

TIMES OF PANDEMIC IN BOLIVIA: ROLE OF POLITICAL AND SOCIAL ORGANIZATION IN HEALTH POLICY

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ABSTRACT

The development of the Public Health Policies of a country is intended to improve its fellow citizens' health level, so that their planning, management, and evaluation of results depend exclusively on the statistical improvement of problems identified before their elaboration. The decision to apply it is not dependent on any political-party intervention, as this would interfere with public policies' proper development. This research aims to understand the role of social and political organizations in the formulation of health policies in Bolivia, before and during the pandemic period. For this, semi-structured interviews were conducted with key actors who fulfilled the role of health authorities and informants from social and/or political organizations, also analyzing national journalistic views on the subject. A significant finding was the participation of political party actors related to the blocking of public policies, the creation of parallel associations related to the health sector, which leads to the unfeasibility of the policies as they are related to an electoral purpose, poor management, This has an impact on infrastructure deficits and violation of the labour rights of health personnel. The structural analysis shows that the policies must be analyzed in the short and medium-term and the aspects related to the Imposition of public policies, the unfeasibility of these and social movements are shown with greater urgency.

KEYWORDS: *Public policies, Public Health, social movements, public management, political party.*

INTRODUCTION

The Public Health Policies (PP) constitute a set of actions of public interest that the States develop and execute aimed at solving the relevant requirements of the population in priority health problems, in order to improve the quality of life of their citizens. The

scientific literature provides an account of the legitimacy of health problems reflected in the public interest, rationality, effectiveness, and the inclusion and rational distribution of resources (Barboza-Palomino et al., 2017; Leal de Valor et al., 2011; Parker, 2020; Sarrión Esteve, 2020), adding a process of continuous learning about the needs to be resolved in a pertinent time, assuming situations of emergent risks that are incorporated in the annual planning, as well as the competence of the public powers to be tutors of the health of the population. In this sense, it is the obligation of the State through its institutions to execute PP processes in search of common social benefit (Litewka, 2010).

For this, the State supports the design of public policy based on the information provided by national statistical sources in health, academic and collegiate institutions, social and political organizations, to reconcile, coordinate and publicize the public agenda, the provision of goods and economic redistribution (Monteiro de Andrade, Luis Odorico et al., 2015). Based on this, the management of public policy is consolidated through the coherence of actions with the objectives, activities, plans and programs, supported by the laws, current regulations and the administrative aspect inserted in the process (González-Díaz et al., 2020; Hernández-Julio et al., 2019). This leads to a temporary measurement scheduled during, after the process and post-hoc to assess the rational use of resources, the effectiveness and efficiency of the scheduled activities (Sakellariou et al., 2020; Gonzalez-Díaz et al., 2020).

With this administrative logic, the analysis and evaluation of public policies in the Plurinational State of Bolivia in the last 15 years can and should be analyzed, as there is discomfort of the population towards the country's health system, as well as the collapse anticipation of the health system at the time of the pandemic, a process very close to several Latin American countries and with greater evidence in those with unstable policies in their health system (Barragán Rodríguez, Becket Walter & Zamora Flores, María del Mar, 2020; Báscolo et al., 2018; Molina, Fernando, 2020). The absence of health policies in the last fifteen years that allow adequate, sustainable, efficient and effective access have been the main causes that have caused the collapse of the health system (Borges-Peralta et al., 2016; Gonzáles-Avilés, Yuvinska, 2020; Zapana Verónica, 2018).

Additionally, deficiencies in public policy decisions, inequity in medical care exposed by elderly and disabled patients with chronic diseases (ABC internacional, 2012; Guardia, 2016) account for the notorious partialization of said services, fostering the growth of alternative medicine and political-party decision-making in the health sector from non-collegiate entities, made up mainly of mining and peasant unions, causing a discretionary management of the institutions responsible for health care of the Bolivian people (Época, 2015; Opinión, 2014; Página 7, 2018; Resumen latinoamericano, 2019; Villar, 2007). By virtue of the aforementioned, this study aims to understand the role of social and political organizations in the formulation of public health policies in Bolivia, before and during the pandemic period, as an exercise of reflection that allows to reveal the main limitations in the construction of public health policy during periods of pandemic.

