

# E1 | REFRAMING HEALTH IN BOLIVIA AROUND THE CONCEPT OF ‘LIVING WELL’<sup>1</sup>

## Background

Bolivia’s population has one of the highest percentages of native indigenous people in Latin America.<sup>2</sup> Its wide-ranging cultural diversity was recognized for the first time with the creation of the Plurinational State of Bolivia and the adoption of a new constitution through a referendum in January 2009.<sup>3</sup>

Bolivia is currently transitioning from a ‘nation-state’ to a plurinational state. ‘Living well’ constitutes the fundamental theoretical foundation of this new state, oriented to building development alternatives based on recovering national cultural identity and state sovereignty, building a participatory democracy, and restoring natural resources. This change drew on the Andean and Amazonian people’s world view.

During the 300 years of Spanish colonialism and 200 years of Creole colonialism – when the native indigenous peoples of Bolivia were reduced to slavery and feudal serfdom, and faced ruthless discrimination and exploitation – indigenous rebellions and uprisings were hoisting the banner of ‘living well’ as a development alternative (García Linera 2012).

Two social movements are driving this process of change in Bolivia, each with its own proposals for transforming the state: the native indigenous



**Image E1.1** Julia Ramos, executive secretary of the Bolivian Peasant Women’s Confederation Bartolina Sisa; indigenous people now lead the social transformation of Bolivia (Rafael Gonzalez Guzman)

peoples' movement and that of wage earners and the self-employed. Together they launched the struggle against colonialism, the oligarchy and neoliberal capitalism, setting the course for political change and mapping out plans for development of the new plurinational state. They proclaimed the emancipation of native peoples, communitarianism and equal rights and opportunities for all cultural, ethnic and language groups, and called for reclaiming a society free of capitalist exploitation. In the early twenty-first century, these social forces were active in the water and gas wars. These grassroots rebellions surged and became a cohesive force in the struggles of the Bolivian social and native movements and brought about the collapse of the capitalist system (García Linera 2011).

Bolivia today is undergoing a complex process of transition that has been described as post-capitalist, which involves searching for types of development that are alternatives to capitalism. This search has resulted in the formation of the current development paradigm in Bolivia, based on two currents:

- 1 The first, based on agrarian peasant and indigenous realities, rooted in the land and in family labour, reaffirms the value of the community–nature relationship and practices that defend the balance among people, biodiversity and environment in all its complexity – ‘living well’. This reality underpins ‘the imagination of the future by relying on the memory of the past’ (Matthew Gildner 2012) in breaking with the current state of capitalism.
- 2 The second is based on the realities of urban wage earners and the self-employed that reaffirm the ideals of people’s sovereignty, democratic freedoms, republican brotherhood, the idea of equality, and the principle of solidarity inherent in the social state. These ideals make it possible to expand citizens’ political, civil and social rights, and equally, in this context, take advantage of advances in science and technology, from this perspective, to address the complex problems of the present.

The process of change in Bolivia is heavily influenced by the modern and traditional world views and knowledge of native peoples and peasant and indigenous organizations, and by ancestral socio-economic and cultural structures (García Linera 2010). This influence is producing a shift away from ethnocentric and anthropocentric views, since it calls for a cosmocentric perspective, which includes life in all its forms, nature and Mother Earth, who is now threatened. This perspective is being positioned as the ethical foundation of a pattern of development in opposition to individualism, the market and hegemonic privatizing capitalism. As a concept of development, ‘living well’ is based on a harmonious and respectful relationship among human beings and between humans and other living beings that cohabit in nature, rather than on the production of commodities or on generation of profit.

This process of change, using the concept of ‘living well’, has caused

bewilderment in all political organizations, particularly those of the liberal and neoliberal right, and in the churches, which have become its biggest opponents (García Linera 2011).

This historical and political shift triggered a broad, plural process of ideological, political, philosophical and cultural discussions (Heredia Miranda 2008), to advance an alternative aimed at the following: promoting the exercise of the right to health; considering health as a public good; applying new categories of analysis of reality; understanding the social determinants of health; and in the Ministry of Health, developing the policy for the Single, Universal, and Free Health System in the framework of the Family, Community and Intercultural Health (FCIH) policy (MSD 2006).

