

Evaluating Healthcare Access in Tarija: A Comparison of Public and Private Care under Bolivia's Sistema Único De Salud

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ABSTRACT

To meet the goal of providing free healthcare to all citizens, Bolivia implemented the “Sistema Único De Salud” (SUS) in February of 2019. Although this was an important step in the right direction, SUS is facing challenges in areas such as Tarija, where the resources are limited.

My goal for this project was to evaluate the accessibility of healthcare in Tarija, Bolivia, comparing the quality and accessibility of care between SUS and private healthcare services. To address this research question, I synthesized quantitative public health data with qualitative observations made during my three week stay in Tarija in the Summer of 2024. I rotated and shadowed healthcare providers in primary level and tertiary level healthcare facilities. The findings suggested that SUS has increased access to healthcare to its citizens, however, the free healthcare system is still struggling with overcrowding, wait times, and insufficient resources and staff. Private healthcare is available and has faster wait times and better facilities with no limitation in resources, but often out of reach for many of the residents due to its higher cost. While SUS has expanded healthcare access, it can use improvements to its resource allocation, patient management and staff training, in order to face the system’s challenges and be able to improve how effective it is in Tarija.

METHODS

I synthesized quantitative public health data with qualitative observations made during my three week stay in Tarija in the Summer of 2024. I rotated and shadowed healthcare providers in primary level and tertiary level healthcare facilities.

Week 1: Hospital San Juan De Dios (Tertiary Level)

Week 2: Centro de Salud Nestor Paz (Primary Level)

Week 3: Hospital San Juan De Dios (Tertiary Level)



Figure 1. The Castillo family, my host family in Tarija, Bolivia, with whom I stayed for three weeks



Figure 2. Carolina Sánchez, my Spanish instructor in Tarija, Bolivia, who taught me medical terminology to prepare for my clinical rotations.

Hospital San Juan De Dios (Tertiary Level)