METHODS

It is a study framed in the naturalistic paradigm under the interpretive hermeneutical method focused on the succession of events from the chronological point of view. The unit of analysis is made up of the political and social actors that are related to the process of planning and structuring public health policies in the Plurinational State of Bolivia, before and during the period of the COVID 19 pandemic. This temporal analysis was taken Because the strategic planning process is not developed only in a period of government, but transcends the length of stay of the ruling party.

In this sense, the selected key informants are related to the different stages of proposal, execution and approval of public policies of the plurinational State. Specifically, social actors representing community groups with publications written in the national and international press during March / 2018 to October / 2020 have been immersed in the public health system as authorities in the last 15 years.

A semi-structured interview was applied, applied by virtual means and whose answers were recorded and delivered by the same means, in the same way the information presented in the national and international press in the last \ 2 years, related to the subject of study was collected. The information obtained was submitted to the Atlas ti v.2019 software - a support program for the understanding and interpretation of qualitative data, which does not define the results of the study or the theory to be displayed, but which facilitates the identification of emerging categories from the analysis of information collected in written, visual or sound form - to obtain the emerging categories, and their co-occurrence was calculated. Subsequently, a structural analysis was carried out in the opinion of 3 experts in Public Health and health management through the MicMac software - method of "Matrix of cross impacts and multiplication applied for a classification", a tool whose main function is to facilitate the structuring of ideas, enabling the description of a system / model from a matrix of influence / dependence of the emerging variables of the study-, in order to establish the integral analysis of interparadigmatic connection with a matrix of crossed impact of the emerging categories obtained in the previous process and subjected to cross-analysis by experts, who evaluate the categories with a score ranging from 0 = unrelated to 3 = great relationship and P = potentials and that will lead to the selection of strategic variables through the matrix of importance and governance (IGO).

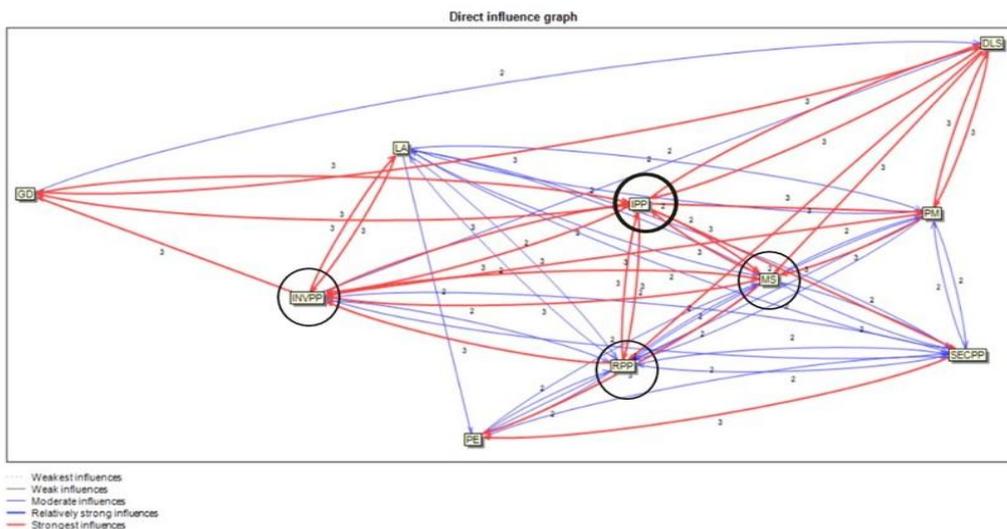
In respect of the bioethical norms of the Helsinki Declaration, Belmont report and CIOMS guidelines, all respondents gave their informed consent for the study, maintaining the confidentiality of their information through the use of personal coding of each survey.

