



PERÚ

Ministerio  
de Salud

Universidad Nacional Mayor de San Marcos

Universidad del Perú, Decana de América



## HEALTH SYSTEM AND PUBLIC POLICIES IN PERU

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## BACKGROUND INFORMATION



Population, total (millions) <sup>(1)</sup>	31.826
Surface area (sq. km) (thousands)	1,285.22
Life expectancy at birth, total (years) <sup>(1)</sup>	75.0
Mortality rate, infant (per 1,000 live births) <sup>(2)</sup>	15.0
GNI per capita, Atlas method (current US\$) <sup>(3)</sup>	6,130.0
Unemployment, total (% of total labor force) <sup>(4)</sup>	3.7
Underemployment, total (% of total labor force) <sup>(4)</sup>	46.3
Literacy rate, adult female (% of females ages 15 and above) <sup>(5)</sup>	90.7
Literacy rate, adult male (% of males ages 15 and above) <sup>(5)</sup>	96.9

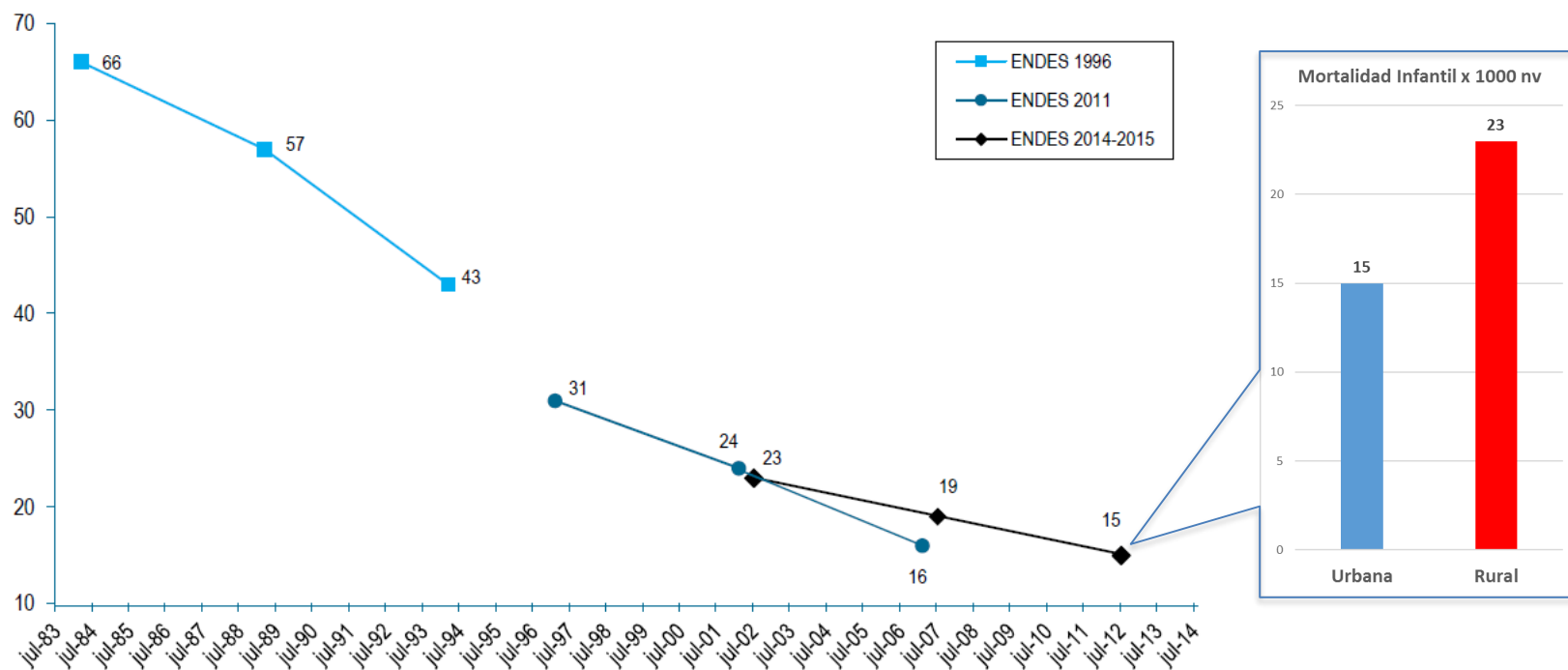
**Fuente:** INEI Perú. <sup>(1)</sup>Proyección 2017, <sup>(2)</sup>ENDES 2015, <sup>(3)</sup>Banco Mundial 2015, <sup>(4)</sup>ENAH0 2004-2014, <sup>(5)</sup>ENDES 2015.

# HEALTH SITUATION

## ■ SIGNIFICANT STRIDES

## ■ BUT, THE CHALLENGE OF THE INWARD GAPS REMAINS

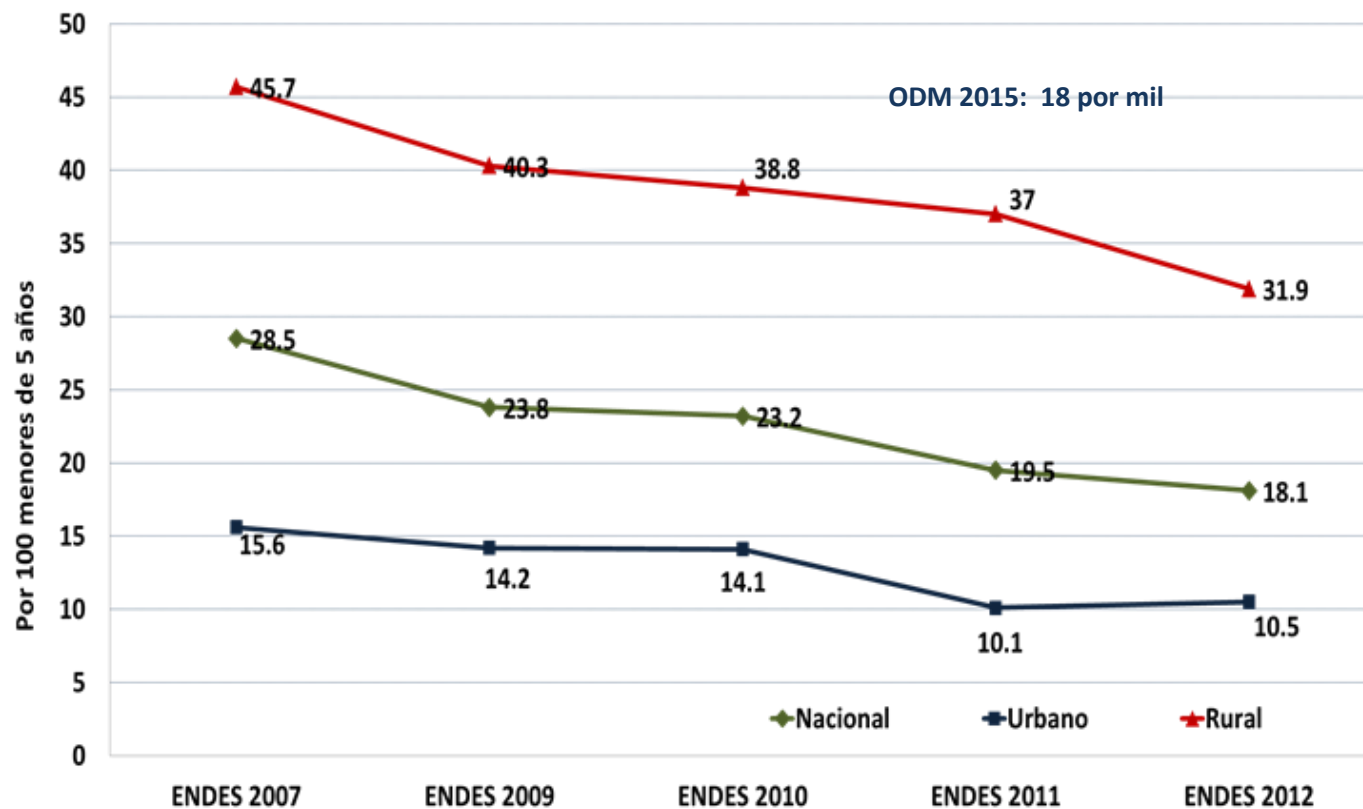
### Infant mortality in Peru 1983 - 2014



