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# Quarterly Report 3

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July – September 2010

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## Acronyms

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ARH	Ayacucho Regional Hospital
ANGR	National Assembly of Regional Governments
CEPLAN	National Center of Strategic Planning
CIES	Consortium for Social and Economic Research
CPT	Current Procedural Terminology
CTIN	National Health Insurance Implementing Committee
CTIR	Regional Health Insurance Implementing Committee
DARES	Strategic Resources Management Directorate
DIGEMID	MOH Health Supplies General Directorate
DISA	Sub-Regional Health Directorate
DGSP	MOH Persons-Health General Directorate
DGRH	MOH Human Resources Development General Directorate
DO	MOH Decentralization Office
HIS	Health Information System/s
HHR	Human Resources for Health
HN	Health Network
IHC	Intergovernmental Health Committee
IDB	Inter-American Development Bank
IT	Information Technology
ILO	International Labor Organization
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MCLCP	Concerted Group for the Reduction of Poverty
MEF	Ministry of Economics and Finance
MOH	Ministry of Health
MN	Health Micro Network
NDI	National Democratic Institute
NGO	Nongovernmental Organization
OGEI	MOH Statistics and Informatics General Office
OGPP	MOH Planning and Budgeting General Office
PAHO	Pan American Health Organization
PARSALUD	Support Program of Health Reform
PCM	Prime Minister's Office
PEAS	Essential Health Insurance Plan
RG	Regional Government
RHD	Regional Health Directorate
SECCOR	Secretariat for Coordinating the National Health Council
SEPS	Supervisory Instance of Health Providers
SRHD	Sub-Regional Health Directorate
SD	Decentralization Secretariat
SGP	Secretariat of Public Management
SIAF	Integrated Financial Management System
SIGA	Integrated Management System
SIS	Integrated Health Insurance Program
SISMED	Integrated System of Medical products and Supplies Management
UHI	Universal Health Insurance
USAID	United States Agency for International Development

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During this quarter, project activities were simultaneously implemented at the national and regional levels; while new models and strategies were internally discussed within the staff to guarantee internal coherence between the five project components. At the national level, project activities were addressed to provide technical assistance to the different MOH areas: Persons-Health General Directorate (DGSP) Health Supplies General Directorate (DIGEMID), Human Resources Development General Directorate (DGRH), Statistics and Informatics General Office (OGEI), Planning and Budgeting General Office (OGPP), and Decentralization Office (DO).

A new model for primary health care was intensively discussed with DGSP, as well as the update of the essential health insurance plan (PEAS). With the DGRH, the project discussed the health career path policy and the design of decentralized workforce planning systems. At a request of OGEI, the project continued the revision of the medical procedures catalogue, which later involved the Social Security Institute (Essalud), with the aim of widening the scope of the catalogue to the health sector. The project fostered the discussion of a financial law proposal addressed in health insurance under the leadership of OGPP and involving other agencies, as World Bank; also with OGPP the project is preparing the guidelines for the elaboration of multiannual investment plans at the regional level. With the DO, the project contributed to the discussion of local governments health functions matrix and provided technical assistance to the Intergovernmental Health Committee (IHC). The close participation of the project in the IHC technical meetings and ordinary assemblies was an opportunity to align project interventions to national and regional priorities.

Other two main national project counterparts during this quarter were the Political Parties promoter group and the National Assembly of Regional Governments (ANGR). With the first one, the project fostered the discussion of health decentralization from the MOH to the Municipal Government of Metropolitan Lima. With the later, the project strengthened regional governments' capacities to dialogue and negotiate about health decentralization related issues with the MOH and MOF.

At the regional level, the project continued implementation activities in Apurimac, Ayacucho, Cusco, Huanuco, La Libertad and San Martin. The work plan in each region was adapted to the regional priorities and capacities. The policy dialogue on regional health priorities was promoted in all regions, with the exception of Apurimac. Health networks delimitation and redesign was initiated in Apurimac and Huanuco, and organization of medical products distribution networks was also initiated in Apurimac and Cusco. The diagnosis and elaboration of a health anticorruption plan was continued in Huanuco. Joint planning between regional and local governments began in Ayacucho, Huanuco, Cusco and San Martin in the framework of the Municipal Incentive Plan developed by the Ministry Of Finance (MEF). Continued support to GalenHos information system was provided in Ayacucho, Cajamarca and La Libertad. Initial steps for the implementation of universal health insurance through the Regional Committees were done in Ayacucho and Cusco. Only in San Martin, the project has planned to implement a complete package of intervention that involves the five project components, combining the implementation of the new organization model and the implementation of the primary health care model, which involves one health network and several micro networks.

During this quarter, the project has trained/provided technical assistance to 2,164 individuals, 78% percent from the six regions where the project has been working during this period.

**Number of participants to technical and training activities per Region**

Region	Number of participants			Percentage
	Men	Women	Total	
<b>Lima - National</b>	133	340	473	22%
<b>Apurímac</b>	102	109	211	10%
<b>Ayacucho</b>	88	118	206	10%
<b>Cusco</b>	149	209	358	17%
<b>Huánuco</b>	220	220	440	20%
<b>La Libertad</b>	30	49	79	4%
<b>San Martín</b>	192	205	397	18%
<b>Total</b>	914	1250	2164	100%

The project activities that accumulated the greater number of participants were the policy dialogue meetings foster to arrive both in Lima and at the regional level, main consensus around health issues. These public activities ended during this quarter, and the project will systematize main consensus to be used by Peruvian organizations to follow on next regional governments.

**Number of participants to technical and training activities per CLIN**

Region	Number of participants			Percentage
	Men	Women	Total	
<b>Governance – decentralization</b>	290	344	634	29%
<b>Governance – political parties</b>	338	589	927	43%
<b>Governance - anticorruption</b>	55	55	110	5%
<b>Financing</b>	63	141	204	9%
<b>Information</b>	9	19	28	1%
<b>Human Resources</b>	39	23	62	3%
<b>Medical supplies</b>	120	79	199	9%
<b>Total</b>	914	1250	2164	100%

A detailed description of activities is presented in the following lines, per each of the project five components.

**1. Health Sector Governance**

**1.1. Strengthen and expand decentralization of the health sector**

In this quarter, the project focused its technical assistance to the MOH Decentralization Office (DO) in the identification of health functions to local governments, and the functioning of the Intergovernmental Health Committee (IHC).

### **1.1.1 Promotion of political parties' dialogue on health**

At the national level, according to the approved work plan, the project fostered the discussion of health's decentralization in Metropolitan Lima through the political parties' promoter group. Two new partners were added to the dialogue on Metropolitan Lima: the World Bank and its work about megacities, and the Pan American Health Organization (PAHO) and its work about urban health promoted in all countries of the region.

The dialogue on Metropolitan Lima was implemented during three sessions. The objective of the first session was to provide a framework on urban health and the background of health decentralization process in Metropolitan Lima. The urban health perspective raised the importance of urban centres as places of economic growth but also inequality, environmental pollution and increased violence, emphasizing an approach to health from the social determinants. On the other hand, the MOH reported on the progress of decentralization in Metropolitan Lima and the dimensions of the process in terms of resources, conditions, requirements and possible routes to follow.

The second session was aimed to examine the perspective of the actors involved in the decentralization: the ones to be transferred -Lima Health Directorates-, the recipients -Municipalities of Lima province and districts- and a region that has already completed the transference process -Callao RG. Finally, the third session showed the development of international experiences in this regard, as is the Bogotá's local government.

Within framework, the Promoter Group developed a guideline structured around three issues: health objectives, functions in health and decentralization's process, and requested each of the political parties to identify and present their proposals. These were later systematized in order to identify the consensus issues around health decentralization in Metropolitan Lima.

With regard to the political agenda for the next national government (2011-2016), the agreement of political parties about health insurance financing was finally signed.

At the regional level, all planned activities were completed in Cusco, La Libertad, Cajamarca, Huánuco and Ayacucho. In Cusco the political parties developed three issues: environmental health, health insurance and organization of health services; in La Libertad, the group developed also three issues: health's financing, insurance and decentralization; in Cajamarca, the political parties identified two local priorities: health decentralization and health's financing; in Huanuco the political parties selected human resources, local priorities and health insurance; and finally in Ayacucho, the political parties identified human resources, health insurance and citizen participation.

### **1.1.2 Reorganization of Ministry of Health (MOH)**

The key progress in the formulation of the health functions distribution matrix has been the identification of local governments' health functions, which has been done by DO, with the technical assistance of the project team. The technical proposal was sent to the MOH General Secretariat and the Prime Ministry Office (PMO).

### **1.1.3 Functioning of the Intergovernmental Health Committee (IHC)**

The Intergovernmental Health Committee (IHC) had an intensive work during this quarter, through technical meetings with working groups and the assembly's ordinary meetings, with participation of MOH main staff and the 25 regional governments Health Directors. The project's role was to support the DO -IHC's Technical Secretariat- in the elaboration of technical proposals and in the organization and facilitation of IHC meetings. The meetings were:

- On July 20<sup>th</sup>, there was a technical meeting with the DO to make a rapid assessment of the intergovernmental health coordination. As a consequence of this, DO applied an survey with IHC members. The main results were: a) it is important to improve the formulation process of the ordinary meetings' agendas, being more participative and oportune; b) it is necessary to monitor the fulfillment of the various agreements; c) a key issue is to strengthen the working groups, to guarantee the participation of the Regional Health Directorates (RHD).
- Working group # 1, about health human resources, had several technical meetings aimed at revising its assigned products, especially two: a) the National

Plan to Strengthen Institutional Capacities; and b) the Distribution matrix of local governments health functions.

- Working group # 4, about health financing, has been focused in two issues: a) the Integrated Health Insurance Program (SIS)'s debt to regional governments for health care reimbursements; and b) the technical proposal for a financial law. In the discussion of the first issue, the project team has played a decisive role through the technical assistance being provided to the National Association of Regional Governments (ANGR).
- The IHC held its third ordinary meeting on September 9<sup>th</sup> and 10<sup>th</sup>. The project team supported the DO in the organization of this meeting, discussing the program, preparing the necessary documents, facilitating the assembly and the arriving of conclusions and agreements. The main issues developed were: a) analysis of SIS debt to the regional governments; b) technical proposal of a financial law; c) analysis of the national health budget for year 2011; d) assessment of health investment projects; and e) the technical assistance program of the National Plan to Strengthen Institutional Capacities. The meeting achieved some agreements in order to solve the first issue, and to incorporate participants' contributions to the proposal of financial law.

#### **1.1.4 Strengthening the role of the National Assembly of Regional Governments (ANGR)**

During the quarter, the National Assembly of Regional Government (ANGR) faced the following challenges:

- To promote dialogue with members of the ANGR to set up an agenda on health issues to be discussed with the representatives of the IHC.
- To enhance informational channels among RG and RHD to help the former make well informed decisions about health policies.
- To elaborate proposals regarding budgeting and health financing issues to be presented in different discussion forum, such as the IHC, the National Technical Implementation Committee (CTIN), and CTIN Secretariat (SETEC), among others.