RESULTS

Once the documentary information of the nine press publications and five key informants has been analyzed through the following guiding categories: a) role of political organizations in Public Health Policies; b) Role of social organizations in Public Policies: and of course, category c) Public Policies. The coding process gave rise to 23 nominal categories, referring to social movements in the health area and processes related to public policies, related to planning, management, results and benefits.

influences is obtained that shows that the short-term action, concluding should be to avoid the Imposition of public policies, which triggers social movements and the rejection of government policies and that of course will establish the unfeasibility of public policies, these two-way impacts are initially the most evident (Figure 3).

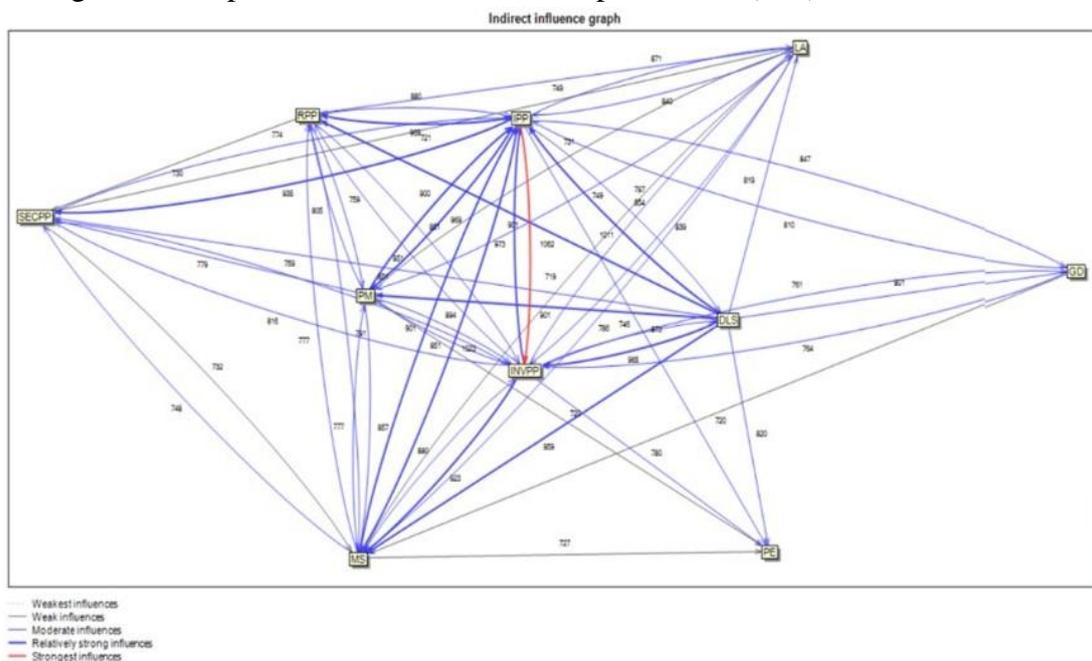
Figure 3.- Behavior of direct influences / dependencies (MID): Source: self made



IPP: imposition of Public Policies; MS: Social movements; INPP unfeasibility of Public Policies; Rejection of Public Policies.

In the medium term, work should be done on the unfeasibility of public policies, which are directly related to medical protest movements, labor rights in the health area, and of course political party participation. (Figure 4)

