

Peru

Country Director: Patricia Mostajo

Period Covered: November 1, 2005–September 30, 2006

Program Overview: Task Order 1 of the Health Policy Initiative in Peru began during an election year, with transition of power to a new government, which took place at the end of July. The project contributed to this transition and the entry of a new government by consolidating MOH norms that support its regulatory role; supporting the organization and regulation of regional health systems associated with the decentralization process and the production of data for policy analysis at the subnational level; and strengthening and consolidating regional civil society coalitions that will support and oversee the implementation of policy changes at the decentralized level. The project also provides TA to the MOH in implementing GBV norms and protocols at the regional level; monitoring adherence to FP norms at health facilities; and monitoring the reduction of stigma and discrimination related to HIV/AIDS in health establishments providing ARV treatment. Additionally, HPI supports the implementation of the national drugs policy and the formulation of a multisectoral strategy to address the HIV epidemic.

Summary of Major Activities:

FP/RH/Health

Establishment of regional systems for protecting users of health services. HPI provided support to the MOH in implementing a national system for consumer protection rights by designing and implementing regional systems in Junín, Ayacucho, San Martín, and Ucayali. In these regions, HPI helped form intersectoral groups (which included Regional Health Directorates and civil society organizations (CSOs)) that were charged with establishing the regional systems. With HPI assistance, these groups conducted diagnoses of local resources and capacities available for implementing the systems. Based on the results, HPI staff drafted policy guidelines for implementing the systems, which were discussed and approved by the intersectoral groups. Within this context, local authorities in Junin created a technical office for the protection of user rights. HPI also conducted an analysis and drafted a proposal for including a user rights approach in the MOH quality assurance system.

Support for implementing GBV norms and protocols. HPI staff provided TA to the MOH intrasectoral committee on GBV to implement norms and protocols addressing needs of affected women and children at health facilities. Following a training workshop conducted in Lima by the Inter-Agency Gender Working Group (IAGWG) in February, HPI staff prepared a TA plan with the MOH committee and provided TA and financial support for part of its implementation. Within this context, HPI staff prepared Technical Guidelines for the Attention of GBV, revised the protocols for addressing GBV that health providers must follow, and published the protocols for GBV attention. After several months of an ongoing approval process, the MOH has still not issued the guidelines; they have now been presented to new MOH authorities and will be revised again before approval.

HPI also provided TA to the MOH Directorate on Health Promotion in designing advocacy tools and awareness-raising workshops on GBV for regional health authorities. HPI staff conducted these workshops in three regions (Lima, Junin, and Ucayali), while MOH staff conducted them in seven additional regions. HPI conducted additional awareness-raising activities around GBV in three health networks in Junin (Chanchamayo, Tarma, and Huancayo) for mid-level officials working in mental health. These awareness-raising activities were designed to prepare health providers for upcoming training in the use of technical guidelines for GBV attention.

As part of the National Strategy of Reproductive Health, the MOH will conduct the health provider training on GBV guidelines with funding from the United Nations Population Fund. HPI is preparing a training manual and will provide TA to the MOH to monitor implementation of the training and its effects on health service provision.

HPI also collaborated with the Japan International Cooperation Agency (JICA) in implementing the first national course on GBV and reproductive health at the Maternal Health Institute for 25 trainees from six regions, including Junín, Ayacucho, and Ucayali.

Support for implementation of the National Health Law. HPI provided TA to the MOH to strengthen its regulatory functions within the context of government transition and decentralization by strengthening the MOH's regulatory function and finalizing various norms for implementing the National Health Law. An HPI consultant drafted four proposals and facilitated discussions with different MOH departments and other ministries, organizations, and members of the National Health Council to validate the proposals. Given the limited understanding of and interest in the legal and regulatory issues among MOH officials, the validation process was long and arduous. Eventually, in July, only the norms for health service provision were approved and issued before the inauguration of the new government. HPI will follow up on the approval of other norms related to the law and strengthening the regulatory function of the MOH.