To this end, the Technical Secretariat of the ANGR with the technical assistance of the project facilitated the following activities:

- A technical meeting held on July with the President of the ANGR, the RHD and Social Development Managers (SDM) to prioritize health financing issues to be included in the discussion of the 2011 budgeting formulation process. The prioritized agenda included (a) human resources issues, (b) the Public Health Insurance debt to providers, (c) additional resources for the Nutritional Program (PAN) and (d) the financing Universal Health Insurance implementation process.
- Technical meetings with RHD of Callao, Lima, Huánuco, Arequipa, Ayacucho, San Martín and Cajamarca for the elaboration of the following proposals linked to the above agenda: (a) additional funds to close the gap of human resources, (b) additional funds to pay the SIS debt to providers (2008), (c) legal norms authorizing use of cannon resources to hire health professionals, among others. Those proposals were presented to the Minister of Finance and MOF authorities on August 17.
- A meeting held on August 2010 with representatives of selected RHD and MOH authorities to raise awareness regarding the lack of financial conditions for the implementation of the Universal Health Insurance (UHI) policy in the pilot zones. RHD and MOH authorities reached to the following agreements:
  - a. Installment payments of the 2008 SIS debt to health providers
  - b. Creation of an intergovernmental committee to negotiate with MOF additional demand of resources for the implementation of UHI in the pilot zones.
  - c. Conciliation of auditing criteria regarding SIS reimbursements
- Meetings with RHD to inform scope of the II and III ordinary meeting of the IHC and to standardize common messages regarding health financial issues. In those meetings the ANGR played an active role in building consensus agreements regarding the SIS debt, financial auditing process, among others.

### 1.1.5 Reorganization of Regional Health Directorates

Within the framework of the agreements achieved with San Martin RHD on the project's technical assistance, the project team continued supporting the implementation of the RHD new organization:

- The project's regional advisor provided technical assistance to the RHD in monitoring its new organization redesign implementation plan through periodic technical meetings. Additionally, the project central team participated in an evaluation meeting and adjustment of this plan in September 13<sup>th</sup> and 14<sup>th</sup>.
- The regional advisor has also been advising the RHD in the final adjustment of the Health Networks by-laws and its justification report to be sent to the Regional Government (RG) for its approval.
- Another technical assistance area was the formulation of RHD internal organizational documents (Personnel Assignment Cadres). This task was jointly addressed with the workforce project component, organizing a workshop aimed at formulating competencies profiles of human resources in two RHD key units: Institutional Development Office and Health Care Office (workshop held on July 14<sup>th</sup> and 15<sup>th</sup>), linking its methodology with the previous one developed in the analysis of occupational positions.
- Another working area developed in the last quarter was the reorganization of Health Micro Networks on the basis of the up-dated health care model, which is explained in the next project result.

In other regions, the project team held technical meetings with RG and RHD officers, in order to develop work plans to address the organizational design of RHD or the Health Networks (HN) and Micro networks (HMN):

- Cusco: In August the RG launched an executive resolution constituting a special commission in charge of designing a RHD reorganization proposal, as a consequence of a previous analysis. On September 6<sup>th</sup>, the project team held a technical meeting with this commission to agree the range and scope for RHD organizational redesign and the methodology to use in a following workshop. The workshop had the participation of RG, RHD and HN officers. The project

presented the context and the legal framework of the decentralization process and the methodology to apply for the organizational redesign. The objectives of RHD organizational redesign and the key institutional values we also defined.

- Apurímac: The project technical assistance for this year is being focused on the re-delimitation of HMN. There were four workshops (July 13<sup>th</sup> and 14<sup>th</sup>, August 10<sup>th</sup> and 11<sup>th</sup>, August 24<sup>th</sup> and 25<sup>th</sup>, September 14<sup>th</sup> and 15<sup>th</sup>) aimed at capture, processing and analyzing key information (villages, access road, distances and population) required for health micro network delimitation; finally, in the last one, the RHD officers developed a technical proposal of a new delimitation. The next step will be providing technical assistance to the RHD and HN in the formulation of the delimitation technical report.
- Huánuco: On August 3<sup>rd</sup> and 4<sup>th</sup> there was the first workshop aimed at making a rapid assessment of HN and HMN functioning, in which the RG and RHD officers concluded that these units have limitations in their institutional performance, and requested for technical assistance in HN and HMN delimitation and organizational design. The second workshop was held in September 7<sup>th</sup> and 8<sup>th</sup>, and their objectives were: a) to introduce to the RHD and RG officers the purpose and scope of this task; b) Identify and generate reliable information about the HN and HMN delimitation (villages, access road, distances and population).
- Ayacucho: The project was waiting for a RG resolution constituting a special commission in charge of the elaboration of a technical proposal of HN organizational design. Finally, the resolution was launched but the Regional Government rejected the RHD proposal of HN delimitation, which was done the previous year. The reason exposed was that the Regional Government was going to approve a re-organizational proposal of Provincial Management Unit, integrating health, education and other sectors. RHD officers decided to postpone the HN organizational redesign
- Cajamarca: On August 8<sup>th</sup>, the project team held a coordination meeting with the RG officer responsible of the institutional reform. It was agreed that the project would provide technical advice to the RHD in the adjustment of its organizational by-law. Finally, the Regional Government decided to postpone RHD reorganization until the approval of the RG reorganization.

### **1.1.6 Design and implementation of primary health care management model**

Continuing with the discussion and design of the primary health care model, the project team supported the MOH Persons-Health Office (DGSP) in the elaboration of a work-plan to revise key health norms, with the participation of USAID|Calidad en Salud Project (CALIDAD) and PARSALUD. As a part of this plan, the project finished the up-dating of the health facilities' Admission Procedures Manual, which will be submitted to the MOH DGSP for its revision and to San Martin RHD for its application. Additionally, the project attended a MOH meeting to include this work plan in the special Commission in charge of strengthening the first health care level.

On August 25<sup>th</sup> to 27<sup>th</sup>, the Health Care Office of San Martin RHD held a workshop with HN management teams to begin the implementation of the up-dated health care model in its component of indoor health care provision. This workshop had the participation of MOH DGSP (Director of the Integral Health Care Office) and CALIDAD.

### **1.1.7 Design and implementation of local health decentralization pilot experiences**

In this quarter the advances in local health decentralization were scarce:

- San Martin: The Project has been waiting for the RHD decision about the different options for its local health decentralization pilot, but they have not decided about it yet.
- La Libertad: In the recent past, the Local Health Board of Huamachuco decentralization pilot didn't have the support of La Libertad RHD. The new RHD director hasn't modified this position.
- Cajamarca: The Cajamarca RHD and the Local Governments at Celendin Province have chosen the delegation mechanism for their local health decentralization pilot. The Project will support MOH DO in the correspondent revision of the pilot design.

At national level, for the strengthening of local health decentralization, the Project has supported MOH Decentralization Office in the elaboration of a technical proposal of

health functions for local governments. This proposal will be validated with MOH and regional and local government representatives.

#### **1.1.8 Implementation of local planning using results-based budgets**

During this quarter, the project continued providing technical assistance to joint up regional governments –health directions, networks and micro networks- with local governments, to agree about health priorities and goals, within the framework of MOF Municipal Incentives Program related to the nutritional program (PAN) focused by government results-based budget.

After completing the dissemination phase and goals analysis in Ayacucho, Cusco, Huanuco and San Martin selected districts and health networks, MOF deadlines pressed on to RHD to complete their budgets without finishing the discussion of these budgets with the local governments, as originally planned. On August, when the final budgets were consolidated by MOF, the project promoted the coordination between these actors, plus Juntos social program, the Identity Registration office and Health Insurance regional office, to discuss the different roles and responsibilities related with the accomplishment of the goals set up by the Municipal Incentives Program. As a result of these workshops, in Ayacucho the selected local governments signed commitments to allocate October-December resources from the incentive program to health activities related with the reduction of infant malnutrition. These commitments will be monitored by the RHD. A similar process will be conducted during the next quarter in Cusco, Huanuco and San Martin.

#### **1.1.9 The MOH is exercising its stewardship and oversight authority regarding public health priorities**

##### ***Design of the management model of health priorities in a decentralized health system***

The project initiated a review of experiences and lessons learned on models of public health programs to national priorities, regarding financing, roles, functions, and intergovernmental relations, as well as the effectiveness of interventions on public health in decentralized health systems.

In this quarter we have provided technical assistance to the National Malaria Strategy and vector-borne diseases from the MOH to establish the technical requirements to design a management model for malaria control in a decentralized system. This conceptual framework and analysis was used to prepare the terms of reference to hire consultants to develop the country's proposal for Round X of the Malaria Global Fund (GF). The proposal was sent to the GF to apply for funding.

***Technical assistance to establish goals based on evidence in child and maternal survival with the SPECTRUM software***

The MOH requested assistance from the project to establish goals based on evidence of child mortality, maternal mortality and malnutrition for the "PLAN PERU 2021-National Strategic Development Plan" of the National Center of Strategic Planning (CEPLAN). The Secretariat for Coordinating the National Health Council (SECCOR) convened representatives of the technical areas related to the issue, complying in this way a working group under the coordination of MOH OGPP.

During the months of May and June, workshops were conducted to establish the methodology and data collection; goals were established based on evidence for using the software "Spectrum" of USAID<sup>1</sup>. Then the technical team reviewed MOH coverage of effective interventions and established targets for them. In this way the software projected goals for maternal mortality, infant mortality and under nutrition. These new targets were approved by the National Health Council and the MOH, who informed to CEPLAN for changes to the goals established in the "PLAN PERU 2021.

***Technical assistance to the Minister of Health in the 50th Directive Council of the Pan American Health Organization (PAHO)***

The MOH requested technical assistance to the project for the 50th Directive Council of PAHO in Washington DC. The technical assistance included: i) participation in the elaboration of the contents of the country report in the plenary sessions of the Board, related to issues of health sector reform, burden of disease and nutrition; ii) preparing

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<sup>1</sup> Spectrum is a system of integrated policy models that provides a tool "Lives Saved" that allows to establish goals for maternal and child survival based on coverage targets of effective interventions. It is based on the work of the Group of Bellagio Child Survival Study, the reference group of child health epidemiology and the Steering Group of international child development, published in the Lancet series of years (2003-2008.)

reports of Peru's participation to the Communications Office of MOH, iii) make reports on the situation of control of Chagas disease and the report of the action of Peru in the influenza pandemic; iv) actively participate in the meeting that the Peruvian delegation had with Dr. Kei Kawata, Manager of Social Sector Inter-American Development Bank (IDB), and members of technical team of IDB, to discuss the progress of the universal health insurance in Peru.

## **1.2 Develop and implement national and regional anticorruption plans for the health sector**

The project supported the elaboration of a regional anticorruption plan in Huanuco. On July 8<sup>th</sup> and 9<sup>th</sup> there was a technical meeting with a special commission in charge of this task, which was constituted by the Regional Government. In this meeting, the participants adjusted the diagnosis tools, and organized the field work to gather the information. After that, the commission elaborated the diagnostic report, which will be discussed and validated during the next quarter.

## **2. Health Sector Financing and Insurance**

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### **2.1 Improve health coverage of poor and vulnerable populations**

#### **2.1.1 DIRESAs in one priority region has formulated multi-year health investment plan**

Upon request of the Planning and Budgeting Office (OGPP) of the MOH, the project is providing technical assistance to the Investment Office in the critical review of the methodological framework for the formulation of a multi-year health investment plan at the regional level. This is a previous stage toward the validation of this tool in selected pilot zones.

