



**USAID**  
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**PERU**

# HEALTH

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*The Healthy Communities and Municipalities activity: Pictured above, children in the district of Saposoa learning the benefits of safe drinking water.*

Peru's health indicators have improved steadily over the past several decades due to increasing incomes and successful health development programs, including those of USAID. Nonetheless, the status of health today in Peru does not reach levels of other lower middle-income countries, and Peru is characterized by poor quality of health care and a highly inequitable health system that does not reach the marginalized poor. Government investment in public health is only 1.9% of GDP and 4.9% by all sources, compared to Latin America's average of 7%. Households bear 34% of total health costs, placing a disproportionate burden on families and exposing them to financial ruin in the case of major illness. Previous progress in the key areas of childhood vaccinations, tuberculosis and HIV/AIDS reversed at the mid-point of this decade, and are only now recovering with Global Fund, USAID and MCC support. Wide gaps in health status and access to health services persist and poor quality of health care contribute to dissatisfaction with Peru's institutions. At the national level, the USAID/Peru health program focuses on strengthening the institutional capacity of the Ministry of Health (MOH) and professional organizations for doctors, nurses, and midwives. There is an increased demand for technical assistance from USAID at the local and regional levels as the Peruvian public health sector decentralizes and transfers the planning, budgeting, management, and provision of health services to regional and local authorities. At the community level, particularly in the priority coca-growing regions, the program contributes to the Mission-wide goal of strengthening state presence by extending basic social services and improving the health of families in these regions.

The current program supports Peru's efforts in the following areas: structural and functional decentralization of the MOH to improve its responsiveness and efficiency; expanding insurance and financing mechanisms; improving the quality of clinical services by setting and enforcing rigorous standards for training and licensure of health professionals; establishing a national accreditation system for health facilities; increasing the capacity of the MOH to collect and analyze health-related data; strengthening the MOH's regulatory and oversight role; strengthening regional capacity in essential health functions; providing extensive direct training to health sector workers; and strengthening public sector capacity for surveillance and response to infectious diseases, such as tuberculosis, malaria, dengue, hospital infections and HIV/AIDS. Support for malaria and antimicrobial resistance control also continues through two South American Regional initiatives managed by USAID/Peru.

Recent reproductive health efforts illustrate a typical approach to institution-strengthening, as well as how the USAID program has evolved to meet Peru's changing needs. In 2004, Peru graduated from receiving USAID-donated contraceptives, and in 2008 the budget for contraceptive commodities was estimated using guidelines for forecasting needs developed with USAID support. USAID also helped improve warehousing practices, distribution and rational use of medicines and access to essential medicines through

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**Partners:** *Ministry of Health, MIMDES, World Bank, Inter-American Development Bank, UNICEF, UNFPA, PAHO, JICA, European Union, and Peace Corps.*

national procurement systems. USAID continues to work with the MOH on upgrading its logistics and quality control systems for essential drugs and contraceptives and instituted an online course for logistics management; as well as improving the functioning and quality of human resource management, health financing, and information systems at national and regional levels. Community-level assistance works with poor and indigenous people to improve their health status through simple practices for little or no-cost. In FY 2008, the Healthy Communities and Municipalities activity in focus regions improved basic health behaviors and nutrition for over 60,000 families; and 70% of pregnant women have institutional birth attendance compared to an average 49% of rural women nationally. USAID partners with other donors and the MOH in the Hand Washing Initiative, a campaign designed to decrease incidents of diarrheal illness by increasing the basic practice of hand-washing with soap. This wide-ranging Health program is achieving significant success:

- **The Health sector is a leader in the decentralization process:** With USAID-provided methodologies, the health sector took the lead in the concrete planning needed for the transfer of organizational functions from the central to the regional level. USAID also helped complete regional health and development plans, as well as anti-corruption plans to promote transparency in health planning and budgeting.
- **The fight against chronic malnutrition has become a top Government of Peru priority.** Peru's CRECER strategy to fight malnutrition is based on USAID program experiences. USAID helped define the package of services to impact chronic malnutrition and outlined how citizens (demand) are linked to social services (supply). In the regions, USAID helps with multi-sector coordination and implementation of social programs under CRECER and, using the budgeting for results decentralization strategy, leveraged an additional US \$17 million for health programs.
- **Rural birth attendance in facilities more than doubled from 24% in 2004 to 49% in 2008.** USAID support for culturally appropriate services for rural women, including waiting homes for pregnant women, vertical position birth attendance and culturally sensitive counseling in Family Planning, has improved access to and quality of institutional birth attendance. Several complementary USAID interventions have helped to improve this indicator and reduce maternal and newborn mortality, including establishing Centers for Development of Competencies and partnerships with universities and professional associations to train health workers in best practices in maternal and newborn care.
- **The Ministry of Health plans a pilot roll-out of universal health insurance in FY2009.** USAID assisted with the definition of the Essential Health Benefit Package, specifying treatable conditions and costs that led to a draft General Health Insurance Law which will increase access, provide financial protection, improve the timeliness and quality of health services, and emphasize maternal and child health promotion.



*SAIDI (South American Infectious Diseases Initiative): Parade to create awareness against the inappropriate use of antibiotics.*



*Amazon Malaria Initiative (AMI): Patient with malaria being diagnosed at the Moronacocho-Iquitos health center.*