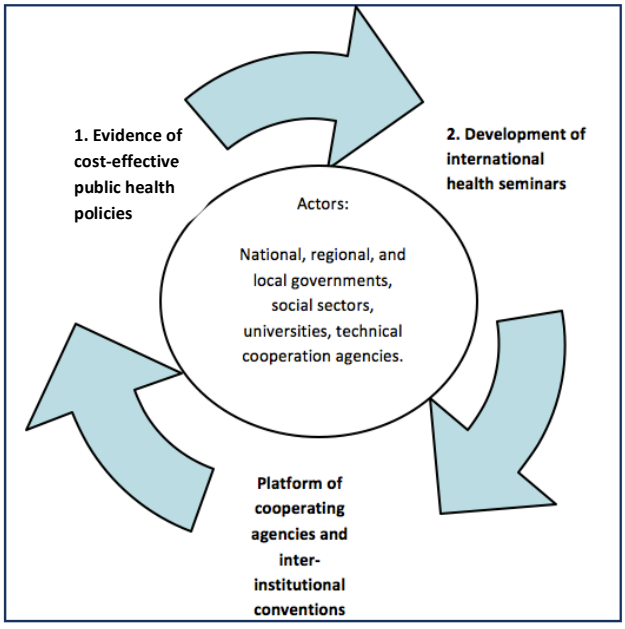
# National Health Institute

## International Health Seminars

### Producing Evidence for Public Policies of the Sector

Conceptual Map: Bringing Evidence Closer to Public Policy Makers in the Health Sector




Virtual Audience (National and International) through Eluminate System

**INTERNATIONAL HEALTH SEMINAR I: "IMPACT OF PUBLIC POLICIES ON HARMFUL ALCOHOL CONSUMPTION"**

Through a systematic review, the National Health Institute (NHI) has identified 10 cost-effective public policies that have a high probability of being successful and that are of lower cost to the State. The scientific evidence shows that some public policies are controversial, generating investment without health outcomes. The NHI recommends that social sectors of the national government, regional governments and local governments, especially, adopt policies of proven effectiveness but adapted to local context.

The seminar disseminated evidence on the risks of alcohol consumption and diseases such as HIV and tuberculosis, chronic diseases and injuries that increase the costs of care in health services.

The seminar was co-organized with the Pan American Health Organization, bringing together an audience comprised of international experts (Ecuador, Colombia, Cuba, Bolivia, United States and Mauritania- Northeast Africa), authorities at the national, regional, and local level; and other virtual audiences made up of authorities from the Amazon, Tacna, Moquegua, Cajamarca, Ica and Tumbes regions.

| **Public Policies Against the Harmful Use of Alcohol** | | |
|---|---|---|
| **Cost-Effective Policies** | **Effective Policies** | **Policies with Controversial or Unknown Effectiveness** |
| Regulation of the hours when alcohol is sold. | Make establishments that sell alcohol accountable of the possible harm to the consumer. | Policy to not serve already intoxicated clients |
| Improve enforcement of laws prohibiting sales to minors. | Increase alcohol taxes | Training of staff and managers at establishments to prevent excessive consumption and harm associated with alcohol. |
| Regulation of the density of locales where alcohol is sold. | Maintain limits on the days when alcohol is available for sale. | Designated Driver ("The elected friend") |
| Implement systems for early identification and implementation of brief interventions. | | Education in schools and universities. |
| Regulation of the legal age to consume alcohol. | | Public service announcements and warning labels. |
| Restrict advertising and sponsorship. | | |
| Measures to control traffic accidents. | | |

**INTERNATIONAL HEALTH SEMINAR II: "NUTRITION AND DEVELOPMENT: FROM EVIDENCE TO PUBLIC POLICY"**

The National Health Institute (NHI) provided an opportunity for discussion about advances in nutrition and development policies and the pending agenda among national, regional, and local governmental authorities, officials from the social sector and other experts.

The event, jointly organized by the Pan American Health Organization, the Andean Health Agency and UNICEF, was conducted in the Municipality of Miraflores with the objective of bringing evidence in health to local governments. Various municipalities of the Metropolitan Lima area participated and were joined virtually by experts from Guatemala, Cuba, Panama, Argentina, Mexico and Ecuador; and from the regions: Amazon, Huánuco, Tumbes, Pasco Tacna, Apurímac, Junín, Loreto, Cajamarca and Ica.

The principal conclusions were:

1. Public Policies on nutrition are based on a human rights framework, taking into consideration the life cycle and context, and through interventions designed to influence determinants and risks through education, sexual and reproductive health, physical and social environment, improving family income, work, among others; and the prioritization of services.
2. It is essential to promote a multisectoral approach based on social determinants and strengthen coordination at the local, regional, national and transnational level.
3. Policies are strengthened with the identification of comprehensive interventions, based on scientific evidence regarding cost-effectiveness and with a focus on actions in high-vulnerability geographical areas.
4. The incorporation of nutrition into the political agenda and its implementation in the different social sectors must be sustained through intersectoral coordination, but with suprasectoral coordination.
5. Early stimulation interventions from the family setting and promotion of child rearing practices to prevent child abuse should be included in policies and not only to address child growth.