During the quarter, the Project participated in several technical meetings with OGPP Investment Office to adjust the methodological framework in the following aspects:

- Inclusion of a referral framework regarding the public investment management process with the aim to identify critical issues that undermine the formulation of investment projects and lead to misallocation of resources. The team has

identified 4 main problems, such as (a) low-specific investment projects, (b) lack of articulation among regional and local governments, (c) lack of investment projects to enhance capacity of health providers and (d) imbalances between capital expenditures and recurrent expenditures.

Several factors are explaining the low-performance in managing the public investment process by regional and local authorities:

Source of Problems	Factors
<b>Legal</b>	Lack of strategic guidelines Contradictory legal norms Lack of standardize investment rules
<b>Methodological</b>	Lack of methodology to estimate physical gaps Lack of multi-year planning tools
<b>Institutional</b>	Lack of skills to formulate investment plan Lack of managerial skills to conduct the investment process.
<b>Incentives</b>	Lack of incentives to prioritize investments

To tackle these problems, the team has included in the methodological framework rules and recommendations oriented to (a) align the investment process to regional and local priorities, (b) improve equity on the resource allocation, (c) diminish risk of duplicity or overlapping on investment decisions and (d) to improve financial sustainability.

- Clarification of the scope of the multi-year investment plan:
  - a) Focus on public investment at the regional and local levels
  - b) Focus on investment project to enhance resolute capacity of the primary health care level
  - c) Time horizon: 4-5 year investment plan
  - d) Investment unit plan: health network
- Clarification of the multi-stage formulation process and identification of the main parameters to be defined by the MOH, such as health networks and micro networks delimitations, categorization of health facilities, health services and procedures, among others.

## **2.2 Ensure efficiency and equity in health resource allocation**

### **2.2.1 Elaboration of financial rules designed to ensure resources for the health insurance reform (law of health financing)**

In the second extraordinary meeting of the IHC, the MOH agreed to elaborate a proposal of a Health Financial Law with the aim to establish stable financial rules to ensure sufficient resources for the gradual implantation of the health insurance reform. The MOH delegated the responsibility of elaborating a draft to OGPP and the project is providing technical assistance to accomplish the above task.

During the quarter, the project team facilitated the following activities:

- a. Technical meetings with MOH task force to discuss scope of the health financing reform in order to identify critical issues to be included in the proposal of health financial law
- b. Organization of technical meetings with key actor to identify main health financing problems
- c. Elaboration of a white paper regarding Financing Health Reform as an input for the formulation of the Health Financial Law. This document was started this quarter and is expected to be concluded next December. This document will include proposal of rules and organizational arrangement linked to the main health financing functions (resource mobilization, pooling and purchasing) for the implementation of the health insurance reform.

### **2.2.2. TA to MOH for the elaboration of analytical and logical framework of Universal Health Insurance (UHI)**

The project is providing technical assistance to the MOH to develop the logical framework, the design of the M & E and the design of the baseline of the Universal Health Insurance (UHI). To this end, the MOH formed a technical team with participation of DGSP, OGPP, SIS, Support Program of Health Reform (PARSALUD), Supervisory Instance of Health Providers (SEPS) and CTIR. To date, the group has defined the results, activities and indicators of UHI, as well as the guidelines for the baseline of the UHI.

### **2.2.3. Adjustment PEAS costing matrix according to legal norms**

During the quarter the project team continued providing technical assistance to MOH DGSP to adjust the tools for costing of the proposal of the Essential Health Insurance Plan (PEAS) according to the final list of health conditions and medical procedures included in the legal norm that approved it (Supreme Decree N° 016-2009-SA). To this end, the project carried out the following activities:

- a. Technical meetings with the DGSP to identify for each health conditions included in PEAS alternatives of clinical management schemes.
- b. Technical meetings with clinical experts to validate alternatives of clinical management schemes.
- c. Technical meetings with clinical expert to identify drugs requirements for each alternative of clinical management schemes.

Up to date, DGSP has concluded with the critical review of 80 health conditions (out of 140). This process is expected to be concluded on October, period in which will start the update of the costing of the medical procedures. As a result of the critical review, the DGSP has found some inconsistencies in the contents of the PEAS. This information will be presented to the high level authorities for its evaluation and definition of following steps.

## **3. Health Information**

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### **3.1 Strengthen the capacity to collect, analyze and use data in the health sector**

#### **3.1.1 Update of national data standards of provider health information systems**

During the quarter the MOH started the final revision of the proposal of the catalogue of medical procedures subject to validation. For this purpose, a technical committee was formed with the participation of DGSP and OGEI representatives. The MOH also invited EsSalud, whose representation has been assumed by its strategic corporate management office. Meetings have been held regularly and had served to gain first hand information on the experience that EsSalud has regarding the operation of the

medical procedures standard. EsSalud has been using CPT 2007 as the basis of its medical registering routine, in contrast to previous MOH's information that the standard used was 2010. However, EsSalud advocates for the use of CPT 2010 for the reporting of specialized cardiologic procedures, based on the technological advance that has occurred in the past years. From the six parts of the MOH's proposal, one is almost finished, and it corresponds to the Evaluation and Management section. This advance is critical since this section includes the procedures that are, by far, more frequently used and registered across the Peruvian health facilities, both public and private.

In accordance to a DGSP request, the Project prepared a report with a detailed analysis of the proposal handed by the MOH. Main recommendations are presented in box 1:

1. It seems that the Assessment and Evaluation section of the catalogue can be based on the MOH's proposal. However, the Project recommends that the medical procedures list be supplemented with a list of medical-associated professions procedures, e.g. the NIC classification of nursing procedures (as suggested in annex 1 and chapter 8 of the report)
2. The anesthesiology section of the catalogue should be based on the original CPT 2008 document (as detailed in chapter 3 of the report)
3. The Project recommends that the surgery section of the catalogue be based on the MOH proposal, but adding specific modifications (as detailed in chapter 4 of the report)
4. The radiology section of the catalogue should be based on the original CPT 2008 document (as detailed in chapter 5 of the report)
5. The laboratory section of the catalogue should be based on the MOH's modification of CPT 2008. However, the Project recommends that additional fields may be included (short descriptions and synonyms) in order to facilitate the implementation process (as detailed in chapter 6 of the report)
6. The medicine section of the catalogue should be based on the MOH's modification of CPT 2008, but adding specific modifications (as detailed in chapter 7 of the report)

The Project has advanced the preparation of a comparative table that depicts changes that have been taken in CPT 2010 as compared with CPT 2008. This piece of information has been identified as relevant for a quick update of the MOH's

proposal in selected sub-sections of the catalogue (i.e. cardiologic procedures). This technical document will be finished by early October to be used by the MOH's committee in the discussion of the Surgery Section of the catalogue.

It is expected that by mid October a final version of the catalogue is ready for approval and official distribution. Regarding this issue, EsSalud has proposed that a permanent commission be established in order to update and adapt further versions of the catalogue. This initiative will have to be analyzed by the MOH so as to provide its institutional support.

Concerning the development of the interoperability standards, the MOH has started a consultancy to prepare a technical agenda oriented towards the development of interoperability standards, based on HL7. The Project has provided a very close technical cooperation with the MOH's consultant, through the exchange of technical information on the topic and the organization of technical meetings with EsSalud (Corporate Planning Office), the Society of Medical Informatics and the Academia (Cayetano Heredia University – meeting to be held in October). It is important to mention that the implementation of the HL7 standard requires that a non-governmental non-for-profit organization be in charge of the technical process. Although the MOH can be an active member, it does not suffice for the successful development and implementation of the standard.

PARSALUD has declared itself as a partner in the advance of the definition of interoperability standards, in particular, those related to the regular operation of the Health National Intendance (SUNASA). It seems that the first interoperability standards to be discussed will be the ones related to the transmission of the identification of patients and financing agencies. The Project has continued its coordination with PARSALUD in order to maintain the alignment of this specific effort with the general approach taken for the development of the rest of interoperability standards.

### **3.1.2 Development of regional plans to improve health information systems**

The formulation of Regional Health Information Action Plans has been finished in San Martin, Ayacucho and Huánuco. These documents are pendant to be made official by the corresponding Regional Health Directorates. The Project maintains

coordination with the technical teams in charge of the implementation of the plans in each region. It is envisaged that for the next quarter technical meetings for the monitoring of the execution of the plans will be held with the Project's technical assistance.

In La Libertad, the formulation of the action plan has been cancelled.

### **3.1.3 Design of GalenHos primary level and hospital level**

During this quarter, the identification of improvement opportunities of GalenHos – Hospital version has continued and an extensive revision has involved the following modules: general tables, clinical archives, medical-time programming, outpatient care programming, and laboratory. For each module, improvements have been annotated so as to introduce them when the migration of GalenHos-Hospital to PostGreSQL takes place (last quarter of the year). For instance, three new reports have been generated to improve the performance of the clinical files unit: 1) Report that identifies records with high probability of duplication. Usefulness: A continuous process of depuration of redundant clinical records will lead to less archiving space and to the generation of consistent patient clinical files, 2) Report that automatically identifies clinical files that have not been used in the past five years. Usefulness: The volume of clinical files in the active segment of the archives will remain under control and will not generate storing risks to the hospital, 3) Report that locates the physical location of clinical files inside the archiving rooms. Usefulness: Shortening of location time which in turn, will contribute to shorten waiting times for patients.

Design of GalenHos-Primary Care has continued during this quarter. Data registration requirements have been gathered in primary care facilities from Ayacucho, San Martin and Lima. During next quarter, information needs from MOH's national strategies, and SIS will be analyzed and introduced into GalenHos design.

Implementation of GalenHos-Hospital has started in three hospitals: Cajamarca Regional Hospital, Tarapoto Hospital and Moyobamba Hospital. In each case, a time schedule depicting the technical activities that had to be executed locally has been provided to the local implementation teams and is being executed without any interference. Accordingly, these hospitals have financed all the travel expenses for their IT staff in order to receive the first half of an in-depth training in GalenHos. This

training program is structured in two weeks on a full-time dedication basis. Trained IT staff is currently making the standardization of information within their hospitals. They have also reported to their executive directors the actions that have to be taken in non-IT areas in order to have a successful implementation of GalenHos. Samples of key activities that have to be executed are shown in box 2.

1. Preparation of a cross-walk between the current local list medical procedures and the MOH's official catalogue of medical procedures
2. Identification of public and private financing sources that will be introduced into GalenHos
3. Update and/or confirmation of prices to be allocated to medical procedures performed at the hospital
4. Introduction of medical and non-medical staff information into GalenHos database (profession, function, ID, department)
5. Medical time-programming, at least one month in advance, for every service, department
6. Comprehensive listing of services that exist in the hospital
7. Update of pharmaceuticals stocks present in the pharmacy and the main hospital warehouse (including quantity, price, SISMED code, lot, manufacturer)
8. Customization of users' profiles for GalenHos access and use
9. Comprehensive listing of hospital beds organized by medical services and departments, and operational status

Technical assistance has been continued to be given to Ayacucho Regional Hospital in order to improve the structure of billing reports. Also, an advanced training program in GalenHos will be executed in early October. This program is oriented towards the analysis of GalenHos database to allow the generation new managerial reports by the Ayacucho Regional Hospital.

