Bolivia: Rights, Guaranteed Allocations and Social Policy[1]

1. The matrix below captures key elements of existing social guarantees and pre-guarantees in Bolivia, concerning health and education. Utilizing the sub-dimensions of social guarantees discussed above, the subsequent analysis explores how rights based norms and procedures have, or have not, been integrated into the delivery of social services in each of these areas in order to understand and respond to how the country is and is not effectively meeting its population's social needs.

Sub-Guarantees	**Health** **Universal Maternal and Child Insurance (UMCI) Program**	**Education**
	Access	
Are the beneficiaries and services clearly defined?	Yes, by law: UMCI is an insurance of universal, integral and free-of-charge character that grants benefits to pregnant women from the beginning of the gestation period until 6 months after childbirth and to children from their birth to 5 years of age. All approved benefits add to a number of 585 and are granted free of charge.	Yes, the Educational Reform Law specifies that access to education is universal, free of charge, and mandatory at the primary level.
Are there institutional procedures for monitoring access?	Not Specified	Not Specified
Are there legal or institutional mechanisms that ensure nondiscrimination in the access to services?	Yes, for indigenous peoples. The Law establishes that the benefits of UMCI would be adapted and executed by means of traditional medicine when needed, according to the uses, customs, and languages of the indigenous peoples, respecting their identity and culture, and without gender discrimination.	Yes, for indigenous peoples. Special programs have been developed to attend the needs of indigenous population, most significantly the Intercultural Bilingual Educational Program
Are services guaranteed for the amount of time needed?	Yes. The Law establishes continuous provision for pregnant women from the beginning of the gestation period until 6 months	Yes, for 8 years of primary education; each academic year comprises 10 months.

[1] Adapted by Lisandro Martín from original report: Barja, Gover y Jorge Leiton. 2007. *Derechos, asignaciones garantizadas y política social. Caso de estudio: Bolivia* (unpublished). The original report was commissioned by the World Bank's Social Development Department as part of a wider research project on Rights, Guarantees and Social Policy. Summaries of all case studies and related documents from this project are available at http://go.worldbank.org/P2LXPQU1Z0.

	after childbirth and to children from their birth to the 5 years of age.	
Is there a maximum waiting period for receiving the service?	No	No
If service is unavailable within this waiting period, what is a guaranteed alternative (in the same time period)?	Although there is no waiting period, traditional medicine and Basic Insurance are alternative possibilities.	Although there is no waiting period, "Alternative Education" is one possibility.
	Financial Protection	
Do beneficiaries need to contribute to the cost of service?	No, UMCI is free of charge.	No, primary education is free of charge.
Are services accessible to those who cannot contribute to the cost?	Yes, UMCI is universal and free of charge.	Yes, notwithstanding that education is free-of -charge, the Educational Reform Law commits the State to provide financial assistance to poor students who wish to pursue higher levels of education.
Is this information effectively communicated to the public?	No, communication is an important deficiency of the program.	Not Specified
	Quality	
Are there clear quality standards?	No, the UMCI Law describes incentives to stimulate quality and cultural sensitivity in service delivery, but its recommendations have not been completely implemented.	No, the Educational Quality Measurement System (ECMS) was created in 1995 to continuously assess and evaluate the quality of primary education, but abolished in 2004.
Are programs being evaluated on a regular basis?	Not Specified	No, with the abolishment of ECMS, only an ad-hoc National Educational Conference can be called every five years with the goal of providing "orientation" to education policies.
Are standards and evaluation results clearly communicated to the public?	Not Specified	No. However, information is available at the Documentation Center of the Ministry of Education which compiles and centralizes all information concerning education in Bolivia.

Redress and Enforcement		
Are there mechanisms allowing citizens to claim adequate provision of the services guaranteed?	Yes, at the local level, but have not been widely used. Ombudsman outside the health system.	Yes, but only for problems of equality. Decentralization has added confusion and discouraged citizens to make claims.
Participation and Continuous Revision		
Do civil, parent or community organizations have a concrete role in the design, implementation and monitoring of the program?	This Law has enabled sizable community participation in the design and implementation of the program. *(Diálogo 2000)* UMCI is implemented through four management levels that contribute to deepen decentralization and promote participation.	Civil society participation is considered one of the primary principles of Bolivia's educational system. A network of local, departmental and national councils composed by civic and public representatives that constitute the spine of the educational system, from the community to the national level.
Which law or institution guarantees citizens' involvement?	Several, of which the Popular Participation Law is the most prominent.	DS 25273
Are there mechanisms that allow for the continuous revision of service standards?	Yes, but not working. Although Social Networks have a mandate to monitor quality, they have not implemented it.	No, only the Principals have a suggested role of reviewing standards at the school level and recommend improvements and innovations.

