

**JOSELIN CHINCHUYA LÁZARO (UNIA)**

**[ADVISED BY CÉSAR CANCHO (WORLD BANK GROUP) AND NADIA PANDURO TENAZOA (UNIA)]**

## INTRODUCTION

The Alto Morona community of the Yanéscha people, in the Pasco region, faces a problem that is very common among isolated populations in the country. In this community, there is only very limited access to health services. Alto Morona only receives visits from a MINSA health professional once every two weeks, and the nearest health center is 2 hours away. The lack of a health center in the community represents a risk in case of health problems in the population that require immediate attention, such as dengue medications or accidents. This problem requires thinking of creative and innovative solutions, so that the population can access more frequent and better health services.

## RELEVANT LITERATURE

The 2023 ENDES (Demographic and Family Health Survey) reveals significant advances in access to health services for women and children since the last decade. However, the levels of mortality and malnutrition are still very high, particularly when considering the poorest and most excluded populations. Something in particular happens in my community of Alto Morona since we do not have immediate attention from health specialists.

Sánchez (2014) describes Peruvian health as an underdeveloped area with insufficient progress. According to the study, the scarce knowledge about national health and social security systems, a very long polarization by opposing models of national health systems, continuous and self-interested external and internal neoliberal economic pressures, the resulting weak stewardship and instability due to the lack of a State health policy have had a decisive influence on this decline. which implies a notable difference with the nations that develop. This whole issue is related to the work I plan to do since it focuses mainly on the health needs that my Alto Morona community requires.

## CONTEXTUALIZATION OF THE PROBLEM

MINSa meets some specific criteria to decide where to place or build health posts at the national level. According to the Ministry of Health, health facilities are classified into three different categories, according to the degree of complexity of the care they provide. Category I-1 doctors have health professionals, but they do not have surgeons. Category I-2 doctors have a health professional, including surgeons with or without a specialty. Finally, Category I-3 provide only primary care, they can be Health Centers, Medical Centers, Specialized Medical Centers or Polyclinics. However, the criteria used by MINSa result in a distribution of primary care health centers that does not cover remote locations, such as the native community of Alto Morona.

## METHODOLOGY

I seek to propose alternative criteria or a new formula for allocating health posts in such a way that the most isolated populations that only receive medical care once a month, receive more frequent care. The new criteria to be followed will be evaluated according to the number of additional people who would access a more frequent health service. In particular, the increase in coverage of isolated populations where native communities live will be evaluated.



## RESULTS

With this research work, I seek to provide alternatives for the design of the distribution of the health network and the services provided by MINSa. For example, it could be evaluated whether the health posts closest to the community of Alto Morona can increase the frequency of their visits to 3 times a month, which would be a beneficial alternative for the community.



## TECHNOLOGICAL REFLECTIONS

Tablets are currently used for tele-medical consultations in other parts of the world, such as the USA. This technology could be implemented to increase access to remote communities in Peru. For example, tele-consultations with primary health care centers or hospitals could be implemented, and in this way access to health services in communities would be expanded.

## REFERENCIAS BIBLIOGRÁFICAS

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