Finally, during this quarter the Project has held meetings with representatives of Tumbes Regional Hospital and Lima Health Directorate for implementing GalenHos in the following three hospitals: 1) JAMO Hospital in Tumbes, 2) Cañete Hospital and 3) Matucana Hospital. The confirmation of interest, for planning next steps should be received during early October.

### **4.1 Support the design and implementation of a broad-based system for planning and managing the health workforce**

This result involves three major products, interrelated and interdependent; they correspond to the sub-systems of the planning and management system of health human resources, which in some cases will be considered as systems. They are:

- Preliminary proposal of Health Care Path
- Health Human Resource (HHR) planning system
- Health Human Resources (HHR) management system based on competency

#### **4.1.1 Development of regional action plans to close HHR gap for the implementation of PEAS**

In June 16<sup>th</sup>, the MOH formed a working group responsible for preparing a report containing specific proposals for a comprehensive reform of the public health care path, this group includes representatives of the organic units of the MOH and Professional Associations involved in the issue. This team is chaired by one of the advisors to Minister's Office. In this quarter, the COP and the HR team leader met with the advisor and presented the road map designed in conjunction with the Human Resources General Directorate (DGRH) of the MOH, and the MOH advisor shared the progress made in terms of general agreements. Among the most significant agreements are:

- Principles of health care path: Merit; progression; irreversibility; integral; adequacy; sustainability; presumption of legitimacy.
- The proposal should include health professionals, technicians and auxiliary. But, should exclude administrative.
- The proposal should consider career path for managerial positions.

During this quarter, the project supported the MOH in designing the proposal of Health Care Path Law. The products in this quarter are:

- Roadmap for the development of a proposal of health care path.
- Comparative analysis of health career experiences in Latin American countries. This has been developed following the methodology and model proposed by Dr. Francisco Longo related to Human Resource Management System.
- Initial Proposal of Health Care Path to be discussed with technical experts.
- Technical meeting with experts in labor law and public health in order to discuss:
  - What kind of HHR problems we can solve with a Health Care Path?
  - What is a Health Care Path?
  - What should be the scope of a Health Care Path? (Sectoral vs. only MINSA and Regional Governments; all health workers vs. only professionals; only health care positions vs. also managerial positions.

#### **4.1.2 Design of a regional HHR planning and management system for the public health sector**

During this quarter, the project had meetings with the MOH DGRH to exchange ideas and methodologies to estimate human resources requirements for primary health care. In order to define a methodology to design a proposal, we analyzed three main approaches<sup>2</sup>:

- Needs-based: Converts projected service needs to persons requirements using productivity norms and professional judgment.
- Utilization-based (or demand-based): Estimates future requirements based on current level of service utilization.
- Health workforce to population ratio: Specifies desired worker-to-population ratio.

Due to the necessity to meet health needs and services determined by the Essential Health Insurance Plan (PEAS) and to address the health needs of the population

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<sup>2</sup> An approach to estimating human resources requirements to achieve the Millennium Development Goals. Pag 269.

using a mix of HHR, we selected the needs-based method. Another agreement is related to the formula to use for calculations. This calculation has to be done for each kind of HHR:

$$\text{Health workforce requirement} = \frac{\text{The quantity of time required to produce PEAS conditions}}{\text{Standard time available for one health worker}}$$

To calculate the numerator, we are reviewing the ASEGURA software, which determines the number of hours required to provide PEAS conditions for each kind of health worker, at the national level. In order to apply it at the regional and network level, the project and the MOH organized a workshop with Callao Region and Lima Ciudad SRHD. The results of this workshop will be taken into account in the revision of ASEGURA conducted by the project financing component.

To calculate the denominator, we are using as a technical reference the WISN method (Workload Indicators of Staffing Need), which is based on actual work that health workers do and is useful for calculations both current and future HHR requirements. It is based on working time, components of work and activity standards. In our case, we determine some indicators of working time and components of work which will be validated on the field. In this sense, we will support the MOH team to design a research to be developed in 2 Regions (Ayacucho and San Martin), which will finish in December.

#### **4.1.3 Policy dialogue regarding civil service policies in the health sector**

At the national level, during this quarter we developed technical meetings with the MOH in order to discuss the framework used by SERVIR in the definition of the processes involved in the system.

One of the agreements is the definition of the processes involved in the system:

- a) Planning and General Policies
- b) Organization of the work (Design of posts, Definition of profiles)
- c) Employment management (Recruitment, Selection, Mobility, Retirement)
- d) Performance Management (Planning and Evaluation)

- e) Compensation Management (Monetary and non-monetary retribution)
- f) Development Management (Promotion and Career path; Individual and Organizational learning).
- g) Human Relations Management
- h) Management of the system

The inputs of the system are: Health policies; Health strategies; Health care model; Management model; Health services organization model; Health care portfolio; Health services portfolio. Some of the outputs of the system are: HHR requirements; Competencies profile; Post profiles; Health workers selected by competencies; Performance gaps; Training programs based on performance gaps; Incentives policies; etc. The outcome of the system is: Suitable health workers with relevant competencies are in the right place doing the right thing.

The HHR management system is supported among others by Information system and Financing system; and constitutes an input by the Drug supply system and quality management system. According to this framework, we have defined a proposal of contents of each process, which will be revised by an extended team of the HHR Direction and Regional Health Directions.

#### **4.2 Ensure competency of workers in the health sector**

In order to ensure competencies, this year the project will work in the definition of managerial competencies and in the design of mechanisms to evaluate them. This evaluation will be useful to determine the gap which will be covered by sustainable in-service training programs.

The activities of this result are part of the implementation of the HHR management system based on competencies. An initial step is the definition and the standardization of competencies. Another objective of this result is to facilitate the implementation of the new functions which have been transferred in the context of decentralization of health from the Ministry of Health to Regional Governments.

#### **4.2.1 Development of management competencies for health networks and micro networks**

During this quarter, at the national level, the project developed periodical technical meetings with the MOH in order to share experiences developed at the regional level in the implementation of a methodology for the definition of managerial competencies.

At the regional level, the project developed workshops in San Martin in order to train a regional technical team in the methodology to define competencies. In this sense, the results achieved in this quarter are:

- Competence profile to meet key functions of the DIRES: To do that, the management team has revised the Functional Map developed the previous year with the technical assistance of USAID/Health Policy Initiative project.
- Specific competencies for the Institutional Development and Quality Office and its respective posts: Taking into account all the competencies in the profile based on key functions, the personnel of this Office defined their own competencies, considering the functions defined in the DIRES´ ROF and the Office MOF. The competencies were defined for each post with their respective level of performance. They also defined critical competencies for each post.
- Technical Guide to define competencies based on the Functional Map: Based on the experience gained with the Institutional Development and Quality Office, a technical guide was designed.
- Specific competencies for two or more units: With the Technical Guide, the team of the Institutional Development and Quality Office conducted workshops to define specific competencies for two or more units: Planning Office and Individual Health Direction.
- Methodology to define performance standards for critical competencies: In a workshop, the team of the Institutional Development and Quality Office was taught to define Performance criteria, Knowledge and Required evidence, for critical competencies previously defined.

The Institutional Development and Quality Office will continue providing assistance to all the units inside the DIRES. The project is providing the respective feedback to all this work.

## **5. Medical Products, Vaccines and Technologies**

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During the third quarter, medical products components activities were addressed to complete the supply systems assessment in regions where the project was involved. The next step was to develop, along with officials from the regional RHD plans to improve logistics processes.

It is important to note that all proposals have been approved by the RHD and/or the SDM of the regional governments. This is very important to facilitate implementation of the proposed improvements.

### **5.1. Improve capacities and policies at the national and regional levels to ensure that medical products, vaccines, contraceptives and supplies are procured, stored, transported and in stock at facilities according to established logistics standards**

#### **5.1.1 Development of regional action plans to improve the quality and availability of pharmaceuticals**

With technical assistance from the project the Regions of Apurimac, Cusco and San Martín develop improvement plans. The improvement plans were developed on the basis of rapid assessments conducted in the regions. In each case, we defined the needed objectives in order to achieve an efficient supply system and identify the constraints or bottlenecks that were preventing that. These improvement plans were presented to the RHD Directors for approval and thus have their political support. We are currently in the process of implementing the proposed improvements, according to the priorities of each region.

The three regions have decided to focus their efforts on developing a distribution system for medicines and supplies, trying to decentralize this function from the central warehouse in DIRESA to networks and/or micro networks. All regions

stressed the importance and need to improve their processes to generate information as a basis for appropriate management. The region of San Martín prioritized the need for a thorough analysis of all logistics processes in order to find a more efficient procedure, according to their organizational characteristics, to manage the supply of medicines and supplies.

In the case of Ayacucho and Huánuco regions, the improvement plans are in their final stage, and will be completed within the next 15 days. However, we have started some activities in parallel based in evaluation and identification of some needs. Thus it has been given technical assistance to Ayacucho RHD in the development of regional medicines list by care levels. Based in this experience, we have begun the preparation of a handbook that can serve to all regions as a guide for developing their regional requirements for essential medicines by level of care.

An important factor in the development of improvement plans has been the cooperation from other projects, especially from CALIDAD and PARSALUD.

### **5.1.2 Design of a regional system to plan and forecast pharmaceutical needs**

During this quarter we began developing a new proposal to establish a scheduling procedure, allowing a better rationale for purchase, intended to optimize the use and availability of financial resources with the physical needs of medicines and supplies. On the other hand, it is necessary to generate a managerial capacity of quick reaction without affecting the quality of purchases. This will be a guiding framework for the decisions process.

It is also important to improve the statistical model used in projecting / estimating consumption of medicines and supplies and establish the involved areas' responsibilities and contributions in this process.

The proposed system is structured on the basis of six sub processes: forecast drug use, purchasing planning, delivery schedules, financial budgets and budget formulation. The methodology is based on drug needs based in health services' planning process.

Currently, work is underway on the adequacy of ASEGURA regarding medicines need of specified health conditions. Once this adjustment is complete, the ASEGURA

may be used as a tool for estimating drug requirements, based on a portfolio of services for a specific epidemiological profile of population (micro network or network). Simultaneously, the proposed methodology should be validated, both, in regions such as with specialists in this field that will be invited to collaborate, and it is also important to include in this process to the General Directorate of Medicines, Supplies and Drugs (DIGEMID) of the Ministry of Health.

### **5.1.3 Systems running on a prioritized region, for use of transparent mechanisms on purchase of pharmaceutical products**

In Chanka SRHD (Apurimac Region) we have initiated actions to improve and control procurement processes. Medicines Directorate has appointed a person to work on their behalf in the area of logistics (responsible for purchases). Its main function is to control the operation and transparency of the various procurement processes. Additionally, this person is structuring a procurement contracts management system so they can run on the scheduled time, following the due process.

It has been agreed that by the third week of October we will begun, in San Martin an analysis of processes and sub processes related to the logistics of medicines and supplies in the region. It is considered that one consequence of this work will be the implementation of control mechanisms to ensure proper management of the procurement processes and contracts management with suppliers.

