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Covid-19

Social Policy Response Series

Fabián A. Borges

**Bolivia's Social Policy
Response to Covid-19:
Hindered by Political
and Economic Crises**



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of Social Policy CRC 1342

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Fabián A. Borges

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BOLIVIA'S SOCIAL POLICY RESPONSE TO COVID-19: HINDERED BY POLITICAL AND ECONOMIC CRISES

Fabián A. Borges *

ABSTRACT

Bolivia during 2020 was the victim of simultaneous political, economic, and public health crises. The three crises interacted with one another in ways that made each individual crisis more severe. The country's social policy response to the Covid-19 pandemic was uneven. Emergency cash transfers, a legacy of the left-wing Movement toward Socialism's (MAS) nearly 14 years in power, performed well. Although the amounts transferred were quite modest, they did reach the vast majority of Bolivians. On education, however, the government failed utterly, ultimately abandoning its constitutional obligation to provide free and universal schooling to all children. Online education never got off the ground and the school year was prematurely cancelled. The Bolivian state's chronic weakness was on display in its healthcare policy response. Not only did the government inherit inadequate infrastructure, but a combination of administrative incompetence and corruption marred the procurement of much-needed ventilators and other medical equipment. The result was one of the world's highest Covid-19 mortality rates.

INTRODUCTION

Bolivia's first two confirmed Covid-19 cases were reported on 11 March independently of each other in different parts of the country. Both were individuals who had recently arrived from Italy, the virus's first European hotspot (BBC, 2020). Just two days later, the first six home-grown cases were confirmed in the eastern city of Oruro (Agencia EFE, 2020). New cases increased from there, peaking in the middle August before slowly declining (Johns Hopkins University, 2020).

The virus claimed its first victim on 29 March, a 78-year-old woman who had visited Europe (Reuters, 2020). By the end of the year, Bolivia had 160,124 confirmed cases, 9,165 of which ended in death. At 76.2 deaths per 100,000 inhabitants, the country had the third highest Covid mortality rate in the world, after Belgium and Peru.¹ At 6.1%, it had the world's sixth highest case-fatality rate and the third highest in Latin America, after Mexico and Ecuador (Johns Hopkins University, 2020).

The pandemic struck Bolivia as the country was already struggling with severe political and economic crises. The political crisis culminated on 12 November 2019, when, after nearly 14 years in power and amid massive protests over alleged electoral fraud during the previous month's presidential election, President Evo Morales (2006–2019) was forced to step down and flee the country. Even before the political turmoil, the economy had been slowing sharply. This left interim President Janine Áñez (2019–2020) with limited room to maneuver when responding to the pandemic.

The interactions between the three crises worsened the severity of each individual crisis. The health crisis paralyzed an already decelerating economy and severely tested the credibility of an interim government that, from the start, was illegitimate in the eyes of much of the population. The polarization at the root of the political crisis made cross-party agreements on economic relief policies harder to achieve, hindering the government's disease

1 Among countries with at least 100,000 inhabitants.

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mitigation strategy. The economic crisis left the government short on funds and increasingly indebted. This limited the generosity of relief policies, further weakening Áñez's precarious political position.

With the economy in lockdown, the government moved quickly to enact broadly targeted cash transfer programs aimed at sustaining the incomes of Bolivians unable to earn a living. Despite the country's weak institutions, high levels of informality and difficult geography, the government made emergency transfers to 7.6 million individuals in a country of 11.5 million people (Min. Economía, 2020b).² The transfers, which cost BOB 3.7 billion (USD 536.5 million or about 1.3% of 2019 GDP), were broad in scope but modest in generosity (Blofield, Giamb Bruno and Filgueira, 2020).³ These policies, which were premised on a relatively short economic freeze, proved insufficient as the pandemic dragged on. The country's deep political polarization and imminent election prevented the executive and legislature from agreeing on a desperately needed second round of relief during the middle of the year.

The severe weaknesses of Bolivia's underfunded and decentralized healthcare system were evident long before the country was hit by a once-in-a-century pandemic. The government borrowed from multilateral banks to buy the necessary equipment, but lack of transparency in the procurement process unleashed a series of corruption scandals that led to the imprisonment of top public health officials and further discredited Áñez. More broadly, the government's focus on acquiring ventilators and other sophisticated medical devices may have distracted from much-needed investments in the basic health infrastructure and personnel required to make the most out of the new machinery (Chuquimia, 2020b).

Amid protests from the country's militant teachers' unions and the failure to get online education off the ground, the government controversially cancelled the school year in early August. The cancellation is expected to have long-term negative consequences for Bolivian public school students, many of whom had already missed part of the final months of the previous school year because of the post-election protests. The school year's premature end and the worsening economic situation could cause a generation of teenagers to permanently drop out of school, sentencing them to a lifetime of lower incomes.

The next section provides a brief overview of Bolivia's political and economic context prior to the start of the pandemic.⁴ This is followed by an overview of the country's social policy. The three sections that follow assess the government's response in three areas: income support, healthcare, and education. The paper then concludes.

