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Achieving sustainability in international cooperation projects in the healthcare sector: A Case Study of Peru

국제보건협력 프로젝트의 지속가능성에 관한 연구:

페루 사례를 중심으로

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A thesis presented by

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Abstract

International cooperation in the healthcare sector nowadays has being increasing in number and importance in global terms and in the case study of the present study: Peru.

The sustainability of the international cooperation projects in the healthcare sector is crucial to its success. Understanding sustainability as the prevalence of the effects of a project after its completion, some literature review focus on identifying factors as the involvement of the recipient country's government, the participation of the community and the compatibility between the donor's aid and the recipient country's system and knowledge, might all lead to the prevalence of a project's effect in time.

The present study, after a brief explanation about the actual Peruvian international cooperation system and healthcare situation, aims to identify the factors that might guarantee a sustainable project, arguing that the congruency and coherency of the contents of the project with the already existing system and knowledge of the recipient country. In order to test this hypothesis, four projects of international cooperation in the healthcare sector in Peru are analysed. Three of them do present specific factors that lead to their sustainability, while another one does not.

Key words: international cooperation, development projects, sustainability, projects evaluation, healthcare sector, Peru.

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Mirtha Nataly Jara Chavez

List of Acronyms

APCI	Peruvian Agency of International Cooperation
DEVIDA	Peruvian National Commission for the Development and Life without Drugs
GIZ	German Agency for International Cooperation
JICA	Japanese International Cooperation Agency
KOICA	Korean International Cooperation Agency
MDG	Millennium Development Goal
PAHO /OPS	Pan American Health Organization
SDG	Sustainable Development Goals
UHC	Universal Health Coverage
WHO	World Health Organization

I. Introduction

Ahead with globalization, health issues became a common concern in the international society. Topics like epidemics, pandemics and sanitary international agreements motivated the increase of international importance of political agendas regarding health, as well as the increase of enhanced resources of international development cooperation in this field.

Since international cooperation among countries play an important role among international relations, international development projects in the healthcare sector have being an important component of actions from multilateral and bilateral actors.

International cooperation in health sector is been said to be an effective tool to strengthen, share and accelerate health development within and among countries (World Health Organization, 2018). In this sense, the World Health Organization (WHO) mentions that there are quite important benefits of cooperation in health, like the reinforcement of national efforts for health development and strengthen perspectives on better practices and lessons already learnt in other countries at the national level, while at the international level cooperation leads to impact positively subregional and regional integration processes and global health policy debates (Ibidem).

In this sense, the present study starts from the perspective that international cooperation in health is highly positive for the national development and international relations among and between countries. Since to identify the merely positive aspects of international cooperation in health as topic might be too broad to approach because of the different aspects and modalities of international cooperation present in health, I aim to focus in a specific case study: the country of Peru, where I come from, which has been a popular

destination of many development projects in health in the last years even though Peru is considered as an upper-income country according the World Bank classification.

Furthermore, usually international efforts in developing countries, such as the case study, are designed in a specific way that their benefits are temporal and don't maintain in time, aspect that might be detrimental for the development of the recipient country. Specially in the case of the healthcare sector, where health interventions should be considered in long-term since health is a factor that is present in the whole lifetime of humans and has an important impact on countries' development and growth.

In the present study, sustainability is understood as the maintaining of the effects of an international cooperation project after its completion. In this sense, this study starts presenting an approach to sustainability concepts and characteristics in the international cooperation field, following to an overview of the Peruvian current health system as well as the Peruvian international cooperation system situation and finalizing with the analysis of specific projects in Peru. The hypothesis that I aim to test in the case study is that the crucial factor that might assure sustainability in international cooperation projects is the congruency and coherency of them with the already existing knowledge, policies and system in the recipient country. Then, through the analysis of four past relevant projects in the healthcare sector in Peru from the perspective of sustainability, this hypothesis will be tested. Three of these four projects remain sustainable in time, while the remaining one did not maintain its effects after finishing. Consequently, the present study will approach the factors that play a role in determining their sustainability, aspect that becomes crucial in order to understand the international cooperation projects' nature as well.

