



经济及社会理事会

Distr.  
GENERAL

E/CN.4/2005/G/32

6 April 2005

CHINESE

Original: SPANISH

人权委员会  
第六十一届会议  
议程项目 10

经济、社会和文化权利

2005年3月21日秘鲁常驻联合国日内瓦办事处代表团  
致人权事务高级专员办事处的普通照会

秘鲁常驻联合国日内瓦办事处及总部设在日内瓦的其他国际机构代表团向联合国人权事务高级专员办事处致意；关于人人有权享有最佳身心健康问题特别报告员保罗·亨特先生对秘鲁的访问的报告(E/CN.4/2005/51/Add.3)，谨附上秘鲁政府的评价。

秘鲁常驻代表团谨请人权事务高级专员办事处将本照会及载有秘鲁政府答复的附件\*作为人权委员会第六十一届会议的正式文件散发。

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\* 附件照录，以西班牙文和英文散发。

## **Annex**

### **REPLY TO MR. PAUL HUNT**

The Ministry of Health of Peru is pleased to welcome each of the recommendations formulated by Mr. Paul Hunt, the Commission's Special Rapporteur on the right of everyone to the highest attainable standard of physical and mental health.

The mission carried out by Mr. Hunt from 6 to 15 June 2004 at the invitation of the Government of Peru, issued by the Ministry of Foreign Affairs at the request of the Ministry of Health, gave rise to a series of provisional recommendations, which the Ministry is now making strenuous efforts to put into effect.

The Ministry of Health would like to take this opportunity to make a number of comments on points raised in the Special Rapporteur's report.

#### **Pro-poor equity-based health policy and strategy**

The Ministry of Health is particularly pleased to accept the first recommendation, being well aware of the need to give priority to the formulation and implementation of a comprehensive rights-based health policy that will benefit Peru's poorest and most vulnerable groups.

The Government has launched various social initiatives - including the National Poverty Eradication Plan, with specific commitments in the area of health - and these have the support of civil society, which is active in forums at the local, regional and national levels of government.

In view of the importance of enabling all citizens to enjoy the right to health, a national campaign has been launched on citizens' rights and responsibilities in the field of health. The rationale for this initiative is the need to reach a national consensus on building healthy communities, through a participatory, decentralized process involving national, regional and local actors.

The national campaign got under way in October 2004 and involves schoolchildren, adults and health providers in the so-called "Health Card" (*Carta de la Salud*) initiative, which allows members of the public to submit their ideas, needs and requests regarding health.

Although the campaign covers the whole country, it began with a pilot project involving people from Ayacucho and schoolchildren from Lima; this yielded more than 60,000 "health cards" which are now being analysed and sorted as a basis for an initial report.

For the illiterate and/or Quechua-speaking population in rural areas, popular theatre shows were mounted on the theme of health rights, drawing a total audience of more than 1,100; 11 video recordings were also produced with contributions from the general public, and these are being analysed along with the health cards.

Also as part of the campaign, and as a complement to the Health Card initiative, individual surveys were organized and illustrated publicity materials produced, once again in Ayacucho, in order to get members of the public involved in learning about their health rights.

The campaign is now under way across the country; the results should be available in October this year and will be included in the National Health Card.

In the same vein, and within the overall rights-based approach, a technical and operational unit on human rights, gender equity and interculturalism has been set up to draft proposals for technical and regulatory guidelines on mainstreaming these perspectives in Ministry of Health policy and initiatives.

As a result of the consultations at the various levels of national, regional and local government, sectoral policies on, inter alia, medicines, health investment and health promotion have been approved. In addition, at subnational levels, the capacity of social actors is being strengthened in order to develop their ability to formulate public policy at the local level.

The feasibility of this process depends firstly on the political will to transform such commitments into State policies, and secondly on the availability of resources, which will require sufficient funding from the national budget and contributions from international cooperation agencies and the donor community.

There are of course a number of facets to the policy now being implemented, but the subjects dealt with below correspond specifically to points made in the report under consideration.

### **Sexual and reproductive health**

Action taken:

- National health strategies<sup>1</sup> have been formulated on:  
  
Sexual and reproductive health;  
  
Prevention and control of sexually transmitted diseases and HIV/AIDS; and  
  
Prevention and control of non-transmissible diseases (including gynaecological cancers).
- Implementation is now under way of the General Plan for the National Health Strategy on Sexual and Reproductive Health 2004-2006, whose express aim is to improve the sexual and reproductive health of the Peruvian population and make the reduction of maternal and perinatal mortality a priority objective.

The specific aims of this plan are:

1. To improve the quality of maternity care, facilitating access to antenatal care in line with the new approach and to trained medical care during childbirth and for the newborn, applying an intercultural approach;

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<sup>1</sup> Ministerial decision No. 771-2004/MINSA, 27 July 2004.