POLITICAL AND SOCIO-ECONOMIC CONTEXT

Morales's departure from office did little to stabilize the country's politics. Áñez, then second vice-president of the Senate and the highest ranking official not from Morales's Movement toward Socialism (MAS), was appointed caretaker president until fresh elections could be held. This set off another round of protests and violence between Morales's supporters and the security forces (Wolff, 2020). Áñez's divisive governing style, her controversial decision to run for the presidency and multiple pandemic-related election postponements further heightened political tensions. Behind in the polls, in part due to her perceived mishandling of the pandemic (Brújula Digital, 2020b), Áñez dropped out of the race in September. The following month, MAS's Luis Arce, who served as Finance Minister during most of the Morales administration, won a resounding victory, receiving 55.1% of the vote in an election universally regarded as free and fair. He assumed office on 8 November.

Even before the pandemic reached Bolivia, a slowing economy had left Áñez with little room to maneuver. Growth dropped to 2.2% in 2019, its worst performance since 2003. The slowdown, combined with decreasing natural gas revenues and rising expenditures, resulted in fiscal deficits of upwards of 5% of GDP since 2015 and above 7% since 2017 (World Bank, 2020c). Morales responded to these shortfalls by borrowing. National debt crept up during his first decade in power before surging during his final years. By the end of 2019, it had reached 57.7% of GDP, up from 40.9% in 2015 (Fundación Jubileo, 2020) and well above the maximum recommended level for middle-income countries (50%). This worsening outlook prompted downgrades by the major credit rating agencies, which threatened to increase the cost of future borrowing. Central bank reserves, which peaked

2 Some households received more than one transfer because the three transfer programs had different target populations.

3 During 2020, one Boliviano (BOB) was worth USD 0.145 or EUR 0.122.

4 In 2019, Bolivia had a GDP per capita of USD 3,552 and a population of 11.52 million (World Bank, 2020c).

at USD 15.1 billion in 2014, had dropped to USD 6.5 billion at the end of 2019. This raised questions over the sustainability of the boliviano's long-standing peg of the US dollar (Bristow, 2020).

The pandemic is expected to ravage Bolivia's economy. Estimates published in July predicted the economy would shrink by 5.2% in 2020 (CEPAL, 2020b, p. 9). Poverty was expected to increase 3.8 percentage points to 36.1% of the population (4.2 million), extreme poverty would rise by 2.4 percentage points to 16.8% (2.0 million) and inequality would increase by 3.0–3.9% (CEPAL, 2020b, p. 11).

Social Policy

Despite Bolivia's high poverty rate and limited state capacity (UNDP, 2007), previously existing cash transfer programs left the country well equipped to quickly provide much-needed income support to most of its population. When the pandemic hit, the country had in place universal cash transfers for the elderly, public school students, and new and expectant mothers. These programs served as the basis for the "bonos" (bonuses), the highest profile and most successful components of the government's response.

The original decision to opt for universal programs responded to a combination of Morales's ideological policy preferences – early on he rejected a proposal for more targeted programs (Borges, 2021, Ch. 7) – and the fact that the programs were funded by the much-publicized nationalization of the country's hydrocarbon resources in May 2006. Morales justified universalism on the grounds that the natural resource wealth being nationalized belonged to all Bolivians and, as such, should be spent on everyone and not just the neediest (Medinaceli and Mokrani, 2010; Durana, 2012, p. 63).

Renta Dignidad (Dignity Income), which provides a monthly BOB 350 (USD 51) stipend to all citizens over 60, regardless of income, is Bolivia's most generous cash transfer program. Although its origins predate Morales, he expanded it in 2007 and steadily increased its stipends afterward (Müller, 2009; Anria and Niedzweicki, 2016). In October 2006, Morales enacted *Bono Juancito Pinto* (BJP, Juancito Pinto Bonus), which awards a yearly BOB 200 (USD 29) stipend to all public school students and is, in practice, unconditional. BJP was complemented in May 2009 by *Bono Juana Azurduy* (BJA, Juana Azurduy Bonus), which provides stipends to pregnant mothers and mothers of children under two, conditional on attending medical checkups (Mcguire, 2013).⁵

At 4.4% of GDP, Bolivia's overall healthcare spending in 2018 was close to the regional average (PAHO/WHO, 2020, p. 6). Despite this, basic health outcomes are the second worst in South America after Guyana. Infant mortality in 2018 was 21.8 per 1,000 live births, substantially higher than the South American average of 14.4. At 155 per 100,000 live births, maternal deaths in 2017 were nearly twice the regional average (84.3). Life expectancy during 2015–2020 for men was estimated at 68.3 years, 3.6 fewer years than the regional average. Women were expected to live 74.1 years, 3.9 fewer years than the average (CEPAL 2020a).

As a result of the country's high rate of labor informality, estimated to be as high as 80%, and despite significant progress over the last decade, an estimated 51% of Bolivians (about 5.8 million) lacked health insurance in early 2019 (Martín-Carrillo, 2019). Free public healthcare was extended to pregnant women, children under five, adults over 60, and the disabled in December 2013.⁶ In February 2019, Morales announced plans to extend free public healthcare coverage to the rest of the population. This new Unified Healthcare System (SUS, *Sistema Único de Salud*), was to be expanded gradually over the course of Morales's presumptive next administration (*El Deber*, 2019). SUS initially met with strong opposition from doctors concerned that its budget would be insufficient to cover the expected increase in usage of health services (AFP, 2019). The country's political crisis likely further hindered the program's roll out, thus limiting its effect in mitigating the pandemic.

