HEALTH REFORM IN PERU: TOWARDS UNIVERSAL HEALTH COVERAGE
Health Insurance Coverage (2004-2014)
Per capita health expenditure (Soles of 2007)
Health expenditure as % of GDP (1995-2014)
Financing of SIS (2010-2015)

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>2010</td>
<td>464,196,193.00</td>
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<td>2011</td>
<td>569,124,448.00</td>
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<td>2012</td>
<td>585,476,844.00</td>
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<td>2013</td>
<td>924,717,445.00</td>
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<td>2014</td>
<td>1,392,323,301.00</td>
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<td>2015</td>
<td>1,705,312,645.00</td>
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Pillars of Health Reform

- Increase of population coverage
- Expansion of quality services and interventions
- Effective protection of rights
- Strengthened stewardship and governance
Challenge 1: Beyond traditional health frontiers to increase overall allocative efficiency

• Incorporate key Health Determinants:
  ➤ Water and Sanitation
  ➤ Education
**Challenge 2.** Moving the expenditure pattern towards universal primary and secondary health care for equity, efficiency and sustainability of the health system

**Challenge 3.** Changing incentives of providers towards quality, cost effectiveness and integrated care
• To think in terms of medium and long run

• Investment as a reform driver: ¿how do we want our future flow of recurrent expenditure to look like?

• Investment based on the Benefit package

• Moving from maternal and child health to a wider set of entitlements, particularly incorporating NCDs
  • Moving from vertical programs to integrated care
- Investment policy and planning: joint effort MOH, MOF, Regional Governments

  - 170 in a 5 year period to strengthen primary and secondary health networks:
    - Staffing pattern
    - Management reform

  - New tertiary hospitals (PPP)
• Pooling and purchasing / Program budgeting
• Control of cost drivers:
  • Staffing
    • Primarily associated to the investment plan
  • Pharmaceuticals and Technology
  • Evaluation of Health Technology Institute
• Managerial skills
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