Health Policy in Bolivia

2. The Bolivian Constitution recognizes that every person has a fundamental right to life, health and security. Nevertheless, a series of chronic barriers has prevented universal access to health services. This main barriers are: i) *Economic barriers*: the most important barrier of access to health services has been the inability of the poor to afford market prices, even in spite of the existence of free-of-charge services for specific segments of that population. According to the 2003-2004 Household Survey *(Encuesta Permanente de Hogares 2003-2004)*, 40.9 percent of the sick population of that period did not look for medical attention due to lack of money and 45. 7 percent of those who did look for attention did so outside the formal system; ii) *Geographic barriers:* distance to health establishments is a problem in the rural areas of Bolivia, characterized by high population dispersion. According to the same Survey, 5.4 percent of the population does not use the health services because health establishments are far from their homes. In the rural area, 10.7 percent of the people have this problem, whereas in the urban area, these difficulties affect 0.7 percent of the population (UDAPE, 2006). Moreover, some diseases cannot be treated in the local health establishments due to insufficient capacity; iii) *Quality barriers*: a number of health centers, both in urban and rural areas, are not properly equipped, lack some basic supplies and medicines and do not have trained personnel available at all times; iv) *Cultural barriers*: cultural barriers are expressed in language differences and dissimilarity in customs concerning health practices that result from the ethnic and regional diversity, combined with gender and age

disparities; and v) *Barriers of information*: the lack of adequate information campaigns to reach the target population has prevented a wider access to health services. This situation has been reinforced by a widespread lack of knowledge, information and communication regarding the rights and entitlements of the population.

3. Current state involvement in the provision of health services in Bolivia is highly shaped by strategic decisions made by the Government during the 1990s. In a context where the State-Market relations were being redefined and expanded, the government decided to focus on delivering social policies, advancing decentralization, and promoting local participation through municipal governments, and to let the private sector lead the process of economic development. As a corollary of this strategy, public spending increased and the structure of public investment changed in favor of social investment, including health. Behind these decisions was the hope that the Government would collect increasingly higher revenues from the private sector to sustain the enlarged social spending. In practice, a series of external shocks hampered the country's economic growth, leading the public sector into substantial fiscal deficit. However, social spending could not easily be lowered given the widespread extreme poverty in the country.

4. Within this context, the state focused its attention on a set of priority health benefits in maternal and child health care. The reforms in maternal and health insurance comprised three different moments: i) the creation of the National Maternal and Child Insurance (NMCI) *(Seguro Nacional de Maternidad y Niñez) in* 1996; ii) the implementation of the Basic Health Insurance *(Seguro Básico de Salud)* between 1997-2002; and iii) the creation of the current Universal Maternal and Child Insurance (UMCI) *(Seguro Universal Materno Infantil)* in 2002 to replaced the NMCI. Unlike its predecessors, the UMCI was designed as a national policy, included as an integral component in Bolivia's Poverty Reduction Strategy (PRS), and conceived by the Government as a tool to achieve the Millennium Development Goals (MDGs). In fact, it is expected that UMCI contributes to reduce infant mortality from 54/1000 to less than 30/1000 by 2015, and to diminish maternal mortality from 229/1000 to less than 104/1000 by the same year.

5. The UMCI law and its regulations provide a detailed decentralized structure for the provision of the health services it grants. Additionally, it provides a clear and **detailed definition of eligible beneficiaries and of the services** to be provided, all of which are free of charge. Specifically, UMCI is an insurance of universal, integral and free-of-charge character that grants benefits to pregnant women from the beginning of the gestation period until 6 months after childbirth and to children from their birth until 5 years of age. These benefits are obligatory and granted in all health establishments at the three levels of provision of the Short-Term Public and Social Insurance System *(Sistema Público y Seguro Social de Corto Plazo)*, and in the private organizations that join the system under agreement. Recently, the central government has submitted to Congress a proposal for a new substitute law, denominated Basic Health Insurance Law that suggests extensions in the benefits and target population of this program.

