Universal Health Insurance: Tuberculosis

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Sao Paulo April 29, 2013
Content:

- Indicators of tuberculosis in Peru
- Legal framework of Universal Health Insurance
- Financial coverage of TB
- Challenges
Tuberculosis in Perú 2012

• Population: 30’135,875 hab.
• Population density: 23 hab. x km²
• Three geographic regions
• 25 political regions
• Growth PBI 2011: 6,7%
• World Bank: Medium High income
• Poverty: 27,8%
• 5th place americas impact on region.
• 1st place MDR TB on the Americas
• Morbidity TB: 32,145
• New cases TB: 28,217
• New cases TBpFP: 17,870
• Lima and Callao: 51% cases TB sensibity, 77% MDR TB and 89% XDR TB
Trends in the form of TB according to resistance - Peru 1990 - 2012

Operational inform MINSA/ others institutions
Date: March 18, 2013 / AMHE/JECC
Legal framework of Universal Health Insurance
Operational Definitions and Criteria of Programming: 11 Sub Products

**Article 3º**: The universal health insurance is a process to ensure that all persons residing in the national territory provided health insurance that allows you to access a range of health benefits of preventive, promotional, recuperative and rehabilitation, under proper conditions efficiency, equity, timeliness, quality and dignity, on the basis of **Universal Insurance Essential Plan (PEAS)**

- **Subsidized**: SIS, INPE
- **Semi contributory**: SIS, FFAA, PNP
- **Contributory**: EsSalud, EPS, SISOL, Others
Plan Health Insurance Essential and Tuberculosis

2. Pulmonary tuberculosis, A15.0, A15.7, A15.9, A16.0.
4. Tuberculosis with Complications, J47, J93.
5. MDR TB, A15.8
Total Population has some kind of Insurance, 2005 al 2011

<table>
<thead>
<tr>
<th>Insurance types</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL</td>
<td>36,2</td>
<td>38,3</td>
<td>42,1</td>
<td>53,7</td>
<td>60,5</td>
<td>63,5</td>
<td>64,5</td>
</tr>
<tr>
<td>ESSALUD</td>
<td>17,3</td>
<td>18,6</td>
<td>19,6</td>
<td>20,1</td>
<td>21,2</td>
<td>21,6</td>
<td>22,7</td>
</tr>
<tr>
<td>SEGURO INTEGRAL DE SALUD</td>
<td>14,1</td>
<td>15,4</td>
<td>17,0</td>
<td>28,1</td>
<td>33,8</td>
<td>36,3</td>
<td>36,1</td>
</tr>
<tr>
<td>OTRO TIPO DE SEGURO 1/</td>
<td>4,8</td>
<td>4,4</td>
<td>5,5</td>
<td>5,5</td>
<td>5,6</td>
<td>5,5</td>
<td>5,7</td>
</tr>
</tbody>
</table>

1/ Comprende: Seguro Privado de Salud, Seguro de las FFAA y Policiales, Seguro Universitario, Seguro Escolar Privado y SIS con ESSALUD.

# Institutions that notify TB cases - 2011

<table>
<thead>
<tr>
<th>Public Providers*</th>
<th>Entities</th>
<th>% of the total notified</th>
<th>% total cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ministries/Local Governments</td>
<td>DISAS, DIRESAS, GERESAS, Hospitales.</td>
<td>26,800</td>
<td>81.95</td>
</tr>
<tr>
<td>Ministry of Labor</td>
<td>Social Insurance</td>
<td>5,056</td>
<td>15.46</td>
</tr>
<tr>
<td>Ministry of Interior</td>
<td>Police Insurance</td>
<td>60</td>
<td>0.18</td>
</tr>
<tr>
<td>Ministry of Defense</td>
<td>Military Insurance</td>
<td>4</td>
<td>0.01</td>
</tr>
<tr>
<td>Ministry of Justice</td>
<td>Correctional System</td>
<td>780</td>
<td>2.39</td>
</tr>
<tr>
<td>Municipality</td>
<td>OTHERS (Municipalities, public hospitals, other public insurance)</td>
<td>3</td>
<td>0.01</td>
</tr>
<tr>
<td><strong>Total cases</strong></td>
<td></td>
<td><strong>32,703</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Operational Inform ESNPCT, years 2009-2011
Financial Coverage of TB
INSTITUTIONAL DEVELOPMENT OPENING BUDGET (PIA) TUBERCULOSIS PRODUCTS ONLY FINANCIAL YEAR 2011-2013. PERÚ