Fuente: ENDES 1996, 2011 y 2014. INEI.

# HEALTH SITUATION

## Chronic malnutrition in children under 5 years old in Peru



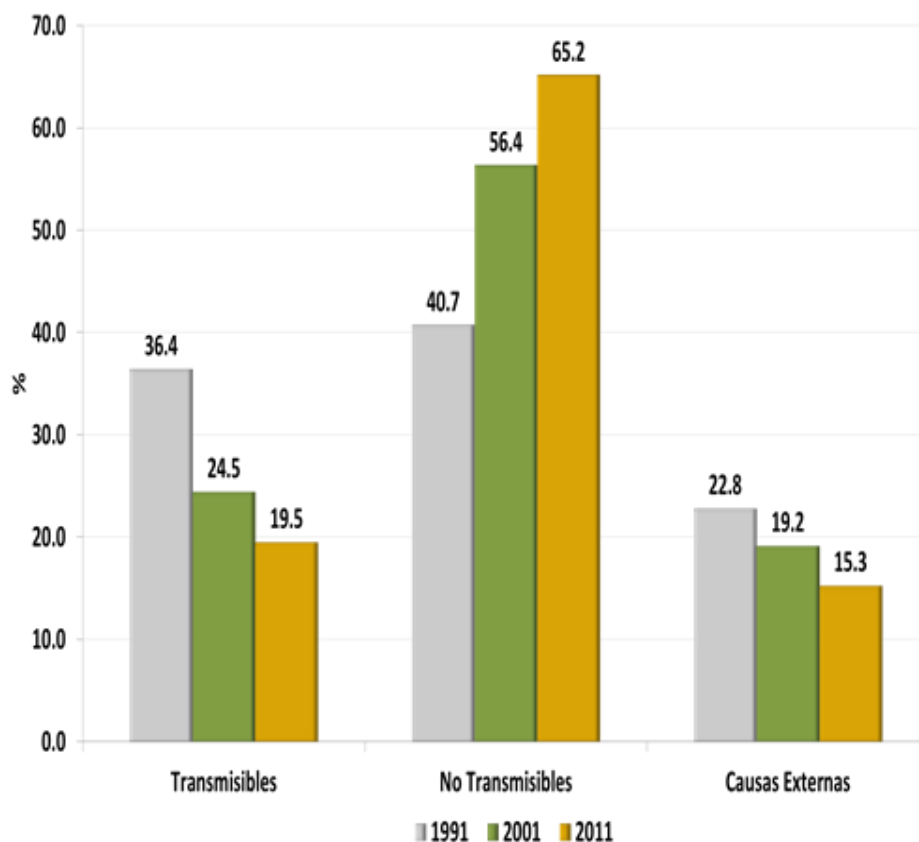
Fuente: ENDES 2007 - 2012. INEI.  
Estimaciones para 5 años anteriores a la encuesta  
Patrón OMS

ENDES 2015: **Nacional: 14.4**  
**Rural 27.7**  
**Urbano 9.2**

# HEALTH SITUATION

## ■ NEW CHALLENGES

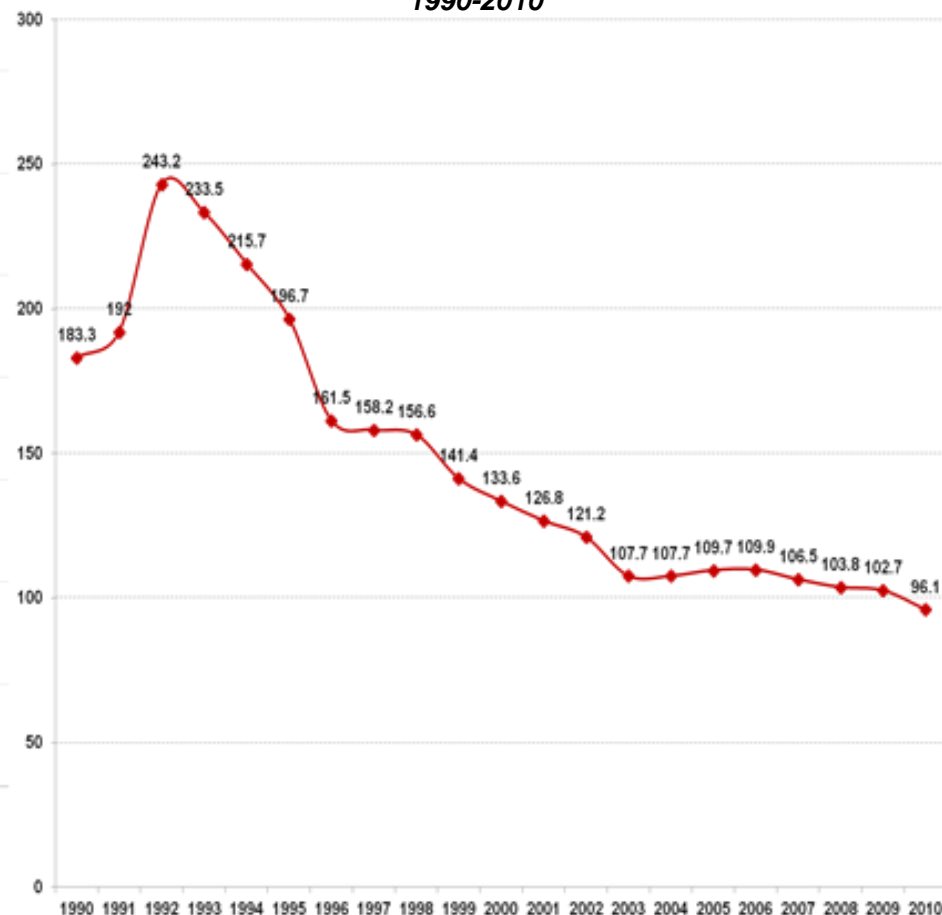
**Proportional mortality according group of causes**  
*Peru 1991, 2001 y 2011*



