

# **RADIATION THERAPY IN PERU: ACHIEVEMENTS AND CHALLENGES**

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## **INTRODUCTION**

Peru is the fastest growing economy in Latin America (sustained increase in GDP, low inflation and poverty reduction rates), nonetheless the health system is fragmented and until 2012, almost half of the population had no health insurance. The current government proposals are: Improved access to health and education, employment and social security, reducing extreme poverty, within a context of social inclusion. The Comprehensive Plan for Prevention and Control of Cancer (“Plan Esperanza”) reliant on the Ministry of Health (MINSa), was established in 2012 in order to reduce cancer mortality and morbidity, with greater access to oncology services (promotion, prevention, early diagnosis, treatment and palliative care) and public health insurance through SIS/FISSAL.

With an area of 1'285,216 square kilometers and almost 30 million inhabitants, cancer treatment resources are scarce. Regarding Radiation Therapy, until 2007 public facilities were only available in Lima, capital city with a population of more than 9 million: Peruvian National Cancer Institute-INEN (3 old Co60/2Linac) and Arequipa (01 old Co60). At present, there are 23 radiotherapy machines (07 public, 4 EsSalud and 12 private) in the country.

By improving economic access, the population demand has increased; therefore, the supply should be increased. Plan Esperanza efforts are focused in enforce radiation therapy coverage nationwide.

## **PROJECT**

The following assumptions are considered: 1) Avoid geographical concentration of radiation therapy, 2) Progressive replacement of Co60 per linear accelerators (LinAc), 3) High dose rate brachytherapy (HDB), 4) To shorten time, private investment to complement public investment. 5) The project has a horizon of five years.

Considering the population demand and availability of other oncological services (chemotherapy, oncologic surgery), our approach consider that each Radiotherapy Service must consist of two LinAc and one HDB. By geographical restrictions, the unit located at Loreto (peruvian jungle) could receive two cobalt units. Locations will be:

- North Lima: Cayetano Heredia and Sergio Bernales Hospitals, to cover more than 3 million, including the provinces of Lima Region.
- East Lima: Hipólito Unanue Hospital (almost 3 millon).
- Junín (Central Highland) for to care the population of 5 Regions: One cancer hospital is under construction.
- Cusco (Southern Highland): (1.5 million, plus neighbor regions).
- Piura (North coast): One specialized hospital with radiotherapy facilities is projected, will serve almost 2 million plus the population of near regions.
- Loreto (Northern jungle), for more of million and due to its geographical location (only air transport).
- Arequipa (South coast and highland): Goyeneche Hospital serve the South Macro Region and already has a new cobalt unit. A linear accelerator adquisition is planned.

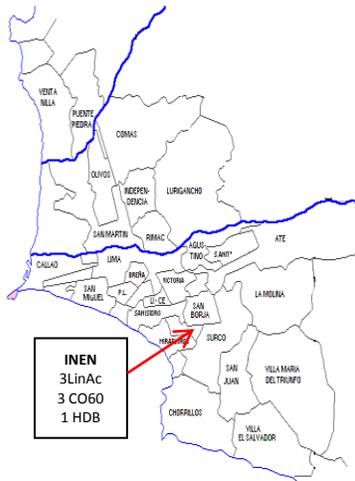
With IAEA support, we are planning a National Training Project for radiotherapy teams, to be started in 2016.

## **CONCLUSIONS**

Peruvian Government, through the MINSa is working hard to shorten the large gap for care in radiotherapy. In Lima, the Hospitals are projected to become operational in 2017, while in the Regions, the Plan Esperanza is currently providing technical assistance for identification of needs, planning and implementation of their projects.

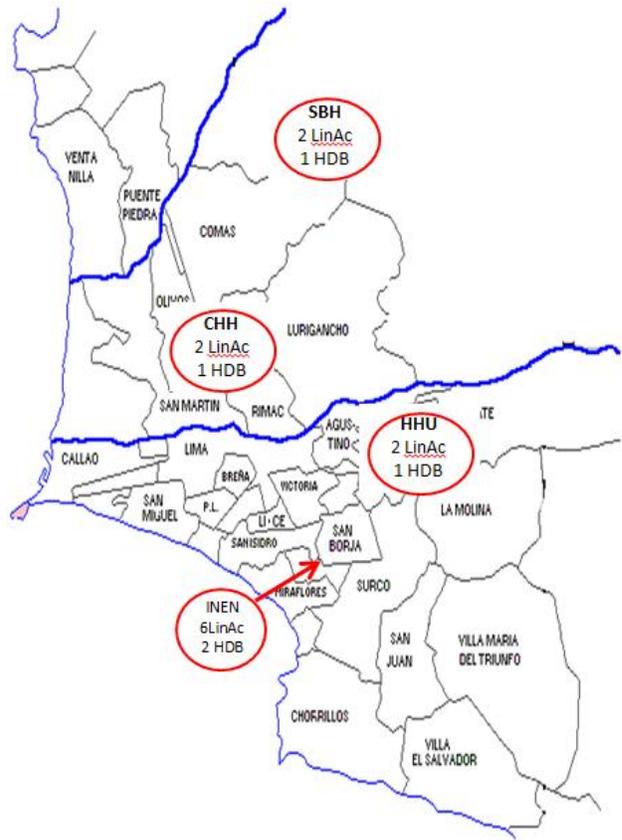
Definitions: EsSalud: Health insurance for workers.  
SIS/FISSAL: Public health insurance

**ACTUAL**



**LIMA**

**FUTURE**



**PERU**