## 1. Results Reporting Table

	<b>Project Components, Activities and Sub-Activities</b>	Apr – Jun 2010		Jul – Sep 2010	
	<b>Project Management</b>				
	<b>Project planning, monitoring and reporting</b>				
	Coordination with MOH and regions		Completed		
	Presentation of workplan with key RG counterparts		Completed		
	Presentation of workplan with key national partners		Completed		
	Presentation of workplan with key regional partners		Completed		
	Quarterly monitoring meetings with staff		Completed		Completed
	Elaboration of quarterly progress reports		Completed		
	Elaboration of annual reports				Completed
<b>1</b>	<b>Health Governance</b>				
<b>1.1.</b>	<b>Strengthen and expand decentralization of the health sector</b>				
<b>1.1.1.</b>	<b>The MOH and Regional Governments have plans to further decentralize health functions down to local levels</b>				
	<b>Central</b>				
1.1.1.1	Technical assistance to the MOH Decentralization Office for revising the health functions matrix for local governments				Completed
1.1.1.3	Technical assistance to the MOH Decentralization Office for the presentation and approval of the health functions matrix for local governments in the Intergovernmental Health Commission				Completed
<b>1.1.2.</b>	<b>Health sector issues have been debated publicly in the political transition at the national and regional level</b>				
	<b>Central</b>				
1.1.2.1	TA to Coordination Committee of national political parties to promote dialogue regarding the health agenda		Completed		Completed
1.1.2.2	Support to the Coordination Committee for the organization of workshops and meetings to discuss key health issues		Completed		Completed

	<b>Ayacucho</b>				
1.1.2.4	TA to Regional Promoter Group of dialogue between regional political parties regarding health agenda		Completed		Completed
1.1.2.5	Support to the Regional Promoter Group for the organization of workshops and meetings to discuss key health issues		Completed		Completed
1.1.2.6	Publication and dissemination of the agreements of political parties				Completed
	<b>Cajamarca</b>				
1.1.2.7	TA to Regional Promoter Group of dialogue between regional political parties regarding health agenda		Completed		Completed
1.1.2.8	Support to the Regional Promoter Group for the organization of workshops and meetings to discuss key health issues				Completed
	<b>Cusco</b>				
1.1.2.9	TA to Regional Promoter Group of dialogue between regional political parties regarding health agenda		Completed		Completed
1.1.2.10	Support to the Regional Promoter Group for the organization of workshops and meetings to discuss key health issues		Completed		Completed
	<b>Huánuco</b>				
1.1.2.11	TA to Regional Promoter Group of dialogue between regional political parties regarding health agenda		Completed		Completed
1.1.2.12	Support to the Regional Promoter Group for the organization of workshops and meetings to discuss key health issues		Completed		Completed
	<b>La Libertad</b>				
1.1.2.13	TA to Regional Promoter Group of dialogue between regional political parties regarding health agenda		Completed		Completed
1.1.2.14	Support to the Regional Promoter Group for the organization of workshops and meetings to discuss key health issues		Completed		Completed
	<b>San Martin</b>				
1.1.2.15	TA to Regional Promoter Group of dialogue between regional political parties regarding health agenda		Completed		Completed
1.1.2.16	Support to the Regional Promoter Group for the organization of workshops and meetings to discuss key health issues				Completed
<b>1.1.3.</b>	<b>The national, regional and local levels agree and monitor key health sector policies</b>				
	<b>Central</b>				
1.1.3.1	TA to MOH to organize and facilitate meetings of the IHC		Completed		Completed

1.1.3.2	TA to MOH for the facilitation of the discussion and approval of the technical proposal of categorization of services (Work group 1)				Initial
1.1.3.3	TA to MOH for the facilitation of the discussion and approval of the technical proposal of a health financial law (Work group 2)				Completed
1.1.3.5	TA to National Assembly of Regional Governments (ANGR) to participate in the National Technical Implementation Committee (CTIN), its Secretariat (SETEC) and IHC				Completed
1.1.3.6	TA to ANGR to elaborate technical proposals on health policies (including fiscal decentralization)				Completed
1.1.3.7	TA to ANGR to facilitate agreements between Regional Health Directors				Completed
1.1.3.8	TA to REMURPE to formulate proposals for the health of local governments				Initial
1.1.4	<b>DIREASs in two priority regions have been reorganized to carry out their new functions under decentralization</b>				
	<b>Central</b>				
1.1.4.1	Elaboration of operational guideline for the delimitation of health networks and micro networks				Intermediate
1.1.4.3	TA to MOH Decentralization Office in the revision and validation of regional M&E tools (MED Salud)				Initial
	<b>Apurímac (Result region)</b>				
1.1.4.4	TA to RHD in the elaboration of micro networks reorganization plan		Completed		
1.1.4.5	Workshops for the delimitation of micro networks		Advanced		Completed
	<b>Cajamarca</b>				
1.1.4.11	Technical meetings with RG to complete the documentation (By-laws and support reports) of the health network reorganization to adapt to the decentralization process		Advanced		Completed
	<b>Cusco</b>				
1.1.4.12	Technical meetings with RHD and RG to elaborate a reorganization plan of RHD		Advanced		Advanced
1.1.4.13	Workshops for the organizational design of RHD				Initial
	<b>Huanuco</b>				
1.1.4.17	Technical meetings with RHD and RG to elaborate a reorganization plan of Health Networks and Micro networks				Completed
1.1.4.18	Workshops for delimitation of Health Networks and Micro networks				Initial

	<b>San Martin (Result region)</b>				
1.1.4.23	Technical meeting and workshop with RHD to revise and monitor reorganization plan		Completed		Completed
	Capacity building assistance to management team				
1.1.4.24	Elaboration of RHD internal organizational documents (Organization Manuals, Personnel Assignment Cadres) in key units		Advanced		Advanced
<b>1.1.5</b>	<b>One DIRESA implements primary health care management model in priority area</b>				
	<b>Central</b>				
1.1.5.2	Elaboration of referential charter of services for primary health care and operational guideline				Initial
1.1.5.4	Elaboration of a technical proposal with an up-date of the primary health care model for the public sector		Initial		Initial
	<b>San Martin (Result region)</b>				
1.1.5.8	Workshops for the revision and adaptation of the primary health care model				Intermediate
1.1.5.11	Training of officers in key areas in RHD and health networks to improve organization and management of health services				Initial
<b>1.1.6.</b>	<b>Local pilots in two priority regions plan and implement local programs using results-based budgets</b>				
	<b>Central</b>				
1.1.6.1	Technical meetings with MOH and MOF to define joint programming strategy for the implementation of Local Incentive Program		Completed		Completed
	<b>Ayacucho (Result region)</b>				
1.1.6.3	Technical meetings with key actors ( RG / Regional Health Directorate and Local authorities) to inform scope of the Local Incentive Program		Completed		
1.1.6.4	Workshop with RG and local authorities to reach political agreements regarding the implementation of Local Incentive Plan		Completed		
1.1.6.5	Joint programming workshops with RG and local authorities: Diagnosis and evaluation of health targets included in the Local Incentive Plan		Completed		
1.1.6.6	Joint programming workshops with RG and local authorities: Follow up of budgeting of preventive health interventions at the local level.				Advanced
	<b>Cusco</b>				
1.1.6.7	Technical meetings with key actors ( RG / Regional Health Directorate and Local authorities) to inform scope of the Local Incentive Program		Completed		

1.1.6.8	Workshop with RG and local authorities to reach political agreements regarding the implementation of Local Incentive Plan		Completed		
1.1.6.9	Joint programming workshops with RG and local authorities: Diagnosis and evaluation of health targets included in the Local Incentive Plan				Completed
1.1.6.10	Joint programming workshops with RG and local authorities: Follow up of budgeting of preventive health interventions at the local level.				Intermediate
	<b>Huánuco (Result region)</b>				
1.1.6.11	Technical meetings with key actors ( RG / Regional Health Directorate and Local authorities) to inform scope of the Local Incentive Program		Completed		
1.1.6.12	Workshop with RG and local authorities to reach political agreements regarding the implementation of Local Incentive Plan		Completed		
1.1.6.13	Joint programming workshops with RG and local authorities: Diagnosis and evaluation of health targets included in the Local Incentive Plan		Completed		
1.1.6.14	Joint programming workshops with RG and local authorities: Follow up of budgeting of preventive health interventions at the local level.				Intermediate
	<b>La Libertad - Huamachuco/Sarín</b>				
1.1.6.15	Technical meetings with key actors ( RG / Regional Health Directorate and Local authorities) to inform scope of the Local Incentive Program		Completed		
1.1.6.16	Workshop with RG and local authorities to reach political agreements regarding the implementation of Local Incentive Plan		Completed		
1.1.6.17	Joint programming workshops with RG and local authorities: Diagnosis and evaluation of health targets included in the Local Incentive Plan		Completed		
	<b>San Martin - Bajo Huallaga</b>				
1.1.6.18	Technical meetings with key actors ( RG / Regional Health Directorate and Local authorities) to inform scope of the Local Incentive Program		Completed		
1.1.6.19	Workshop with RG and local authorities to reach political agreements regarding the implementation of Local Incentive Plan		Completed		
1.1.6.20	Joint programming workshops with RG and local authorities: Diagnosis and evaluation of health targets included in the Local Incentive Plan		Completed		
1.1.6.21	Joint programming workshops with RG and local authorities: Follow up of budgeting of preventive health interventions at the local level.				Initial
<b>1.1.7.</b>	<b>The MOH is exercising its stewardship and oversight authority regarding public health priorities</b>				
	<b>Central</b>				
1.1.7.1	Elaboration of discussion paper on stewardship				Completed
1.1.7.3	Workshops to discuss the BOD study and develop health policy agenda				Initial
1.1.7.4	Workshops to discuss MCH health evidence based planning				Initial

	methodology (SPECTRUM)				
<b>1.2.</b>	<b>Develop and implement national and regional anticorruption plans for the health sector</b>				
<b>1.2.1.</b>	<b>One DIRESA has approved health sector anticorruption plan</b>				
	<b>Huanuco</b>				
1.2.1.1	Support Regional Government to elaborate diagnostic of risks corruption in health sector				Advanced
<b>2</b>	<b>Health Insurance and Financing</b>				
<b>2.1.</b>	<b>Improve health coverage of poor and vulnerable populations</b>				
<b>2.1.1.</b>	<b>DIREASAs in one priority region has formulated multi-year health investment plan</b>				
	<b>Central</b>				
2.1.1.1	Technical meetings with MOH to define activities/strategy toward the validation of a methodological guidelines for the elaboration of a multi-year health investment plan		Completed		
2.1.1.2	TA to MOH to adjust proposal of a methodological guidelines for the elaboration of a multi-year health investment plan		Initial		Intermediate
2.1.1.3	Elaboration of a methodological framework for the estimation of physical gap (infrastructure and equipment) to be included in the methodological guidelines for the formulation of the multi-year health investment plan		Intermediate		Advanced
<b>2.2.</b>	<b>Ensure efficiency and equity in health resource allocation</b>				
<b>2.2.1.</b>	<b>MOH has developed, in consultation with key health sector actors, financial rules designed to ensure resources for the health insurance reform</b>				
	<b>Central</b>				
2.2.1.1	Workshop with key actors to identify critical issues regarding financing of the Universal Health Insurance Policy				Completed
2.2.1.2	Elaboration of a technical proposal of Health Financial Law				Intermediate
2.2.1.3	Workshops with key actors to discuss contents of the proposal of law				Intermediate
2.2.1.4	Technical assistance to MOH for the presentation of the proposal of Health Financial Law to different key actors				Intermediate
2.2.1.7	TA to MOH for the elaboration of analytical and logical framework of Universal Health Insurance (UHI)				Intermediate
2.2.1.8	TA to MOH to design of a proposal of M&E framework of UHI implementation				Initial
2.2.1.9	TA to MOH for the design of baseline indicators of UHI				Initial

