



HEALTH PROFILE: PERU

HIV/AIDS

Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	82,000 (low-high estimates 40,000-140,000)
Total Population (2004)	27.567 million
Adult HIV Prevalence (end 2003)	0.5%
HIV-I Seroprevalence in Urban Areas	
Population most at risk (i.e., sex workers and clients, patients seeking treatment for sexually transmitted infections, or others with known risk factors)	1.6%
Population least at risk (i.e., pregnant women, blood donors, or others with no known risk factors)	0.6%

Sources: UNAIDS, U.S. Census Bureau

Peru has undergone significant political turmoil in recent decades, but is more stable now than during the 1980s and early 1990s. While the country's macroeconomic indicators have improved substantially since 2001, over 50% of Peru's population remains poor, and about 25% lives in extreme poverty. The health, education, legal, and environmental-protection sectors continue to weaken. Total investment in the health sector remains much lower than most countries' in Latin America. The Government of Peru has begun to decentralize the functions of its central ministries. The Ministry of Health will likely be one of the leaders in this process, devolving management and budget responsibilities to 34 regional health offices.

Peru's HIV epidemic is concentrated in vulnerable populations. Most HIV transmission occurs through sexual contact. Injecting drug use, blood transfusions, and mother-to-child transmission are less important forms of transmission. Among both men and women, those most affected are between 20 and 39 years of age. Men account for the majority of reported HIV infections (40% in heterosexual men and 42% in men who have sex with other men). The gap between men and women, however, has been narrowing. The imbalance of power, added to violence against women, probably plays a significant role. Heterosexual HIV transmission appears to occur in women whose partners are bisexual men or clients of sex workers. The people most at risk for HIV and for other infectious diseases, including tuberculosis, are the urban poor in metropolitan Lima/Callao, in other urban centers along the coast, and in eastern Peru. HIV transmission is not currently a major problem outside large urban areas.

Infections with syphilis, gonorrhea, and chlamydia in men and women, and trichomoniasis and bacterial vaginosis in women, are factors in increasing risk of HIV transmission in Peru. Inadequate and ineffective treatment of sexually transmitted infections is common. High HIV prevalence among prison inmates and HIV-tuberculosis coinfection are of significant concern. Given the relatively low level of sexual education, limited condom use, and risky sexual behaviors practiced among some subpopulations, there is a significant potential for the further spread of HIV in Peru.

In 2003, about 4,200 deaths from AIDS occurred in adults and children, versus an estimated 3,700 deaths in 2001. Underreporting is estimated to be 35%.

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NATIONAL RESPONSE

Peru was among the first three countries in Latin America (with Bolivia and Brazil) to adopt a syndromic management approach to sexually transmitted infections and to begin offering prophylaxis to prevent mother-to-child HIV transmission. Peru's strategy to prevent sexually transmitted infections was called a model for the Andean region, and in 2000, the Joint United Nations Programme on HIV/AIDS (UNAIDS) cited Peru's HIV/AIDS prevention program as one of the best in the world.

Soon after, however, political turmoil, an economic crisis, and repeated changes in key personnel in the Ministry of Health combined to greatly undermine its operations. While indicators such as infant mortality, under-five child mortality, and the maternal mortality ratio have improved greatly over the last few decades, Peru's health system is weaker now than it was five years ago.

In a major restructuring of the Ministry of Health in 2002–03, several vertical programs, including the National AIDS Program (previously called PROCETTS), were merged. This was accompanied by a reduction in funding and management capacity for AIDS, tuberculosis, child immunization, and other programs. All aspects of the National AIDS Program suffered. In 2004, the Ministry of Health began reconstituting

its HIV/AIDS program, aiming both to limit the expansion of the epidemic by preventing new infections and to provide appropriate and effective care and support to those who have AIDS.

Peruvians who are living with HIV/AIDS are protected by Law 26626. Changes to the law proposed in 2004 have been faulted by human rights observers, because they call for mandatory HIV testing for pregnant women, and simultaneously lauded by others, because they call for the state to provide treatment to all people living with HIV/AIDS. At this time, however, both of these provisions have had only limited implementation.

