021).

To explore UHC's impact on healthcare disparities, we studied Bolivia's healthcare system, a third-world country that has successfully implemented UHC. Our three-week observational study in Tarija, Bolivia, involved rotations in Surgery, Primary Care, and Tropical Diseases units. Bolivia's UHC improved access to care, especially for marginalized populations, by removing patient fees and expanding primary care services in underserved areas. These findings suggest that expanding programs like Medicaid in the US could reduce healthcare disparities and improve outcomes. It also highlighted the importance of comprehensive health policies for equitable access. It gave valuable insights into how Bolivia's UHC model can foster global health efforts to enhance equity by providing a framework for other countries striving to implement similar systems.

## Background

Location of study: Tarija, Bolivia



Overviews of Universal Healthcare Coverage in Bolivia :

- Sistema Único de Salud (SUS ) initiated in March 2019
- Provide free and universal medical services for all Bolivians birth to death.
- Covers all diseases and ensures access to medical consultation, treatment, surgeries and hospitalization..
- promotes preventive health measure and education
- Offered comprehensive care for women and children under 5.
- Integrates traditional medicine outside modern medical services.

## Method

Participants : Six Biomedical Science Student from University of Washington, Tacoma.

Method : Clinical Rotations and Spanish classes

Spanish Classes: Held in the afternoons to enhance communication skills with patients and staff

Rotation Week 1

Location: Centro de Salud ,Nestor Paz  
Level: Primary  
Schedule : 8:00am to 12:00pm

Rotation Week 2

Location: Hospital San Juan De Dios  
Level: Secondary  
Schedule: 7:00 to 12:00

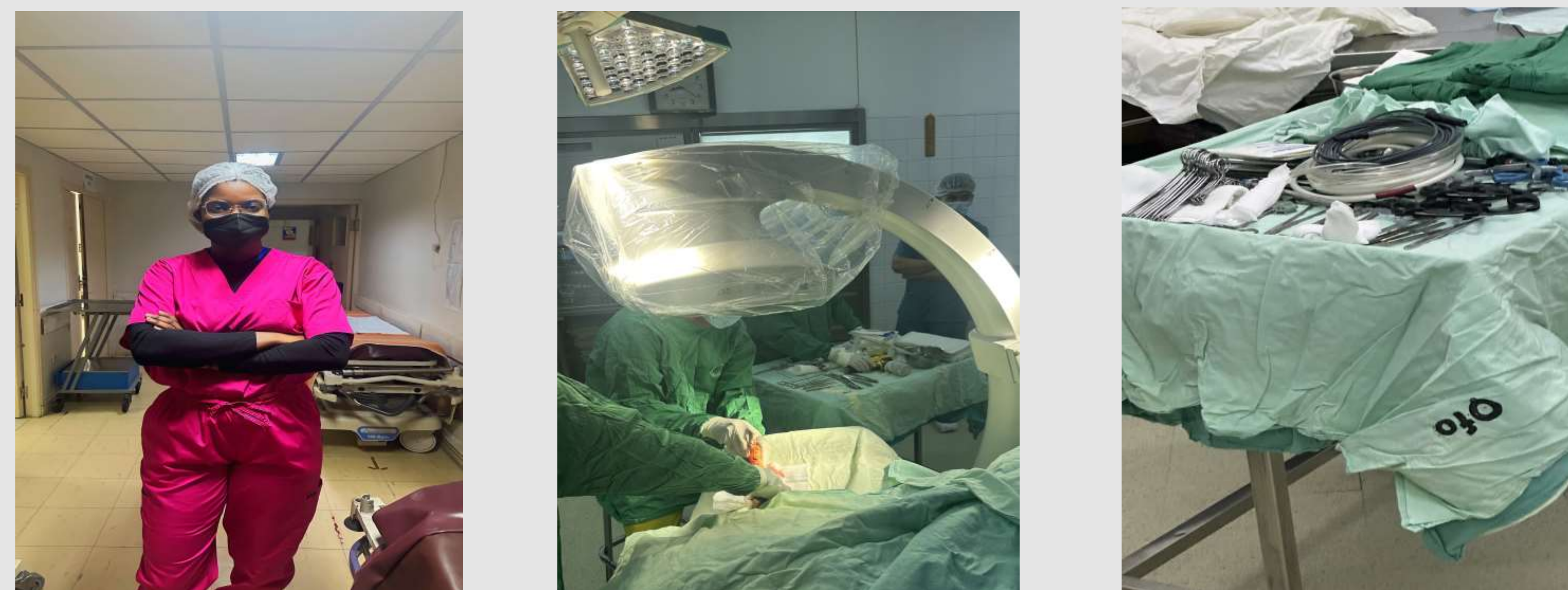
Rotation Week 3

Location: Plataforma de Chagas  
Level : Primary  
Schedule: 8:00 to 12:00

## Observations



**Figure 1: Community Medicine and Primary Care** - Shadowed a primary care physician, using translation tools to understand and participate in patient consultations. Engaged in community outreach, visiting rural areas to provide vaccines, vitamins, and nutritional supplements to children, pregnant women, and the elderly who had limited access to healthcare.



**Figure 2: Surgical Rotations** - Observed various surgical procedures, including pediatric orthopedic surgery, cesarean sections, hysterectomy, and lung biopsies. Participated in the surgical process by observing and witnessing the teamwork and coordination required in a surgical environment.



**Figure 3 : Chagas Disease Center** - Observed patient management at the Chagas Disease Center, including EKG monitoring, lab testing, and the long-term treatment process for Chagas disease. Learned about the disease's impact on cardiac health and the importance of ongoing patient follow-up.

## Results

- Community medicine outreach increased vaccination rates and access to essential nutritional supplements in underserved areas.
- Surgical rotations revealed the adaptability of the healthcare system in providing necessary surgical interventions despite resource limitations.
- Observations at the Chagas Disease Center emphasized the importance of continuous monitoring and specialized care for managing chronic conditions like Chagas disease.
- Cultural sensitivity and effective communication are crucial in diverse, multilingual settings.
- Effective teamwork and communication among healthcare professionals contribute to successful patient outcomes, demonstrating the critical role of collaboration in healthcare delivery.

## Conclusions

- Bolivia's UHC model successfully increases healthcare accessibility and equity, particularly in underserved populations.
- Integration of community medicine and surgical care into UHC is essential for addressing diverse healthcare needs across both urban and rural populations.
- Targeted healthcare delivery models, such as mobile units for remote areas and specialized centers for chronic diseases, are crucial in improving overall health outcomes.
- Implementing similar UHC systems in other developing countries could enhance global healthcare accessibility and equity

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