Prior to the pandemic, Bolivia faced severe shortages of medical equipment and personnel. At 1.3 hospital beds for each 1,000 inhabitants, the country had less than a third of the World Health Organization's (WHO) recommended level (5 per 1,000). Further, although the country had 80% of the recommended number of doctors (8.0 per 10,000 versus 10) it had only one tenth of the recommended number of nurses (3.9 per 10,000 versus 40) (PAHO/WHO, 2020, p. 6).

5 BJA pays mothers BOB 50 (USD 7) for each prenatal appointment they attend, 120 (USD 17) for giving birth and 125 (USD 18) every two months during the baby's first two years. Juana Azurduy de Padilla (1780–1862) and Juancito Pinto (1867–1880) are Bolivian national heroes.

6 Women of fertile age are entitled to free sexual and reproductive healthcare under the program.

With regard to education, Bolivia is one of a handful of countries in the region where net primary enrollment remains below 90%. Net enrollment in secondary school is lower still at about 75% (Fiszbein and Stanton, 2018, p. 12). Although there is no international test data with which to reliably assess the quality of Bolivia's public education and compare it to that of its neighbors, it should be noted that the country has the lowest number of yearly classroom hours in South America (Marco Navarro, 2012, p. 13).⁷

Bolivian education is marred by significant, albeit declining, disparities in attainment by sex, ethnicity, and geographic area (Gray Molina and Yáñez, 2010, p. 12; Zambrana, 2010). A high proportion of students, particularly those of indigenous descent and/or living in the countryside, enter school at an older age than recommended. In 2006, 39% of children aged 6–8 were not enrolled in school and 45% of children aged 9–11 were enrolled in a grade lower than the one corresponding to their age (Canelas and Niño Zarazúa, 2019, p. 161). Late enrollment is associated with higher dropout rates later on. Older students are more valuable in the labor market and thus face a stronger pressure to drop out and begin working full-time.

BOLIVIA'S SOCIAL POLICY RESPONSE

Bolivia's social policy response to the Covid-19 pandemic varied greatly by policy area. The Áñez administration's emergency cash transfers, though modest, quickly reached most Bolivians. The Bolivian state's weakness was evident in the health policy response. Not only did the government inherit inadequate infrastructure, but a combination of incompetence and corruption marred the procurement of ventilators and other medical equipment. Unable to get online education up and running, the government opted to prematurely end the school year in August. The consequences of this decision will be felt for years.

Income Support

As noted, income supports were the most successful part of Bolivia's social policy response to Covid-19. Piggy-backing off existing programs' administrative and financial infrastructure, the government was able to quickly roll out emergency transfers to the vast majority of Bolivians (Fundación ARU/UNICEF, 2020, p. 22). The amounts transferred, however, were very small, only "reaching 29% of the extreme poverty line per household member, for an average four-person household, for a duration of three months" (Blofield, Giamb Bruno and Filgueira, 2020, p. 50). The speed of the government's response varied by population group with the elderly receiving benefits less than a month after the first reported case, but those not previously covered by cash transfers having to wait up to two additional months.

Payments of *Canasta Familiar* (Family Basket), which provided a one-time payment of BOB 400 (USD 58) or about one-fifth of a monthly minimum wage to *Renta Dignidad* beneficiaries not receiving a contributory pension, mothers enrolled in BJA and the disabled began on 3 April. The program reached 1.05 million adults at an estimated cost of BOB 430 million (USD 62.4 million). On 29 April, parents of children and adolescents enrolled in public schools began receiving *Bono Familia* (Family Bonus), a one-time payment of BOB 500 (USD 73) or roughly a quarter of the minimum wage per child. On 18 May, the program was extended to private school students. Including this expansion, the program made 2.91 million payments at an estimated cost of BOB 800 million (USD 116 million).

Reaching those not covered by existing programs took longer. On 5 May, payments began on *Bono Universal* (Universal Bonus), a one-time payment of BOB 500 (USD 73) to all Bolivians over 18 not receiving a steady salary or other cash transfers. This program reached 3.69 million Bolivians at an estimated cost of BOB 2 billion (USD 290 million). However, payments were staggered by age with the last group (18 and 19-year-olds) having to wait until the first week of June to receive payments.

The government also subsidized the cost of utilities for three months. On 21 March, cuts to power, water, gas, and internet services were prohibited for the remainder of the quarantine period. The government assumed the full cost of electricity bills up to BOB 120 (USD 17) and between 50–20% of larger bills. Additionally, it covered

⁷ Bolivia participated in the United Nations Educational, Scientific and Cultural Organization's (UNESCO) 2019 Comparative Regional and Explicative Exam. The results will be published in 2021.

50% of household water and gas consumption through June. Taken together, the subsidies benefited 2.6 million households at a cost of BOB 490 million (USD 71.1 million) (Min. Economía, 2020a).

