

Memorandum

To: Vice Minister, Dr. C. Manuel Quimper Herrrera

**From: Dr. Halfdan Mahler, Director General Emeritus, World Health Organization
Dr. Carl E. Taylor, Professor Emeritus International Health, Johns Hopkins
Dr. Daniel Taylor-Ide, President, Future Generations
Mr. Omak Apang, Vice President, Future Generations**

Subject: Report on our visit as per your request

Date: 30 September 2001

Peru's CLAS program continues to show impressive results. It is one of the world's best demonstrations of rapid expansion with decentralization of the Alma Ata model of community based primary health care. At the invitation of Futuras Generaciones Peru, our team traveled to CLAS centers from Sept 22-29, 2001. We appreciate the generous time given by you and your staff on Sept 27th and valuable input from members of your staff on Sept 28th.

Findings

The expansion, with minimal outside funding, of CLAS between 1994 and 2001 from zero to over 1,200 health centers and posts is remarkable in the world because this decentralization was so clearly in spontaneous response to community demand. The administrative structure of CLAS committees through partnership of community members with professional staff has been very effective in keeping services responsive to community needs. This feature of primary attention to community participation and ownership is both unique and essential. The only negative feature we observed has been in the recent *aggregado* model where one CLAS administers multiple clinics, which improves financial control and efficiency, but greatly reduces the more important community involvement. We believe a committee for every community is necessary since decentralization should reach the community not reaching only to the municipal level. Other cooperative mechanisms can improve efficiency such as the development of the *Modelo* Centers discussed below.

The dual track financing of CLAS (that brings together government funds with revenue from fees for services and sales of drugs) created flexibility that benefits community action. A third possible stream of funding is grants from NGOs or businesses. However, the evidence of the last three years demonstrates that this financing flexibility should not result in reductions in government support which has reduced local ability to deliver preventive and home-based health services and forced CLAS clinics to focus on acute care for which they receive fees. Such cost cutting by the government will invariably increase morbidity and mortality in Peru. The most important CLAS activity is to preserve its outreach through *promotores* and other community workers

The collective high quality of CLAS performance continues to be uniformly impressive. Our assessment of this quality is supported by four outside, objective evaluations.

Problems & Recommendations

A major problem in CLAS, as in all health services, is the great variability in performance of services, which ranges from among the finest in the world in emphasizing prevention and education, to marginal services only providing acute care. CLAS has the potential to solve this problem by starting Selected Centers of Excellence for Action Learning and Experimentation, perhaps to be called *modelos*. In these, CLAS personnel can be trained and systematic standardization to improve efficiency can be flexibly developed. A special need is for *modelos* to develop new approaches for training *promotores* who can train mothers to provide care for priority problems such as: the two major causes of death in most communities (ie. diarrhea and pneumonia), maternal and child preventive services, food security, data-gathering and record keeping. CLAS committee members also need training to extend activities to unserved families. Another function of *modelos* is to experiment with how to improve services—for example to define local priorities and adapt new interventions.

An even more basic opportunity for CLAS (using its community base) is to build up the government's general priority of promoting decentralization and democracy. This requires systematic empowerment of families to solve their own problems, particularly mothers. Health services in Peru have concentrated mainly on clinical services—but CLAS provides a more effective and less expensive approach. Diseases with high child mortality such as diarrhea and pneumonia require low-cost, effective home-based action. As families learn to promote health, prevent disease, and act in early self-care, it will then be possible to quickly show large national impact that can stimulate action on a wide range of problems.

A third opportunity is to use the community-based network to greatly improve the information system by systematic local data collection and analysis to help adapt services to local conditions. The CLAS infrastructure is already doing household surveys to develop their annual action plans. All that is needed is for CLAS centers and their *promotores* to be taught appropriate methodologies to improve this system. They will then be able to see their own progress and the health services will have a sound epidemiologic foundation for surveillance and public health statistics.

Specific Recommendations

1. Funding from government to each CLAS center needs to be restored to 1998/99 levels— with provisions that the money support action in the community.
2. Training needs to be provided for CLAS to extend services even more into communities—in particular through an expanded role for *promotores*. This can be best accomplished by selecting a few clusters of individual CLASes with outstanding community empowerment to become *modelos* for action learning and experimentation. (Setting up this network of *modelos* could be an ideal component of the upcoming World Bank loan or for other donors, and FG Peru has strategies for how this can be done rapidly and cost-effectively.)

3. Each regional health office, or *modelos* when they expand to each region, should have a special CLAS supervisor trained in community-based processes, who has the responsibility to work with CLAS centers and provide technical advice as well as supervision. (Establishing this supporting infrastructure for CLAS could be another project for the upcoming World Bank loan or other donors.)
4. The expansion of the *agregado* strategy for CLAS management (and also the proposed municipalization) should be stopped as this reduces local flexibility which is a major benefit of decentralization. The creation of *modelos* and regional CLAS offices will provide the needed technical supervision to improve efficiency.
5. Each CLAS should conduct a local census among its population, and use this to begin to develop a continuing database for decision making and the annual action plan (designing and launching this data system is another ideal project for the World Bank loan or for international donors interested in CLAS).
6. Although CLAS puts Peru among world leaders in primary health care, we strongly recommend that field personnel from Peru learn from other world experience; they will see immediate lessons to bring health action into the home and community. Delegations of trainers should be sponsored to travel to other places around the world that are also pioneering the field of community based primary health care (ie. India, China, New Zealand, Bangladesh, and other innovative experiences.)