2.2.1.10	TA to MOH to adjust PEAS costing matrix according to legal norms		Intermediate		Advanced
2.2.1.12	Workshops to train Social Security personnel on Evidence-Based Medicine for the identification of high-cost health interventions				Initial
2.2.1.13	TA to Social Security for the costing of PEAS (contributive scheme)		Initial		Intermediate
	<b>Cusco</b>				
2.2.1.16	TA to the RHD in the organization of CTIR and elaboration of work plan		Initial		Completed
2.2.1.17	TA to the RHD and CTIR in the diagnosis of health insurance gaps				Completed
<b>3</b>	<b>Health Information</b>				
<b>3.1.</b>	<b>The capacity of public health facilities providers to collect, analyze, and use data has been strengthened in six regions</b>				
<b>3.1.1.</b>	<b>National data quality standards are established or improved</b>				
	<b>Central</b>				
3.1.1.1	TA to the MOH for the update of the medical procedures standards to be used in provider health information systems		Initial		Advanced
3.1.1.2	TA to the MOH for the definition of the interoperability standards to be used in provider health information systems for the implementation of the universal health insurance				Initial
<b>3.1.2.</b>	<b>Regional plans for improved collection, analysis, dissemination and use of information by hospitals/health micro networks have been approved and are implemented in three regions</b>				
	<b>Central</b>				
3.1.2.1	Elaboration of methodology to design regional action plans		Advanced		Initial
3.1.2.2	Technical meetings with Health IT Committee				
3.1.2.3	Design of GalenHos-Primary Care (including micro-network)		Intermediate		Intermediate
3.1.2.6	IT audit of hospital GalenHos to be migrated to a free access platform				Intermediate
3.1.2.7	Migration of hospital GalenHos to a free access platform		Initial		Initial
3.1.2.8	Design, development of new modules of GalenHos-Hospital (e.g. universal health insurance reports, pharmacy, etc.)		Initial		Initial
	<b>Ayacucho (Result region)</b>				
3.1.2.12	Identification of information needs at the provider level and RHD, SIS and MOH (national health strategies)		Completed		
3.1.2.13	Diagnosis and proposal for the optimization of current flow of data between providers, micro-networks, networks, RHD, and SIS		Completed		
3.1.2.14	Rapid assessment of the provider health information infrastructure		Completed		

3.1.2.15	TA for the formulation of Regional Plans for the modernization of the health provision information system		Completed		
3.1.2.18	Maintenance of GalenHos-Hospital		Advanced		Advanced
	<b>Cajamarca</b>				
3.1.2.25	Technical meeting with RHD, Hospital Directors to design implementation plan of GalenHos-Hospital		Completed		
3.1.2.26	Training workshops to RHD IT team for the installation and operation of GalenHos-Hospital Care				Advanced
	<b>Huanuco (Result region)</b>				
3.1.2.28	Identification of information needs at the provider level and RHD, SIS and MOH (national health strategies)		initial		Completed
3.1.2.29	Diagnosis and proposal for the optimization of current flow of data between providers, micro-networks, networks, RHD, and SIS		initial		Completed
3.1.2.30	Rapid assessment of the provider health information infrastructure		initial		Completed
3.1.2.31	TA for the formulation of Regional Plans for the modernization of the health provision information system		Intermediate		Advanced
	<b>San Martin (Result region)</b>				
3.1.2.43	Identification of information needs at the provider level and RHD, SIS and MOH (national health strategies)		Completed		
3.1.2.44	Diagnosis and proposal for the optimization of current flow of data between providers, micro-networks, networks, RHD, and SIS		Completed		
3.1.2.45	Rapid assessment of the provider health information infrastructure		Completed		
3.1.2.46	TA for the formulation of Regional Plans for the modernization of the health provision information system		Completed		
3.1.2.51	Training workshops to RHD IT team for the installation and operation of GalenHos-Hospital Care				Intermediate
<b>4</b>	<b>Health Workforce</b>				
<b>R.4.1.</b>	<b>A broad-based regional system for planning and managing the health workforce designed, approved and implemented</b>				
<b>4.1.1.</b>	<b>Dialogue between experts and policy makers to design civil service policies in the health sector</b>				
	<b>Central</b>				
4.1.1.1	Technical meetings with MOH in order to define a roadmap to design a proposal of civil service policies		Completed		
4.1.1.2	Technical meetings with MOH in order to identify national experts and establish a technical team		Intermediate		Advanced

4.1.1.3	Technical meetings with MOH in order to develop meetings/events to discuss a proposal of civil service policies				Initial
<b>4.1.2.</b>	<b>Design and validation of broad-based system for planning health workforce has taken place in one region</b>				
	<b>Central</b>				
4.1.2.1	Technical meetings with MOH and RG to coordinate guidelines for HHR planning		Completed		Completed
4.1.2.2	Elaboration of methodology to define the quantity and distribution of HR for level of care.		Intermediate		Intermediate
	<b>San Martin (Result region)</b>				
4.1.2.24	Technical meetings with RHD in order to define a technical team to identify the gap in HR				Completed
<b>4.1.3.</b>	<b>Design and validation of regional human resources management system has taken place in one region</b>				
	<b>Central</b>				
4.1.3.1	Technical meetings with SERVIR and MOH in order to define key sub-systems for HHR management system and align it to national policies		Completed		Completed
4.1.3.2	Technical meetings with MOH in order to define a proposal of functions for each level in order to implement the HHR management system				Initial
	<b>San Martin (Result region)</b>				
4.1.3.12	Workshop(s) with the regional committee to design and validate a proposal of the HHR management system and procedures manual				Initial
<b>R.4.2.</b>	<b>Ensure competency of workers in the health sector</b>				
<b>4.2.1.</b>	<b>Development of job competences profile for network and micro network management team and a system for the evaluation and supervision of competencies, designed and validated in two regions</b>				
	<b>Central</b>				
4.2.1.1	Technical meetings with MOH and SERVIR to define methodology and procedures to design management competencies		Advanced		Completed
	<b>Huánuco</b>				
4.2.1.7	Workshop(s) to define managerial competencies profile for DIRESA / network / micro network		Initial		Initial
	<b>San Martin (Result region)</b>				
4.2.1.12	Workshop(s) to define managerial competencies profile for DIRESA				Advanced
4.2.1.13	Technical meetings with DIRESA to define key managerial competencies				Advanced
4.2.1.14	Workshops to define performance standards for key managerial				Initial

	competencies				
5	<b>Medical Products, Vaccines and Technologies</b>				
5.1.	<b>Improve capacities and policies at the national and regional levels to ensure that medical products, vaccines, contraceptives and supplies are procured, stored, transported and in stock at facilities according to established logistics standards</b>				
5.1.1	<b>Design and validation of the methodology to plan and forecast needs for pharmaceuticals and supplies according to PEAS in one region</b>				
	<b>Central</b>				
5.1.1.1	Technical meetings with DIGEMID to coordinate activities				Initial
5.1.1.2	Consistency analysis between the National Pharmaceutical List (Petitorio) and PEAS requirements				Initial
	<b>Apurimac (Result region)</b>				
	TA to manage pharmaceutical procurement contracts				Initial
	<b>Ayacucho</b>				
5.1.1.11	Update of the regional essential drugs lists by levels of care				Advanced
5.1.1.12	Reactivation and operation of the Regional Pharmaceutical Committee				Completed
	<b>San Martin (Result region)</b>				
5.1.1.21	Update of the regional essential drugs lists by levels of care				Initial
5.1.1.22	Reactivation and operation of the Regional Pharmaceutical Committee				Initial
5.1.2.	<b>Regional plan to improve drug logistics system to ensure the quality and availability of pharmaceuticals has been approved and is being implemented in one region</b>				
	<b>Central</b>				
5.1.3.2	Technical meetings with DIGEMID/DARES to coordinate C4activities		Completed		Initial
5.1.3.3	Elaboration of quick assessment tool		Completed		
5.1.3.4	Elaboration of methodology to design regional action plans		Completed		
	<b>Apurimac (Result region)</b>				
5.1.3.5	Quick assessment of pharmaceutical products supply and quality assurance at the regional and local levels		Completed		
5.1.3.6	TA to RHD to develop/update regional action plans for the improvement of quality and availability (including warehouses and distribution network)				Completed
5.1.3.7	TA to decentralize the distribution to micro networks according with the new design developed by the region and governance component				Advanced

	<b>Ayacucho</b>				
5.1.3.9	Quick assessment of pharmaceutical products supply and quality assurance at the regional and local levels		Completed		
5.1.3.10	TA to RHD to develop/update regional action plans for the improvement of quality and availability (including warehouses and distribution network)				Completed
	<b>Cusco</b>				
5.1.3.13	Quick assessment of pharmaceutical products supply and quality assurance at the regional and local levels		Completed		
5.1.3.14	TA to RHD to develop/update regional action plan for the improvement of quality and availability (including warehouses and distribution network)				Completed
5.1.3.15	TA to improve the distribution system to health facilities				Advanced
	<b>Huanuco</b>				
5.1.3.18	Quick assessment of pharmaceutical products supply and quality assurance at the regional and local levels		Completed		
5.1.3.19	TA to RHD to develop/update regional action plans for the improvement of quality and availability (including warehouses and distribution network)				Advanced
	<b>La Libertad</b>				
5.1.3.22	Quick assessment of pharmaceutical products supply and quality assurance at the regional and local levels		Initial		Completed
5.1.3.23	<b>San Martin (Result region)</b>				
5.1.3.24	Quick assessment of pharmaceutical products supply and quality assurance at the regional and local levels		Completed		
5.1.3.25	TA to RHD to develop/update regional action plan for the improvement of quality and availability (including warehouses and distribution network)		Completed		
5.1.3.26	TA to improve the distribution system to health facilities				Intermediate

## 2. Planned Activities October-December 2010

Project Components, Activities and Sub-Activities		Oct – Dec 2010
<b>Project Management</b>		
<b>Project planning, monitoring and reporting</b>		
	Quarterly monitoring meetings with staff	
	Elaboration of quarterly progress reports	
<b>Overall project deliverables</b>		
D 1.	Technical report of policies, regulations, and programmatic actions taken by regional and national governments and health authorities regarding the universal health insurance pilots	
D 2.	Overall report on activities under the five Outcomes of the Task Order during the period, addressing their effect on the improvement of maternal – perinatal and child health and proposing benchmarks and strategies for future interventions	
D 3.	Overall report on activities under the five Outcomes of the Task Order during the period, addressing their effect on the improvement of FP/RH and proposing benchmarks and strategies for future interventions	
<b>Government transition activities</b>		
<b>Central</b>		
GT.1	Policy brief & road map of health reform for the new government: health insurance	
GT.2	Policy brief & road map of health reform for the new government: decentralization	
GT.5	Elaborate policy brief & road map of regional implementation of health reform for REMURPE and ANGR	
GT.6	Assist REMURPE and ANGR during the governmental transfer of the regional and local health agenda	
GT.9	Elaborate policy brief & road map of regional implementation of health reform for new regional authorities	
<b>Regions</b>		
GT.10	Elaborate policy brief & road map of regional implementation of health reform new authorities	