2. To assist individuals in attaining their reproductive goals (improving access to the full range of contraceptive methods);
  3. To improve comprehensive care in cases of incomplete abortion and reduce the rate of induced abortion; and
  4. To improve reproductive health among adolescent girls and boys.
- With a view to ensuring quality care in this area, the use of the national guides to comprehensive sexual and reproductive health care is being encouraged and family planning standards have been updated to incorporate the latest scientific findings and to cover emergency oral contraception;
  - In the area of health promotion, the subject of sexual and reproductive health has been systematically incorporated into the Healthy Schools Programme directed at the 34 regional health authorities, which cover a total of 3,094 primary and secondary schools;
  - Promulgation of policy guidelines on adolescent health, which provide for universal access by this group to comprehensive, specialized care in State and private-sector health services; special emphasis is placed on mental health and sexual and reproductive health, on the prevention and treatment of gender-based, domestic, sexual and social violence, and on the consequences of political violence;
  - With regard to HIV/AIDS and sexually transmitted diseases, the emphasis has been on promoting healthy lifestyles among adolescents and young people. In addition, pregnant women around the country are being screened to reduce rates of vertical transmission;
  - As part of the programme of comprehensive care for HIV patients, highly active anti-retroviral therapy (HAART) is being provided at the local level throughout the country;
  - In accordance with State policy No. 13 of the National Agreement, which provides for universal access to health services and social security, the necessary adjustments are being made to guarantee access by the poorest population groups to health services;
  - The National Plan for Cancer Awareness, Prevention, Early Diagnosis and Treatment is in the process of being approved;
  - A pilot project on centres for the prevention and early diagnosis of cancer and other diseases is now under way;
  - Coordination with cooperating agencies will be strengthened in order to ensure the incorporation of a rights-based approach in sexual and reproductive health plans and programmes.

## **Environmental health**

The Ministry of Health is strengthening the safe water monitoring system and has approved the legal regulations on solid waste; water quality standards are in the process of being approved.

The Ministry is a member of round tables in the various regions with environmental health problems. It has undertaken to promote cross-sectoral initiatives in order to ensure an integrated approach to environmental health issues and help formulate healthy public policies.

With regard to the Callao lead issue, studies conducted among selected groups in Lima and Callao from July 1998 to date have brought to light a number of people with lead levels exceeding the WHO limits (10 µg/dl). The following action has been taken:

- High- and low-volume samplers have been installed to determine total particles in suspension and particles measuring less than 2.5 microns. The levels of lead and other metals are determined on the basis of total particles in suspension;
- Enterprises storing mineral concentrates have made improvements, introducing proper covers, use of vacuum cleaners and protection for vehicles transporting the mineral end product;
- Companies have been moved to more remote locations;
- Training and education programmes on this environmental health issue have been set up for community workers, canteen managers, teachers and schoolchildren, inter alia.

## **Mental health**

In the area of mental health, the report draws attention to the financing and implementation of the Plan for Reparations proposed by the Truth and Reconciliation Commission, and to the need to safeguard the human rights of persons with mental disabilities and improve mental health services.

The report and its recommendations are being fully implemented by the Ministry of Health, which is well aware of the need to prioritize mental health care. The following action is being taken:

- Implementation of the Plan for Health Reparations, which is aimed at those affected by political violence, with an emphasis on mental health, including the establishment of mental health services in those regions affected by political violence;
- Implementation of the sectoral guidelines for action on mental health and of the National Health Strategy on Mental Health and a Culture of Peace;
- Creation of a special commission to protect the rights of persons with mental disabilities and monitor standards of care.

Sphere of action	Action taken
Staff training	<ul style="list-style-type: none"> <li>• Training for health workers in the design of regional plans on mental health and reparations</li> <li>• Agreement with the University of San Marcos, Harvard University and the Japan International Cooperation Agency on training for health workers in treatment of persons affected by political violence and human rights violations</li> <li>• Preparations of guides and manuals on mental health care</li> </ul>
Full recovery through community care	<ul style="list-style-type: none"> <li>• Coordination with victims' associations</li> <li>• Formation of regional mental health committees in regions affected by political violence (Ayacucho, Huancavelica, Apurímac, Huánuco, San Martín and Junín)</li> </ul>
Full recovery through medical care	<ul style="list-style-type: none"> <li>• 50,000 patients from these regions treated in primary care for domestic violence, depression, anxiety, schizophrenia and substance abuse</li> <li>• 25,000 home visits to deal with problems of violence in the family, depressive disorders and alcohol abuse</li> <li>• 2,000 specialist interventions by roving mental health specialists (psychologists and psychiatrists) in complex cases</li> <li>• Permanent teams of mental health specialists in five regions as from May 2005, funded by European cooperation agencies</li> </ul>
Health insurance coverage	<ul style="list-style-type: none"> <li>• Proposal to include mental health care in treatment available to victims and their families under the Comprehensive Health Insurance System</li> <li>• Improvements to the health infrastructure and equipment in the affected regions</li> </ul>
Promotion and prevention	<ul style="list-style-type: none"> <li>• Social skills workshops for adolescents, on prevention of violence and addiction</li> <li>• Project on a culture of good treatment and the prevention of domestic violence and child and adolescent abuse, sponsored by UNICEF in the Abancay region</li> <li>• Programme to Promote Health in Education Centres, implemented in 221 education centres under an agreement with the Ministry of Education</li> <li>• Services: institutional information, medical counselling, psychological counselling, complaints referral and support in emergencies</li> </ul>

## Transparency in the Ministry of Health

Peru is moving towards a culture of transparency and public access to information, a process in which the Ministry of Health is also involved.

