

Peru Healthcare

Annai Estes

Longwood University

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Professor Cuchna

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Peru's Healthcare System

Peru is located on the western side of South America. Peru is home to around 30,741,062 individuals (Johnson,2018). Peru's population has grown significantly over the past 75 years from 7 million in 1940 to 30 million in 2016 (Chuquiyaui et al., 2018). Almost 80% of people live in urban areas of Peru (Chuquiyaui et al., 2018). The capital of Peru, Lima, is home to majority of those who live in an urban area (Chuquiyaui et al., 2018). The healthcare system in Peru has grown overtime. Peru has had a goal to achieve universal health care by at least 2021 (Vammalle et al., 2018). Although Peru does not have universal health care, they are moving closer to it every year. In 2015, 72.9% of the population had some sort of health insurance (Vammalle et al., 2018).

History

Some of the first people that landed in Peru were the Spaniards arrived in Peru 1570 (Platt, 2008). Peru declared their independence in 1821 (Chuquiyaui et al., 2018). During the 1860s many people from Japan immigrated to Peru. This was led by the Japanese government (Takenaka, 2004). They felt they would get better resources from Peru (Takenaka, 2004). The Pacific War which was between Peru and Cuba lasted from 1879 to 1883 (Takenaka, 2004). In 1980 Peru declared to become a system of democratic leadership (Chuquiyaui et al., 2018). After their declaration of democratic leadership Peru experienced a huge incline of terrorist guerilla activities (Chuquiyaui et al., 2018). Alan Garcia, who was the president from 1985 to 1990, got reelected in 2006 promising to improve the social conditions of Peru (Chuquiyaui et al., 2018). In 2016 Pedro Pablo Kuczynski Godard became president. Today the president and head of state is Pedro Castillo.

A country's history can have a good understanding of why their healthcare is the way it is. Jose Luis Bustamante Y Rivero attempted to embark a general fiscal expansion and increased wages (Chuquiyaui et al., 2018). In 1970s Peru gave free maternity services to all pregnant women in Peru (Chuquiyaui et al., 2018). In 1974 Peru had a large population growth (Chuquiyaui et al., 2018). Today Peru has both public and private sectors (Chuquiyaui et al., 2018). ▾

Structure

Peru has healthcare facilities offices from primary care facilities to large hospitals. Ministry of Health of Peru (MINSA) supplies a large number of the facilities in Peru (Chuquiyaui et al., 2018). In 2015, there were 1.5 per 1,000 hospital bed available (Johnson, 2018). The hospitals treat 68.9% of mild trauma care (Chuquiyaui et al., 2018). Under half of the healthcare facilities treat small to mild thing, anything from a common illness to birth (Chuquiyaui et al., 2018). Many of the rural areas in Peru have access to clean water and electricity. Almost all of the urban areas have access to clean water and electricity. Those who are in the urban areas at a better advantage to easier and better healthcare resources. ▾

Financing

Peru governmental funding for healthcare has grown over the past 70 years. Peru is striving to have universal healthcare for all individuals that live in Peru. In 2013, on average an individual spent around \$354 on healthcare (Chuquiyaui et al., 2018). Gross domestic product (GDP) was \$4,422 in 2008 (Chuquiyaui et al., 2018). The government financed 14.7% out of their budget to spend on healthcare in 2013 (Chuquiyaui et al., 2018). The average amount spent

on healthcare has consistently gone up as the years have gone by. Majority of those who have health care in Peru have EsSalud. As Peru is expanding their option of universal health care option they are rising their financing towards health care (Samuel et al.,2020).

Interventional

MINSA and EsSalud and the Armed Forces and Police health units are public. Doctor's offices, private clinics, local companies, and non-governmental organizations are public. EsSalud has 3 different levels of health coverage. Comprehensive Health Insurance covers 100% of medical expensive almost 100% of the time (Chuquiyaui et al., 2018). Another option individuals have is to SiSalud, in which individuals pay less than \$10 a month for partially subsidized insurance (Chuquiyaui et al., 2018). A third option is no coverage by a health insurance and the individual pays out of pocket (Johnson, 2018).

In Peru, if you work, EsSalud will not only cover your health insurance but also your families (Brierley, 2014). If you are retired, you are also eligible to receive EsSalud (Brierley, 2014). Although people of Peru have access to free public health care coverage, they are still not receiving the help they need (Samuel et al., 2020). The healthcare is not always adequate. Peru has different option for health care based on the factors of an individual's life. There are many people in Peru who do not have any type of health care coverage.