Thinktank Fundación ARU and United Nations Children’s Fund (UNICEF) (2020, p. 46-48) find that, taken together, the transfers and subsidies shielded the poorest of the poor during the shutdown but were not generous enough to protect all of the country’s poor. Among households with children and pregnant women, those with incomes up to the 15th percentile found themselves better off than they otherwise would have been. The incomes of those between the 16th and 25th percentiles stayed constant. All other households saw their situation worsen. The picture is bleaker when the focus is narrowed to the households of self-employed workers. This group saw income losses beginning at the 10th percentile. Overall, the analysis estimates that, despite the government’s policies, 8–20% of vulnerable households with children and pregnant women could fall into poverty and 6–11% of middle-class households could become economically vulnerable (Fundación ARU/UNICEF, 2020, p. 48-50).

Funding for the transfers and subsidies came primarily from a BOB 7 billion (USD 1.01 billion) emergency loan from Bolivia’s Central Bank (BCB, 2020; Peñaranda U., 2020). The loan, which was awarded on 27 March, was to be quickly repaid using funds from multilateral banks. The International Monetary Fund (USD 327 million), World Bank (USD 250 million) and Inter-American Development Bank (IDB) (USD 450 million) quickly approved funding for cash transfers. The government also secured a EUR 100 million (USD 118 million) low-interest loan from France’s government (AFP 2020). Congressional approval of these loans, however, became a victim of polarization with MAS legislators initially slow walking the process before explicitly stating that they would not approve any loans until Áñez left office (Brújula Digital, 2020b).⁸ Legislators also blocked the executive’s attempt to issue USD 1.5 billion in bonds on the international market (Rojas Moreno, 2020; West, 2020).

In July, Áñez announced plans to enact *Bono Salud* (Health Bonus), a BOB 500 (USD 73) transfer for *Bono Universal* beneficiaries conditional on approval of the loans (*Página Siete*, 2020h). MAS’s Arce upped the ante the following day, proposing his own BOB 1,000 (USD 145) *Bono contra el Hambre* (Bonus Against Hunger), which would also cover BJA beneficiaries and the disabled (*Página Siete*, 2020i). The MAS-dominated legislature promptly approved Arce’s proposal into law over Áñez’s objections over funding (Ibañez, 2020).⁹ The two sides reached a stalemate with the executive stating that the *bono* could not be paid until Congress approved the loans (Vasquez Carvajal, 2020) and legislators retorting that they would not approve any loans until the executive paid the *bono* (Melendres Galvis, 2020a). Given the impasse and still running for president, Áñez moved forward scheduled payments of *Renta Dignidad*’s annual “Christmas bonus” to August (*Página Siete*, 2020j) and BJP to September (Min. Presidencia, 2020).

True to their word, MAS legislators approved the loans following the election. On 12 November, four days into his administration, Arce launched *Bono contra el Hambre*. Payments began in December (*Correo del Sur* 2020c). By the following February, 3.8 million Bolivians had received transfers at a cost of BOB 3.8 billion (USD 562.2 million) (Min. Economía, 2021).

Healthcare

Beyond its more general weaknesses, Bolivia’s healthcare system faced serious shortfalls in areas of particular relevance to Covid-19. At 2.16 intensive care (IC) beds per 100,000 inhabitants, it had the lowest relative levels in South America (PAHO/WHO, 2020, p. 7). In October 2019, only 24 public hospitals, all of them in urban areas, had IC units (Cantoral, 2019). Although the number of IC beds nearly doubled to 430 with the inclusion of private hospitals, this amounted to just 37% of the WHO’s recommended level (1 per 10,000 inhabitants) (Pérez 2020). Bolivia also reported the second lowest relative numbers of ventilators (3.42 per 100,000) and IC doctors (1.63 per 100,000) in South America after Venezuela (PAHO/WHO, 2020, p. 7). The latter constituted less than half the WHO’s recommended level (Chuquimia, 2020a).

8 The IMF funds were not a loan, but rather an emergency withdrawal of contributions. As such, there were no conditions on how the money could be spent. In practice, MAS supported the World Bank, IDB and French loans, but refused to approve them for political reasons.

9 Before signing a legislature-proposed bill, Bolivian presidents can return it to Congress with non-binding observations. Legislators ignored Áñez’s observations and she begrudgingly signed the bill into law but, citing lack of funding, did not implement it.

Regardless of the healthcare system's weaknesses, several structural factors made Bolivia particularly vulnerable to this pandemic. Pervasive labor informality hindered the government's response. Lockdowns and social distancing are difficult, if not impossible, for informal workers with little if any savings who work primarily in services that cannot be done remotely. The pandemic was also likely exacerbated by the high altitudes of the country's west. The region has high rates of chronic bronchitis and pulmonary hypertension. The highland cities of La Paz and El Alto reported much higher Covid-19 mortality rates than the lowland cities of Cochabamba and Santa Cruz (Escóbar, 2020). Furthermore, the country's rugged geography and poor infrastructure limited access to healthcare, particularly among indigenous people in remote rural areas (Mena Molina, 2020).