6. The way in which the fundamental rights, principles, and the Millennium Development Goals were translated into specific minimum guaranteed allocations was by identifying exact benefits that the national health system should provide in a mandatory fashion. All approved benefits add to a number of 585 and are granted free of charge to eligible beneficiaries (mothers and children as defined above) through a decentralized system.

7. The National Health System consists of four management levels: i) National, corresponding to the Ministry of Health; ii) Departmental, corresponding to the Departmental Health Services (DHS); iii) Municipal, corresponding to the Local Health Directorates (LHD); and iv) Local, corresponding to the health establishments themselves. They operate according to the following

division of work: the Ministry of Health transfers technical, administrative and operative functions to the DHS. The DHS, in turn, disperse the programming and management to the LHD, which are the basic health management units, organized according to population criteria, accessibility and network of services. As an implementation mechanism, UMCI has created the Network of Health Services, conformed by health establishments of first, second and third level of complexity, being also possible to conforming health partnerships among groups of municipalities. At the municipality level, the LHD is the highest management authority, and is composed of representatives of the Mayor, of the Committee of Municipal Oversight *(Comité de Vigilancia Municipal)* and of the Departmental Health Service of the Department's Prefecture *(Servicio Departamental de Salud de la Prefectura del Departamento).* These levels are instrumental in pursuing UMCI's secondary goal of creating a health model that contributes to deepening the decentralization process and promoting popular participation.

8. UMCI represents the first national-level policy in maternal and child health care because it has been enacted as a law and therefore is only susceptible to change by another law. As such, it contains a legal **mechanism that ensures non-discrimination** in the access to health services. In addition, specific mention to non-discrimination with regard to indigenous populations has been included in the law. The UMCI Law establishes that services of the program would be adapted and executed by means of traditional medicine when needed, according to the uses, customs, and languages of the indigenous peoples, respecting their identity, cultural bases and in a gender-sensitive manner. However, it is not until 2006 that the Government begins to take concrete actions to strengthen these commitments, such as enacting the 12/2006 Administrative Resolution of the Departmental Health Service of Potosi *(Dirección del Servicio Departamental de Salud Potosí)* that mandates the application of culturally adequate maternal and neonatal protocols, and the 2006 Executive Power's Organization Law that creates the Viceministry of Traditional Medicine and Interculturality *(Viceministerio de Medicina Tradicional e Interculturalidad)* with a specific mandate to develop actions to improve the health of the indigenous peoples of Bolivia. All these measures must be understood as complementing and expanding the non-discriminatory provisions of UMCI, and not as substituting them.

9. UMCI is guaranteed by means of a set of binding norms, among which the most significant is the Popular Participation Law. This Law has enabled sizable **community participation** in the design and implementation of the program. As a matter of fact, conducting a participatory Poverty Reduction Strategy process was also a condition for Bolivia's access to HIPC debt reduction initiatives. Hence, the government executed the *Dialogo Nacional 2000* (National Dialogue 2000), a participatory process that gathered civil society organizations to discuss three agendas: Social, Economic and Political. The specific subject of health was addressed inside the social agenda, with one of its main recommendations being the expansion of health insurance. The National Dialogue contributed to the elaboration of Bolivia's Poverty Reduction Strategy Paper (PRSP) and to the promulgation of the 2000 National Dialogue Law *(Ley del Dialogo Nacional 2000*). As a consequence of this process, UMCI Law specifies that this insurance is a top priority of the Bolivian PRSP. Although the latter has been discontinued by the current government and replaced by the National Development Plan *(Plan Nacional de Desarrollo)*, the uninterrupted implementation of UMCI has always been granted.

10. With the aim of monitoring the implementation of UMCI, and as a means for greater accountability, Social Networks comprised by grassrot organizations and a group of persons from civil society have been created. These networks have the responsibility: i) to exert social control so that the beneficiaries of UMCI receive human quality, denouncing all cases of mistreat and discrimination before the LHD; ii) to identify the barriers that hamper the access of the population to UMCI services and to contribute to overcome them; iii) to participate in all

negotiations within the LHD and in their planning process; and iv) to promote social mobilization in support of the health sector. Furthermore, the social networks have the responsibility to develop continuous and well-articulated social management within the health system, in order to guarantee the exercise of the right to health. Although these networks have the potential to become, if effectively used, the basis for working **mechanisms of revision** of service standards, in practice no statistical registries or information about claims made by them is available.