Fuente: Sistema de Hechos Vitales. Certificado de defunción años 1991, 2001 y 2011-Regiones de Salud  
Elaborado por IS / DGE / MINSA

## ■ WITHOUT FORGETTING THE PAST

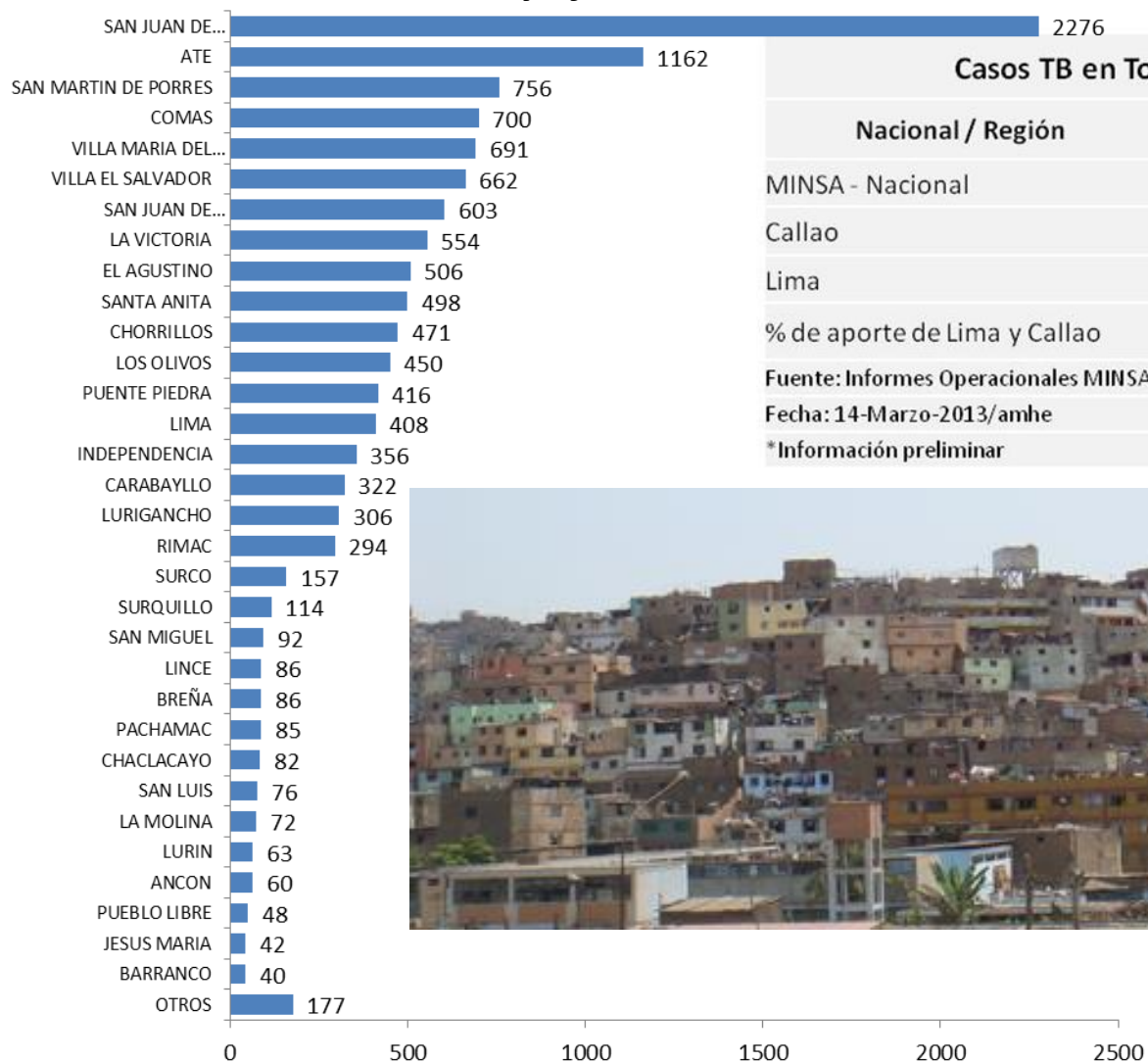
**Cases of tuberculosis in Perú**  
*1990-2010*



Fuente: ESN TB / MINSA

# HEALTH SITUATION

## Morbidity of tuberculosis in Peru: Lima - Callao - 2012



### Casos TB en Todas sus formas

Nacional / Región	Nº casos	%
MINSA - Nacional	25,859	100.00
Callao	1,332	5.15
Lima	11,924	46.11
% de aporte de Lima y Callao	13,256	51.26%

