



Peru



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As of the year 2010, Peru had a population of 29 million 958 thousand inhabitants. Since 2001, it has recorded sustained growth of the GDP at a higher than average rate for Latin America, reaching 9.1% in 2008. Given the country's territorial challenges and vast areas where access to any service is difficult, this growth has not entailed significant improvement in socioeconomic conditions, as significant gaps still exist, mainly in rural and marginal urban areas.

HEALTH & DEVELOPMENT

The good economic performance achieved in recent years, together with targeted social spending and social programs has made significant progress possible in the fulfillment of the Millennium Development Goals, such as: (1) reduction in extreme poverty from 23% to 12.6% (1991-2008); (2) reduction of infant mortality from 53 per 100 live births to 17 per 100 live births (1993-2010); and (3) reduction in chronic malnutrition from 26.5% to 17.9% NCHS (1999 – 2010).

Efforts made by the country to implement health insurance made it possible to extend coverage to a total of 54.1% of the population in 2008, with 30.3% corresponding to Comprehensive Health Insurance (Spanish acronym: SIS) and 18.9% to Social Security (EsSalud), thereby increasing health service coverage and the application of the comprehensive model within the framework of renewed primary healthcare.

Despite these achievements, the sector faces the following challenges: (1) the increased public financing continues to be among the lowest in the region; (2) the persistence and increased risk of communicable diseases (leading cause of mortality); (3) non-communicable chronic diseases and external causes, particularly road crashes; (4) adolescent pregnancy (12%); (5) and high prevalence of MDR tuberculosis and extremely resistant TB, whose concentration in Lima and Callao is also one of the highest in the region.

Total population (2010)	29 132 013
% of population under 15 (2010)	29.9
% of rural population (2010)	26
Life expectancy at birth (2010)	74
Mortality rate among children under 5 years of age per 1000 (2010)	17
Ration of maternal mortality per 100 000 live births (2010)	93
Total health spending as a % of Gross Domestic Product (2005)	4.5
Public health spending as a % of the government's public spending (2010)**	7.83
Position of the Human Development Index in relation with 177 countries (2010)	63
GDP (PPP) per capita US\$ (2009)	8647
% of population under the national poverty threshold (2010)	31.3
Literacy rate among adults (15+) (2009)	91.1
% of population with sustainable access to a source of treated water (2009)	74.1
% population with sustainable access to improved sewerage service (2009)	61.7

Source:
National Institute of Statistics and Informatics (INEI)
World Bank
MINSa: Health spending data** does not consider other institutions in the healthcare system (Armed Forces, Police, Local Governments, etc.) or the sanitation sector.

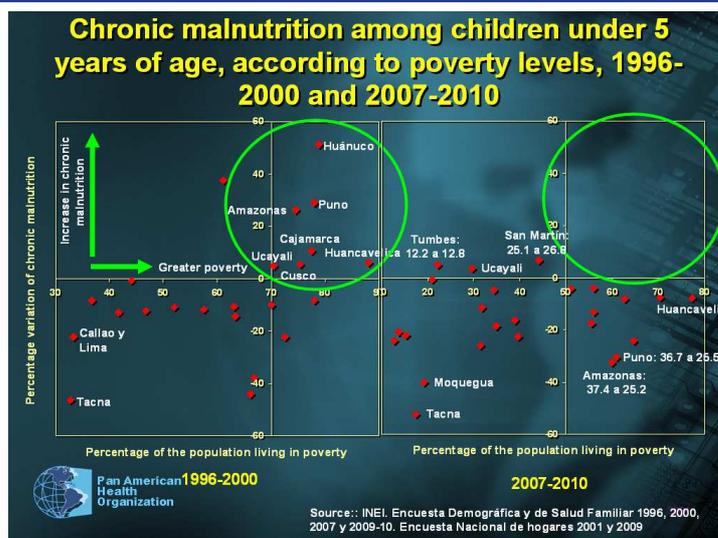
OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> ▪ Framework Law on Universal Insurance / Essential Health Insurance Plan issued in April 2009 ▪ Development and decentralization of the healthcare system and creation and strengthening of the Intergovernmental Commission on Health and regional health systems ▪ Creation of the National Health Superintendence ▪ Process of developing human resources for PHC, allocation of new human and financial resources to strengthen primary healthcare and foster greater participation of civil society ▪ Development of sectorial proposals in the National Health Council aimed at reducing segmentation and fragmentation of the system ▪ Determinants approach and beginnings of multisectorial, national, regional and local plans and actions for human development ▪ Comprehensive Healthcare Model based on Family and Community Health with a renewed PHC approach ▪ Roundtables, workshops and shared decisions on financing healthcare and determination of per capita amounts for healthcare 	<p>Immediate challenges</p> <ul style="list-style-type: none"> ▪ Reduction of social and health inequalities ▪ Reduction of maternal and infant mortality, tackling the gaps at the regional and provincial level ▪ Comprehensive, collective effort to control prevalent infections: TB, malaria, dengue, HIV/AIDS, bubonic plague, and rabies, among others ▪ Promotion of healthy lifestyles ▪ Guarantee universal access to services as a citizen's right to healthcare, through subsidized and contributive insurance ▪ Emergency and disaster preparedness networks at the regional and local level. <p>Protect achievements</p> <ul style="list-style-type: none"> ▪ Child malnutrition reduced 9% in 2011 as a public policy goal ▪ National "Crece" Strategy, Juntos Program and Ministry of Health incorporated the social determinants approach and multisectoriality at the regional, local and community level, with sustainable, monitored interventions ▪ Harmonized, articulated, integrated international cooperation, and providing technical support for internal restructuring of the MINSa ▪ Capacity building in the governing body, management and operation, in a decentralized context ▪ United Nations system coordinated for human development through innovative, effective social policies. <p>New challenges</p> <ul style="list-style-type: none"> ▪ Financial sustainability by means of an increase in national healthcare spending to 7 % of GDP ▪ Strengthening of regional and local governments for local management of healthcare with a social determinants approach
<ul style="list-style-type: none"> • Agreement among political parties on healthcare. 	<ul style="list-style-type: none"> • Social and domestic violence prevention and mental health policies and programs • Promotion of road safety.

