HEALTH

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Healthy Communities & Municipalities: Women from Iguain district on their way to a community meeting to talk about ways to improve maternal health.

Partners: Ministry of Health (Peru), Ministry of Women and Social Development (Peru), World Bank, UNICEF, UNFPA, PAHO, U.S. Naval Medical Research Center Detachment-Peru, and Peace Corps.

Implementing Partners: Abt Associates, Management Sciences for Health, Chemonics International, ORC Macro International, Inc., Asociación Los Andes de Cajamarca (ALAC) and WSP/World Bank.

nsuring the health of its population is a top priority for the Government of Peru (GOP), and one that is intrinsically linked to Peru's sustained economic growth. Healthy and well-nourished children have greater educational achievement and life-time earnings as adults. Educated girls have fewer and healthier children, and their families are less likely to be poor. In Peru, households bear over one-third of total health costs, risking financial ruin in the case of major illness. From working to improve access to essential health services, to reducing infant and maternal mortality, to preventing and controlling the spread of infectious diseases such as tuberculosis (TB) and HIV/AIDS, USAID is working with the GOP to reform and strengthen its overall health system. Central to these reforms, meant to improve health care for all Peruvians, are efforts to strengthen governance of the health sector, implement universal health insurance, and renew focus on preventative health care.

Thanks to increased incomes and successful USAID, GOP and other donor health programs, Peru's health indicators-such as life expectancy, fertility rate, and infant and maternal death rateshave improved steadily over the past several decades. However, troubling differences exist, particularly between rural and urban populations, made worse by poverty and low education levels. For example, the under-five mortality rate per 1,000 births is 21 in urban settings, compared to 35 in rural areas. Unmet need for family planning (FP), meanwhile, is still high (8.7 percent) among the rural poor compared to urban, non-poor populations (6.5 percent), and overall poor and uneducated women have some of the highest unmet FP needs (9.7 percent for the poorest women and 9.6 percent for those without education). Low sub-national governance capacities, compounded by underfinancing across the health sector, continue to stand in the way to improving health of rural populations.

USAID's health program works at the national level with the Ministry of Health (MOH) to strengthen its ability to regulate and oversee the health system. This support includes improving the MOH's capacity to plan and budget, collect and analyze data, conduct health surveillance and respond to infectious disease outbreaks. USAID provides assistance to raise quality standards for health professionals and to strengthen the system to recruit, hire, assign and retain health workers. At the regional level, USAID trains health

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care workers and supports regional and local government authorities to be able to manage systems and provide health services. At the community level, USAID programs promote healthy behaviors and improved nutrition in families and schools, while raising the quality of services offered in local health facilities. Recent successes of USAID/Peru's health program include:

- More services are available to poor Peruvians: In 2010, USAID reinforced Peruvian capacities at the national and sub-national levels to improve policies, planning, and program management, and assisted the MOH in identifying the medical conditions and services covered under Peru's universal health insurance. The universal health insurance program, currently operating in select regions, will be national by 2013. Under the universal insurance, more poor Peruvians will have access to programs and services for priority issues such as maternal and child health, family planning, and infectious diseases.
- Peru's key health indicators have improved: Notwithstanding disparities between certain populations, collaboration between USAID and the MOH to strengthen Peru's health system resulted in significant improvements in Peru's key national health indicators from 2000 to 2009 the infant death rate decreased from 33 to 20 per 1,000 live births; the death rate for children under five dropped from 47 to 26 per 1,000 live births; pregnant women receiving prenatal care increased from 84 to 95 percent; births attended by health personnel rose from 59 to 83 percent; and the maternal death ratio fell from 185 to 103 per 100,000 live births.
- Twice as many rural women are giving birth in health facilities, reducing maternal and new-born mortality: USAID helped the health sector offer services for indigenous pregnant women, resulting in a doubling of the number of women giving birth in rural health facilities (24% to 59% from 2004 to 2009). USAID-supported services include: waiting homes for pregnant women (facilities in or near a health clinic where pregnant women, especially women from rural areas, can stay as they near their delivery date); facilities for birthing in the traditional upright position; and FP counseling in the family's native language.
- The fight against chronic malnutrition is a top GOP priority: USAID food security and health programs reduced chronic childhood malnutrition by up to 30% in targeted areas. USAID's successful experience in addressing chronic childhood malnutrition provided the basis for Peru's national program. USAID has expanded its partners to include private companies and works in regions with the highest rates of chronic malnutrition.

USAID/Peru also manages two South American Regional Initiatives: SAIDI (South American Infectious Initiative) and AMI (Amazon Malaria Initiative), which support infection and malaria control, respectively.



SAIDI: Parade to build awareness against the inappropriate use of antibiotics.



AMI: Patient at the Moronacocha-Iquitos health center.