Fuente: Informes Operacionales MINSA 2012\* /PERÚ/MINSA/DGSP/ESNPCT

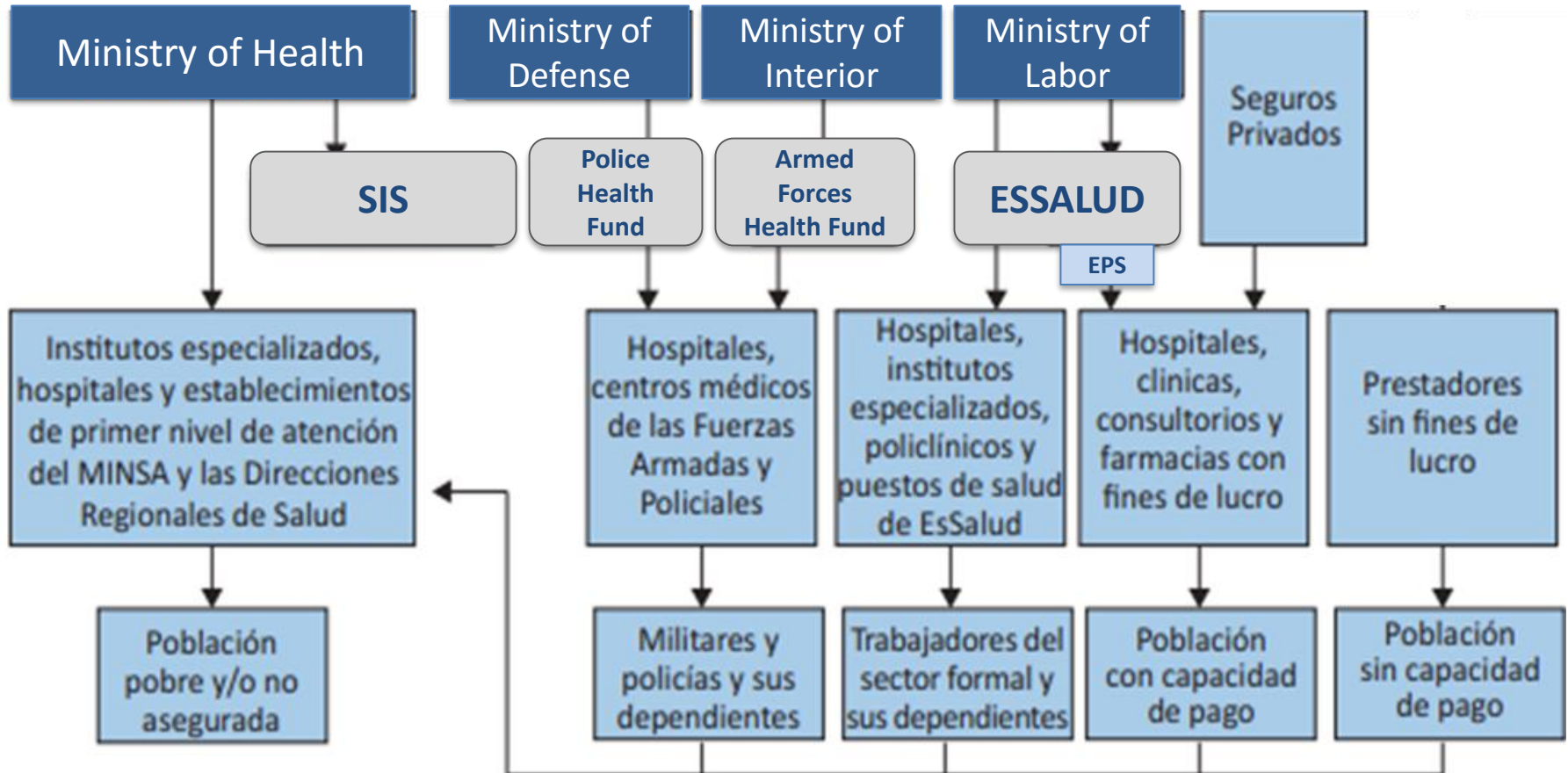
Fecha: 14-Marzo-2013/amhe

\*Información preliminar

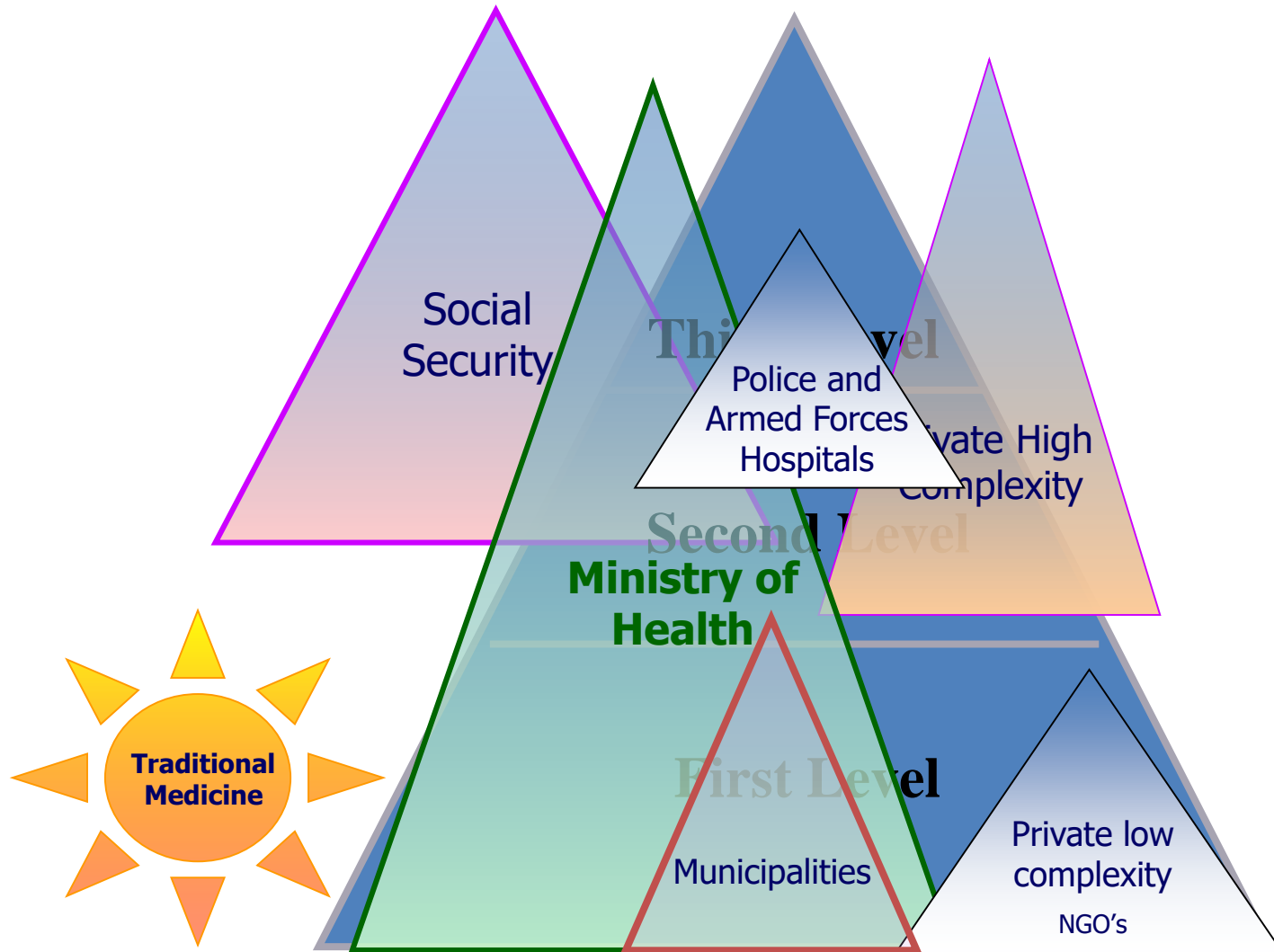




# FRAGMENTATION OF THE HEALTH SECTOR



# FRAGMENTATION OF HEALTHCARE DELIVERY SERVICES



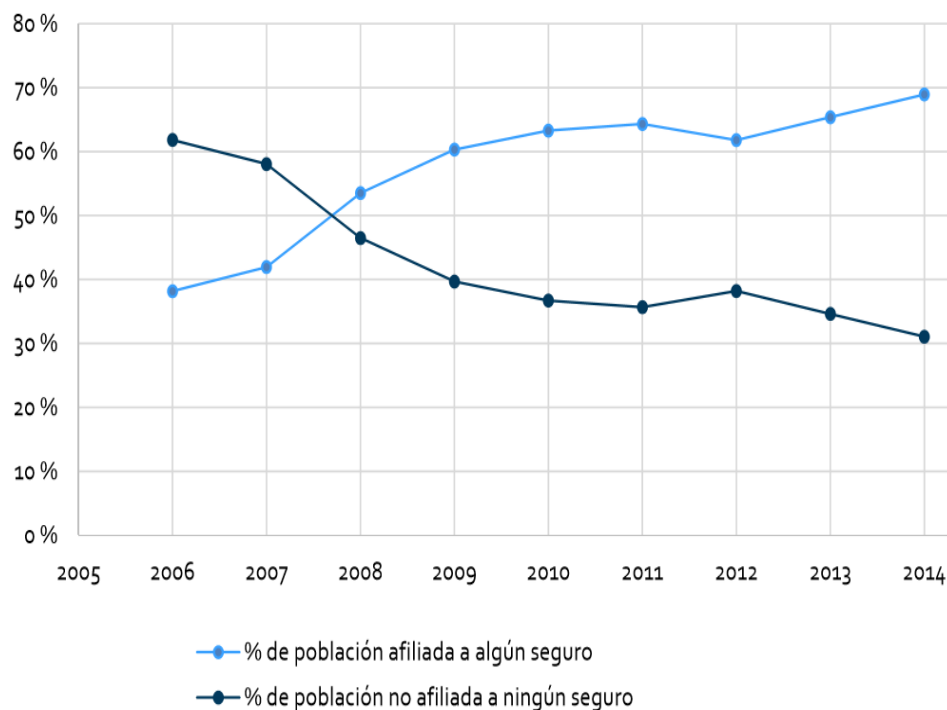


## **DISTORTIONS IN THE PUBLIC OFFERING OF HEALTH SERVICES**

- **1990s: "SELF-MANAGEMENT" AS A MECHANISM TO OVERCOME THE CRISIS OF HOSPITAL SERVICES.**
- **"EFFICIENCY" WAS PROMOTED THROUGH THE GENERATION OF "DIRECTLY-COLLECTED" RESOURCES.**
- **IT IS USED TO RENOVATE EQUIPMENT, RENOVATE BUILDINGS AND EVEN GENERATE ECONOMIC AND MATERIAL INCENTIVES FOR ITS WORKERS.**
- **THIS CONCEPTION, LEADS TO A PROGRESSIVE LOSS OF THE RAISON D'ÊTRE OF PUBLIC SERVICES THAT IMPACTED ON PATIENTS WITH NO ABILITY TO PAY**