II. Background

As mentioned before, the WHO considers international cooperation in health sector as a mechanism to strengthen, share and accelerate health development among countries, bringing important positive effects like the reinforcement of national efforts and perspective on better practices and lessons learnt in other countries at the national level, while leading to regional integration and global health policy debates at the international level.

In this sense, some international commitments adopted in the frame of the United Nations show the importance that health issues play for the international society. First, we have the Millennium Development Goals (MDG), which were adopted by the United Nations in 2000. The MDG contained a statement of values, principles and a new agenda for the 21st century regarding development. The MDG consisted of eight targets aiming to eradicate extreme poverty, which four of the eight targets relate directly to the improvement of international health (Magnussen, 2014): eradicate extreme poverty and hunger, reduce child mortality, improve maternal health and combat HIV/AIDS, Malaria and other diseases. As Magnussen points out, the fact that the half of the MDG focus was orientated to improve the disparities in international health is a strong indicator of the strong importance of the topic, as well as shows the commitment of the international society with it.

However, new challenges were adopted after the MDG: the Sustainable Development Goals (SDG). The SDG are 17 targets adopted by the United Nations in 2015 in order to achieve a more sustainable future. Of the 17 targets, the SDG N° 3 mentions as goal to “ensure healthy lives and promote wellbeing for all at all ages” and contains specific goals within it (WHO, 2019). Among these specific goals are: reducing maternal mortality; ending preventable deaths of new-borns and children under 5 years of age; ending epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases

and other communicable diseases; ensuring universal access to sexual and reproductive health-care service; achieving universal health coverage; reducing deaths and illnesses from hazardous chemicals and pollution; supporting the research and development of vaccines and medicines for communicable and non-communicable diseases that primarily affect developing countries; and increasing health financing and the recruitment, development, training and retention of the heal workforce in developing countries (Ibidem). Although among all the SDGs the SDG 3 has an explicit focus on health, at least other 10 are also concerned with health issues (World Health Organization, 2018), for example the SDG 8 “decent work and economic growth”, which includes as specific sub target “health and safety at the workplace”. Another example is the SDG 2 “zero hunger” which includes “child stunting, child wasting and child overweight; as well the SDG 6 “clean water and sanitation” which includes “access to safety managed drinking-water source” and “access to safety managed sanitation”. A final interesting example might be SDG 11 “sustainable cities and communities” which includes “ambient air pollution” (WHO, 2016).

About sustainability in development projects

International projects in the health sector face strong challenges in their negotiation, implementation and evaluation face, situation that affects their sustainability. The concept of sustainability in previous studies consist of two convergent approaches:

On one side, we can understand sustainability in terms of sustainable development, which can be defined as the fulfilling of the needs of the present without compromising the ability of future generations to meet their own needs (United Nations, 1987). For sustainable development to be achieved, it is considered crucial to harmonize three core elements: economic growth, social inclusion and environmental protection. These

elements are interconnected and all are necessary for the well-being of individuals and societies since eradicating poverty in all its forms and dimensions is an indispensable requirement. Its implementation and success will rely on countries' own sustainable development policies, plans and programs, and will be led by countries. In this sense, the United Nations established a list of specific criteria to be achieved: the Sustainable Development Goals (SDG), which are important for this purpose.

On the other side, sustainability can be understood from the perspective of its effects. In this sense, the European Commission through its Directorate-General in Education and Culture considers a project as sustainable when it continues to deliver benefits to the project beneficiaries and/or other constituencies for an extended period after the financial assistance has been terminated (Directorate-General for Education and Culture, European Commission, 2005).

Therefore, the sustainability analysis is part of the evaluation process of any international cooperation project. Evaluation is a highly important action which has as main purposes the improvement of future aid policy, programs and projects through feedback of lessons learned and the provision of a basis for accountability, including the access of information to the public (OECD, 1991).