All healthcare facilities are managed by MINSA, EsSalud, Armed Forces, National Police, and the private sector. As of 2009, there were 485 hospitals managed by MINSA (Chuquiyaui et al., 2018). Depending on your location in Peru the accessibility of some

healthcare facilities can be hard to reach. Not all of them are within a good distance for some towns and cities. Many of the hospitals are isolated making it difficult to reach. ▾

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Preventives

Peru vaccination rate is not the best. Over the years there has been a lot of controversy about vaccination in Peru. Peru has resources that allow them to get vaccines to give to the public but that does not always happen. For example, in 2009 only 26 children were given a vaccine even though there was to be believed that there were 12,000 vaccines available (Brierley, 2014). Over the past few years vaccination rates have gone up. As of 2006, over half of children aged two and half and younger were vaccinated (Chuquiyaui et al., 2018). There has been an expansion of telemedicine since 2016 (Chuquiyaui et al., 2018). The telecommunications market over time has grown significantly (Curioso et al., 2009). In 2007, Peru had 27.37 users per 100 inhabitants (Curioso et al., 2009). The Basic Health Program for All has been funded by the government since the 1994. (Chuquiyaui et al., 2018).

Resources

The resources that are available to Peru not only include human but also physical resources. Not all area of Peru has accessible have reliable electricity. Although all of the hospitals in Peru have access to electricity the people of Peru do not. In 2012, there were 24,000 plus hospital beds in Peru (Chuquiyaui et al., 2018). The number of physicians has declined over the past 10 years. In 2015, there was 1.5 physicians per 1,000, 1.50 midwives per 1000 persons, 1.1 doctors per 1000 persons, 1.5 nurses 1000 persons (Chuquiyaui et al., 2018). Lima has majority of the physician that practice in Peru. There has been an increase from the number of healthcare

workers practicing in Lima and other countries (Chuquiyaui et al., 2018). The number of human resources that Peru has does not equal out to the demand of human resources they need (Chuquiyaui et al., 2018). There was an increase of medical school in Peru increasing the number of individuals practicing medicine (Chuquiyaui et al., 2018). In 2012, there were 2,512 health facilities which treat mild medical issues (Chuquiyaui et al., 2018). Patients have severe health problems and/or issues are treated at the large hospitals (Chuquiyaui et al., 2018).

Major Health Issues

There is high risk for infectious diseases in Peru. The top deadly causes of death were influenza/pneumonia, coronary heart disease, and strokes (Chuquiyaui et al., 2018). Influenza/pneumonia effect 73.15 per 100,000 people, coronary heart disease effect 56.72 per 100,000 people, and strokes effect 37.12 per 100,000 people (Chuquiyaui et al., 2018). Infectious diseases are often deadly and extremely high risk in Peru, specifically in rural areas (Chuquiyaui et al., 2018). It can be really hard to get rid of an infectious disease in Peru. Due to the trouble, they have of seeing a doctor often times a common cold turn into pneumonia. There is not a high tobacco and alcohol usage in Peru which is good. There are also good number of individuals living with AIDS/HIV. In rural areas of Peru, it is harder to fight diseases, it is also easy to spread (Chuquiyaui et al., 2018). The recent pandemic made big changes to Peru. COVID-19 took a toll on Peru and their population (Rees et al., 2021). Peru had one of the highest mortality rates due to COVID-19 (Rees et al., 2021). Although Peru did shut down like everyone else, they did not stop working at all. Without work Peru would not be able to withstand the economy.

Health Disparities

Lima is the largest city in Peru, it also holds the majority of the healthcare facilities. One of the biggest issues the people in Peru are having is the location of many of the facilities. If you do not live near Lima, it can be very difficult to receive the adequate care that you need. In 2002, there were 42 hospitals in Lima while only 2 in Huancavelica (Chuquiyaui et al., 2018). Another problem that people who live in Peru have been the cost of healthcare. Although there are free options available at time it is not always the best. Often times it is said they it takes weeks to months to get seen by a health care provider. The infant mortality rate is 19 per 1,000 live births (Chuquiyaui et al., 2018). It is known across the world that a man life expectancy is lower than women's and it is no different in Peru. The life expectancy for women is 75.9 years old (Chuquiyaui et al., 2018). The life expectancy for man's is 73.7 years old (Chuquiyaui et al., 2018). There was a .96% population growth rate (Chuquiyaui et al., 2018).

Conclusion

Overall Peru has some work to do on their current healthcare system. Peru has made substantial progress towards achieving universal health care. Although this sounds good, they need to make the resources more available to their population. Healthcare coverage has increased 35% percentage points in the last 10 years, exceeding 70% in 2015 (Vammalle et al.,2018). These benefits fit perfectly for those who are in urban areas of Peru. Those who are in rural areas will start to have a harder time get the health care they need health insurance (Brierley, 2014). Peru needs to make the health care facilities in rural areas more accessible to those that cannot make it to urban areas then their universal health care will work.

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