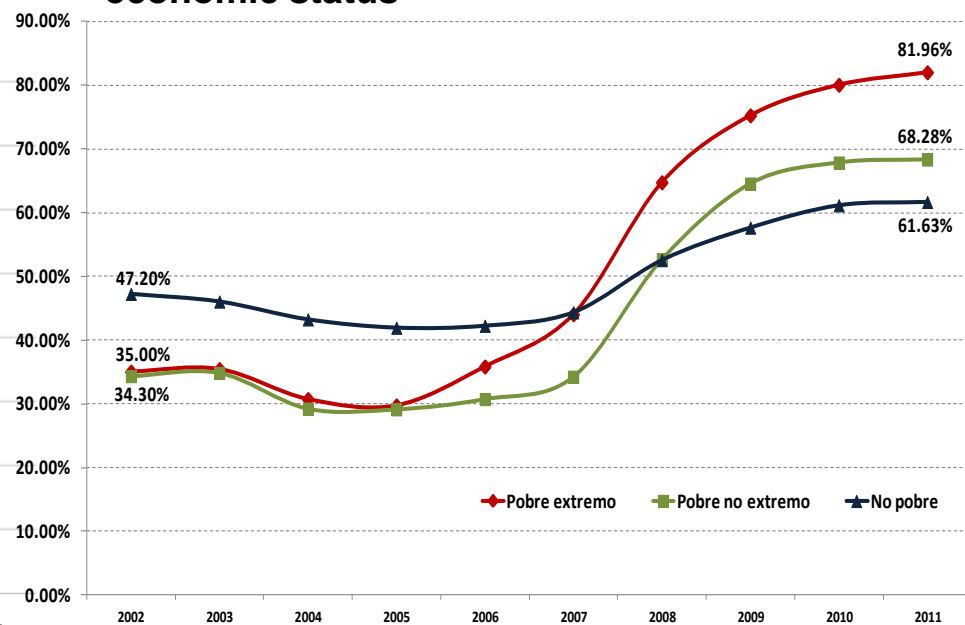
# PROGRESS IN POPULATION COVERAGE

## Trend of health insurance coverage in Peru



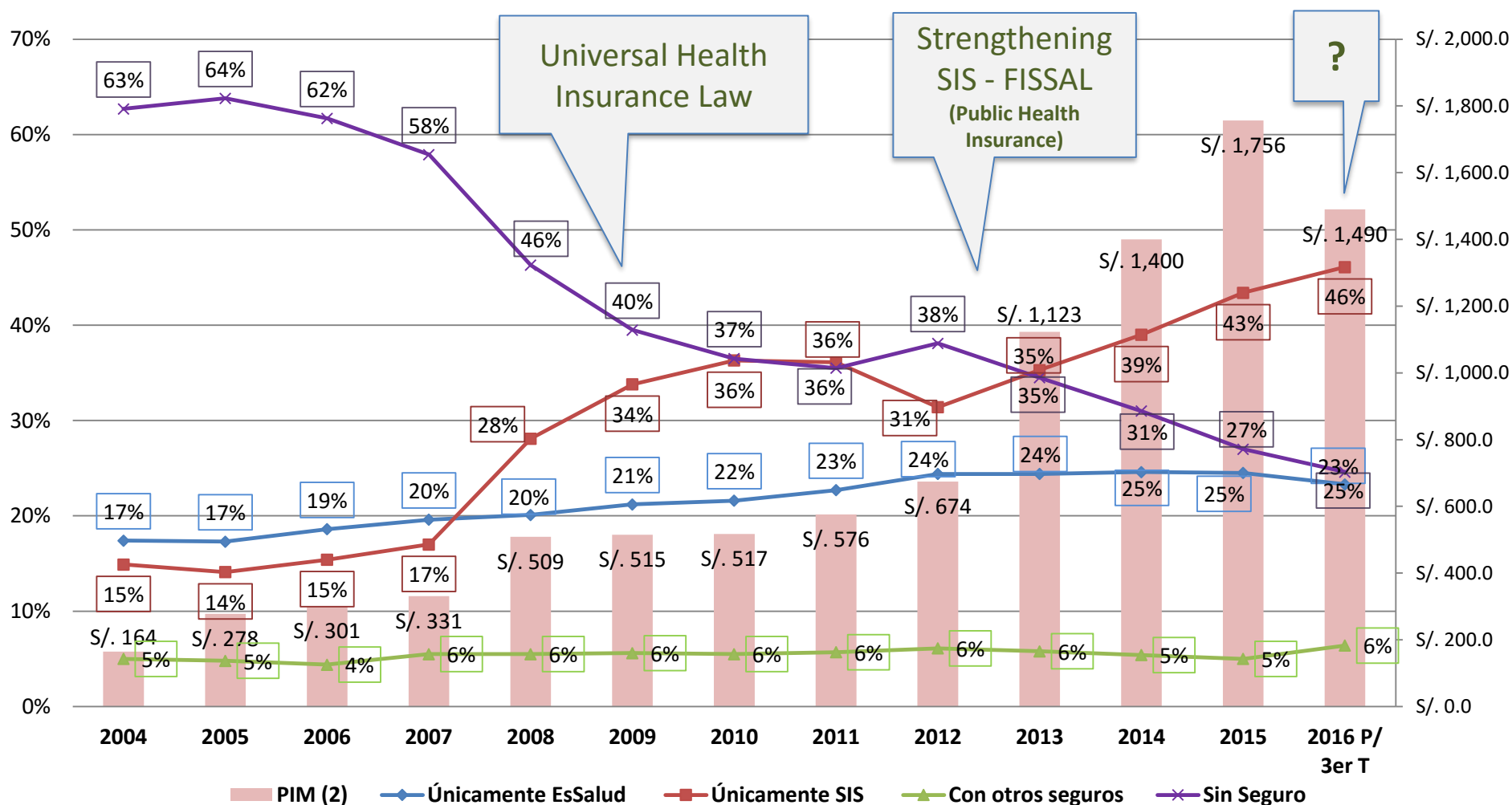
Fuente: ENAHO 2006-2014

## Health insurance coverage according socio-economic status



Fuente: ENAHO 2002-2011

# PUBLIC HEALTH INSURANCE COVERAGE AND FINANCING

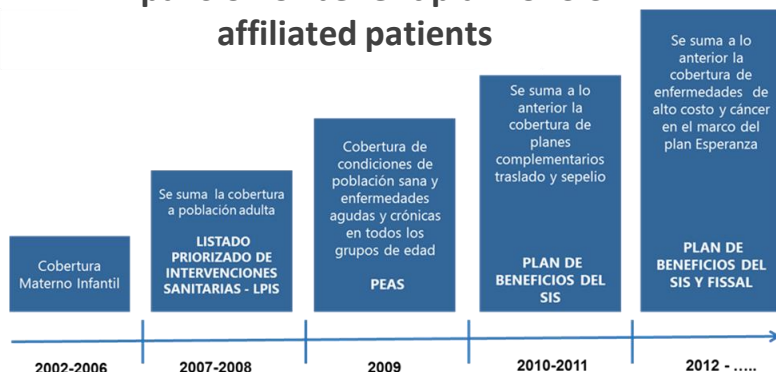


FUENTE: INEI-ENAH. (Informe Técnico "Condiciones de Vida en el Perú" N° 3 – Setiembre 2016). MEF (Consulta amigable)