Other support for health policy implementation. For the regional government of Junín, HPI designed a training module on health policy formulation and implementation and helped the government to implement it. Based on this experience, the project is preparing a module on Guidelines for the Formulation of Public Policies, which includes gender, user rights, and intercultural themes.

Strengthening of civil society organizations to monitor RH policy implementation. HPI supported CSOs in monitoring the implementation of RH policies, specifically by providing TA to two NGOs in monitoring adherence to the Tiaht amendment and FP norms in a sample of hospitals and health centers. Findings showed no violation of the Tiaht amendment.

HPI undertook various activities directed at strengthening and supporting the expansion of regional and local civil society networks to participate in the implementation and oversight of regional health plans. Local staff conducted training workshops and policy dialogue activities in five regions to strengthen civil society capacity in policy formulation; prepared policy proposals on regional health priorities, including crosscutting issues such as gender and culture; and conducted a participatory diagnosis of citizen surveillance mechanisms and experiences in three regions.

With project support, CSOs in three regions (Junín, Ayacucho, and Ucayali) formed surveillance committees to oversee the implementation of regional health plans. HPI provided training and TA to these committees, which have all prepared their surveillance plans. One committee has already completed and presented its first surveillance report to the Regional Health Council.

HPI also provided TA to regional health directorates to promote civil society involvement and include mechanisms for accountability in the implementation of regional health plans. HPI staff diagnosed the main constraints in current accountability mechanisms in three regions. To prepare for the drafting of regional plans to promote participation, HPI completed an inventory of local organizations and wrote a draft plan in one region. The regional governments of Ayacucho and Ucayali conducted provincial-level workshops to update their plans with HPI technical assistance.

Year 1 activities also consisted of awareness-raising efforts among political candidates at the central and regional levels. As a result of a 10-month awareness-raising campaign conducted by a group of CAs and organizations—CARE, NDI, and PRAES (USAID project), and HPI—in March 2006, 16 political parties

signed a political commitment to health, which included a focus on maternal health priorities, HIV/AIDS, malaria and TB, citizen participation, decentralization, financing, and targeting. On July 28, one of the 16 parties that signed this commitment assumed leadership of the national government for the next five years. On September 29, the new President and the MOH announced a five-year national health plan, which would adhere to the political commitments signed in March.

The elections of regional- and municipal-level authorities in Peru will occur in November. To gain regional candidates' commitment to health issues, HPI staff participated in awareness-raising and policy dialogue activities around health that were organized by USAID partners and regional universities in Junin and Ayacucho.

Facilitation of the transfer in health functions from the central to regional level. Within the context of decentralization, HPI helped strengthen the capacity of regional MOH directorates in Junin and Ayacucho to fulfill health functions being transferred from the central to regional levels. These activities had two purposes: (1) to contribute to organizational changes in the regional governments that would support the implementation of newly transferred functions from the MOH, and (2) to ensure the incorporation of systems for assuring the quality of health services, human resources development, and protection of health user rights in regional health structures.

HPI completed participatory assessments of current versus new functions under the decentralized system in two regions and, following discussions and workshops with regional health authorities and providers in each region, prepared proposals for the new structure and organization of Regional Health Directorates that would be responsible for implementing the new functions. In Junin, the proposal was sent for approval to the regional government on September 29. In Ayacucho, the process is ongoing, and the Regional Health Director is reviewing the proposal. Many health authorities and mid-level managers who were trained under the POLICY Project's PROGRESA course participated actively in the development of these proposals.

Promotion of multisectoral participation in policy implementation. HPI created a framework for understanding the multisectoral implementation of policies; conducted a national assessment of multisectoral approaches used by six coordination entities (including the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Country Coordinating Mechanism, the Intersectoral Committee Against Violence, and the Multisectoral Committee on Poverty); and provided TA to the Multisectoral Group Against Family Violence in Junin to apply the framework and understand the benefits and characteristics of taking a multisectoral approach to policy implementation.

Strengthening the capacity of stakeholders to analyze and use data effectively. HPI strengthened the capacity of regional stakeholders to conduct research and data analysis that is relevant to regional health policies and developed skills to articulate this information to decisionmakers in three regions, including Lambayeque, Junin, and Ayacucho. In these efforts, HPI worked with three main regional actors: the regional government, health directorates, and universities.