The Development Assistance Committee (DAC) of the Organization for Economic Co-operation and Development (OECD) mentions five criteria to be taken into account in order to evaluate programs and projects: relevance, effectiveness, efficiency, impact and sustainability. In the case of the sustainability, focus of the present study, the OECD-DAC defines it as well as the situation whether the benefits of an activity are likely to continue after the funding has been withdrawn (OECD DAC, 2000), and considers that environmental and financial sustainability is necessary. Furthermore, the OECD-DAC recommends to consider the two following questions in order to determine if a program or project is sustainable or not: To what extent did

the benefits of a programme or project continue after donor funding ceased?, What were the major factors which influenced the achievement or non-achievement of sustainability of the programme or project? (Ibidem).

Considering these two approaches, the present study focuses on the latter approach of sustainability, but not excludes the first one since international cooperation projects in health sector are part of the international development agenda already, which goals and objectives should be already in the same page of it, aiming the improvement of the living conditions of the people through international jointly efforts.

III. Literature Review

This chapter represented a true challenge in the present study since there are not many previous study on sustainability per se, so it became difficult to identify the specific references to this topic and omitting the additional information.

In this regard, as mentioned before, sustainability has been constantly approached as one of the five evaluation criteria for Official Development Aid (ODA) in a quite superficial way without deep analysis as individual criteria. Furthermore, in the literature review I got to find for this study, the factors that might assure sustainability mentioned by other authors differ from each other. In this sense, in this chapter I aim to identify them and focus on the most important ones, especially if they coincide.

A German scholar part of the Western Michigan University, Daniela C. Schroeter, did a study seeking to elaborate a checklist (Schroeter, 2008) which had as objective to improve the planning and designing of development projects and programs evaluations of sustainability. In her study, Schroeter mentions the seven requirements for sustainability in international aid previously argued by Cracknell (Cracknell, 2000). These requirements are: government support regardless of the level of implementation; managerial ability and effective institutions; selecting appropriate technologies for the recipient country; sociocultural compatibility, local participation, and gender awareness; environmental compatibility; financial viability; and robust project designs able to deal with unexpected situations. Among these factors, it is possible to see a focus on finding ways to make compatible the resources to be given by the donator to the existing ones in the recipient country.

A second approach related to sustainability factors present in past studies is the previous research made by Richard B. Pollnac and Robert S. Pomeroy

about sustainability factors in projects in the Philippines and Indonesia (Pollnac & Pomeroy, 2005). In their study, the authors argued that participation of the beneficiaries in the local level in project development and implementation might be the strongest predictor for project sustainability. As second strongest predictor of sustainability, they identified the project outputs, which include creation of new occupations and improvement of village infrastructure, standard of living and income. These project outputs, if represent benefits for the population, will end up stimulating the population involvement in its activities and will end up maintaining its effects in time, argued the authors. In this sense, these factors represent in some extend an identification of the beneficiaries of the project with the needs that the project aim to fulfill. In other words, it refers to the compatibility f what the project propose and what is already existing in the recipient country.

A last interesting approach is the study made by Han Byul Lee regarding the sustainability factors in the "Strengthening Mathematics and Science Education" project in Kenya (Lee, 2013). In this study, the author argues that the localization or adaptation of foreign knowledge for the training contents elaboration is an important factor for the sustainability of a project. In other words, the compatibility of the project's training contents with the already existing knowledge in the recipient country is crucial. In the case of the analyzed project in the study, the training contents were not compatible with the existing knowledge in Kenya, therefore the effects of the project became less tangible impeding its sustainability. In this sense, this study expresses in a clear way the importance of the compatibility and coherence of the knowledge or resources the project aims to transfer with the already existing resources in the recipient country.

In this sense, it is possible to identify common points among these previous studies. They agree arguing that the local participation and involvement of the beneficiaries of the project might be a crucial factor that guarantee sustainability, as well the compatibility of the knowledge or technologies

given by the donor should be compatible and appropriate with the one already existing in the recipient country. Therefore, we can understand this compatibility between donor and recipient country's knowledge and actions as congruency and coherency, both concepts that are considered crucial for sustainability in the hypothesis of the present study that I explain in the following chapter.