11. The existing **mechanisms for redress** have been developed in accordance to the decentralized and participatory nature of UMCI, and with the goal of ensuring appropriate quality and cultural adequacy in the delivery of services. At the local level, any citizen is entitled to bring claims and allegations before their Local Health Directorate. The latter registers the claim or allegation and sends it to the Network Manager who counts with a maximum of 10 days to initiate due investigations and deliver a report with corrective recommendations. The LHD is responsible for acting upon these recommendations and communicating its actions to the claimant. For this same purpose, a Fraud and Control System has been created under the Ministry of Health, with the Departmental Health Service authority in charge of its implementation. In practice, actual statistics and data with respect to the number of registered claims and allegations by type and corrective recommendations are also unavailable.

12. As a way to encourage upgrading the **quality** of health services, and ensure cultural adequacy of service provision, the Ministry of Health has planned to grant "incentives to quality". In addition, other mechanisms outside the realm of UMCI and the health sector have sporadically contributed to upgrade quality, while serving also as mechanisms of redress. Among these mechanisms, the Ombudsman *(Defensoria del Pueblo)* is the most prominent one. In his 2005 Report, the Ombudsman emphasizes the "usual problems", talking about health workers' recurrent complains about their inappropriate working conditions and lack of basic supplies. One example of this Ombudsman's contribution to UMCI's quality upgrade and effective redress is his legal monitoring of the actions that the Ministry of Health carries out within the framework of UMCI. Illustratively, the Ombudsman acknowledged that women's demand of maternal health services is much wider than the services supplied by UMCI. In fact, many conceiving-age women are in high risk due to the lack of preventive measures in controlling uterine neck cancer. Thus, the Ombudsman tracked-down an old regulation that extended MHIP's coverage to some additional services, among others, to the early detection of cancer in women, and exercised its power to mobilize congressional support to enact this regulation. As a result, Congress approved a law establishing an obligation to annually practice pap smear examinations to all women covered by MPHIP, thus extending the services covered by this program.

13. The **financial protection** of the right to access maternal and child health services through UMCI does not seem at first glance to be among the primary difficulties of the program. UMCI is well financed by the National Treasury and by 10 percent transfers of Municipal Tributary Co-participation (*Coparticipación Tributaria Municipal*). In the case that these funds do not suffice, the municipalities can request additional funding from the 2000 Dialogue's Special Account. *Encuestas y Estudios* (2005) informs that of the 314 municipalities existing in the country in 2004, only 47 of them, comprising all Departments, requested additional financing. This implies that most of the municipalities enjoyed positive balances. Although exact official figures for the year 2006 are still unknown, it is already acknowledged that the public sector experienced an overall fiscal surplus of 4.6 percent during that year. As a result, the fiscal comfort enjoyed by some departmental governments has motivated them to propose still more ambitious health insurances than the one provided by the National Government.

14. A closer look at these numbers shows a contradiction between the existence of positive financial balances in all the departments and most of the municipalities, and the fact that 28.7 percent of mothers and 42.6 percent of children did not have access to UMCI during that period. This contradiction is not necessarily due to insufficient financial protection and could also be explained by geographic barriers to access or by specific deficiencies of UMCI's management, such as: i) inadequate information and communication to beneficiaries; ii) poor human resources management; iii) deficient internal monitoring, supervision and evaluation mechanisms; and iv) poorly functioning redress mechanisms, that all together fall short of ensuring universal coverage. Moreover, although social spending in health has remained proportionally constant over the last decade, with an average of approximately 9.8 percent of GDP, a robust health system would have required a substantial increase over this period, especially considering that spending in health does not cover all of the country's basic health necessities but prioritizes certain problems such as maternal and child care.

Education Policy in Bolivia

15. In Bolivia, several legal instruments guarantee the right of citizens to a universal, free-of-charge basic education. All these instruments are derived from the National Constitution which establishes that education is the highest duty of the State. In addition, the Bolivian Educational Reform Law indicates that education is a citizens' right that the State has the obligation to sustain, manage and control through a vast educational system. Moreover, this Law specifies that access to education is universal, free-of-charge and mandatory at the primary level. From a legal standpoint, these educational laws constitute in themselves a guarantee for all people irrespective of their ethnic origin, age or other differences. But although they establish a commitment to fulfilling access, continuous provision, and financial protection for basic education for all citizens, in practice, not all of these sub-guarantees are being effectively realized.