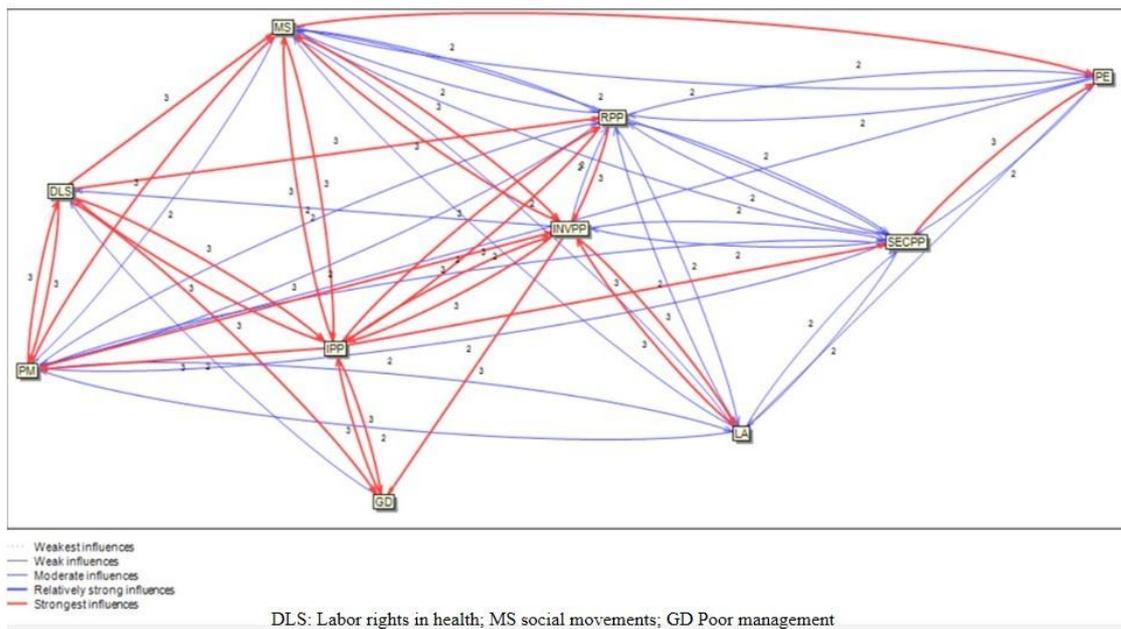
Figure 4.- Graph of indirect influences / dependencies (MII): Source: self made



INPP: Inviability of Public Policies; DLS: Labor Rights in health; IPP: Imposition of Public Policies; RPP: Rejection of Public Policies; SEPP: Political party sectors

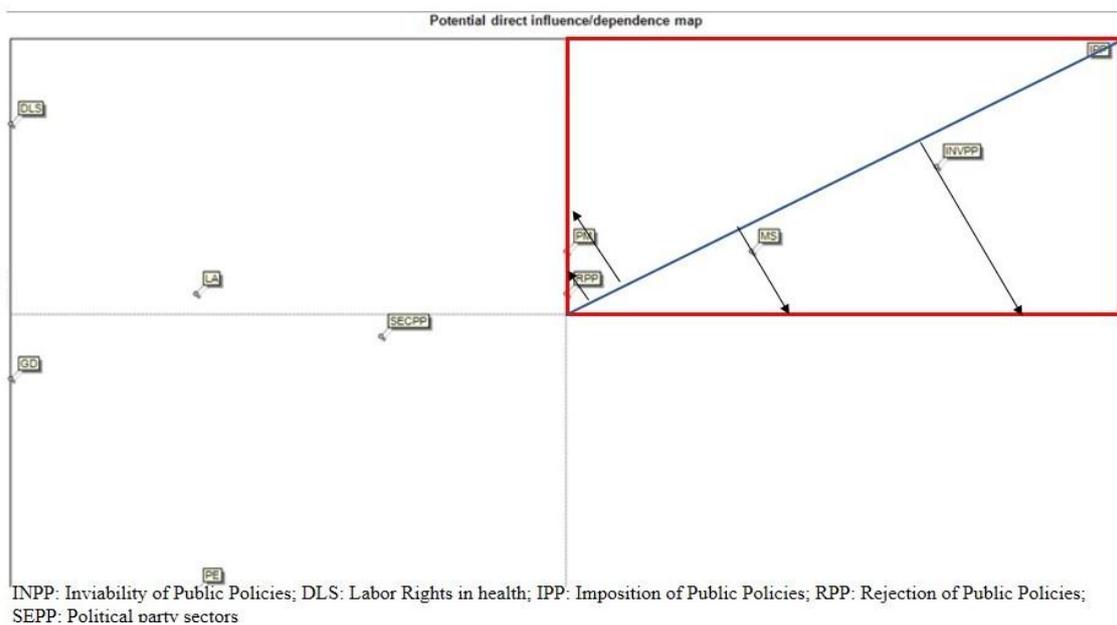
The potential influence on the failure of public policies is related to the lack of respect for the labor rights of health personnel, poor management and social protest movements (Figure 5).