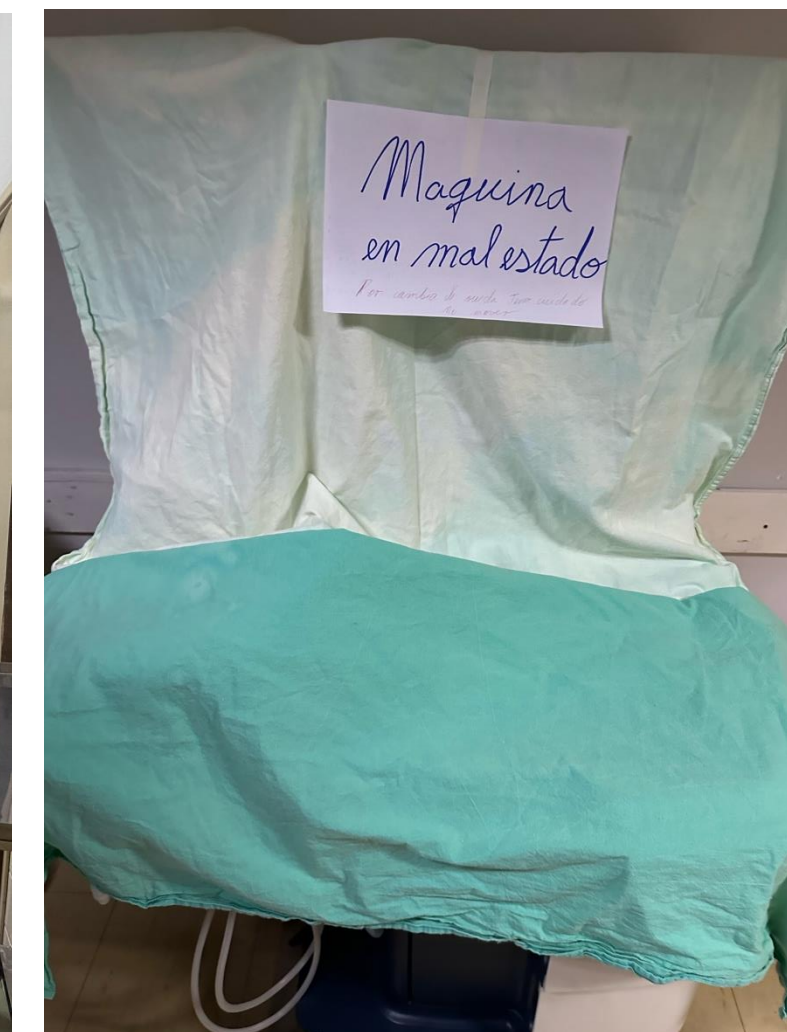
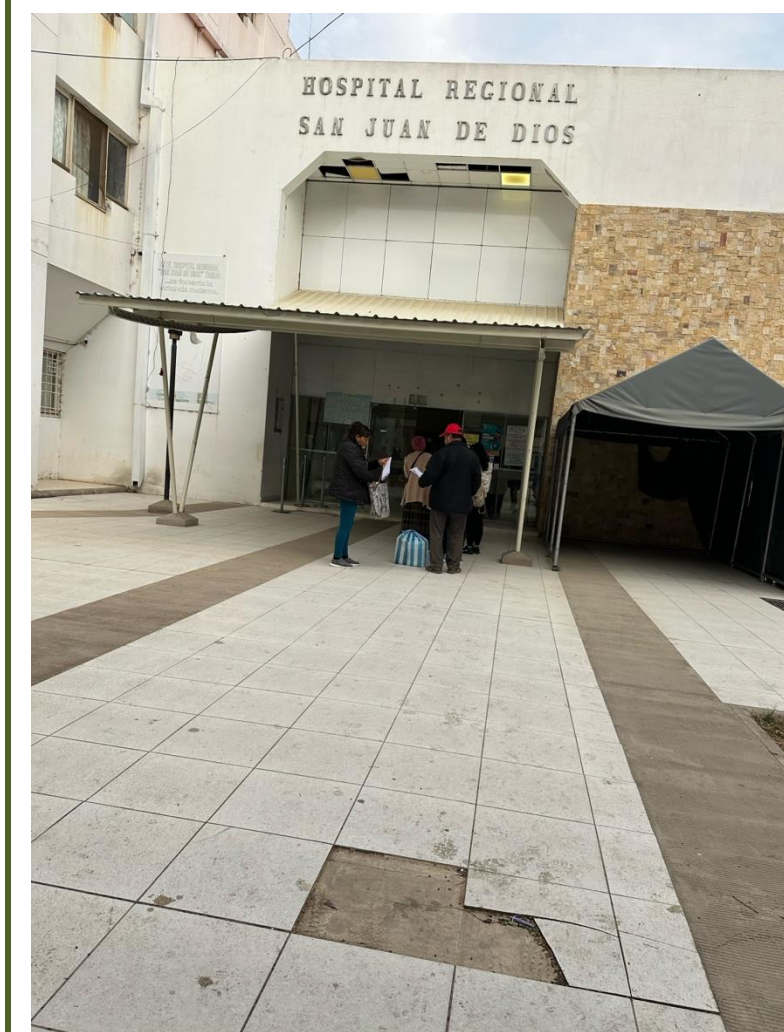


Figure 3. During my surgical rotation under preceptor Dra. Natalia Rojas at Hospital San Juan de Dios, I observed long patient lines stretching outside and overcrowded waiting areas, outdated operating rooms with many machines out of service, worn-down hallways with cracked floors, and yet staff working tirelessly each day despite these challenges.

Centro de Salud Nestor Paz (Primary Level)



Figure 4. During my rotation under Dra. Mayda Sánchez at Centro de Salud Néstor Paz, I observed daily consultations across all age groups, extended wait times exacerbated by the facility’s limited capacity, and the routine referral of complex cases to tertiary care.

OBSERVATIONS

Private Hospital



Figure 5. On my last day in Tarija, my classmate and I were invited by a surgeon from Hospital San Juan de Dios to observe surgery at a private hospital, providing exposure beyond the core program; the facility’s shorter wait times, advanced equipment, and cleaner environment contrasted sharply with public institutions.