**INTERNATIONAL HEALTH SEMINAR III: "ROADMAP FOR PUBLIC POLICIES IN DIVERSITY AND INTERCULTURAL HEALTH"**

The roadmap contains public policy proposals for the Andean sub-region built by consensus. This process was jointly organized by the Andean Health Agency – Agreement Hipólito Unanue (ORAS – CONHU) through the Andean Commission of Intercultural Health, UNFPA, UNICEF, USAID Project – Municipal and Community Health, CARE, PAHO, the National University of San Antonio Abad of Cusco and CEPAL/CELADE. Experts from Chile, Ecuador, Colombia, Venezuela, Mexico and Peru also participated.

Among the policy proposals based on evidence are:

1. Highlight that the intercultural approach to health arises from recognition, respect, and appreciation of indigenous populations and cultures, which requires the State to have a greater capacity for and increased dialogue with citizens under equal conditions, in addition to promoting universal access to health care and visibility of indigenous populations in information systems.

2. Recognition that indigenous populations should be considered as subjects with rights and not as objects of public policies. This implies a paradigm shift in the design, implementation, management and evaluation of public policies that guarantee within this process the participation of indigenous populations.

3. Incorporate a human rights approach in public policies on intercultural health.

4. Advocate for an intercultural health focus in public policies upheld by political will and decision at the highest levels of government, yet originating at the local level.

5. Consider studies of cost analysis and financing mechanisms that allow for policy implementation and which should be considered from the design phase.

6. Identify current practices of traditional medicine for their value, respect and promotion of health services with an emphasis on the mother and the newborn.

7. Define different care models in less populated areas that allow people to access health services and suggest innovations to the current system that especially enable women and children to save their own lives.

8. Coordinate policy between the State and indigenous populations/organizations, civil society, cooperation agencies and national, regional, and local governments to ensure the inclusion of geographical, economic, and contextual factors; as well as the responsiveness capacity of health services and of governance in the formulation of policies.

9. Formulate and evaluate evidence-based policies on studies of indigenous populations, a systematic literature review and scientific studies contextualized to local circumstances so that they may become valuable inputs in the design phase. Studies should respect and comply with collective and individual informed consent, and consultation for the participation of indigenous communities.

10. Disseminate information on the rights of users of health services through material adopted to local conditions, the reference system and health insurance among the indigenous population. In addition, promote good treatment and improve the quality of health care services as part of the implementation of the intercultural health policies.

11. Establish quality indicators that allow visibility of the supply of services.

12. Make indigenous populations more visible within health information systems, administrative records and population census'. In addition to including a variable on ethnicity, also include a criterion on language and self-identification as a priority, based on social determinants, gender and rights approach.

13. Building intercultural competencies from the university is a priority in the training of human resources for health with the new paradigm of intercultural health; including undergraduate education, and social science classes in order to mainstream the intercultural focus into the university curriculum in its entirety.

14. Recognize bias and limitations of health professions and the need to recognize people as subjects of culture without hegemonic predominance.

15. Foster relations of mutual cooperation and exchange between universities, institutes, undergraduate and graduate programs and available resources, the scientific community and health services for the development of research on indigenous populations with and for them.

16. Strengthening State institutions and the institutions responsible for designing and implementing intercultural health policies.

**INTERNATIONAL HEALTH SEMINAR IV: "PUBLIC POLICIES BASED ON EVIDENCE"**

The National Institute of Health provided an opportunity for discussion in the Peruvian Congress, where they invited members of the Congressional Health Commission, advisors and various national, regional and local government authorities, social sector officials and experts, to analyze the issue of creating public health policies based on evidence and the consolidation of the outstanding agenda in this regard.

The political space of the Legislative Branch allowed for consideration of this topic in their agenda, as was demonstrated through the various talks regarding its importance in public policies at the local/municipal, regional, and national level.

The principal conclusions were:

1. Public policies that are generated in an informed way or based on evidence are more cost-effective, and have a positive impact on poor, vulnerable, and at risk populations.
2. It is essential that public policies have a multisectoral focus based on social determinants and coordination at the local, regional, national, and transnational level.
3. It is essential to incorporate evidence into public policy, which requires wider dissemination of knowledge at the regional, local, and national level.
4. Institutions should be encouraged to develop their policies based on evidence.

Executive office of Technical Cooperation

National Institute of Health of Peru

For more information click on the following link:

http://www.ins.gob.pe/portal/jerarquia/0/884/seminarios-de-salud-internacional/jer.884