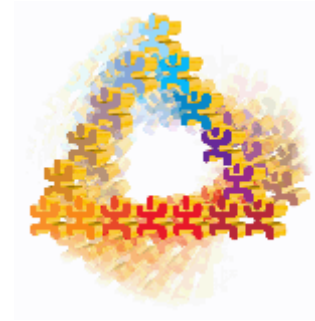




CARMEN Country Profiles: Peru



In 2002, based on the 2002 WHO Global Burden of Disease data¹, noncommunicable diseases (NCDs) accounted for 63.9% of the total 170,102 deaths in Peru. The leading cause of death among the noncommunicable diseases was cardiovascular disease, with an Age Standardized Mortality Rate (ASMR) of 190 per 100,000 (36.6%). Malignant neoplasms followed, with an ASMR of 174 per 100,000 (29.9%). Chronic respiratory diseases were responsible for an ASMR of 42 per 100,000 cases (7.3%); and diabetes, for an ASMR of 23 per 100,000 (4.1%). The remainder was due to other non-specified conditions.

Peru is working hard to lower the burden posed by poverty, by using social inclusion and protection, community-building and social participation.² The indigenous population constitutes 50% of those living in extreme poverty; this population is also underrepresented within the healthcare system.

Date	CARMEN Demonstration Site
2004	Villa El Salvador
	La Libertad, Ventanilla, Tumbes

Date	Evolution of the CARMEN Initiative
2002	Strategic Plan for NCD Prevention and Control
	Master Course in Health Communication

¹ World Health Organization. *WHO Global InfoBase Online. Country Profiles*. 2006.

² Herrera, Carlos Mansilla. *CARMEN Initiative Meeting*. Brazil, November 2003.

CARMEN / Villa El Salvador

Diabetes, cardiovascular diseases, uterine cancer, traffic accidents and violence are the main causes of the high mortality rates in Peru. The country developed a model for the implementation of integrated NCD prevention and control; through this model, the increase of physical activity, healthy diet, abstaining from drug-use and the respect for life are all emphasized. In 2004, one pilot program in Villa El Salvador was already implemented and running, other three programs, in La Libertad, Ventanilla and Tumbes were expected to be initiated by the end of the year.

Strategic Plan of NCD Prevention and Control

Following a study conducted on risk factors affecting the population of Peru in five regions and six cities, the Ministry of Health prioritized noncommunicable diseases in 2001. The 2002 Ministry of Health Strategic Plan embedded the CARMEN Initiative.

Ten health strategies were identified to be implemented during the period of 2002-2012; numbers one and six correlate directly with the CARMEN objectives:

1. Health promotion and prevention of disease
2. Universal coverage of health insurance
3. Monitor supply and use of pharmaceuticals
4. Develop and manage human resources
5. Coordinate the decentralization of the healthcare system
6. New model of comprehensive healthcare services
7. Conduct epidemiological surveillance and health analysis
8. Modernize the Ministry of Health and strengthen its advisory role
9. Redirect funds to the poorest segments of the population
10. Create a democratic healthcare system

The intersectoral health policy-building includes the Ministry of Health, the Ministry of Education, universities, civil societies, non-governmental organizations, religious groups and trade unions.

Peru developed a master course in health communication, in particular it is meant as a template for CARMEN program implementation.

A series of healthy environment projects have been undertaken, including healthy municipalities, healthy schools, healthy workplaces and healthy markets, among others.³ A healthy municipality should look for the following qualities: participatory, strong community, coverage of the basic needs, a varied and dynamic economy, and optimal and accessible health services. Policies should focus on improving the environments, improving lifestyles, protecting the entire population, not only specific groups, and healthy production and economy.

³ Rocabado, Fernando. *Biannual Meeting of the CARMEN Network*. Chile, October 2005.