Elaboración: FISSAL - SIS

# ADVANCES IN ACCESS TO HEALTH SERVICES

## Expansion of benefit plan for SIS affiliated patients



Per capita payment and incentive to providers

Incentivos: Según Valor de Producción Total Proyectado

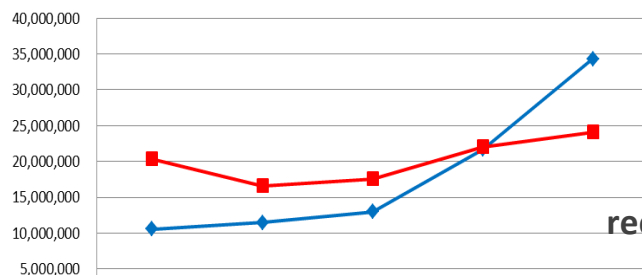
Basal: según Cápita Histórico

Prestaciones preventivas Priorizadas

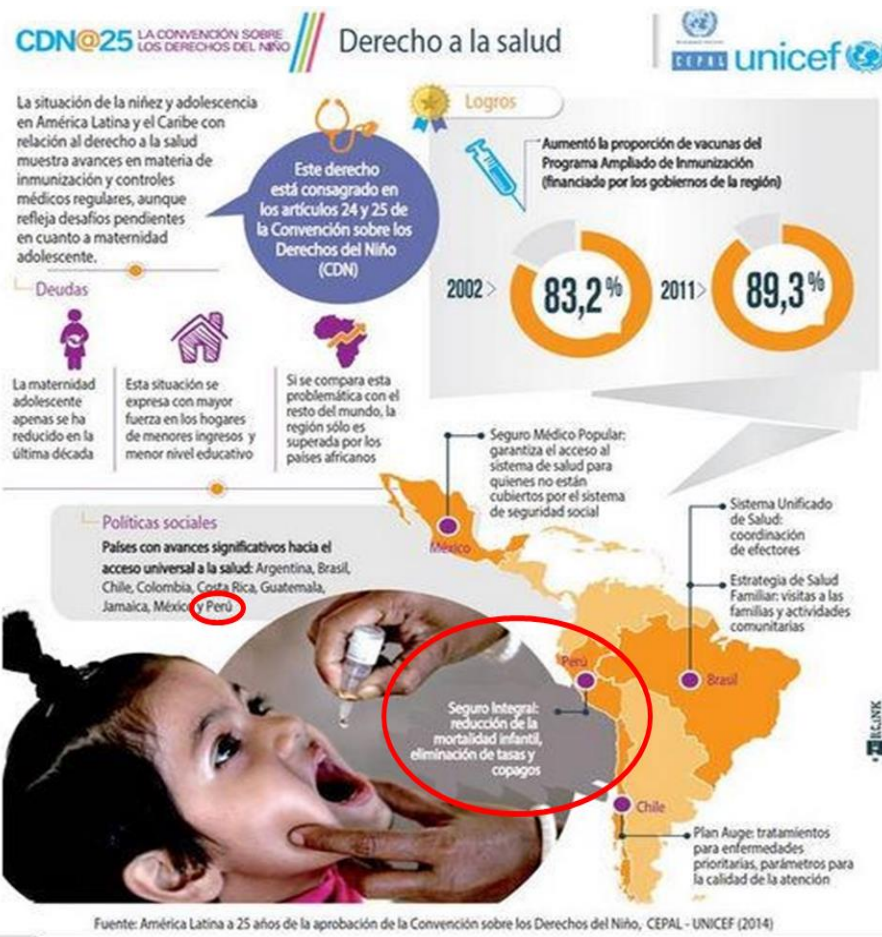
I nivel de atención

Grupos de Riesgo

Cumplimiento de Metas



Evolution of preventive and recovery benefits to insured SIS 2010 - 2014



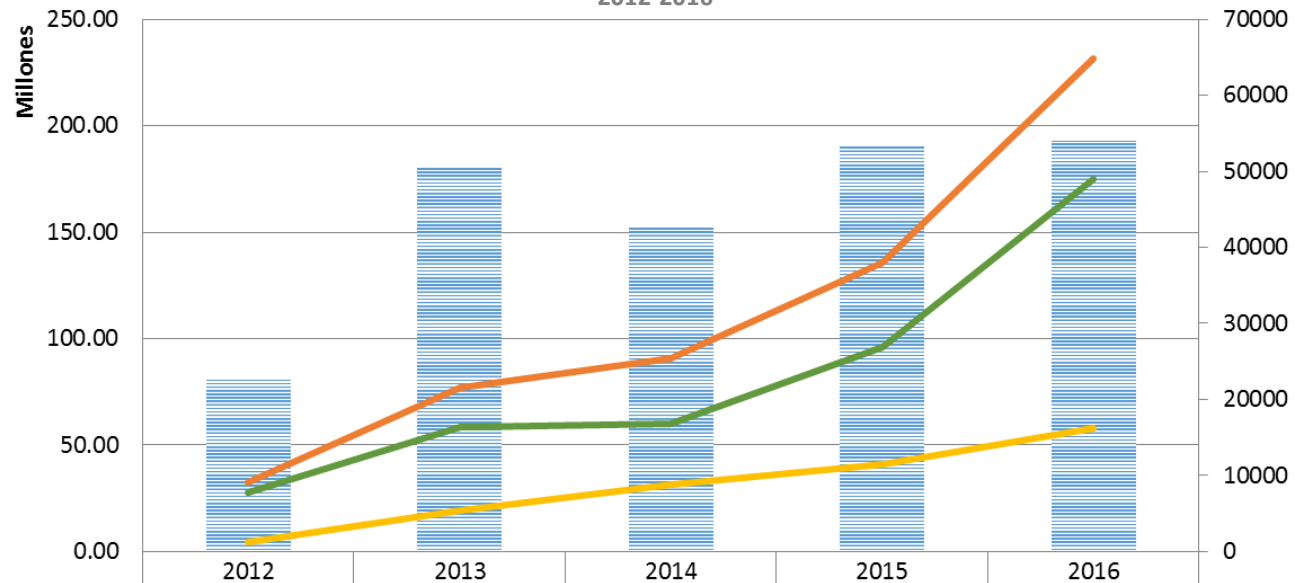
# ADVANCES IN THE COVERAGE OF PATIENTS WITH HIGH COST DISEASES

## Number of patients attended and financing FISSAL

2012-2016\*\*

Mediante RM 325-  
2012/MINSA, se aprueba el  
Listado de Enfermedades de  
Alto Costo de Atención:

- Cáncer de cuello uterino
- Cáncer de mama
- Cáncer de colon
- Cáncer de estómago
- Cáncer de próstata
- Leucemias
- Linfomas
- Insuficiencia Renal Crónica



PIM FISSAL	81092788	180837694	152196791	190196344	192,943,209
Atendidos	9091	21531	25473	38052	64821
IRC	1299	5336	8864	11480	16228
ONCOLOGICO	7803	16340	16832	26828	48967

Fuente: Sistema informático de FISSAL - MEF: Consulta amigable

\*Atendidos: corresponde al total de atendidos independientemente del diagnóstico (Incluye casos de ERH)

\*\*Al 23 de febrero del 2017

# ADVANCES IN THE COVERAGE OF PATIENTS WITH HIGH COST DISEASES

## Financing of High Cost Procedures and development of our public offering



- **173** insured to the SIS had access to Bone Marrow Transplant (BMT) thanks to the FISSAL financing
- **33** patients received BMT abroad through the SIS-FISSAL Contract with the University of Miami
- **140** patients received BMT in national public IPRESS (INEN, INSN-San Borja).
- **11** patients received Liver Transplantation abroad through the Contract between FISSAL and the Austral University Hospital in Argentina until June 2016.