16. Over the last decades, Bolivia has gone through various attempts to reform its educational system with the goal of encouraging greater participation of the most vulnerable sectors of the population, as well as helping them to realize their constitutional right to access free-of-charge and quality education. Between the 1980s and early 1990s, several political sectors promoted a deep change of the educational system, in tandem with the structural transformations initiated in the country during the same period. The main ideas behind these proposals were those of greater decentralization, development of new curricula, modernization of the administrative system, greater social participation, and promotion of multiculturalism and bilingualism. With a new impetus impelled by the engagement of a diverse group of civic organizations and the Catholic Church, these ideas were materialized in the Educational Reform Law approved by Congress in 1994. In sum, all the different attempts to educational reform in Bolivia have been subject to political discretion and to the presence of active civic groups that served as quality control agents.

17. The Educational Reform has been built upon three fundamental pillars: institutional strengthening, qualitative improvement of education, and curricular adjustment to serve the needs of the country's economy. In order to reach these objectives, greater **participation of civil society** in the decision-making process has proved indispensable. In fact, civil society participation is considered one of the primary principles of Bolivia's educational system, guaranteed and made operational by a series of specific norms and regulations. These regulations have instituted the creation of a network of local, departmental and national councils composed by civic and public representatives that constitute the spine of the educational system, from the community to the national level. In tandem with this structure aligned with the geopolitical configuration of the country, a set of non-territorial councils have been created with the goal of serving the Bolivian multiethnic character. Finally, although the Catholic Church is not formally

part of the educational system of the country, it has historically been closely linked to the provision of services related to education. In fact, during the dubitative years preceding the Educational Reform, several NGOs closely associated to, and coordinated by the Catholic Church filled a much needed gap between the Government and the population concerning access to basic educational services.

18. With all its avatars, progress has been made in Bolivia to guarantee **access** to education to an increasingly wider group of beneficiaries, and to ensure the continuous provision of universal, free-of-charge primary education. One of the most prominent achievements in this regard has been the expansion of the years of mandatory schooling from five to a total of eight academic years. This has not been achieved without challenges. Since the National Constitution stipulates that only primary education, which comprised five academic years, is mandatory, an extension of the years of mandatory schooling would have been unconstitutional. Modifying the constitution would have been a very costly and difficult process that would have required complex alliances and political bargaining. Therefore, the conceivers of the Educational Reform chose to extend primary education for an additional three years, covering now a total of 8 academic years. As a result, the Government continues to guarantee the provision of mandatory primary education, in observance of the Constitution, with the difference that the duration of primary education has been extended. Although tinted with local particularities, political discretion, and unsolved difficulties, this initiative illuminates a good example of genuine efforts to improve coverage of social services.

19. The national government has been active in upholding the conditions to stimulate school enrollment, and reduce absenteeism and drop-out rates. A recently approved cash-transfer benefit, the *Bono Juancito Pinto*, has been installed as an incentive to enrollment, retention and completion of the academic year for children attending the first five grades of primary education. This cash transfer is to be disbursed in two trenches, one at the beginning and one at the end of the academic year. Another good effort in this regard has been the introduction of the In-School Breakfast Program (*Desayuno Escolar*). This program offers nutritional incentives that are believed to be effectively contributing to higher enrollment and attendance rates. Even so, several challenges concerning lack of homogenous implementation across municipalities and schools still need to be overcome.

20. With the same goal of creating enabling conditions to guarantee the effective and **non-discriminatory** access to educational services, special programs have been developed to attend the needs of the vast indigenous population of the country (70 percent of all citizens). Among these programs, the Intercultural Bilingual Educational Program has successfully reached out to an unprecedented number of students, teaching them to read and write first in their original languages, used as the primary communication and instruction languages, while at the same time teaching them Spanish as a second language. Most significantly, by being an integral part of the regulations of the Educational Reform, these targeted programs have introduced a set of guarantees that can be subject to redress by indigenous peoples if their right to access educational services in accordance to their languages and cultural characteristics is not granted by the State.

