

CURRICULUM VITAE OF DR. OSCAR UGARTE UBILLUZ¹

SECTION I. General information

- 1) Full name: OSCAR RAUL UGARTE UBILLUZ
- 2) Place and Date of Birth: 30 October 1944, Pucallpa–Peru
- 3) Nationality: Peruvian
- 4) Current Place of Residence: Lima, Peru
- 5) Mailing Address: [DELETED]
- 6) Phone Numbers: [DELETED]
- 7) E-mail Address: [DELETED]
- 8) Educational Degrees:
 - Bachelor of Sciences: National University of San Marcos
 - Doctor of Medicine and Surgery: San Fernando School of Medicine, National University of San Marcos
 - Master in Public Policy Management: University of Barcelona, Spain

SECTION II. Professional background

- 9) **Current positions:**
 - Individual consultant of the United Nations Population Fund
 - Professor of Public Health in the Master's Program in Government and Public Management of the University of San Martín de Porres, Lima, Peru

¹ NOTE FROM THE PAN AMERICAN SANITARY BUREAU: *This curriculum vitae, was translated by PASB from the original Spanish version received from the candidate. For the purpose of its inclusion on the Web page on the election process, personal contact information has been deleted.*

10) Previous positions:

a) Minister of Health of Peru (October 2008 - July 2011):

- Adoption of the Universal Health Insurance Law, drafting of the complementary regulations, and oversight of implementation of the policy.
- Oversight of the ongoing health sector decentralization process begun in 2003.
- Promotion and continuation of maternal and child health policies that have led to reductions in child chronic malnutrition, infant mortality, and maternal mortality in Peru.
- Promotion of sexual and reproductive health policy, including emergency oral contraception, and development of the protocol on therapeutic abortion, which is legal in Peru.
- Updating of the human resources for health development policy, which helped to augment personnel levels and formalize working conditions.
- Adoption and supervision of the policy to strengthen primary health care services.
- Adoption of the law, regulations, and policy on access and quality of medicines. Promotion of corporate purchases by the State, which has generated over US\$ 100 million in savings in recent years.
- Adoption and implementation of the policy on investments in infrastructure and equipment in an effort to close the investment gap that has developed over the past 25 years.
- Adoption of the law and accompanying regulations that incorporate the Framework Convention on Tobacco Control adopted by WHO: prohibition on smoking in public places and on sales to children, restrictions on advertising, increases in tobacco taxes, etc.
- Oversight of 35,000 health workers directly attached to the Ministry of Health, and 120,000 including regional government employees.
- Increase in the public health budget from 5% of the General Budget of the Republic in 2002 to 9% in 2012. Management of an annual budget of approximately US\$ 1.6 billion.
- Chairman of the Intergovernmental Health Committee, comprised of representatives of the country's Ministry of Health, 26 regional governments, and 1,800 municipalities.

- Chairman of the National Health Council and the Technical Committee for Implementation of Universal Health Insurance comprised of the Ministry of Health, the Social Security Institute (EsSalud), the Armed Forces and National Police health services, private health services, the College of Physicians, universities, and health sector employees.
- President pro tempore of the Meeting of Ministers of Health of the Andean Area in 2008-2009.
- Member of the Council of Health of the Union of South American Nations (UNASUR Health) from 2009 to 2011.
- Representative of Peru to the World Health Assembly in 2009-2011.
- Representative of Peru to the Directing Council and the Executive Committee of the Pan American Health Organization in 2009-2011.

b) Technical Adviser on Health Sector Decentralization for USAID's "Promoting Alliances and Strategies in Health" (PRAES) Project, (October 2005 - October 2008):

- Technical advisory services for the health sector decentralization process, in coordination with the Ministry of Health and the regional governments of Lambayeque, La Libertad, San Martín, and Ucayali.
- Regional health planning and capacity-building.
- Advisory services to the Forum of Political Parties on Health from 2005-2008.
- Advisory services to the National Assembly of Regional Governments (ANGR for its Spanish acronym) in 2007-2008.

c) Technical Adviser on Health Sector Decentralization for USAID's Partners for Health Reform Project (PHR) (January 2003 - September 2005):

- Advisory services in the design of the health sector decentralization process, in coordination with the Ministry of Health and the regional governments.
- Regional health planning and capacity-building in regional health departments.
- Creation of Regional Health Councils made up of regional authorities and institutions working in health.

d) Vice Minister of Health (January 2002 - December 2002):

