A Global Health Experience in Perú

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THE SETTING

Peru is a country of 32.5 million people in western South America. Beyond being known as the home of the ancient Incan Empire and one of New 7 Wonders of the World - Macchu Picchu, Peru is the most ecologically diverse country in the world with 84 of the possible 103 ecosystems and 28 of 32 climates.

Lima, Peru’s capital city with approximately 10 million inhabitants, played host to this international elective experience.
THE HOSPITALS

**Primary hospital:** Instituto Nacional de Enfermedades Neoplasicas - INEN (MINSA)

**Additional Sites:**
- Instituto Nacional de Salud del Niño - San Borja (MINSA)
- Instituto Nacional de Salud del Niño - Breña (MINSA)
- Hospital Nacional Arobispo Loayza (MINSA)
- Instituto Nacional Cardiovascular - INCOR (EsSalud)
- Instituto Nacional Materno Perinatal (MINSA)
- Clinica Detecta (Private Hospital)
- Biozone Therapy (Private Clinic)

*See previous slide for map of locations throughout Lima
*See Topic of Interest slides for a breakdown of Peruvian healthcare: MINSA vs. EsSalud vs. Private
Decentralized structure of healthcare in Peru

Healthcare in Peru is comprised of 5 entities:

- **Ministry of Health (MINSA)**: Provides healthcare to 60% of Peru’s population
- **EsSalud**: Provides healthcare to 30% of the National population
- **Private Sector**: Provides for the remaining 10% outside of the FFAA and PNP
- **Armed Forces (FFAA)**
- **National Police (PNP)**
MINSA

MINSA is responsible for providing national healthcare (primarily to those in extreme poverty)

- The type of health insurance provided through MINSA is free to all Peruvian citizens (Seguro Integral de Salud) provides the bulk of Peru’s primary health care services, especially for the poor.
- Primary recipients are women of reproductive age and men over age 17
- MINSA funded primarily through the national government budget with only 6% coming from contributions, donations, individuals or aid agencies
- In 2004, it was reported that MINSA was responsible 80% of public sector health care visits (or approximately 57 million)
EsSalud

- EsSalud provides insurance to the actively employed population of Peru along with their families. It is comprised of its own unique hospitals and facilities to those of MINSA
- Funding comes primarily from employer contributions that total up to 9% of an employee’s active salary
- Retirees within the system are supported by contributions from insured people (4% of their insurable earnings)

Private Sector

- Available primarily to only the upper-middle and upper class citizens who are able to afford this costly form of health insurance. In Peru, 20% of the population controls 54% of the country’s income.
- For those who are able to afford it, facilities, care, equipment, and medication options are generally of the highest standard
- Private clinics are generally concentrated in Lima, Peru’s physical and economic Capital
- It is common for private health insurance companies to run their own clinics/hospitals
Pros and Cons of current system

Pros:
- Entire population has access to high quality healthcare with care available at minimal to no cost
- A variety of options are available and private, high benefit plans are accessible for those who can afford them.
- Funding is provided by a variety of sources and methods

Cons:
- Only certain hospitals/facilities are able to provide care to certain people
- Majority of these facilities are concentrated in Lima and dense urban areas, leaving rural areas with extreme access challenges
- With 60%+ of the population dependent on MINSA, wait times can become extreme
- Private insurance is expensive and covers only 10% of the population
- Peru is regarded as having one of the worst financed healthcare systems in the world - a primary reason is due to low wages across the board in Peru
MOST PROFOUND CLINICAL EXPERIENCE: Work/Life Balance

CAUSE:
- Salaries across the board are lower in Peru
- Physicians are no exception, earning middle-of-the-road wages
- Doctors earn on average between $1,000-$1,500 per month

EFFECT:
- Doctors are often forced to work at 2-3 different locations in order to earn sufficient income
- This creates significant time and responsibility demands - doctors often cover for each other to minimize scheduling conflicts
- Of note, Drs are only able to work at one government hospital
MOST PROFOUND CULTURAL EXPERIENCE: Institutional Anxiety

CAUSE:
- Cultural anxiety in regards to seeing health care professionals
- Most prominent in rural areas
- Lack of direct access to care and the corresponding need for long, expensive commutes is a large contributor

EFFECT:
- Care is often not sought after until late in disease course
- At INEN, only 10% of patients who present are discharged with a favorable outcome due to advanced disease progression
REFERENCES

- On-site interview with Dr. Juan Urquizo, Anesthesiologist
- On-site interview with Dra. Maryory A., Anesthesiologist
- https://www.publichealthnotes.com/actually-decentralization-health/
- https://www.who.int/workforcealliance/countries/per/en/