### Living well

To explain the meaning of living well first requires addressing certain central semantic aspects. From an understanding of the term, we can then identify its influence on the design of health policies in Bolivia, in particular the FCIH policy. This is the alternative to the single macroculture of global commercial modernity and the tenets of ‘health reform’ promoted by international cooperation organizations and agencies.

The concepts inherent in living well respond to several cultural terms of the primarily agrarian Andean and Amazonian peoples, such as the Aymara, Quechua, Guarani and others, living in Bolivia and other countries. The terms are, in Aymara, ‘*sumaqamaña*’; in Quechua, ‘*sumak kawsay*’; and in Guarani, ‘*ñandereko*’ and ‘*takevoporã*’. These words mean living in relationships of harmonious coexistence, pleasant to everyone, and in balance with everything: ‘living in peace’, ‘living comfortably’, ‘living well together’, leading a ‘sweet life’, or ‘nurturing the life of the world’. The closest translation in English would be ‘abundant life’.

The Aymara believe that in order to *live well* or to *have an abundant life*, one first has to be well and in harmony with oneself, and then know how to relate to and coexist with all forms of life and non-life. To practise living well, we must be in harmony with the cycles of family and community life, with Mother Earth, and with the universe (Huanacuni Mamani n.d.).

To live well and to live well together, we must work (*thaki*) and the fruits of our labour must be shared in solidarity (*ayni*), for both work and social solidarity are values that give meaning to ‘how to live well’. With regard to work, this means relationships that are not exploitative, nor harmful to nature. These products have a use value, to be redistributed among individuals, couples, families, communities and the world above (*Alaj Pacha*) and the one below (*Pacha Mama*). Working in mutual solidarity leads to a life of social harmony with family, community and nature, with no imbalances of wealth or power. The enjoyment of living well is tied to work as a creative, productive, liturgical and recreational activity that flows among everyone in the community. Thus,

it is contrary to exploitation, direct and indirect abuse and the subjugation of others.

Living well, therefore, produces concern and responsibility for others; it requires caring for all members of the community, caring for the children and the elderly. It gives recognition and social prestige. In contrast, exploiting or abusing others and nature directly or indirectly, subjugating your neighbour, lying, stealing or not working with your hands constitute living poorly. Further, it involves living as an integral part of a community that offers protection, without harming it or nature. One cannot live well if others live poorly. Loosely it can be related to the concept of ‘integrated sustainable development’ (Huanacuni Mamani 2010).

The differences between living well and the neoliberal concept of ‘living better’ are summarized in Table E1.1.

TABLE E1.1 ‘Living better’ versus ‘living well’

Living better	Living well
<p>Accumulation is the main concern: winning is everything, the only thing.</p> <p>A logic of privilege and merit and not of real community need.</p> <p>The existence of a winner implies that there are many losers. This means that for one person to be happy, many must be unhappy.</p> <p>The urge to live better has produced an unequal, imbalanced, predatory, consumerist, individualistic, insensitive, anthropocentric and unnatural society.</p> <p>For North Americans and Europeans to live better, millions in the Third World have had to live badly, in the past and today.</p> <p>This is the contradiction of capitalism.</p>	<p>Accumulation is not the main concern; rather, being in constant harmony with everything is. This suggests not consuming more than the ecosystem can tolerate, preventing production of waste that we cannot safely absorb; it encourages us to reuse and recycle everything we use.</p> <p>Living well cannot be envisaged without the community. It is emerging to contradict capitalist thinking – its inherent individualism, the monetization of life in all its spheres, the denaturalization of humans and a view of nature as a ‘resource that can be exploited, a lifeless thing, an object to be used’.</p>

This view is located in the dialectical relationship between social forces, decision-making levels and the exercise of integrated and harmonious power. It assumes a multi-causal approach to the health–disease process, requiring a holistic understanding oriented to taking care of individuals, families and communities on the physical and spiritual planes. Living well includes many facets:

- integrated health practices in relation to the natural environment and land, including collective ownership, the protection, preservation and recovery of ancestral territories and food sovereignty systems;



**Image E1.2** Traditional practitioner from Bolivia in People's Health Assembly, 2012; protection of traditional medicine is one of the pillars of Bolivia's health policy (People's Health Movement)

- opportunities and conditions for the protection of traditional medicines, including current spiritual practices for harmony and balance;
- preservation of indigenous peoples' languages, education systems, legal frameworks, food cultures, etc., as political-organizational elements aimed at strengthening the organizational structures of each marka (region) and ayllu (community), which in turn strengthen the different types of healthcare systems of the indigenous peoples.