Figure 5.- Graph of potential influences / dependencies (MIP): Source: self made



The variables located in the conflict zone that have the high capacity to influence others and that also allow themselves to be influenced are the variable Imposition of public policies, their unviability and social movements, being the most relevant and in which the state apparatus can have control (Figure 6).

Figure 6.- Plane of potential influence / dependence of variables: Source: self made



DISCUSSION

Social claims in the face of a bad public care system become evident when deficient management is identified, as well as the infrastructure deficit, discretionary budget management and electoral policies, they consider that the application of this measure had purely political purposes (ANF, 2017; García-Ramírez & Velez Alvarez, 2013). With the justification that the empirical evidence prior to the pandemic period has

shown that the planning of public policies in the health area does not respond to criteria of state need, but to individual and political criteria, without organizational or legal support, which protected by the parliamentary majority, they have led to useless investments and misappropriation of resources. In making strategic decisions, the social actors related to the health area were not taken into account during the entire process of organization and application of operational decisions, affecting the labor rights of health professionals (Noroño Sanchez et al., 2020).

During the pandemic period, despite a partial change in the political structure at the decision levels, due to ethical problems in the October 2019 electoral process, the situation seemed to improve, as specialized technical personnel had been included in some areas. decision, which have not changed due to evident political pressure from radical groups of the previous government, as well as limitation in the development of proposals for improvement in this sector, in such a way that the planning of a populist government (Vieira Machado, Cristiani & Díaz de Lima, Luciana, 2017), prior to the transitory government in the 2020 management, evidenced large gaps in the PP related to the development of infrastructure, staffing and supplies throughout the country that triggered the epidemiological evidence reported by SARS cov2 in Bolivia, with 2.6 mortality rate and 4.2 fatality (Ministerio de Salud de Bolivia, 2020; Muñoz, 2020).

The change of government in the last six months has responded almost in an improvised way to the needs generated by the pandemic, encountering during the process, problems in the budget execution or the authorization to acquire purchases, due to limitations imposed by the country's Congress. In such a way that the unviability of public policies in the last period has a clearly electoralist purpose.

To all this, unhealthy practices of treatment of COVID 19 approved by said constitutional body have been introduced, without any academic support, protected by the requests of related political social groups, confirming the great political-party participation with the generation of parallel associations and the potential policy blocking. Reports of corruption (La Razón, 2020; La Republica, 2020) before and after the pandemic period have been constant, and no legal response has been found to the complaints, due to manipulation and political power in the judicial area, where the national representative of this area, maintains a political relationship with the outgoing party, in such a way that the discretionary management of resources is related to poor management of the corresponding executive body.

This whole process, where the mistakes and successes of the authorities and health personnel, will possibly allow us to establish better processes of care for the community in times of crisis, as happens in all countries of the world (Hernández-Aguado & García, 2020), with a reconditioning hopeful about the conditions of equipment, distribution of resources and legal security.

Thanks

To the Centro Internacional de Investigación y Desarrollo - CIID for providing information and licenses for specialized software in qualitative data analysis (Atlas.ti8)

Competing interests

The author(s) has/have no competing interests to declare.

Authorship contributions

G. Bustamante prepared the first draft of the article, integrating the conceptual part. R. González incorporated the perspective of the cited practical experiences and their relationship with prospective analysis and added a new bibliography, adapting the text to the journal's standard. Subsequently, G. Bustamante reviewed the equity perspective of the text and linked the ideas with actions in the territory. R. González made a final revision of the text. The final draft of the submitted manuscript is the result of an agreement between the two authors who sign it.

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