World Health Organization

Country Cooperation Strategy at a glance

Peru

http:// www.who.int/countries/en/

WHO region	Americas
World Bank income group	Upper-middle-income
CURRENT HEALTH INDICATORS	
Total population in thousands (2015)	31376.7
% Population under 15 (2015)	27.9
% Population over 60 (2015)	10
Life expectancy at birth (2015) Total, Male, Female	73.1 (Male) 78.0 (Female) 75.5 (Both sexes)
Neonatal mortality rate per 1000 live births (2015)	8.2 [6.4-10.8]
Under-five mortality rate per 1000 live births (2015)	16.9 [13.6-21.3]
Maternal mortality ratio per 100 000 live births (2015)	68 [54 - 80]
% DTP3 Immunization coverage among 1-year-olds (2014)	88
% Births attended by skilled health workers (2014)	89.9
Infants exclusively breastfed for the first 6 months of life (%) (2013)	72
Density of physicians per 1000 population (2012)	1.132
Density of nurses and midwives per 1000 population (2012)	1.514
Total expenditure on health as % of GDP (2014)	5.5
General government expenditure on health as % of total government expenditure (2014)	15.0
Private expenditure on health as % of total expenditure on health (2014)	39.4
Adult (15+) literacy rate total (2007-2012)	90
Population using improved drinking-water sources (%) (2015)	69.2 (Rural) 86.7 (Total) 91.4 (Urban)
Population using improved sanitation facilities (%) (2015)	82.5 (Urban) 76.2 (Total) 53.2 (Rural)
Poverty headcount ratio at $1.25 a day (PPP) (% of population) (2010)	4.9
Gender Inequality Index rank out of 155 countries (2014)	82
Human Development Index rank out of 186 countries (2014)	84

Sources of data:
Global Health Observatory May 2016
http://apps.who.int/gho/data/node.cco

HEALTH SITUATION

During the period 2006-2013 maternal mortality has been reduced from 185 to 89 deaths per 100 000 live births. Infant mortality has been reduced from 55 per 1000 live births in the 1990s to 17 per 1000 live births in 2013.

In 2012 a total of 1 053 195 cases of acute diarrhoeal disease and 30 857 cases of pneumonia were reported in children under 5. There were 26 794 cases of tuberculosis (1225 MDR-TB and 84 EDR-TB). Seasonal outbreaks of dengue and other vector-borne diseases persist. The HIV epidemic has been partially contained. Progress is being made in controlling the transmission of congenital syphilis and HIV, and surveillance and control mechanisms are in place for plague, rabies, yellow fever, Chagas and Mayaro fever. The last case of wild poliovirus infection was reported in 1991. No cases of endemic measles have been reported since 2001 and no cases of rubella or congenital rubella syndrome since 2007. Whooping cough is endemic in Peru and periodic epidemic outbreaks are reported. Incidence of and mortality from vaccine-preventable diseases has been reduced significantly.

There has been an increase in the prevalence of noncommunicable diseases and the number of unintentional injuries, including road traffic injuries. There is high mortality due to malignant tumours in Peru. Risk factors associated with the environment, especially in the mining industry, generate a high burden of disease.

Peru is complying with the reporting mechanisms of the International Health Regulations and is currently upgrading its capacities. As a Party to the Framework Convention on Tobacco Control, Peru is moving forward on implementation and is preparing draft legislation to prohibit the promotion and sponsorship of tobacco.

HEALTH POLICIES AND SYSTEMS

In recent years, Peru has gradually reduced the level of average monetary poverty. In 2013, 23.9% of Peruvians had a spending capacity less than the basic food basket and rural households were three times poorer than households in urban areas. Decentralized implementation capacity and coordination of social policies are major challenges.

Universal health coverage is a national priority. Universal insurance has been chosen as the means to achieve it. The Comprehensive Health Insurance system is publicly funded, originally targeted at poor and vulnerable populations.

In 2012, 73% of the population was covered by health insurance, ten times the level of coverage in the previous decade. This rate of growth is one of the highest in the Americas.

Despite these achievements, the sector still faces major challenges that are being addressed by the reform process launched in 2013: (1) increasing the level of public funding, which is still among the lowest in the region; (2) addressing the increased burden and risk of communicable diseases (the primary cause of mortality) and noncommunicable diseases; and (3) coordinating policies to achieve the development goals relevant to the entire life course, from tackling early pregnancy to geriatric health.