GT.11	TA for governmental transfer of the health sector (revise ProDescentralizacion guidelines, articulate with partners and local allies)	
GT.12	Promote meetings with local organizations and partners to discuss and implement sustainability strategies in support of main health policies	
<b>1</b>	<b>Health Governance</b>	
	<b>Deliverables</b>	
D 1.1.1.	Technical report on progress made regarding intergovernmental health agreements.	
D 1.1.2	Technical report on the systematization of local decentralization pilots.	
D 1.1.3	Technical report on the progress made regarding reorganization and revised functioning of the Regional Health Directorates (RHD)	
D 1.1.4	Technical report on the results of dialogues with political parties regarding the health agenda.	
<b>1.1.</b>	<b>Strengthen and expand decentralization of the health sector</b>	
<b>1.1.1.</b>	<b>The MOH and Regional Governments have plans to further decentralize health functions down to local levels</b>	
	<b>Central</b>	
1.1.1.2	Workshops to discuss the health functions matrix for local governments with ANG y REMURPE	
1.1.1.3	Technical assistance to the MOH Decentralization Office for the presentation and approval of the health functions matrix for local governments in the Intergovernmental Health Commission	
	<b>Lambayeque - Salas (De concentration model)</b>	
1.1.1.7	Technical support to the implementation of micro network management in Salas	
	Workshop to assess Health Board functioning	
	<b>Cajamarca - Celendin (Delegation model)</b>	
1.1.1.10	Technical meeting with Regional Government in order to review local health pilot design	
<b>1.1.2.</b>	<b>Health sector issues have been debated publicly in the political transition at the national and regional level</b>	
	<b>Central</b>	
1.1.2.1	TA to Coordination Committee of national political parties to promote dialogue regarding the health agenda	
1.1.2.2	Support to the Coordination Committee for the organization of workshops and meetings to discuss key health issues	
1.1.2.3	Systematization and dissemination of the results of policy dialogue (national	

	and regional)	
	<b>Cusco</b>	
1.1.2.10	Support to the Regional Promoter Group for the organization of workshops and meetings to discuss key health issues	
<b>1.1.3.</b>	<b>The national, regional and local levels agree and monitor key health sector policies</b>	
	<b>Central</b>	
1.1.3.1	TA to MOH to organize and facilitate meetings of the IHC	
1.1.3.2	TA to MOH for the facilitation of the discussion and approval of the technical proposal of categorization of services (Work group 1)	
1.1.3.3	TA to MOH for the facilitation of the discussion and approval of the technical proposal of a health financial law (Work group 2)	
1.1.3.4	TA to MOH for the facilitation of the discussion and approval of the technical proposal of a health public career (Work group 3)	
1.1.3.5	TA to National Assembly of Regional Governments (ANGR) to participate in the National Technical Implementation Committee (CTIN), its Secretariat (SETEC) and IHC	
1.1.3.6	TA to ANGR to elaborate technical proposals on health policies (including fiscal decentralization)	
1.1.3.7	TA to ANGR to facilitate agreements between Regional Health Directors	
1.1.3.8	TA to REMURPE to formulate proposals for the health of local governments	
<b>1.1.4</b>	<b>DIRESAs in two priority regions have been reorganized to carry out their new functions under decentralization</b>	
	<b>Central</b>	
1.1.4.1	Elaboration of operational guideline for the delimitation of health networks and micro networks	
1.1.4.2	Technical meetings for the revision and approval of operational guidelines for the delimitation of health networks and micro networks	
1.1.4.3	TA to MOH Decentralization Office in the revision and validation of regional M&E tools (MED Salud)	
	<b>Apurímac (Result region)</b>	
1.1.4.6	TA for the elaboration of technical report of the delimitation fo micro networks	
1.1.4.7	Workshops to identify the charter of services of the micro networks	
	<b>Cusco</b>	
1.1.4.12	Technical meetings with RHD and RG to elaborate a reorganization plan of RHD	

1.1.4.13	Workshops for the organizational design of RHD	
1.1.4.14	Elaboration of technical proposal for RHD organizational redesign	
	<b>Huanuco</b>	
1.1.4.18	Workshops for delimitation of Health Networks and Micro networks	
	<b>San Martin (Result region)</b>	
1.1.4.23	Technical meeting and workshop with RHD to revise and monitor reorganization plan	
1.1.4.24	Capacity building assistance to management team	
1.1.4.24	Elaboration of RHD internal organizational documents (Organization Manuals, Personnel Assignment Cadres) in key units	
<b>1.1.5</b>	<b>One DIRESA implements primary health care management model in priority area</b>	
	<b>Central</b>	
1.1.5.1	TA to MOH and regional governments to update categorization norm in accordance to primary level care as defined in PEAS	
1.1.5.2	Elaboration of referential charter of services for primary health care and operational guideline	
1.1.5.3	Technical meetings for the revision and approval of referential charter of services for primary health care	
1.1.5.4	Elaboration of a technical proposal with an up-date of the primary health care model for the public sector	
	<b>San Martin (Result region)</b>	
1.1.5.8	Workshops for the revision and adaptation of the primary health care model	
1.1.5.11	Training of officers in key areas in RHD and health networks to improve organization and management of health services	
<b>1.1.6.</b>	<b>Local pilots in two priority regions plan and implement local programs using results-based budgets</b>	
	<b>Central</b>	
1.1.6.2	Systematization of the budgeting process linked to the Local Incentive Program	
	<b>Ayacucho (Result region)</b>	
1.1.6.6	Joint programming workshops with RG and local authorities: Follow up of budgeting of preventive health interventions at the local level.	
	<b>Cusco</b>	
1.1.6.10	Joint programming workshops with RG and local authorities: Follow up of	

	budgeting of preventive health interventions at the local level.	
	<b>Huánuco (Result region)</b>	
1.1.6.14	Joint programming workshops with RG and local authorities: Follow up of budgeting of preventive health interventions at the local level.	
	<b>San Martin - Bajo Huallaga</b>	
1.1.6.21	Joint programming workshops with RG and local authorities: Follow up of budgeting of preventive health interventions at the local level.	
<b>1.1.7.</b>	<b>The MOH is exercising its stewardship and oversight authority regarding public health priorities</b>	
	<b>Central</b>	
1.1.7.2	Promotion of technical discussion regarding MOH stewardship role among experts	
1.1.7.3	Workshops to discuss the BOD study and develop health policy agenda	
1.1.7.4	Workshops to discuss MCH health evidence based planning methodology (SPECTRUM)	
1.1.7.5	Stakeholder analysis regarding a decentralized management model for public health priorities (FP/RH)	
1.1.7.6	Constitution of public health work group	
1.1.7.7	Workshop with MOH to identify critical issues regarding the decentralized management model of public health	
1.1.7.8	Elaboration of concept paper on decentralized management model of public health	
1.1.7.9	Workshops with key actors to review international experiences regarding public health management in decentralized contexts	
<b>1.2.</b>	<b>Develop and implement national and regional anticorruption plans for the health sector</b>	
<b>1.2.1.</b>	<b>One DIRESA has approved health sector anticorruption plan</b>	
	<b>Huanuco</b>	
1.2.1.1	Support Regional Government to elaborate diagnostic of risks corruption in health sector	
1.2.1.2	TA to Regional Government to elaborate Anticorruption Plan in Health	
<b>2</b>	<b>Health Insurance and Financing</b>	
	<b>Deliverables</b>	
D 2.1.1.	Project strategy to ensure health financing laws is developed with broad participation and gain wide public support	

<b>2.1.</b>	<b>Improve health coverage of poor and vulnerable populations</b>	
<b>2.1.1.</b>	<b>DIREAS in one priority region has formulated multi-year health investment plan</b>	
	<b>Central</b>	
2.1.1.2	TA to MOH to adjust proposal of a methodological guidelines for the elaboration of a multi-year health investment plan	
2.1.1.3	Elaboration of a methodological framework for the estimation of physical gap (infrastructure and equipment) to be included in the methodological guidelines for the formulation of the multi-year health investment plan	
	<b>San Martin (Result region)</b>	
2.1.1.4	Technical meetings with RG and RHD to discuss and adjust the methodological guidelines for the formulation of a multi-year health investment plan at the regional level	
<b>2.2.</b>	<b>Ensure efficiency and equity in health resource allocation</b>	
<b>2.2.1.</b>	<b>MOH has developed, in consultation with key health sector actors, financial rules designed to ensure resources for the health insurance reform</b>	
	<b>Central</b>	
2.2.1.2	Elaboration of a technical proposal of Health Financial Law	
2.2.1.3	Workshops with key actors to discuss contents of the proposal of law	
2.2.1.4	Technical assistance to MOH for the presentation of the proposal of Health Financial Law to different key actors	
2.2.1.5	Technical meetings with MOH to adjust contents of the proposal of the Health Financial Law	
2.2.1.6	Public dialogue /Advocacy regarding the proposal of financial health law	
2.2.1.8	TA to MOH to design of a proposal of M&E framework of UHI implementation	
2.2.1.9	TA to MOH for the design of baseline indicators of UHI	
2.2.1.10	TA to MOH to adjust PEAS costing matrix according to legal norms	
2.2.1.11	TA to MOH to constitute organic unit in charge of PEAS analysis	
2.2.1.12	Workshops to train Social Security personnel on Evidence-Based Medicine for the identification of high-cost health interventions	
2.2.1.13	TA to Social Security for the costing of PEAS (contributive scheme)	
	<b>Ayacucho</b>	
2.2.1.14	TA to IT committee of CTIR	

