



ECONOMIC IMPACT ON THE QUALITY OF HEALTH SERVICES IN THE CONTEXT OF THE COVID-19 PANDEMIC IN PERU

IMPACTO ECONÓMICO EN LA CALIDAD DE LOS SERVICIOS DE SALUD EN EL MARCO DE LA PANDEMIA COVID-19 EN EL PERÚ

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Mr. Editor

The economic impact the COVID-19 pandemic has in Peru is very significant. This will be reflected in the health context our country is going through. As a consequence, the budget allocation becomes a serious responsibility for the various activities that health facilities (EESS, by its acronyms in Spanish) need for timely, safe and quality care^(1,2).

Considering that the quality of health services is patient-oriented with a process approach, but especially decision-making based on facts. Each of these components will be reduced by the pandemic⁽³⁾. Considering that the health objectives expected to be achieved require supplies, which are necessary since they allow us to develop activities (processes), deliver products, and thus, achieve the health results we expect. In the context in which we live, two actors play a very important role. From the budgetary perspective, the State basically allocates two budgets: 11 Ministry of Health (MINSA, by its acronyms in Spanish) and 134 budget, National Superintendency of Health (SUSALUD, by its acronyms in Spanish). MINSA ensures medical supplies are available, while SUSALUD ensures the continuity and compliance of medical processes in EESS.

However, these resources contrast significantly with budget execution. Table 1 clearly shows the low budget execution in critical non-COVID-19 budget supplies, especially in biomedical equipment. While for COVID-19, it shows an execution of 13,6% and even so, it is very low. Therefore, the supplies needed will not be timely provided and as a result, the processes will be very limited, even more so with the zero budget allocation to SUSALUD.

If we want to ensure quality care in our EESS, it is necessary to have these supplies. There is much to be done from now on in terms of improving the quality of health services⁽⁴⁾. First, in relation to human resources. It is necessary to have timely and spaced hiring. It is impractical to renew these processes monthly; in these circumstances it should be, at least, between 6 to 12 months. Second, materials and medical supplies, medicines and vaccines. To do this, the preparation of the technical files must be insured in advance with the development of standards that reduce the bureaucratic processes of acquisition of these resources, focusing on the areas where the greatest delays are produced. Even anticipating the beginning of the fiscal year, acquiring critical supplies as much as for drugs as for medical devices must be prioritized. Third, in relation to equipment and infrastructure. Having an equipment Plan, as

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well as having the record of equipment that count in the Integrated Administrative Management System (SIGA, by its acronyms in Spanish) module property. No less important, infrastructure. Although it is not shown in the analysis, it is important to develop investment projects.

In times of pandemic, it is a priority to take these aspects into account. We will still continue to live with this problem; we are aware that it is not only a health problem, but a multisectoral one. But from the perspective of the health sector, there is much to do: trained decision makers, for example. There is

a body of public managers to serve technical teams (healthcare and administrative staff called logistics, planners, administrators, among others) with clear objectives and complemented with the participation of civil society. If this is not done, the economic impact will be very significant^(5,6).

Our contribution also aims to point out the need to carry out budgetary impact studies of the supplies to be acquired, complemented by process evaluations, as well as economic studies (cost-effectiveness, cost-utility). This will allow timely use of these supplies, but especially, to develop quality care.

Table 1. Budget allocation and execution of the Ministry of Health (MINSA) and National Superintendency of Health (SUSALUD) in the context of the COVID-19 pandemic, Peru, 2020.

Supplies/activities	No COVID-19		COVID-19	
	Budget (S/.)	BE (%)	Budget (S/.)	BE (%)
MINSA				
Human resources (SMC)	1 198 710 387	56.0	649 640 866	52.7
Medicine	304 764 353	36.8	351 476 150	34.3
Medical materials	183 541 923	48.8	340 075 597	55.3
Biomedical equipment	74 901 951	9.9	191 228 054	13.6
Total	1 761 918 614		1 532 420 667	
SUSALUD				
Promotion and protection of health rights	9 155 772	61.0	-	-
Supervision of IMHIF	7 675 320	61.6	-	-
Regulation, authorization, registration and control	4 259 627	60.3	-	-
Total	21 090 719	-	-	-

SMC: Service Management Contract (D. S. 1057) IMHIF: Institutions Managing Health Insurance Funds BE: Budget Execution to August 2020

Source: MEF consultation. Reported on 08/28/2020 (<https://apps5.mineco.gob.pe/transparencia/Navegador/default.aspx>)

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