HPI also conducted a baseline diagnosis on information needs for policy formulation and training gaps. Results show that although research is being conducted at the regional level, it is neither related nor relevant to policy processes; results are rarely used; and most of the research focuses on identifying regional problems. The capacity for research, even at the university level, is limited. Based on these findings, HPI subcontracted the Universidad Peruana Cayetano Heredia (UPCH) to design and implement a six-month course at regional universities to be offered to strengthen the research capacity of selected participants from regional governments. At the end of this course, in November, participants will prepare projects in policy research, training, and monitoring.

The course will be followed by monthly meetings for discussing public health issues and by the organization of public health policy units at the universities that will be charged with designing information systems to support policy formulation, implementation, and monitoring. HPI will provide TA to these units.

Finally, HPI assisted the MOH/International Cooperation Office (OGCI) in designing and pilot testing a monitoring system of external cooperation projects in seven regions. The system includes online software designed to collect data on project implementation from regions and to systematically organize and collate the information at the central level. Based on the pilot test, the OGCI will expand the monitoring system to 18 projects in 25 regions.

HIV/AIDS

Strategic Information

Monitoring reduction of stigma and discrimination. HPI provided TA to the MOH in monitoring the reduction of HIV/AIDS-related stigma and discrimination at health facilities that provide ARVs. HPI provided TA to the MOH HIV/AIDS National Strategy to conduct 26 training workshops on reducing stigma and discrimination for 526 health providers and 13 health directors in 24 regions. The MOH then conducted, on its own, 24 training workshops in 8 regions for 409 health providers. Following the training, held between February and September, HPI provided TA to the MOH in designing monitoring and evaluation tools for implementation at the health services level to track changes in HIV-related stigma and discrimination. This effort included the identification of indicators and design of a survey of health providers and HIV-positive people. HPI trained the MOH trainers in implementing these tools. Pre-workshop baseline surveys were applied to 445 health providers from 136 health facilities and 135 HIV-positive people from 26 health services. The baseline report was presented and discussed with the MOH National Strategy on HIV/AIDS.⁴

The monitoring system will be formally transferred to the MOH in November, along with detailed documentation that is being prepared by HPI. HPI will continue assisting the MOH in implementing the system, under which a second round of surveys (post-training) will be conducted with funding from the Pan-American Health Organization.

Finally, HPI provided TA to the National Health Committee in elaborating a national plan for policy implementation focused on the availability of and accessibility to essential drugs, including ARVs, particularly for poor populations. The plan also emphasizes the reduction of drug prices in both public and private sector services. HPI is designing a mechanism for monitoring drug prices for use in implementing different strategies to improve accessibility to essential drugs. This mechanism will be validated and transferred either to the MOH or a civil society organization.

Study of women and HIV. HPI conducted a study of women and HIV based on personal testimonies to raise awareness among policy decisionmakers, including health officials, about the spread of HIV among women; as well as an assessment of the main RH interventions among indigenous populations in the Jungle region to design a counseling strategy for the prevention of HIV and other STIs among youth.

⁴ Although National Strategy officials are fully committed to the reduction of stigma and discrimination, they have not been successful in obtaining from the MOH a national norm to make these training workshops mandatory in facilities providing ARVs.

Other/Policy analysis and systems strengthening

The two regions HPI is focusing on have weak groups of people living with HIV (PLHIV). To strengthen these groups and contribute to the preparation of their strategic plans, HPI hired a consultant who worked in both regions. In conjunction with the Global Fund project, HPI contributed to training peer counselors in Ucayali. These counselors will support the Regional Health Directorate in implementing its counseling strategy. In Junin, the PLHA group has expressed interest in getting involved in the Regional Health Directorate's activities to reduce stigma and discrimination.

Malaria and Tuberculosis

HPI provided TA in Junin to prepare a regional plan for malaria control and conducted a qualitative study on the characteristics and effects of stigma and discrimination related to TB.