FINDINGS

% Getting sick and attending public health establishments	2016	2017	2018	2019
Yes	52.8%	53.7%	46.8%	62.1%
Poorest	36.1%	32.2%	35%	41.0%
2 nd quintile	33.6%	30.8%	34.8%	40.3%
3 rd quintile	31.2%	30.6%	30.6%	33.9%
4 th quintile	27.9%	25.1%	27.1%	29.5%
Wealthiest	21.3%	19.8%	21.7%	20.9%
Public insurance	33.7%	29.4%	34.8%	73.6%
Not insured	58.5%	58.3%	57.8%	21.4%

Figure 6. Use of public health services among individuals reporting illness, 2016–2019. Shown are the percentages of respondents who sought care at public establishments, broken down by wealth quintile and insurance status. Following the 2019 roll-out of Bolivia’s Sistema Único de Salud (SUS), public insurance coverage jumped to 73.6% and attendance at public facilities rose across all groups. **Source:** Agafitei GA, 2022.

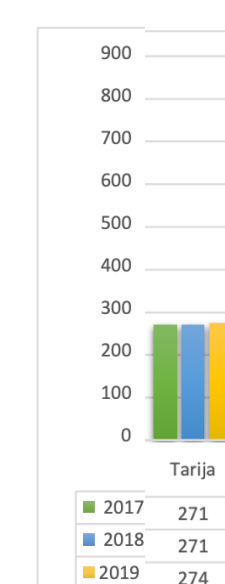


Figure 8. In Tarija the number of public health establishments rose from 271 in 2017 and 2018 to 274 in 2019, an increase of only three centers, showing that the department still faces significant infrastructure gaps despite the SUS rollout. **Source:** Agafitei GA, 2022.