On 1 April, Áñez announced that all medical facilities, public and private, were required to treat Covid-19 patients (*Opinión*, 2020a). The administration also announced plans to purchase 500 ventilators, 500 IC beds, 1,000 hospital beds, and 300,000 Covid-19 tests, as well as hire additional medical personnel. To fund these purchases, it renegotiated and repurposed an existing World Bank (2020b) loan. Doing so gave the administration access to an additional USD 170 million in funds without having to go through Congress.¹⁰

The highly anticipated ventilator purchases quickly became a political headache. The government made two separate purchases, both of which raised red flags. The first batch of 170 Spanish-made ventilators purchased with IDB funds arrived on 14 May. Shortly after, the local media reported that the ventilators were not appropriate for Covid-19 patients (Gómez, 2020). Further inspection revealed that about half of the ventilators were missing essential components (*Página Siete*, 2020k). It was then reported that the government paid a Spanish intermediary USD 27,000 for each ventilator, about three times the USD 7,000–10,500 factory price (Cuiza, 2020). It was also revealed that, citing the urgency of the situation, officials sidestepped the standard procurement process (*Página Siete*, 2020c). This resulted in the arrest of Health Minister Marcelo Navajas, the ministry's director of judicial affairs and the director of the government's healthcare procurement agency, among others (*Página Siete*, 2020b).

In late August, the media reported that the government had overpaid by USD 9 million in its purchase of an additional 324 Chinese-made ventilators, paying almost USD 30,000 for units with a USD 8,900 factory price (*Página Siete*, 2020m). Once again, the government had purchased ventilators through a Spanish intermediary and sidestepped the procurement process. Many of these ventilators proved defective. As an example, 18 of 24 ventilators given to a Cochabamba hospital could not be used on IC patients and five of the seven given to a hospital in El Alto stopped working within two months (*Página Siete*, 2020n).¹¹ The combination of incompetence and perceived corruption significantly damaged Áñez's standing with voters (Brújula Digital, 2020a) and likely contributed to the decision to prematurely end her candidacy.

While welcoming the government's efforts, the Bolivian Society of Critical Medicine and Intensive Therapy warned that the focus on sophisticated equipment and ventilators in particular distracted from urgent investments in the personnel, infrastructure and parts needed to make those devices work. The group warned that the healthcare system would not be able to properly utilize most of the ventilators because of a shortage of IC doctors and a lack of space at 75% of existing IC units. As Patricio Gutiérrez, head of the group's science committee, warned: "if they bring the 500 ventilators, we will be closer to what is needed, apparently. But they did not conduct the necessary feasibility studies to see if the hospitals would be able to install them. These are not devices that you just plug in and use" (quoted in Chuquimia, 2020b).

Education

The combination of low incomes, limited connectivity and the high cost of internet doomed Bolivian education from the start. Both the teachers' unions and parents' groups warned that the limited availability of internet, particularly in rural areas, and its high cost would prevent most children from exercising their right to free public education. This threatened to increase the yawning learning gaps between rural and urban, and public and private school students.

¹⁰ On 17 June, Congress approved a USD 50 million loan from CAF-Development Bank of Latin America to fund the health response to Covid-19.

¹¹ Fortunately for Bolivia, the United States donated 200 ventilators in August (VOA 2020).

Only 43.8% of Bolivians used the internet in 2017, significantly below the regional average (62.5%) (World Bank, 2020c). In 2016, only 17% of Bolivians had access to internet in their homes compared to about half of households in neighboring Argentina and Brazil (World Bank, 2020c). At 3.4 per 100 inhabitants, broadband connections were about a quarter of the regional average (12.1) (World Bank, 2020c). Furthermore, Bolivian internet is among the most expensive in the region. In 2020, one gigabyte of mobile internet – most Bolivians connect via their phones – cost USD 5.09, making it the second most expensive in Latin America after Panama and twice the regional average (Howdle, 2020). At an average cost of USD 41.53 a month (14% of the minimum wage), home broadband was above the regional average and beyond the reach of most Bolivians (Howdle and Ashton, 2020).

The national government proactively suspended in-person education on 12 March, one day after the first cases were reported. The Education Ministry originally intended to restart classes by May using a hybrid model with classes split into two pods that would alternate between in-person and online learning (Arias L., 2020). In the meantime, the ministry claimed to be working on guidelines for online education and 140,000 teachers received training in online platforms (Mamani Cayo, 2020). For those who lacked internet access, the government announced plans to impart lessons via a state-owned television network and local radio stations (Página Siete, 2020a).

During the lockdown, teachers were encouraged to use online tools to remain in touch with students and review previously covered material. They were not allowed to introduce new material or evaluate learning outcomes. A survey of 656 students conducted by UNICEF (2020) during April and May found that only 61% of students had received any online instruction. Among those, nearly four in five (77.8%) claimed to have learned “nothing” or “almost nothing.” Among those not receiving instruction, 66.3% cited the cost of internet, 17.2% reported that there was no internet in their area and a further 14.2% noted that cellphone data cards had become more expensive during the pandemic.

It was not until 6 June that Education Minister Víctor Hugo Cárdenas announced guidelines for continuing the school year. The short and vague guidelines basically left it up to each school to determine how best to resume classes. Beyond offering to house educational material on the ministry’s servers, the decree provided no guidance, let alone additional funding, for moving classes online or developing online curricula. Nor was there any mention of providing teachers or students with the equipment necessary for online education. Similarly, nothing ultimately came of the plan to reach remote areas via television and radio (Zapana S., 2020).

The guidelines were universally criticized with the Ombudsman’s Office, nongovernmental organizations, parents’ groups, and teachers’ unions accusing the government of violating children’s right to education (Página Siete, 2020d). Throughout June and July, unions staged protest marches, erected roadblocks and even went on hunger strikes to demand an end to virtual education and Cárdenas’s resignation (Página Siete, 2020e; 2020f; 2020g). Cárdenas responded by announcing that no student would be held back, and no teacher would be fired (Correo del Sur, 2020a). This reinforced the view that the administration had given up on education.