Criticism of the concept of living well stems from the premise that it could mask a conservative approach to the social inequalities generated by the capitalist system, since it negates the power of social contradictions and of class, gender and native peoples' struggles. This could ultimately favour the reproduction of capitalism. The dialectic of living well views reality from the principle of the complementarity of opposites in the natural and social environment, in which society is a whole in balance and in harmony, and where social conflict is an exception. The negation of the determination of capitalist relations in Bolivian society would negate the nature of Bolivian social formation (Matthew Gildner 2012). The determination of capitalist relations of production is key to understanding the social reproduction of health.

Through health policies, the government is attempting to harmonize the understanding of living well with social determinants of health, proposing

that both are paradigms that are different and not interchangeable, although they are complementary.

### **Structural changes in the health sector: ‘mobilized for the right to health and life’ for living well**

The current government believes that the plurinational state has a social health debt to the Bolivian people that has been accumulating since the colonial period. The debt has grown over the past twenty years because of neoliberal health policies that have involved privatization of the sector, commoditization of services and the creation of an individualistic culture of health (MSD 2006, 2010).

As part of the process of change, the government accepts that to repay this debt there first needs to be a radical transformation of society, including its means of production and distribution of wealth. Moreover, this is to be accomplished by addressing social determinants of health; substantially improving the conditions under which people are born, live, work and grow old; and fighting unequal distribution of power, wealth and services. It recognizes that this cannot be done in a capitalist society that favours individual and corporate profits above collective well-being and in which health becomes a commodity.

In 2006, Bolivia overhauled its health policy, based on the economic and social development guidelines in the National Development Plans for 2006–10 and 2009–13 from the Ministry of Development Planning. These plans establish that health and social security policies and institutions shall assume three substantive commitments:

- 1 Function as specific instruments for the development of social welfare, so that all people can live well.
- 2 Protect the entire population against social and biological risks, to improve quality of life and health status.
- 3 Ensure equal access to services, benefits and funding through public policies and regulations that prevent social exclusion for economic, cultural, ethnic, gender and other reasons.

These commitments are aligned to provisions in the Constitution on social rights, for the protection of health and for social security, meaning that they represent shared social values and priorities. To achieve these substantive goals, the Health Sector Development Plan sets out policies, strategies, programmes and projects that aim to build a new model of social protection in health; a single, integrated, decentralized, participatory public system, with autonomous management in the provinces, municipalities and indigenous regions; and a unified social security system, with health priorities in nutrition, education, environment and safe water, with social monitoring of public policies and services and the ethical exercise of public service.

The current priorities are implementation of the Single Health System and the Family, Community and Intercultural Health (FCIH) policy, recovery of health sovereignty, and inter-sectoral action to address social determinants of health.

The FCIH policy provides regulations, methods and operational backing for the following:

- a model that promotes participation by communities and social organizations in decision-making for the shared management of health, reflection and analysis on health issues (Health Information Analysis Committees);
- community and municipal assemblies for health, as well as strengthening organizational systems in each community and ayllu for governance of health systems;
- redefining the family as the structure for guidance and for fostering personal principles and values and for the collective development of health plans for each community;
- the reorientation of services and benefits of traditional medicine and natural medicine, and fostering interculturalism in health.

The guiding principles of FCIH are community participation, intersectoral work, interculturalism and comprehensiveness (Government of Bolivia 2008).