- Delegate of the Minister in different tasks related to health sector planning and management.
 - Responsible for supervision and management of the employment situation of physicians, nurses, midwives, and other health professionals and technical personnel.
 - Management of the first merits-based competition for directors of public hospitals under the jurisdiction of the Ministry of Health.
- e) General Coordinator of the Health Reform Support Program—PARSALUD (September 2001 - January 2002):
- Renegotiation, in late 2001, of the World Bank and IDB loan, which had been paralyzed the two preceding years by the crisis in the previous administration.
 - Organization of PARSALUD's institutional structure to enable it to carry out its functions.
 - Supervision and initial management of PARSALUD for the improvement of public health insurance, with financing from the World Bank, the Inter-American Development Bank, and the Public Treasury in the amount of US\$ 125 million over four years, focused mainly on reducing child chronic malnutrition, infant mortality, and maternal mortality.
- f) Supervisor, monitor, and evaluator of community health and development projects for DESCO (July 1997 - August 2001):
- Responsible for the supervision, monitoring, and evaluation of health and community development projects financed by international cooperation agencies of Canada, Sweden, the Netherlands, Spain and other European countries.
 - Advisory services for community health and development projects in disadvantaged rural and urban areas of Piura, Lambayeque, La Libertad, San Martín, Lima, Junín, Huancavelica, Cusco, and Puno departments, in the coastal, mountain, and jungle regions of Peru, focused mainly on reducing child chronic malnutrition, communicable diseases, and infant and maternal mortality.
 - Promoted networking among the health institutions of the government, civil society and local governments.
- g) Chief of the Santa Rosa Health Center, Callao Health Department, Ministry of Health (June 1996 - July 1997):

- Responsible for the planning and management of services and community work in one of the poorest and most disadvantaged urban areas of the Constitutional Province of Callao, with a high prevalence of TB and HIV/AIDS.
 - Practicing medical-surgeon.
 - Promoted networking among the public facilities in the area and community-based social organizations.
- h) Director of the Hugo Pesce Health Institute, a nongovernmental health institution (January 1990 - June 1996):
- Responsible for planning and management of the institution's work in local health and community development programs in the densely populated districts of San Juan of Lurigancho, Villa El Salvador, and San Martín de Porres, in the city of Lima.
 - Practicing medical-surgeon on a multidisciplinary team.
 - Promoted district-level health networks including Ministry of Health facilities, the Ministry of Education, the district municipality, community social organizations and health programs, to strengthen public health actions such as water supply, sewage systems, public sanitation, and health services delivery.
 - Active participation in leading community health networks during the cholera epidemic in 1991 and 1992, in coordination with the Ministry of Health.
- i) Council member of the Metropolitan Municipality of Lima, elected office (January 1984 - December 1989):
- Municipal Secretary of Social Services from 1984 to 1986, in charge of social welfare, health and nutrition programs based on the Primary Health Care approach adopted at the International Conference of Alma-Ata in 1978.
 - Based in Lima municipality, promoted the Peruvian National Vaccination Campaign (VAN) to surmount the low coverage levels of those years, in coordination with the Ministry of Health and the organized community.
 - Promoted childhood diarrhea and dehydration prevention and treatment campaigns, helping to disseminate information about oral rehydration therapy, in coordination with the Ministry of Health.

- Promoted the TB prevention and treatment campaigns based on community participation in prevention, detection of patients with respiratory symptoms, and treatment supervision, in coordination with the Ministry of Health.
- Promoted the Glass of Milk Program aimed at preventing chronic malnutrition in children under 5, leading to the adoption by the National Congress of the Glass of Milk Law which, to this day, guarantees government financing of this nutritional supplement.
- Member of the Board of Directors of the Municipal Sanitation Company of Lima (Empresa Municipal de Limpieza de Lima –ESMLL), which is responsible for planning and managing solid waste collection and final disposal for Metropolitan Lima through intersectoral action, the installation of sanitary landfills, and other forms of participatory action.

j) Private medical practice in various institutions (January 1970 to December 1983):

- Practitioner on inter-disciplinary teams in various health institutions and nongovernmental organizations in Chiclayo, Piura, and Lima.
- Public health advisory services for community-based social organizations and grassroots trade associations.