BUDGETING FOR RESULTS

<table>
<thead>
<tr>
<th>Year</th>
<th>PIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>64,016,110</td>
</tr>
<tr>
<td>2012</td>
<td>88,556,362</td>
</tr>
<tr>
<td>2013</td>
<td>92,151,997</td>
</tr>
</tbody>
</table>

Fuente: Power Play del 18-10-12/MEF
# BUDGETING FOR RESULTS

## BUDGET ALLOCATED FOR SCREENING, DIAGNOSIS AND TREATMENT NATIONWIDE (2011-2012)

<table>
<thead>
<tr>
<th></th>
<th>PIM2011 GOBIERNO NACIONAL</th>
<th>PIM2011 GOBIERNO REGIONAL</th>
<th>PIM2012 GOBIERNO NACIONAL</th>
<th>PIM2012 GOBIERNO REGIONAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person accessing the health facility and receive prompt treatment for tuberculosis schemes 1 and 2, no multidrug-resistant and multidrug-resistant</td>
<td>7,499,184</td>
<td>4,895,857</td>
<td>7,421,548</td>
<td>7,882,679</td>
</tr>
<tr>
<td>Diagnosis of tuberculosis cases</td>
<td>5,394,403</td>
<td>4,948,763</td>
<td>9,142,524</td>
<td>15,843,331</td>
</tr>
<tr>
<td>Person accessing the health facility and receive prompt treatment for extremely drug-resistant tuberculosis (XDR)</td>
<td>410,562</td>
<td>860,757</td>
<td>3,524,679</td>
<td>1,675,386</td>
</tr>
<tr>
<td>TB screening for respiratory symptomatic</td>
<td>827,325</td>
<td>5,231,669</td>
<td>6,044,635</td>
<td>7,074,736</td>
</tr>
</tbody>
</table>

Increase 109%

Increase 409%
Costs of anti-tuberculosis treatment

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Sensitive TB</th>
<th>MDR TB</th>
<th>XDR TB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration of treatment</td>
<td>6 months</td>
<td>18 - 24 months</td>
<td>24 months or +</td>
</tr>
<tr>
<td>Cost</td>
<td>40 USD</td>
<td>4000 USD</td>
<td>70000 USD</td>
</tr>
</tbody>
</table>

MDR TB: Multi-drug resistant TB
XDR TB: Extensively drug-resistant TB
SIS y TB:
Official Circular N° 008-2012-SIS/J (April 18, 2012)

I. Tuberculosis in any of its forms is funded clinics Integrated Health System (SIS), for all our insureds of the scheme / subsidized component in both pilot areas Universal Health Insurance (AUS), as in areas governed by Supreme Decree No. 004-2007-SIS.

II. In patients diagnosed with tuberculosis, the only features that are not funded through the SIS, are those that already have other funding sources, such as the following features that are funded by the National Health Strategy for Prevention and Tuberculosis Control:

- Detection of respiratory symptomatic
- Diagnosis: Diagnostic Tests, bacilloscopies, crop and sensitivity test.
- Treatment: Medication management and strategic anti tuberculosis drugs.
Politic commitment: local and sectoral budget:
Alliance "Lima breathes life together against tuberculosis",
September 11, 2011

- Ministry of Health
- Ministry of Housing, Construction and Sanitation
- Ministry of Development and Social Inclusion
- Ministry of Women and Vulnerable Populations
- Ministry of Education
- Ministry of Labor and Employment Promotion
- Production Ministry.
- Metropolitan Municipality of Lima
- Municipality of La Victoria
- Municipality of El Agustino.
Multisectoral model focused on People Affected by Tuberculosis: Component Biomedical and Social Determinants

- TB screening
- quick sensitivity test
- Tto sensible, MDR /XDR
- Control and monitoring / Complications / RAFAS / Surgical
- EESS: Hospitals
- PAT / social determinants
- Regions / local government
- MINSA / EsSalud / OTHERS SUBSECTORS
- INTERSECTORAL / INTERGOVERNMENTAL
1. Expand insurance coverage.
2. Increase participation Multisectoral, Intergovernmental and local.
3. Strengthen addressing the social determinants of tuberculosis.
4. Approval of the law of tuberculosis.
5. Strengthen and closing gaps in human resources.
6. Expand the network of laboratories at national level.
Thank you for your attention

www.tuberculosis.minsa.gob.pe