Citing limited internet coverage in rural areas, union intransigence and the need to contain the virus, the administration cancelled the school year on August 2. All students would advance to next grade and teachers would continue to receive their full salaries (Cazas, 2020). Students in their final year would have access to online remedial courses to prepare them for university.¹² The decision sparked widespread outcry at home and abroad (Guardiana, 2020). The policy was challenged in the courts. However, a final ruling by the Constitutional Court was not expected until early 2021, well after the school year would have ended (Zapana, 2020).

The Congress censured Cárdenas on 14 October (Página Siete, 2020o). Áñez dismissed him the following week (Correo del Sur, 2020b).

CONCLUSION

Bolivia during 2020 was the victim of simultaneous political, economic, and public health crises. The three crises interacted with one another in ways that made each individual crisis more severe. President Luis Arce inherits the unenviable task of steering his country through the roughest of waters.

¹² The courses became available on 15 September (MINEDU, 2020). Students without reliable internet access, however, will find them hard to complete.

The country's social policy response to the Covid-19 pandemic was uneven. A legacy of MAS's social policy achievements, the Añez administration's emergency cash transfers performed well. Although the amounts transferred were quite modest, they did reach the vast majority of Bolivians. On education, however, the government failed utterly and ultimately abandoned its constitutional obligation to provide free and universal access for all children. The Bolivian state's chronic weakness was in full display in its healthcare policy. Not only did the government inherit inadequate infrastructure, but a combination of administrative incompetence and corruption marred the procurement of much-needed ventilators and other medical equipment. The result was one of the world's highest Covid-19 mortality rates.

There are, however, reasons to be cautiously optimistic amid an otherwise dire scenario. Arce's unexpectedly conclusive electoral victory and the rapid acceptance of those results by all of the main political actors offers hope that Bolivia might overcome its current political crisis. With a strong popular mandate and majorities in both legislative chambers, Arce had little trouble securing approval for the multilateral loans needed to fund an additional round of bonos. It remains to be seen whether he can parlay this political mandate into successful strategies to contain the still-raging pandemic and reactivate a rapidly shrinking economy. Unfortunately, the outcome may not be entirely in his hands.

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**APPENDIX 1: SOCIAL POLICY DEVELOPMENTS IN RESPONSE TO COVID-19 BY POLICY AREA
(BOLIVIA, JANUARY–SEPTEMBER 2020)**

	Policy Area	Pensions	Healthcare	Long-term care and disability	Labor market	Education
(1)	Have there been any significant legislative reforms in the indicated policy area during the indicated time period?	No	Yes	No	Yes	No
(2)	If (1) yes, have any of these reforms been explicit responses to the Covid-19 pandemic?	N/A	Yes	N/A	Yes	N/A
(3)	If (2) yes, has there been significant regional variation in the implementation of these reforms?	N/A	N/A	N/A	N/A	N/A
(4)	Have subnational governments enacted any significant legislative reforms in the indicated policy area during the indicated time period?	N/A	N/A	N/A	N/A	N/A
	Policy Area	Family benefits	Housing	Social assistance	Other*	
(1)	Have there been any significant legislative reforms in the indicated policy area during the indicated time period?	Yes	No	Yes	No	
(2)	If (1) yes, have any of these reforms been explicit responses to the Covid-19 pandemic?	Yes	N/A	Yes	N/A	
(3)	If (2) yes, has there been significant regional variation in the implementation of these reforms?	N/A	N/A	N/A	N/A	
(4)	Have subnational governments enacted any significant legislative reforms in the indicated policy area during the indicated time period?	N/A	N/A	N/A	N/A	

* Legislative reforms in other policy areas explicitly aimed at social protection, e.g. food subsidies or tax cuts aimed at social protection.

APPENDIX 2: SOCIAL POLICY LEGISLATION IN RESPONSE TO COVID-19 (BOLIVIA, JANUARY–SEPTEMBER 2020)

Note: This appendix covers all major national social policy legislation published between 1 January 2020 and 30 September 2020.