11) **Relevant publications:**

- “Protección Social y Gasto Público en Salud en Perú,” PAHO. Lima, Peru, December 2011.
- “Tendencias del Financiamiento Público en Salud en Perú,” PAHO. Lima, Peru, November 2011.
- “El Aseguramiento Universal en Salud en Perú: Balance y Perspectivas,” from the book *Contribuyendo al Financiamiento Sostenible de Sistemas de Salud de Cobertura Universal*. PAHO, Lima, Peru, November 2010, <http://www.bvsde.paho.org/texcom/cd045364/sistemasfinanciamiento.pdf>
- “Aseguramiento Universal en Salud en Perú,” Editorial from the Revista Peruana de Medicina Experimental y Salud Pública. INS, Vol. 26, N° 2, 2009. <http://www.ins.gob.pe/insvirtual/images/artrevista/pdf/rpmesp2009.v26.n2.a1.pdf>
- “Diseño de Experiencias Piloto de Descentralización en Salud a Gobiernos Locales,” Technical Report. PRAES, March 2008.

- “Fortalecimiento de la Rectoría en el contexto de la descentralización en Perú,” in the Regional Forum of PAHO, 19-21 September 2007. *Revista PRAES*, December 2007.
- “Avances en el proceso de Transferencia de Funciones en Salud.” *Revista PRAES*, July 2007.
- “Partidos y Movimientos Regionales dialogan sobre Salud.” *Revista PRAES*, July 2006.
- “Descentralización en Salud,” in *Políticas de Salud 2001-2006*, pp. 133-164. Consorcio de Investigación Económica y Social – CIES, www.consortio.org
- “Equidad y Reforma en el Sector Salud,” in *Políticas Sociales en el Perú: Nuevos Aportes*. Red para el Desarrollo de las Ciencias Sociales en el Perú, October 2000, www.up.edu.pe/ciup/pub/Paginas

12) Main contributions in public management and administration, public health, international health, and public health leadership:

- Advisory services and technical assistance in 2005-2006 to the process leading to the Political Parties’ Agreement on Health in Peru: child health, maternal health, universal health insurance, financing, decentralization, citizen participation, and medicines.
- Promotion and continuation of child and maternal health policies that have made it possible for Peru to reduce child chronic malnutrition to under half of 1990 levels, thereby achieving the MDG target for 2015, five years in advance. This is also the case of the target of reducing the infant mortality rate to one-third of 1990 levels, which was achieved in 2008, seven years ahead of schedule. Similarly, the goal of reducing the maternal mortality rate to one-quarter of 1990 levels should be achieved before 2015. Promotion of implementation of the Sexual and Reproductive Health policy, including oral emergency contraception, and development of the protocol on therapeutic abortion, which is legal in Peru.
- Adoption of Law 29344 on Universal Health Insurance, which guarantees access to health services, especially for low-income populations. Drafting of the complementary regulations, and supervision of health insurance implementation process, through which the insured population in Peru rose from 36% in 2006 to 70% in 2012.
- Coordinated, multisectoral management, spearheaded by Peru, of the Influenza A H1N1 pandemic, which helped to reduce its impact on overall morbidity and mortality.

- Promotion of health sector decentralization in the first stage of transferring functions and assets to regional governments and in the second stage of capacity-building. And currently, through the work of the Intergovernmental Health Commission, led by the Ministry of Health, which serves as the liaison between the Ministry and regional and municipal governments.
- Approval of the Law on Medicines and its regulations, and direction of the policy of expanded access, quality assurance, rational use, and medications research and development. Promotion of corporate public purchases, generating over \$100 million in savings and leading the public sector to account for 60% of medicines purchases in the national market, measured in units of sale.
- Expanded public financing for health, which rose from 5% of the General Budget of the Republic in 2002 to 9% in 2012. Approval and implementation of the Policy on Investments in Infrastructure and Equipment, leading to an investment of 4.8 billion *soles* over the past 10 years, 4.0 billion *soles* of which was spent in the last five years, closing the existing gap in investment in health infrastructure and equipment by over 50%.
- Approval of law 29517 and its regulation incorporating the recommendations of the WHO Framework Agreement for Tobacco Control. In particular, the implementation of: 100% smoke-free areas, health warnings covering 50% of the front of the pack, and a ban on sales of packs containing less than 10 units. In addition, an increase in the tax specifically for tobacco, and other supervision and control measures.
- Participation in the development and adoption of the Five-Year Strategic Plan of UNASUR-Health, and promotion of implementation of the plan's five main areas, in conjunction with other UNASUR countries: health determinants, epidemiological shield, health systems, medicines, and human resources.
- Participation in the Meeting of Ministers of Health of the Andean Area (REMSAA), particularly the adoption of the subregional policy on medicines that includes joint purchases, the Andean medicines observatory, and quality assurance for medicines. Also promotion of binational health policies with bordering countries: Ecuador, Colombia, Brazil, Bolivia, and Chile.