

Peru

Population (in millions) (2011)	29.4
Country classification (2012)	Upper-middle-income
Gross national income per capita (PPP int \$) (2011)	\$9440
Total health expenditure as % of GDP (2010)	5.08%
Per capita total health expenditure (PPP int \$) (2010)	\$481.03
Per capita government health expenditure (PPP int \$) (2010)	\$259.87
Life expectancy at birth (in years) (2009)	76
Human Development Index (2011)	0.725
Median age (in years) (2010)	26
Total fertility rate per woman (2010)	2.5

The Government of Peru reports as follows.

National coordination

There is a written national strategy or plan that focuses primarily on the prevention and control of viral hepatitis, and also integrates other diseases. It includes components for raising awareness, surveillance, vaccination, prevention in general, prevention of transmission in health-care settings, treatment and care, and coinfection with HIV.

There is a designated governmental unit/department responsible solely for coordinating and/or carrying out viral hepatitis-related activities: Estrategia Sanitaria Nacional de Prevención y Control de ITS, VIH/SIDA y Hepatitis B. It has eight staff members. There are eight full-time equivalent staff members who work on hepatitis-related activities in all government agencies/bodies.

The government has a viral hepatitis prevention and control programme that includes activities targeting the following specific populations: health-care workers (including health-care waste handlers) and indigenous people.

Awareness-raising and partnerships

The government held events for World Hepatitis Day 2012 but has not funded other viral hepatitis public awareness campaigns since January 2011.

The government collaborates with the following in-country civil society group to develop and implement its viral hepatitis prevention and control programme: Asociación Ciudadana de Lucha contra la Hepatitis.

Evidence-based policy and data for action

There is routine surveillance for viral hepatitis. There is a national surveillance system for acute and chronic hepatitis B.

There are standard case definitions for hepatitis. Hepatitis deaths are not reported to a central registry. The percentage of hepatitis cases reported as "undifferentiated" or "unclassified" hepatitis is not known.

Liver cancer cases and cases with HIV/hepatitis coinfection are registered nationally.

The government publishes hepatitis disease reports as warranted.

Hepatitis outbreaks are required to be reported to the government and are further investigated. There is adequate laboratory capacity nationally to support outbreak investigations and other surveillance activities for hepatitis A, hepatitis B and hepatitis C. Information was not provided regarding whether this is the case for hepatitis E.

There is a national public health research agenda for viral hepatitis. Viral hepatitis serosurveys are conducted regularly; the target populations are the general population, the Amazonian indigenous population and men who have sex with men. The last serosurvey was carried out in 2011.

Prevention of transmission

There is no national policy on hepatitis A vaccination.

The government has not established the goal of eliminating hepatitis B.

Nationally, 36% of newborn infants in a given recent year received the first dose of hepatitis B vaccine within 24 hours of birth and 90% of one-year-olds (ages 12–23 months) in a given recent year received three doses of hepatitis B vaccine.

There is a national policy that specifically targets mother-to-child transmission of hepatitis B (Annex B).

There is a specific national strategy and/or policy/guidelines for preventing hepatitis B and hepatitis C infection in health-care settings. Health-care workers are vaccinated against hepatitis B prior to starting work that might put them at risk of exposure to blood.

There is a national policy on injection safety in health-care settings, which recommends auto-disable syringes for therapeutic injections. Single-use or auto-disable syringes, needles and cannulas are always available in all health-care facilities.

Official government estimates of the number and percentage of unnecessary injections administered annually in health-care settings are not known.

There is a national infection control policy for blood banks. All donated blood units (including family donations) and blood products nationwide are screened for hepatitis B and hepatitis C.

There is no national policy relating to the prevention of viral hepatitis among people who inject drugs.

The government does not have guidelines that address how hepatitis A and hepatitis E can be prevented through food and water safety.

Screening, care and treatment

Health professionals obtain the skills and competencies required to effectively care for people with viral hepatitis through schools for health professionals (pre-service education).

There are national clinical guidelines for the management of viral hepatitis, which include recommendations for cases with HIV coinfection. Information was not provided on whether there are national clinical guidelines for the management of HIV and whether they include recommendations for coinfection with viral hepatitis.

The government has national policies relating to screening and referral to care for hepatitis B, but information was not provided on whether this is the case for hepatitis C.

People testing for hepatitis B register by name; the names are kept confidential within the system. Hepatitis B tests are not free of charge for all individuals, but they are free of charge for indigenous populations. Hepatitis B tests are not compulsory for members of any specific group. Information was not provided on whether people testing for hepatitis C register by name, whether the tests are free of charge for all individuals, or are compulsory for members of any specific group.

Publicly funded treatment is available for hepatitis B but not for hepatitis C. Information was not provided on the amount spent by the government on publicly funded treatment for hepatitis B.

The following drugs for treating hepatitis B are on the national essential medicines list or subsidized by the government: interferon alpha, entecavir and tenofovir. The following drugs for treating hepatitis C are on the national essential medicines list or subsidized by the government: pegylated interferon and ribavirin.

The Government of Peru welcomes assistance from WHO in one or more areas of viral hepatitis prevention and control (Annex C).