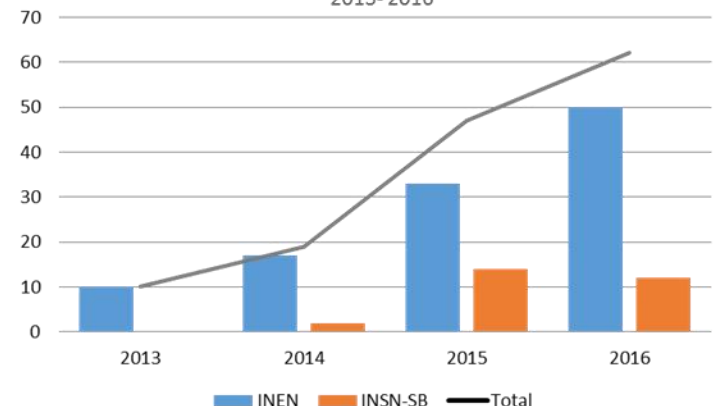
Actualizado hasta 28- marzo 2016

*Decreto Legislativo N° 1163*  
*Decreto Supremo N° 030-2014-SA*

**RJ 093-2015**

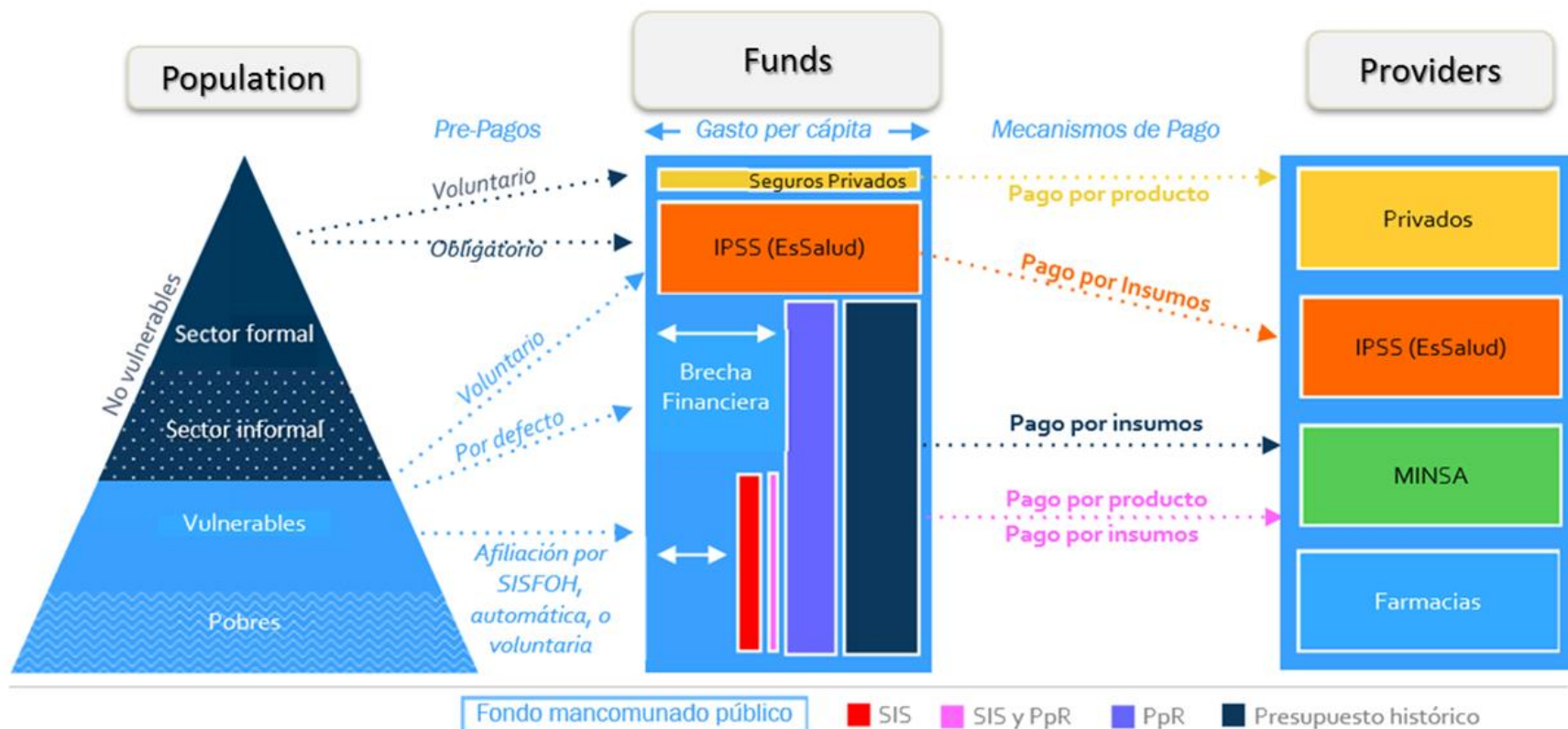
Trasplante de Médula Ósea  
Trasplante Hepático  
Trasplante Renal

TPH en IPRESS Públicas en el Perú  
2013- 2016





# FINANCIAL FLOWS FOR HEALTH COVERAGE



Fuente: Vermeersch C, Cotlear D, Alvarado B, Giovagnoli P. *Financiamiento de la salud en el Perú: alcanzando el aseguramiento universal*. Nota de Política. Banco Mundial 2016

\*CIRCA 2014



The weakening of public financing puts at risk the responsiveness of the public offering

## A long, brightly lit hospital ward with rows of beds. Patients are lying in beds, and medical staff are attending to them. The ward has a tiled floor and large windows.

**HAY GUERROS SERVICIOS PARADOS.** Ejecutivo dispuso medida de excepción por 90 días para reorientar recursos y superar crisis que afrontan hospitales públicos. Ministro anuncia una reingeniería en su sector y ha solicitado S/ 103 millones.



**La ministra indicó que el origen de esta crisis son las licitaciones que no se efectuaron y las que fueren sucesivas desastrosas.**

La «évaluation réelle d'effets» est une méthode d'analyse des impacts qui vise à évaluer les effets réels d'un projet sur l'environnement, et non pas seulement les effets potentiels. Elle est basée sur une approche scientifique et rigoureuse, et permet d'obtenir des résultats plus précis et fiables que les méthodes traditionnelles d'évaluation des impacts.

Gráfico de barras e linhas que compara a evolução da população em RDR (Residência Domiciliar) e SIS (Sistema de Informação em Saúde) entre 2011 e 2016, com projeção para 2016. O eixo horizontal representa os anos, e o eixo vertical representa o número de habitantes. As barras azuis representam a população em RDR, e as barras laranças representam a população em SIS. As linhas tracejadas azuis e laranças representam as linhas de tendência para RDR e SIS, respectivamente.

Ano	RDR (População)	SIS (População)
2011	496.006.195	258.714.669
2012	510.818.707	330.218.760
2013	411.007.524	437.183.471
2014	405.241.625	780.335.975
2015	354.230.415	919.802.266
PRONOSTICO 2016	330.724.701	1.096.576.751

FUENTE: Pagina amigable del MEF al 11-09-2016  
(\*) Ingreso Pronostico para el 2016

Year	Number of Employees
2005	277,560,794
2006	301,188,224
2007	330,921,016
2008	508,937,995
2009	515,204,605
2010	517,140,497
2011	575,800,828
2012	674,420,454
2013	1,123,110,046
2014	1,400,088,310
2015	1,756,274,819
2016	1,657,836,089
2017/p	1,409,966,418

## CHALLENGES IN THIS PROCESS

Instilling a culture of prevention and protection of health in society

Achieve universal population coverage of social protection in health

- **STRENGTHENING PRIMARY HEALTH CARE BASED ON FAMILY AND COMMUNITY**
- **STRENGTHENING AND ARTICULATING INTERVENTION STRATEGIES IN PUBLIC HEALTH**
- **CLOSE THE INSURANCE GAP OF POOR POPULATION AND EXTEND VULNERABILITY CRITERIA**
- **PROMOTE INSURANCE AS A FORMALIZATION MECHANISM FOR THE MICRO ENTREPRENEUR AND THE NON POOR INDEPENDENT**
- **REDUCE EVASION AND AVOIDANCE IN THE CONTRIBUTORY INSURANCE SCHEME**

## CHALLENGES IN THIS PROCESS

Improvement of  
services to respond  
the needs and  
expectations of  
people

Alleviate the  
financial burden of  
households

- **IDENTIFICATION AND STRENGTHENING OF STRATEGIC HEALTH FACILITIES AT A NATIONAL LEVEL**
- **NEW REMUNERATION POLICY WITH INCENTIVES FOR WORKING IN REMOTE AND LESS DEVELOPED AREAS**
- **ORGANIZATION OF INTEGRATED HEALTH SERVICES NETWORKS**
- **ARTICULATED PLANNING OF PUBLIC INVESTMENT**
- **IMPROVE THE ALLOCATION OF FINANCIAL RESOURCES AND ENHANCE THE EFFICIENCY OF THEIR USE**



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