In March 2004, the Government of Peru signed a Declaration of Partnership with UNAIDS that commits the Ministry of Defense to incorporate HIV/AIDS awareness and prevention programs in all military institutions that train young men and women in uniform. The peacekeeping forces that were deployed to Haiti in June 2004 were Peru's first uniformed personnel to receive such pre-deployment training.

U.S. GOVERNMENT SUPPORT

The Government of the United States channels most of its economic assistance to Peru through the U.S. Agency for International Development (USAID). In 2005, USAID will finance approximately \$13 million in health-related projects, including nearly \$1 million for HIV/AIDS activities. USAID/Peru's Health Office works at the national level with the Ministry of Health and with other governmental and nongovernmental organizations. The Health Office concentrates its fieldwork in seven focus regions where the United States is cooperating with the Government of Peru to control illegal coca production and narco-trafficking and to promote sustainable licit lifestyles. USAID's health strategic objective has two major sub-objectives: to improve the quality of basic health services and to ensure that policies and programs are more responsive to Peru's health needs

Treatment, Care, and Support

In 2004, introduction of antiretroviral drugs was begun in public health clinics of Lima/Callao, funded largely by a grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). Lacking both clinical and management capacity, the health system is inadequately prepared to provide services to individuals with HIV and those with AIDS. The distribution

of health services is inequitable based on a variety of socioeconomic, demographic, and geographic factors. Moreover, in society as a whole and within the health sector, stigma is a significant barrier to diagnosis and treatment.

USAID's programming is designed to address issues related to HIV/AIDS at many levels by:

- Improving the quality of services provided by health personnel through the creation of (1) accreditation systems for training and clinical facilities, and (2) certification systems for health care providers
- Providing specific clinical, epidemiological, and management training on HIV/AIDS
- Improving the information base for HIV/AIDS decision-making, both through the Ministry of Health infectious disease programs and via university-based studies
- Increasing the participation of citizens generally, and people living with HIV/AIDS, in health services planning
- Monitoring and providing technical assistance for the implementation of the Global Fund Round-2 grants for HIV and Tuberculosis (\$48 million)
- Rolling out a new logistics system developed for the Ministry of Health by USAID, which will include all essential drugs, family planning supplies, and, eventually, testing kits and antiretroviral drugs
- Developing a national clinical tracking system for recipients of antiretroviral therapy
- Supporting the Peruvian Office of the Human Rights Ombudsman to assure oversight of patients' and clients' rights in the health care system
- Supporting CONAMUSA, the Global Fund Country Coordinating Mechanism for HIV/AIDS
- Participating in the donor committee that advises the Ministry of Health on HIV/AIDS policy and programming

Prevention

USAID is working at both the national and the field level on HIV/AIDS prevention. In addition to the interventions listed above, USAID/Peru is:

- Supporting NGOs that provide prevention messages using the ABC approach (**A**bstinence, **B**e faithful, and, as appropriate, correct and consistent use of **C**ondoms)
- Training peer health educators
- Expanding the supply of condoms through commercial providers
- Advocating for increased attention to the HIV/AIDS epidemic in professional societies, along with private companies
- Coordinating with other U.S. government agencies in working with the armed forces and the police

Strategic Information

USAID provides extensive technical assistance to Peruvian officials through economic and financing studies, analyses of health policies, and detailed planning for health sector decentralization. In 2004, USAID began a new "continuous" Demographic and Health Survey that will provide information about sexual behavior that is critical to the campaign against AIDS. In addition, USAID is sponsoring a set of studies on sexually transmitted infections and HIV prevalence in 24 cities in Peru.

USAID continues to strengthen Peru's national epidemiological surveillance system, which tracks sexually transmitted infections and HIV. Mission activities include: improvements to laboratory diagnostic capabilities; support for research regarding the relationship between the tuberculosis and HIV/AIDS epidemics; dissemination of information; and production

of educational and communication materials. With USAID assistance, 19 public health reference laboratories have received equipment to enhance their diagnostic capabilities.

IMPORTANT LINKS AND CONTACTS

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USAID HIV/AIDS website for Peru:

http://www.usaid.gov/our_work/global_health/aids/Countries/lac/peru.html

The Peruvian Ministry of Health <http://www.minsa.gob.pe/>

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For more information, see: http://www.usaid.gov/our_work/global_health/aids