2.2.1.15	TA to Service Contracts Committee of CTIR	
	<b>Cusco</b>	
2.2.1.18	TA to the RHD and CTIR in the analysis of financial gaps for UHI implementation	
2.2.2.	<b>At least two priority regions have developed plans to ensure that payments to local health providers are timely and based on the level of service production</b>	
	<b>Central</b>	
2.2.2.1	Elaboration of guidelines for rapid assessment of critical issues regarding current financial flows mechanism from BIU to Non fund holders Health Network and Micro networks	
	<b>San Martin (Result region)</b>	
2.2.2.8	Identification of critical issues regarding current financial flows mechanism from BIU to Non fund holders Health Network and Micro networks	
3	<b>Health Information</b>	
3.1.	<b>The capacity of public health facilities providers to collect, analyze, and use data has been strengthened in six regions</b>	
3.1.1.	<b>National data quality standards are established or improved</b>	
	<b>Central</b>	
3.1.1.1	TA to the MOH for the update of the medical procedures standards to be used in provider health information systems	
3.1.1.2	TA to the MOH for the definition of the interoperability standards to be used in provider health information systems for the implementation of the universal health insurance	
3.1.2.	<b>Regional plans for improved collection, analysis, dissemination and use of information by hospitals/health micro networks have been approved and are implemented in three regions</b>	
	<b>Central</b>	
3.1.2.1	Elaboration of methodology to design regional action plans	
3.1.2.2	Technical meetings with Health IT Committee	
3.1.2.3	Design of GalenHos-Primary Care (including micro-network)	
3.1.2.4	Development and validation of the prototype of GalenHos-Primary Care (including micro-network)	
3.1.2.6	IT audit of hospital GalenHos to be migrated to a free access platform	
3.1.2.7	Migration of hospital GalenHos to a free access platform	
3.1.2.8	Design, development of new modules of GalenHos-Hospital (e.g. universal	

	health insurance reports, pharmacy, etc.)	
3.1.2.9	Design of a training program for the improvement of clinical data management (clinical coding, archives management) at the primary and hospital levels	
3.1.2.10	Development of public investment prototype for the health provision information system for hospitals	
	<b>Ayacucho (Result region)</b>	
3.1.2.18	Maintenance of GalenHos-Hospital	
3.1.2.20	Training in clinical data management (clinical coding, archives management) at the primary care and hospital care level	
	<b>Cajamarca</b>	
3.1.2.26	Training workshops to RHD IT team for the installation and operation of GalenHos-Hospital Care	
	<b>Huanuco (Result region)</b>	
3.1.2.28	Identification of information needs at the provider level and RHD, SIS and MOH (national health strategies)	
3.1.2.29	Diagnosis and proposal for the optimization of current flow of data between providers, micro-networks, networks, RHD, and SIS	
3.1.2.30	Rapid assessment of the provider health information infrastructure	
3.1.2.31	TA for the formulation of Regional Plans for the modernization of the health provision information system	
3.1.2.32	Technical meeting with RHD, Hospital Directors to design implementation plan of GalenHos-Hospital	
	<b>La Libertad</b>	
3.1.2.40	Technical meeting with Belen Hospital to define the timetable to extend the implementation of GalenHos-Hospital modules	
3.1.2.41	Training workshops to Belen Hospital for the installation and operation of updated GalenHos-Hospital Care	
	<b>San Martin (Result region)</b>	
3.1.2.50	Training in clinical data management (clinical coding, archives management) at the primary care and hospital care level	
3.1.2.51	Training workshops to RHD IT team for the installation and operation of GalenHos-Hospital Care	
<b>4</b>	<b>Health Workforce</b>	
<b>R.4.1.</b>	<b>A broad-based regional system for planning and managing the health workforce designed, approved and implemented</b>	
<b>4.1.1.</b>	<b>Dialogue between experts and policy makers to design civil service policies in the health sector</b>	

	<b>Central</b>	
4.1.1.3	Technical meetings with MOH in order to develop meetings/events to discuss a proposal of civil service policies	
<b>4.1.2.</b>	<b>Design and validation of broad-based system for planning health workforce has taken place in one region</b>	
	<b>Central</b>	
4.1.2.1	Technical meetings with MOH and RG to coordinate guidelines for HHR planning	
4.1.2.2	Elaboration of methodology to define the quantity and distribution of HR for level of care.	
4.1.2.3	Adjustment of ASEGURA to estimate human resources for the implementation of UHI	
	<b>Ayacucho</b>	
4.1.2.10	Technical meetings with RHD in order to define a technical team to identify the gap in HR	
4.1.2.11	Training to collect data for the HHR planning methodology	
4.1.2.12	Data collection for the HHR planning methodology	
	<b>San Martin (Result region)</b>	
4.1.2.25	Training to collect data for the HHR planning methodology	
4.1.2.26	Data collection for the HHR planning methodology	
<b>4.1.3.</b>	<b>Design and validation of regional human resources management system has taken place in one region</b>	
	<b>Central</b>	
4.1.3.1	Technical meetings with SERVIR and MOH in order to define key sub-systems for HHR management system and align it to national policies	
4.1.3.2	Technical meetings with MOH in order to define a proposal of functions for each level in order to implement the HHR management system	
	<b>Cusco</b>	
4.1.3.4	Workshop(s) with the regional committee to design and validate a proposal of the HHR management system and procedures manual	
	<b>Huanuco</b>	
4.1.3.8	Workshop(s) with the regional committee to design and validate a proposal of the HHR management system and procedures manual	
	<b>San Martin (Result region)</b>	

4.1.3.12	Workshop(s) with the regional committee to design and validate a proposal of the HHR management system and procedures manual	
R.4.2.	<b>Ensure competency of workers in the health sector</b>	
4.2.1.	<b>Development of job competences profile for network and micro network management team and a system for the evaluation and supervision of competencies, designed and validated in two regions</b>	
	<b>Central</b>	
4.2.1.1	Technical meetings with MOH and SERVIR to define methodology and procedures to design management competencies	
	<b>Ayacucho (Result region)</b>	
4.2.1.3	Workshop(s) to define managerial competencies profile for DIRESA / network / micro network	
4.2.1.4	Technical meetings with DIRESA to define key managerial competencies	
	<b>Cusco</b>	
4.2.1.3	Workshop(s) to define managerial competencies profile for DIRESA / network / micro network	
	<b>Huánuco</b>	
4.2.1.7	Workshop(s) to define managerial competencies profile for DIRESA / network / micro network	
4.2.1.8	Technical meetings with DIRESA to define key managerial competencies	
	<b>San Martin (Result region)</b>	
4.2.1.12	Workshop(s) to define managerial competencies profile for DIRESA	
4.2.1.13	Technical meetings with DIRESA to define key managerial competencies	
4.2.1.14	Workshops to define performance standards for key managerial competencies	
5	<b>Medical Products, Vaccines and Technologies</b>	
5.1.	<b>Improve capacities and policies at the national and regional levels to ensure that medical products, vaccines, contraceptives and supplies are procured, stored, transported and in stock at facilities according to established logistics standards</b>	
5.1.1	<b>Design and validation of the methodology to plan and forecast needs for pharmaceuticals and supplies according to PEAS in one region</b>	
	<b>Central</b>	
5.1.1.1	Technical meetings with DIGEMID to coordinate activities	
5.1.1.2	Consistency analysis between the National Pharmaceutical List (Petitorio) and PEAS requirements	

5.1.1.3	Design a methodology to forecast and program needs of pharmaceutical products and medical supplies consistent with the PEAS, the portfolio of services in the networks and their population characteristics.	
5.1.1.4	Validation with DIGEMID of methodology to forecast and program needs of pharmaceutical products	
	<b>Apurimac (Result region)</b>	
	TA to manage pharmaceutical procurement contracts	
	<b>Ayacucho</b>	
5.1.1.11	Update of the regional essential drugs lists by levels of care	
	<b>Huanuco</b>	
5.1.1.16	Update of the regional essential drugs lists by levels of care	
5.1.1.17	Reactivation and operation of the Regional Pharmaceutical Committee	
	<b>San Martin (Result region)</b>	
5.1.1.21	Update of the regional essential drugs lists by levels of care	
5.1.1.22	Reactivation and operation of the Regional Pharmaceutical Committee	
5.1.1.23	Validation of methodology to forecast and program needs of pharmaceutical products	
<b>5.1.2.</b>	<b>Regional plan to improve drug logistics system to ensure the quality and availability of pharmaceuticals has been approved and is being implemented in one region</b>	
	<b>Central</b>	
5.1.3.2	Technical meetings with DIGEMID/DARES to coordinate activities	
	<b>Apurimac (Result region)</b>	
5.1.3.7	TA to decentralize the distribution to micro networks according with the new design developed by the region and governance component	
5.1.3.8	TA to RHD to monitor regional action plans for the improvement of quality and availability (including warehouses and distribution network)	
	<b>Ayacucho</b>	
5.1.3.11	TA to implement regional action plan (TBD)	
5.1.3.12	TA to RHD to monitor regional action plans for the improvement of quality and availability (including warehouses and distribution network)	
	<b>Cusco</b>	
5.1.3.15	TA to improve the distribution system to health facilities	

5.1.3.17	TA to RHD to monitor regional action plans for the improvement of quality and availability (including warehouses and distribution network)	
	<b>Huanuco</b>	
5.1.3.19	TA to RHD to develop/update regional action plans for the improvement of quality and availability (including warehouses and distribution network)	
5.1.3.20	TA to implement regional action plan (TBD)	
5.1.3.21	TA to RHD to monitor regional action plans for the improvement of quality and availability (including warehouses and distribution network)	
5.1.3.23	<b>San Martin (Result region)</b>	
	TA to improve logistic process and procedures	
5.1.3.26	TA to improve the distribution system to health facilities	
5.1.3.28	TA to RHD to develop/update and monitor regional action plans for the improvement of quality and availability (including warehouses and distribution network)	

### 3. Problems encountered

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Personnel turnover is always a challenge when engaged and supportive public officials are replaced by others that need a time to engage into the institutional priorities and agenda or have different ones. In La Libertad, the project resumed some of the activities that previous USAID projects were conducting in health governance, decentralization and financing, but due a pest epidemic, some decisions required to continue advancing in these areas were postponed. Within this context, the RG appointed a new RHD Director, who had to devote to his new labors and to solve the increasing epidemic, postponing again organizational decisions the project needed to continue providing its technical assistance. In consultation with USAID, the project closed its regional office and suspended the on-site regional advisor, waiting for any decision that should be taken by the RHD.

## 4. Proposed Solutions to New Problems

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The next quarter will start with the election of new regional authorities that should be assuming their government positions starting January 2011. During this quarter, the project fostered policy dialogue activities organized by regional groups, who had the chance to present regional main achievements related with decentralization and health reform. In some of the regions, political parties' candidates signed their commitments to continue the implementation of regional health reforms, which results in an opportunity for the project to continue its technical assistance program.

During this quarter the regional governments will organize transition committees to promote management transference in the best conditions. The project regional advisors will be closed to these transition committees to introduce main project advances and better align project strategies to the new RG authorities.

## 6. List of Upcoming Events

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### Health Governance

- Ordinary meeting of the Intergovernmental Health Committee (IHC): Dec
- Workshop to discuss local governments decentralized functions and decentralized health management(MOH): Nov 4-5
- Workshops to define HN and HMN delimitation (Apurimac, Huanuco and Cusco); Nov
- Workshops to implement San Martin organizational design and primary health model (San Martin): Oct, Nov, Dec

### Health Financing

- Workshops on Evidence Based Medicine (Essalud and MOH): Oct 18-21
- International Seminar on Health Financing Reform: Nov 11
- Experts Workshop to Validate Updated PEAS: Oct
- Workshop to Validate MOH guidelines for the formulation of Multiannual Investment Plans: Nov

### **USAID|Peru|Quality of Care**

The project continued coordinating activities with CALIDAD, especially in the region of San Martín. In this region, the project is implementing both the new RHD organizational design and the model of primary health care. CALIDAD has participated in the discussion and work plan evaluation related with both interventions, and is supporting complementary activities related with improvement<sup>4es</sup> at the health facility service provision.

### **PARSALUD**

PARSALUD has regional advisors in four of the project regions, and heir staff is closely working in the common areas of both projects. A specific joint work has developed to improve medicines supply system, and PARSALUD is committed to the elaboration of public investment projects (PIP), to build local warehouses as part of a comprehensive distribution system.

### **Co funding**

Several regional workshops are being co-funded by the RHD, either thru the payment of their staff per-diem or purchasing some materials. One of the best examples of this co-funding strategy is the two-weeks intensive program of training in the use of GalenHos software, which has been implemented with staff of three regional hospitals from Ayacucho, Cajamarca and San Martin. Travel and per diem of this staff is paid by the RHD and the project contributes with training LOE and its installations.

**Appendix 1:**