Law 1		
(1)	Number of law	LEY N° 1293
(2)	Name of law (original language)	LEY PARA LA PREVENCIÓN, CONTENCIÓN Y TRATAMIENTO DE LA INFECCIÓN POR EL CORONAVIRUS (COVID-19)
(3)	Name of law (English)	Law for the Prevention, Containment and Treatment of Infection by the Coronavirus (COVID-19)
(4)	Date of first parliamentary motion	01 April 2020
(5)	Date of law's enactment	01 April 2020
(6)	Date of law's publication	01 April 2020
(7)	Is the Covid-19 pandemic explicitly mentioned as a motivation in the law or any accompanying text?	Yes
(8)	Was the Covid-19 pandemic a motivation for the initial parliamentary motion for this law?	Yes
(9)	Was the Covid-19 pandemic a motivation for a significant revision of the legislative project after the initial parliamentary motion?	No
(10)	Note on (7)-(9) (max. 300 words)	Public-sector healthcare facilities must provide free Covid-19 treatment.
(11)	Was this law a legislative package that contained multiple social reform components?	No
(12)	If (11) yes, how many distinct social reform components did it contain?	Not Applicable
Law 1: Component 1		
(13)	Policy Area	Healthcare
(14)	Brief description of reform component (max. 300 words)	Public-sector healthcare facilities must provide free Covid-19 treatment.
(15)	Change in coverage of existing benefits?	Expansion
(16)	Duration of coverage change?	Not Applicable
(17)	<i>If fix-term</i> , duration in months	Click to enter your text.
(18)	Note on (15)-(17) (max. 200 words)	The law makes no mention of coverage expiring. A new law could be required to stop Covid-19 treatment from being free in the future.
(19)	Change in generosity of existing benefits?	Not Applicable
(20)	Duration of generosity change?	Not Applicable
(21)	<i>If fix-term</i> , duration in months	Not Applicable
(22)	Note on (19)-(21) (max. 200 words)	Click to enter your text.
(23)	Introduction of new benefits?	Yes
(24)	Duration of new benefits?	Indefinite
(25)	<i>If fix-term</i> , duration in months	Click to enter your text.
(26)	Note on (23)-(25) (max. 200 words)	The law makes no mention of coverage expiring. A new law could be required to stop Covid-19 treatment from being free in the future.
(27)	Cuts of existing benefits?	No
(28)	Note on (27) (max. 200 words)	Click to enter your text.
(29)	Estimated cost of reform in 2020 (national currency)	Not available. Depends on the severity of the pandemic. Each patient treated is estimated to cost a minimum of BOB 3,450 (USD 500) and a maximum of BOB 69,000 (USD 10,000)
(30)	Estimated cost of reform in 2021 (national currency)	Unknown.
(31)	National Currency Code (ISO 4217)	BOB 068

Law 1: Component 1		
(32)	Source of cost estimation	News report
(33)	Note (29)-(31) (max. 200 words)	Click to enter your text.
(34)	If the implementation of the reform should already have started, has the reform been implemented?	completely

Law 2		
(1)	Number of law	LEY N° 1294
(2)	Name of law (original language)	LEY EXCEPCIONAL DE DIFERIMIENTO DE PAGOS DE CRÉDITOS Y REDUCCIÓN TEMPORAL DEL PAGO DE SERVICIOS BÁSICOS
(3)	Name of law (English)	Exceptional Law on the Deferment of Credit and Temporary Reduction in Basic Service Payments
(4)	Date of first parliamentary motion	01 April 2020
(5)	Date of law's enactment	01 April 2020
(6)	Date of law's publication	01 April 2020
(7)	Is the Covid-19 pandemic explicitly mentioned as a motivation in the law or any accompanying text?	Yes
(8)	Was the Covid-19 pandemic a motivation for the initial parliamentary motion for this law?	Yes
(9)	Was the Covid-19 pandemic a motivation for a significant revision of the legislative project after the initial parliamentary motion?	No
(10)	Note on (7)-(9) (max. 300 words)	Law provides temporary social assistance during the pandemic by prohibiting suspension of basic public services and temporarily reducing the cost of public services.
(11)	Was this law a legislative package that contained multiple social reform components?	No
(12)	If (11) yes, how many distinct social reform components did it contain?	Not Applicable

Law 2: Component 1		
(13)	Policy Area	Social assistance
(14)	Brief description of reform component (max. 300 words)	Law provides temporary social assistance during the pandemic by prohibiting suspension of basic public services and temporarily reducing the cost of public services
(15)	Change in coverage of existing benefits?	Expansion
(16)	Duration of coverage change?	Yes
(17)	If fix-term, duration in months	3
(18)	Note on (15)-(17) (max. 200 words)	Basic services (electricity, water and gas) cannot be shut off during the emergency. For three months, those services will be subsidized.
(19)	Change in generosity of existing benefits?	Expansion
(20)	Duration of generosity change?	Fix-term
(21)	If fix-term, duration in months	3
(22)	Note on (19)-(21) (max. 200 words)	50% reduction in electricity, water and gas tariffs.
(23)	Introduction of new benefits?	No
(24)	Duration of new benefits?	Not Applicable
(25)	If fix-term, duration in months	Not Applicable
(26)	Note on (23)-(25) (max. 200 words)	Click to enter your text.
(27)	Cuts of existing benefits?	No
(28)	Note on (27) (max. 200 words)	Click to enter your text.

Law 2: Component 1		
(29)	Estimated cost of reform in 2020 (national currency)	BOB 409,000,000
(30)	Estimated cost of reform in 2021 (national currency)	Not Applicable
(31)	National Currency Code (ISO 4217)	BOB 068
(32)	Source of cost estimation	News report
(33)	Note (29)-(31) (max. 200 words)	Click to enter your text.
(34)	If the implementation of the reform should already have started, has the reform been implemented?	completely

Law 3		
(1)	Number of law	LEY N° 1309
(2)	Name of law (original language)	LEY QUE COADYUVA A REGULAR LA EMERGENCIA POR EL COVID-19
(3)	Name of law (English)	Law that Assists in Regulating the Covid-19 Emergency
(4)	Date of first parliamentary motion	22 May 2020
(5)	Date of law's enactment	30 June 2020
(6)	Date of law's publication	06 July 2020
(7)	Is the Covid-19 pandemic explicitly mentioned as a motivation in the law or any accompanying text?	Yes
(8)	Was the Covid-19 pandemic a motivation for the initial parliamentary motion for this law?	Yes
(9)	Was the Covid-19 pandemic a motivation for a significant revision of the legislative project after the initial parliamentary motion?	No
(10)	Note on (7)-(9) (max. 300 words)	Law prohibits the firing, removal, transfer or worsening of employment status for workers in the public, private, community or cooperative sectors for two months.
(11)	Was this law a legislative package that contained multiple social reform components?	No
(12)	If (11) yes, how many distinct social reform components did it contain?	Not Applicable.

