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**Health and Well-being in Bolivia**

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The country of Bolivia is home to multiple UNESCO World Heritage sites, a stunning plethora of geologic oddities, and has a rich cultural heritage within the South American continent. However, despite all of these high points, the country’s healthcare system is ranked one of the poorest on the continent. Bolivia is not on track to meet their Health and Wellbeing Sustainable Development Goal by the end of 2030. This is, unfortunately, caused by a lack of resources devoted to infrastructure, clean water and sanitation, and education. Nevertheless, changes *can*-and should!- be made; the country should invest in more intimate management of public services as well as devoting more resources to increasing internet access, and encouraging participation in secondary school. If Bolivia continues to devote resources towards seeking improvements in their education and infrastructure, this will in turn lead to improvement in the quality of water and sanitation.

The *cordilleras*, or mountain ranges, that are situated in Bolivia are a part of the greater Andes Mountain range, which spans the length of the west side of South America. Most of the Bolivian population lives in the *Altiplano*, Spanish for ‘high plains’, in between the *cordillera real* and the *cordillera de lípez*. There is a significantly higher urban population; 71.2% of the population lives in urban areas, according to the CIA World Factbook. A drought in the country that began in 2022 has led to a decline in gas exports, one of the country's top three exports (World Bank Group 2023). This decline in economic growth has led to a dip in the amount of households that can afford basic food items. Each of these unique geographic, social, political and demographic factors plays a role in the health and wellbeing of Bolivian citizens; it is how these factors are nurtured that will determine if their impact is positive or negative.

By decentralizing, an idea that was introduced to the Bolivian government structure in the nineties, citizens have gradually become more empowered to take control of their own public services (Yanez-Pagans and Machicado-Salas, 2014). The article also states that local community leaders need to be incentivized to engage in monitoring delivery of public services, in addition to introducing a formal method of accountability. The key to the effectiveness of this decentralization has been neighborhood associations (Yanez-Pagans and Machicado-Salas, 2014). This is possible, if and only if the people who will benefit from the improvement of public services also *value* said services. If Bolivia can rally the members of these associations in areas such as education and school attendance, then by encouraging students, especially secondary school students, to attend, they have a chance at improving the overall education level of their population.

Education level plays a key role in the health of an individual’s children, as well as their individual determinants of health. It’s clear that sanitation and water are vital to the overall health and well-being of any country, and Bolivia is no exception. There is a disparity in access to hand washing, safe disposal of human waste, and lack of integrated water resource management. As of 2017, only 25.4% of the population has access to hand washing stations on their property, and only 22.9% of the population was able to safely dispose of human waste (United Nations Country Profile). One reason that students might refrain from attending school is the lack of facilities on campus. Clean water and sanitation is essential to good health! Poor drinking water leads to an increased risk of contracting a pathogen via the fecal-oral route, and poor sanitation practices causes a combined total of 1.6 million deaths of children under 5 years old per year (Adelodun, et al. 2021). By devoting more resources, such as funds and utilizing local community leaders to collect data on needs, Bolivia can improve their clean water and sanitation facilities, thus improving the country’s health and well-being.

The best method of improvement for the country of Bolivia would be to first focus on rallying community health workers and neighborhood leaders to analyze the unique and specific areas where their communities are lacking health resources. By acquiring this very concentrated information, the government then has an expensive knowledge of the gaps that they need to meet. Primarily, devoting resources (volunteers, funds, professionals who can create plans) to small communities, allowing each community to focus on itself. This protects the larger state from exhaustion if they were instead trying to, metaphorically, cover a lot of ground at the same time. This also encourages communities to actually make changes, like prompting families to let their children attend school versus staying home to help with the farm or household (Yanez-Pagans and Machicado-Salas, 2014).

As indicated by the United Nations Sustainable Development Goals, Bolivia is not on track to meet their Health and Wellbeing Goal by the end of 2030. A lack of resources devoted to infrastructure, clean water and sanitation, and education has led to a disparity of wealth and health within the country. If Bolivia wants to meet their SDG 3 by 2030, significant challenges remain for them to overcome, *but* the country’s resilience has been proven time and time again. There is no doubt that the Estado Plurinacional de Bolivia will continue to take steps to achieve health and well-being for every countryman residing within their borders.

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