Successful case: Nutrition and its determinants

The country has established a successful initiative to combat malnutrition, the National "Crecer" Strategy, which has become an important example of public policy, incorporating the social determinants approach and multisectoriality at the regional, local and community level, with sustainable, monitored interventions. As of 2008, the global malnutrition goal registered 81% fulfillment of the millennium development goals.

Within this framework of policies and commitments, the government issued Executive Order 009-2004-PCM, in order to coordinate the State's social development programs under the guidance of the Inter-ministerial Council on Social Issues (Spanish acronym: CIAS) and to make them more efficient and effective. This order reintroduces the fundamentals of Executive Order 002-2003-PCM, issued in January of 2003 and titled "Basis for overcoming poverty and for the creation of economic opportunities for the poor", and the link with the Food Security and Rural Development Strategies culminated in December 2003.

The document establishes the priorities of the national plan for overcoming poverty: firstly, capacity building, which includes health, nutrition, education and basic sanitation programs, in order to ensure progressive access to these services for the population at large, particularly pregnant women and children from 0 to three years of age. Taking care of people also entails citizen security and basic justice to defend human rights and resolve conflicts.



Priority is also given to the promotion of employment and the creation of economic opportunities for the poor through productive social investment that contributes to improvement in their income and the development of family and community ventures, providing market access and the benefits of economic growth. Lastly, the establishment of a Social Protection Network for the protection of individuals and families with the greatest vulnerability during generalized crises and natural disasters.

EXTERNAL COOPERATION

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> Strength of inter-agency coordination mechanisms, under the leadership of the Ministry of Health New CCA/UNDAF (Framework of Joint Cooperation of the United Nation Systems). 	<ul style="list-style-type: none"> Middle-income country whose growth is not seen as making it eligible for technical and financial cooperation Incomplete decentralization process and sub-national capacity building for management of social production of healthcare

PAHO/WHO STRATEGIC AGENDA (2010-2014)

The strategic agenda for PAHO/WHO cooperation in the country is intended to contribute to addressing these challenges, articulating with the strategies defined by the MINSAs, among which the following stand out: Universal Insurance and definition of the Essential Health Insurance Plan, the decentralization process, strengthening of the Comprehensive Healthcare Model based on Family and Community Health with a renewed PHC approach and a determinants approach.

This agenda is stated in the following strategic lines of PAHO/WHO technical cooperation defined for the 2010 – 2014 period:

1. Technical and managerial strengthening of the national, regional and local health authority
2. Increase in the quality and coverage of comprehensive healthcare services
3. Strengthening of public healthcare oversight and its determinants
4. Promotion and implementation of public policies and strengthening of family and community healthcare
5. Improvement in environmental health and disaster mitigation and prevention capacities
6. Promotion and implementation of a national research policy, knowledge management and communication in public healthcare.

ADDITIONAL INFORMATION

WHO country page <http://www.who.int/countries/>

Website of PAHO/WHO country office <http://www.paho.org/per/>