Law 3: Component 1		
(13)	Policy Area	Labor market
(14)	Brief description of reform component (max. 300 words)	Law prohibits the firing, removal, transfer or worsening of employment status for workers in the public, private, community or cooperative sectors for two months.
(15)	Change in coverage of existing benefits?	Maintenance
(16)	Duration of coverage change?	Yes
(17)	If fix-term, duration in months	2
(18)	Note on (15)-(17) (max. 200 words)	Law prohibits the firing, removal, transfer or worsening of employment status for workers in the public, private, community or cooperative sectors for two months.
(19)	Change in generosity of existing benefits?	Maintenance
(20)	Duration of generosity change?	Fix-term
(21)	If fix-term, duration in months	2
(22)	Note on (19)-(21) (max. 200 words)	Law prohibits the firing, removal, transfer or worsening of employment status for workers in the public, private, community or cooperative sectors for two months.
(23)	Introduction of new benefits?	No
(24)	Duration of new benefits?	Not Applicable
(25)	If fix-term, duration in months	Not Applicable
(26)	Note on (23)-(25) (max. 200 words)	Does not add new benefits.
(27)	Cuts of existing benefits?	No

Law 3: Component 1		
(28)	Note on (27) (max. 200 words)	Click to enter your text.
(29)	Estimated cost of reform in 2020 (national currency)	Not available.
(30)	Estimated cost of reform in 2021 (national currency)	Not applicable.
(31)	National Currency Code (ISO 4217)	BOB 068
(32)	Source of cost estimation	Other
(33)	Note (29)-(31) (max. 200 words)	Click to enter your text.
(34)	If the implementation of the reform should already have started, has the reform been implemented?	Don't know

Law 4		
(1)	Number of law	LEY N° 1330
(2)	Name of law (original language)	BONO CONTRA EL HAMBRE
(3)	Name of law (English)	Bonus Against Hunger
(4)	Date of first parliamentary motion	12 August 2020
(5)	Date of law's enactment	16 September 2020
(6)	Date of law's publication	18 September 2020
(7)	Is the Covid-19 pandemic explicitly mentioned as a motivation in the law or any accompanying text?	Yes
(8)	Was the Covid-19 pandemic a motivation for the initial parliamentary motion for this law?	Yes
(9)	Was the Covid-19 pandemic a motivation for a significant revision of the legislative project after the initial parliamentary motion?	No
(10)	Note on (7)-(9) (max. 300 words)	Law creates an additional one-time cash transfer program for beneficiaries of <i>Bono Universal</i> (adults between 18 and 60 without a steady paycheck), <i>Bono Juana Azurduy</i> (pregnant women and mothers with children under the age of two) and disabled people.
(11)	Was this law a legislative package that contained multiple social reform components?	No
(12)	If (11) yes, how many distinct social reform components did it contain?	Not Applicable

Law 4: Component 1		
(13)	Policy Area	Social assistance
(14)	Brief description of reform component (max. 300 words)	Law creates an additional one-time cash transfer program for beneficiaries of <i>Bono Universal</i> (adults between 18 and 60 without a steady paycheck), <i>Bono Juana Azurduy</i> (pregnant women and mothers with children under the age of two) and disabled people.
(15)	Change in coverage of existing benefits?	Expansion
(16)	Duration of coverage change?	Not Applicable
(17)	If fix-term, duration in months	One Time
(18)	Note on (15)-(17) (max. 200 words)	The payment will only be made once.
(19)	Change in generosity of existing benefits?	Not Applicable
(20)	Duration of generosity change?	Not Applicable
(21)	If fix-term, duration in months	Not Applicable
(22)	Note on (19)-(21) (max. 200 words)	Not Applicable
(23)	Introduction of new benefits?	Yes
(24)	Duration of new benefits?	Fix-term

Law 4: Component 1		
(25)	If fix-term, duration in months	One Time
(26)	Note on (23)-(25) (max. 200 words)	The payment will be made once.
(27)	Cuts of existing benefits?	No
(28)	Note on (27) (max. 200 words)	Does not affect existing social policy.
(29)	Estimated cost of reform in 2020 (national currency)	BOB 780,000,000
(30)	Estimated cost of reform in 2021 (national currency)	Not Applicable
(31)	National Currency Code (ISO 4217)	BOB 068
(32)	Source of cost estimation	Other
(33)	Note (29)-(31) (max. 200 words)	Estimated cost was calculated based on estimates of the cost of <i>Bono Universal</i> and the number of beneficiaries of <i>Bono Juana Azurduy</i> .
(34)	If the implementation of the reform should already have started, has the reform been implemented?	not at all