Dear Desert:

Just a few lines to thank both you and Heloise for the very nice time we had with you.

I am sending you a short manuscript with some reflections on Bolivia's community health workers, which I believe may interest you.

Warm regards,

[Signature]
My first contact with Bolivia's Responsables Populares de Salud (rps), or community health care workers, was in Aracarani, a small community (around 20 families) located several hundred miles north of the capital city of La Paz. We arrived there after several hours of a grueling trip by jeep and, after a much needed overnight rest, a short trip by canoe.

I went to Bolivia as part of a team to evaluate a maternal and child health program funded by UNFPA (United Nations Fund for Population Activities). We were interested in finding out how Bolivia's health authorities responded to the dramatic challenge of mortality rates of 48 maternal deaths for 10,000 children born alive. The infant mortality rates are also high, of up to 500 deaths in some parts of the country for every 1,000 children born alive, among the highest rates in the continent.

In Aracarani we were received by members of the community, among them the Secretario General (General Secretary) and by Ricardo Segarra, a man in his middle thirties, who was the rps in this area. He described for us his work at the community, answered some questions, and made specific requests for supplies to the health authorities traveling with us. Afterwards, he took us to a small hut where he showed us with pride the materials with which he works: basic medicines (Oral Rehydration Salts, antimalarials and antiparasitic medicines, folic acid, penicillin and rifampicin,
health manuals used for his own training, and a notebook where he keeps accurate records of births and deaths in the community.

With almost half of the population living in rural areas and a very low population density (less than 6 inhabitants for km²), Bolivia faces the problem of reaching a widely dispersed population with basic medical care. As we found at Aracari, it is highly impractical for a doctor to travel to places of difficult access to see only a handful of people.

The use of the rps as part of an strategy to provide basic medical care started in 1982. That year, the democratically elected government of Dr. Hernán Siles Zuazo put an end to a long series of military regimes which had continuously ruled the country for almost two decades. Predictably, those military regimes only succeeded in leading to a deterioration of the economy, a fact that had a negative impact on the health situation of the Bolivians.

During Dr. Zuazo's government, and promoted by his Minister of Health, Dr. Javier Torres Goitia, an effort was initiated to train volunteers from the local communities. They were taught some elementary techniques which would enable them to respond adequately to people's most basic health needs. These trainees became, in addition, providers of information on the health situation in their communities. That information is conveyed through intermediary channels to the central levels at the Ministry of Health.

The rps are taught basic skills either by the nearest nurse or
doctor, or in a nearby health center. Among those skills are how to give injections, how and when to provide oral rehydration salts for the very common diarrheal infections, how and when to provide medicines for acute respiratory infections and for tuberculosis, and how to disseminate information on other frequent health problems. Because of the service they lend, in some places the rps are called chasquis de salud (health couriers).

The role played by the rps, which would be unthinkable in an industrialized country, responds to the reality and needs of many developing countries. The great distances that separate some communities and the difficulties in reaching them make it more practical to train local people who, when facing problems they are unable to solve, refer the patients to the nearest post or health clinic.

The Bolivian rps have some differences with similarly trained people from other countries in Latin America. In Bolivia, the rps are elected in their own communities, not sent from the central levels as in other countries. They don't receive payment for their work, a fact that had led similarly trained people to leave their communities for places which could be of more economic benefit to them. The Bolivian rps do their job on a part-time basis, as an addition to the work which is their support.

Up to now, it is estimated that more than 10,000 people have been trained as rps in Bolivia. The goal of the authorities is to have
more than one rps in each community. Their selection at the community level takes advantage of the Bolivians' remarkable capacity for getting organized at the popular level. "Considering that we are such a disorganized country, we as people are pretty well organized", told me Dr. Mario Lagrava, one of the leading forces behind the effort to train rps in Bolivia.

Although it is not yet possible to measure the rps's impact on the health situation in the country, it is evident that they are gaining increasing influence in their communities. For what I was able to see in other parts of the country, I believe that they will significantly contribute to the improvement of Bolivia's health situation in the near future.

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