21. Yet while Bolivia's Educational Reform has advanced the recognition of the fundamental right to education, and made efforts to facilitate non-discriminatory access to primary education, the actual rate of **access and retention** is alarmingly low. According to UDAPE (2006), primary school enrollment continued decreasing during 2005 due to several factors such as a steady fall in public investment in education, and weak management of the sector. Of those who do access primary education, only 77.8 percent complete the eight mandatory years of primary schooling. By all means, numerous exogenous factors related to the economic conditions of the country and

of households also affect the performance of these indicators. But the fact that Bolivia has an illiteracy rate of 13 percent for people aged 15 or older confirms that the difficulties experienced by its educational system are among the most severe in Latin America.

22. In 1995, the Ministry of Education created the Educational Quality Measurement System (EQMS) as a **mechanism of continuous revision** to assess and evaluate on a regular basis the quality of primary education. Shortly after its creation, ECMS succeeded in establishing itself as a semi-independent institution, making significant progress towards the fulfillment of the sub-guarantee of continuous revision of service standards. ECMS was designed to provide periodic information about students' performance concerning essential competencies, and provide inputs to inform the design and management of more effective educational policies. Over the years, ECMS suffered from progressive assault to its independence and mandate, being finally abolished in 2004. The regression of this significant progress made by Bolivia in its search for better educational outcomes has left the country in a disadvantaged position regarding the realization of the sub-guarantees of quality and revision since it now counts with no institutional mechanisms to monitor service standards.

23. The Educational Reform Law stipulates that the Bolivian State has the duty to offer free-of-charge education to all citizens, which is equivalent to a sub-guarantee of **financial protection** of the preprimary, primary and secondary education. As a matter of fact, however, educational spending focuses on primary education due to the national priority of guarantying access to this level. Illustratively, while national spending on primary education totaled US$ 263.6 million in 2004 -increasing from US$ 201.4 million in 2000- the overall spending in secondary education is US$ 74.5 million for the same year. These funds are primarily drawn from the National Treasury, with additional contributions from the municipalities. Yet, even with such relatively fair proportion of financial resources allocated to education, severe problems in infrastructure, financial management and human resources have often hampered the ability of the State to transform those resources into tangible outcomes.

24. As has been shown above, the development of legal instruments such as constitutional entitlements, laws, decrees, regulations and judicial norms has contributed to advancing citizens' rights of access to education in Bolivia. However, these instruments only have the potential to be translated into better educational outcomes if they are accompanied by a set of sub-guarantees that can make those rights effective, particularly by providing working **mechanisms of redress**. Recent decentralization efforts within public education have the potential to offer new opportunities for participation and local power-sharing in monitoring and addressing quality issues. Yet, these efforts have also created significant tensions because the established channels for complaints and allegation have been reassigned to other agencies, and procedures and competencies have changed, often interrupting the provision of regular services. As a result, ordinary citizens face negative incentives to redress their rights, lack information on the most current procedures, and often simply receive services of inappropriate quality with resignation. This feeling of disempowerment deeply damages the impetus of the Educational Reform, and hampers the ability of citizens to realize their right to free-of-charge and quality education.

Overview and lessons

25. The UMCI contains several elements that are consistent with a **rights-based approach** to social policy, such as: a) it provides services to two clearly identified vulnerable groups with regards to health; b) it provides a set of minimum and predefined medical benefits required by those groups, as opposed to an undefined set of possible medical services; c) it is entrenched in specific laws and regulations that guarantee an equitable and universal provision of services by

means of a decentralized organizational model and guaranteed financing; and d) its legal framework establishes mechanisms of continuous revision and redress. In practical terms, however, it would not be completely accurate to say that UMCI fully meets the conditions of a rights-based approach to social policy. Above all, this is due to the fact that its mechanisms of revision and redress fall far short from guaranteeing a universal and equitable access to services. In other words, there is an important misconnection between the further advanced normative guarantees and their actual practice.

26. The Education Reform in Bolivia has made considerable efforts to reaffirm the commitment of the State to guarantee universal, free-of-charge, and good-quality education for all citizens, with a multicultural and multiethnic approach. Although reforms in the educational system to make this right effective have been ongoing for decades, alarming malfunctions still affect the educational system of the country, damaging the ability of the state to realize this legally-protected guarantee for all. On the positive side, an active civil society and a network of public and private actor have uninterruptedly contributed to consolidating the sub-guarantees of access, quality and redress, even though their activity has not yet had a truly transformative impact.