COOPERATION FOR HEALTH

The principal bilateral cooperation partners in the health sector are the United States of America, the European Union, Spain, Italy, Canada and Belgium; multilateral cooperation is provided through agencies of the United Nations, whose cooperation framework for the period 2012-2016 acknowledges Peru's achievements and stress the urgent need to ensure that economic growth translates into equitable social development. Owing to Peru's classification as an upper middle income country, donor and development agency budgets, including that of PAHO, have been significantly reduced.

On the initiative of the Ministry of Health, coordination of health cooperation has been strengthened in the past two years by establishing a Forum for Health Cooperation Partners, in which bilateral and multilateral health cooperation partners participate.

Compared with previous periods, and considering the capacities that have been developed, Peru's classification as an upper middle income country and the budget policy pursued by PAHO since 2014, emphasis is being placed more on facilitating dialogue and coordinating and strengthening stewardship than on direct technical assistance. Inter-country cooperation and partnerships are being promoted. National strengths such as epidemiology, intercultural health, traditional medicine, health legislation and cancer control are all being leveraged. The agenda has connections with the national and sectoral cooperation partner panels chaired by the Peruvian Agency for International Cooperation and the Ministry of Health. The Ministry has a mandate to assist subnational bodies, with WHO/PAHO providing support when required. Support provided by WHO/PAHO to decentralized governments is coordinated with the central authorities. WHO/PAHO will play a part in identifying and mobilizing extrabudgetary resources to implement health development projects or emergency response. Specifically, Peru is receiving WHO/PAHO regional and global programme resources, and consultants from the Organization and other countries are sharing their expertise. The comparative advantages of the Country Office are being leveraged to facilitate additional consultancies in the context of regional work. WHO/PAHO in Peru is seeking to optimize its operations through coordination with agencies of the United Nations system, WHO/PAHO headquarters and other WHO/PAHO offices and centres.

World Health Organization

Country Cooperation Strategy *at a glance*

PAHO/WHO COUNTRY COOPERATION STRATEGIC AGENDA (2014–2019)	
Strategic Priorities	**Main Focus Areas for WHO Cooperation**
STRATEGIC PRIORITY 1: Health sector stewardship	• Peru will support the proposal for Universal Health Coverage: it will continue to implement reform measures, increase public funding, boost the number of contributors to the health insurance scheme and the benefits available. • The Ministry of Health will require support to develop stewardship, leadership and governance, improve the organization of health services, develop human resources and facilitate access to medicines and technologies. • Strengthen the stewardship functions of the national authority. • Expand social protection. • Manage and develop human resources.
STRATEGIC PRIORITY 2: Access to high-quality services	• Develop integrated and comprehensive services and networks. • Develop policies on access to medicines, blood and technologies.
STRATEGIC PRIORITY 3: Health monitoring, disease prevention and control	• Reaffirm the priority of and seek support for the control of chronic noncommunicable diseases and their risk factors. • WHO will provide: Support for the development, implementation and assessment of national policies, strategies and plans, and ensure that these are coordinated with the national and global agenda; Support for epidemiological intelligence and disaster risk management.
STRATEGIC PRIORITY 4: Inclusive approaches focusing on human rights, gender, intercultural aspects, PHC, families and communities, life course and determinants	• The situation of the social determinants of health will improve, but gaps will remain, in addition to the challenge of controlling communicable and neglected diseases, particularly in rural and poor urban districts. Intersectoral coordination will continue to be a challenge in meeting sustainable human development goals. • Foreign policy is considered essential for sustainable development, overcoming poverty and social inclusion through economic integration and promotion, industrialization, scientific and technological development, and cooperation. • The observations of the Universal Periodic Review will be followed up in partnership with other agencies of the United Nations system and civil society. • Support for the development, implementation and assessment of policies, plans, programmes and standards. • Support for health promotion and the mainstreaming of health in all policies.

我们的产品

大数据平台

国内宏观经济数据库

国际经济合作数据库

行业分析数据库

条约法规平台

国际条约数据库

国外法规数据库

即时信息平台

新闻媒体即时分析

社交媒体即时分析

云报告平台

国内研究报告

国际研究报告