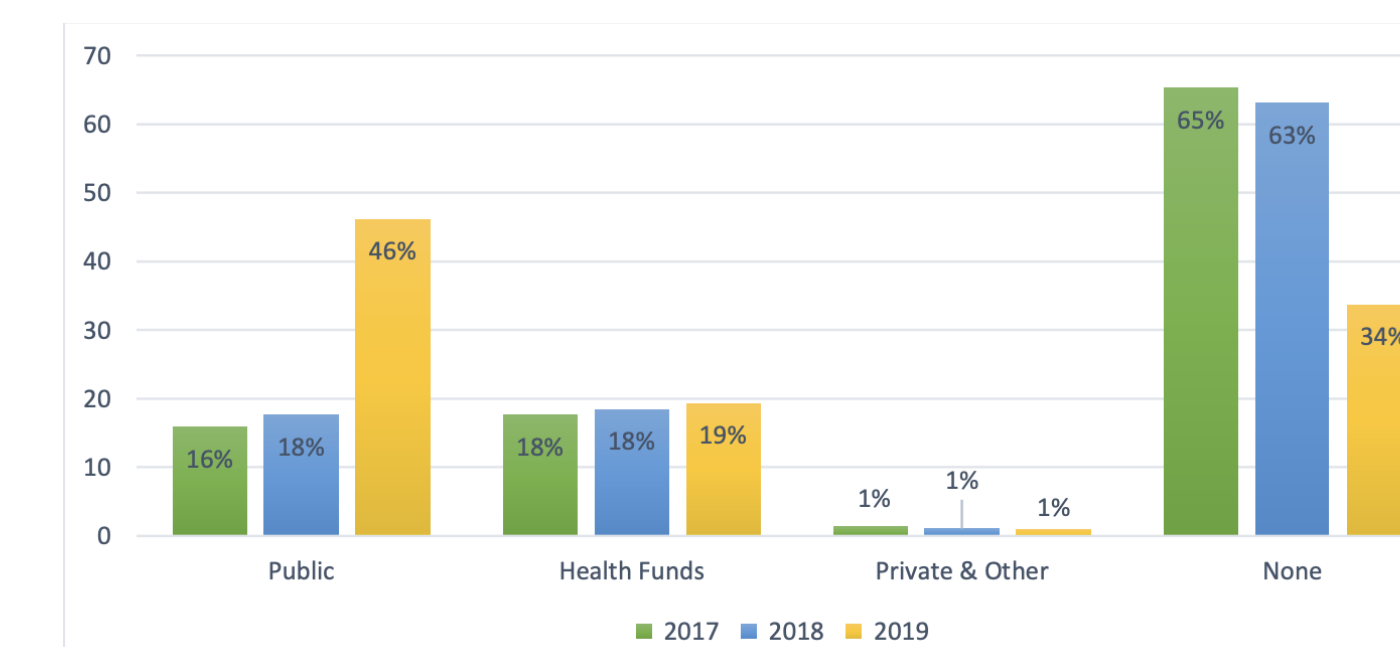


Figure 7. Public versus private health insurance coverage in Bolivia, 2017–2019. Public plans (SIS/SUMI/SPAM in 2017–18; SUS in 2019) grew from 16% to 46% of the population, cutting the uninsured rate from 65% to 34%. Private insurance remained below 1%, reflecting its concentration among high-income groups and continued inaccessibility for most citizens despite offering faster service and better facilities. **Source:** Agafitei GA, 2022.

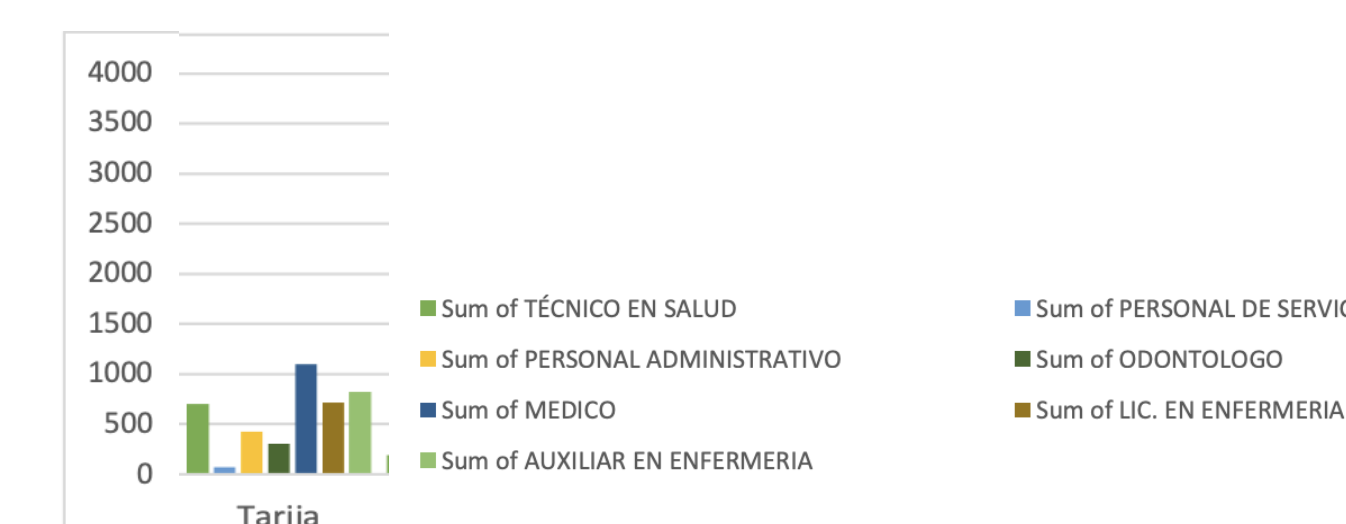


Figure 9. In Tarija, public-sector health personnel per 1,000 inhabitants rose slightly across all roles from 2017 to 2019, but remains below regional averages—indicating that the department still lacks enough staff to meet the increased demand from SUS patients. **Source:** Agafitei GA, 2022.

CONCLUSIONS

The findings suggested that SUS has increased access to healthcare to its citizens, however, the free healthcare system is still struggling with overcrowding, wait times, and insufficient resources and staff. Private healthcare is available and has faster wait times and better facilities with no limitation in resources, but often out of reach for many of the residents due to its higher cost. While SUS has expanded healthcare access, it can use improvements to its resource allocation, patient management and staff training, in order to face the system’s challenges and be able to improve how effective it is in Tarija.

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Figure 10. Dra. Karina, CFHI coordinator, and I on the final day of my three-week immersion in Tarija, Bolivia.

REFERENCES