All this is geared towards universal access to a unified family, community, and intercultural healthcare-based health system, respectful of indigenous and native cultures, and enriched by traditional medicine. It is not easy to advance to this since the inherited system has major gaps which need to be addressed, while improving services provided by the Ministry of Health. It is also geared towards an inclusive, equitable, supportive, good-quality and friendly system, for which the first generations of doctors are being trained in family, community and intercultural healthcare.

## **Conclusion**

The current Bolivian context is affected by the crisis in the neoliberal model, which has lost some of its hegemony but still remains dominant. In contrast, social movements based on the principle of living well have initiated irreversible historical processes in the quest for an alternative to capitalist development. 'Living well' is contributing, at a structural level, to the dismantling of colonialism and neoliberalism. It is doing so by promoting communitarianism and interculturalism, which are restoring social solidarity, reciprocity, complementarity and equity as the guiding principle for action in the health sector.

## Notes

1 The Bolivian chapter of the Latin American Association of Social Medicine (ALAMES) held a series of presentations and discussions, in October and November 2013, to address, interpret and understand the meaning of 'living well' (*vivir bien* in Spanish) as part of the process of developing the unified family, community and intercultural health system and attaining the right to health. This chapter includes some of the main points from those discussions.

2 According to the 2001 census, 62.2 per cent of Bolivians declared themselves to be of native indigenous origin (INE 2001). The results of the 2012 census have not yet been formally released.

3 Since 2009, Bolivia has been a Unitary Social State of Plurinational, Community-based Law. Plurinational refers to its thirty-six First Nations, and community-based refers to living, understanding and sharing life together (Bolivia 2009).

## References

- Bolivia (Plurinational State of Bolivia) (2009) *Political Constitution of the State*, La Paz, February.
- García Linera, A. (2010) 'El socialismo comunitario: un aporte de Bolivia al mundo', *Revista de Análisis: Reflexiones Sobre la Coyuntura*, 3(5), Vicepresidencia del Estado Plurinacional, Presidencia de la Asamblea Legislativa Plurinacional, www.vicepresidencia.gob.bo/IMG/pdf/revista\_analisis\_5.pdf, accessed 26 April 2014.
- (2011) *Las Tensiones Creativas de la Revolución: La Quinta Fase del Proceso de Cambio*, Vicepresidencia del Estado Plurinacional, Presidencia de la Asamblea Legislativa Plurinacional, La Paz, www.alames.org/documentos/tensiones.pdf, accessed 26 April 2014.
- (2012) 'Bolivia: la constitución política del Vivir Bien', *Agenda Latinoamericana Año 2012*, servicioskoinonia.org/agenda/archivo/obra.php?ncodigo=749, accessed 26 April 2014.
- Government of Bolivia (2008) *Nuevo Modelo Sanitario, Decreto Supremo No. 29601*, 11 June.
- Heredia Miranda, N. (2008) 'El derecho a vivir bien, más allá de un enunciado', *Revista Posibles*, 1: 10–20.
- Huanacuni Mamani, F. (2010) *Vivir Bien/Buen Vivir: Filosofía, Políticas, Estrategias y Experiencias Regionales*, Coordinadora Andina de Organizaciones Indígenas (CAOI), Lima, February, www.dhl.hegoa.ehu.es/ficheros/0000/0535/Vivir\_Bien\_1\_.pdf, accessed 26 April 2014.
- (n.d.) 'Pachamama: sagrada madre tierra', Culturande, www.culturande.org/Upload/20126413473Pachamama.pdf, viewed 26 April 2014.
- INE (Instituto Nacional de Estadísticas) (2001) *Censo de Población y Vivienda 2001: Población por Organizaciones Comunitarias*, La Paz.
- Matthew Gildner, R. (2012) 'La historia como liberación nacional: creando un pasado útil para la Bolivia posrevolucionaria', *Revista Ciencia y Cultura*, 29, La Paz.
- MSD (Ministerio de Salud y Deportes) (2006) *Bases del Plan Estratégico 2006–2010*, La Paz, www.paho.org/hq/index.php?option=com\_content&view=article&id=4290&Itemid=3513&lang=en#bolivia, accessed 26 April 2014.
- (2010) *Plan Sectorial de Desarrollo 2010–2020: 'Hacia la Salud Universal'*, La Paz.