In that context, the Ministry is attempting to help the population at large to take control of health management by promoting mechanisms to make that possible, on the assumption that increasing the availability of information will increase awareness among the general public and their ability to exercise their rights.

To that end, information and training are being provided to health personnel, consultation facilities are being made available and complaints from members of the public are being dealt with.

The Ministry has an Executive Office for Transparency and Protection of Health Rights to deal with complaints from members of the public who consider their health rights have been violated. The Office was created in 2001, when it dealt with 531 cases; however, 1,480 cases were dealt with in 2004, showing that it now effectively functions as one of the direct conduits to the Ministry of Health enabling the general public to seek protection for their health rights.

In the same vein, a free service known as Infosalud has been set up offering guidance and counselling on comprehensive health care to the public at large; using information and communications technologies, it provides a space for dialogue on individual, family and environmental health via a toll-free number available nationwide.

This service is provided by a multidisciplinary team of doctors, psychologists, social workers and nurses and has dealt with more than 127,000 cases from around the country, mainly from specific groups such as prison populations (Ica, Lima, Ancash, Lambayeque, La Libertad, Cajamarca), though there is also a high level of demand from women.

### Infosalud consultations 2001-2005

Period	No. of consultations	%
August-December 2001	10 592	8.3
2002	30 956	24.2
2003	24 521	19.2
2004	46 947	36.7
January-15 March 2005	14 947	11.7
Total	127 963	100.0

Each consultation provides input to a report that profiles the user population of the service and classifies the inquiries made in relation to the areas dealt with by Infosalud. This information then forms the basis for decision-making by the Ministry of Health in its various initiatives and strategies.

Infosalud also provides backup to other care systems, as an alternative, cost-free means of lodging and dealing with complaints and requests for social support, which are referred to the Executive Office for Transparency and Protection of Health Rights. It also functions as a

support mechanism in emergency or disaster situations, coordinating information with other care systems and providing members of the public with information on the condition of victims in health facilities.

### Infosalud consultations by subject area

Subject area	2001	%	2002	%	2003	%	2004	%	Total	%
Medication	1 313	12.4	8 217	26.5	11 328	46.2	16 126	34.3	36 984	32.7
Sexual and reproductive health	2 010	19.0	8 244	26.6	3 873	15.8	5 832	12.4	19 959	17.7
Psychological	881	8.3	3 161	10.2	4 057	16.5	10 384	22.1	18 483	16.4
General information	1 691	16.0	3 918	12.7	2 084	8.5	10 572	22.5	18 265	16.2
Comprehensive health insurance	60	0.6	893	2.9	924	3.8	1 422	3.0	3 299	2.9
Campaigns	0	0.0	209	0.7	1 258	5.1	233	0.5	1 700	1.5
Referred complaints	287	2.7	190	0.6	595	2.4	1 079	2.3	2 151	1.9
Social support referrals	0	0.0	74	0.2	59	0.2	897	1.9	1 030	0.9
Emergency/disaster	4 350	41.1	5 853	18.9	52	0.2	15	0.0	10 270	9.1
E-mail consultations	0	0.0	197	0.6	142	0.6	387	0.8	726	0.6
Other	0	0.0	0	0.0	149	0.6	0	0.0	149	0.1
Total	10 592	100.0	30 956	100.0	24 521	100.0	46 947	100.0	113 016	100.0

One of the main advantages of a system of this kind is that it helps reduce the bottlenecks in health facilities caused by consultations on issues such as administrative procedures, medication, social support, complaints and certain types of advice for which a personal consultation is not required (bearing in mind that telephone or web-based counselling services, particularly on medical matters, are not a substitute for personal visits). In more than half the consultations, users did not need to be referred to a health facility.

In line with the decentralization process, and in accordance with the Plan for Reparations in regions affected by political violence, Infosalud is now setting up and launching regional platforms using staff from the area who can provide a service more responsive to local conditions. The system also aims to extend its scope of operations by using other media such as local radio to provide advice and counselling for the public at large. Preparations are currently under way for the launch of the first regional Infosalud Service, in the department of Ayacucho.

Lastly, a new web portal has been designed in order to enhance access by the general public, and the relevant regulations are now being drafted. These initiatives are expected to play a significant part in efforts to combat corruption.

That completes the Ministry of Health comments on Mr. Hunt's excellent report.

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