IV. Methodological Aspects

4.1. Purpose of the Research and Research Questions

In the present study, after considering and identifying the current problems in the execution of projects of international cooperation in the healthcare sector in Peru, the purpose of this research lies on identifying the basic factors and actions that might assure their sustainability since this sustainability leads Peru to the achievement of its development and health improvement goals.

Since a big part of the international cooperation resources are set for the health sector and many implemented projects in this field have high chance of not achieving success, it becomes highly important to find a sustainable way to enhance the participation of all involved stakeholders.

Therefore, in order to achieve the before mentioned national and international development goals, as well as to guarantee the success of international cooperation actions and the resourced that they involved, I consider of crucial importance to approach the sustainability in international cooperation projects in the health sector, what factors affect it and which measures can be held in order to ensure it.

In order to achieve this purpose, I state the following research questions:

1. In the case of projects whose benefits maintained after completion, which are the contributing factors? And in the case of projects whose effects did not maintain in time, which are the factors here as well?
2. Which strategies or actions are necessary in order to guarantee a sustainable cooperation project?

The hypothesis I aim to test in order to answer the mentioned research questions is: It is crucial that the international cooperation programs and

actions are coherent and congruent with the host health system in order to be successful and maintain so in time.

The problems in the execution of projects of international cooperation in health are diverse and can be grouped by intern and extern problems; as well as technical and political problems.

As complementary action, in order to achieve sustainability in international cooperation projects in health sector in Peru, actions should be held in the sphere of the national health system of Peru in order to improve it; as well as the cooperation projects in their negotiation (and design) phase should take into account the flaws and challenges of Peruvian health system, in order to achieve efficacy of the projects as well as sustainability through time.

4.2. Methodology

The present thesis pretends to answer the previous research questions and test the mentioned hypothesis through qualitative research on the basis of previous studies, articles and governmental documentation, as well as the analysis of specific examples of projects in the healthcare sector held in Peru.

In this sense, I pretend to stress out specific cases of international cooperation projects in health in Peru that were sustainable in time, as well as projects that were not, in order to identify the presence of the before mentioned factors that contribute to its sustainability and the factors that led them to become unsustainable.

The projects to be analysed in the present study are:

1. “Project of construction of the new building of the National Institute of Rehabilitation Dr. Adriana Rebaza Flores” with the Japanese International Cooperation Agency (JICA).

2. “Program of Support to the Universal Health Insurance policy in Peru” with the Belgian Development Cooperation Agency (BTC-CTB)

3. “Project for improvement the Korea-Peru Health Center in Bellavista, Callao, Peru” with the Korean International Cooperation Agency (KOICA)

4. Project of Drugs Prevention and Community Development in Manzanilla with the German Society for International Cooperation (GIZ)

Notwithstanding, among the previous studies regarding international cooperation in the healthcare sector I could review, the limitation that I face during this study is the lack of research regarding its sustainability in the case of Peru. In other words, first the lack of studies related to international cooperation in health in Peru besides the already existing general information describing the existing projects, as well as the few data related to international cooperation in healthcare sector besides percentage data related to amounts of donations and description of projects. In this sense, the ex-post evaluation of some projects, elaborated by the international cooperation agencies of the donor countries were really helpful to achieve the scope of the present study. Another important limitation I faced is the scarcity of sustainability studies in the international cooperation field. As mentioned in the literature review, the existing studies tend to focus on the projects’ evaluation mechanisms as a whole without getting deep in the factors that might assure it.

In this sense, the present research will contribute to the study of development international actions in Peru, specifically in the health sector since they are already limited, and especially will contribute to the sustainability study of international cooperation projects in general.

V. Case Study: Peru

Peru, the country where I come from, is located in West South America, next to the Pacific Ocean and between Chile, Ecuador and Brazil. Its total area is 1,285,216 sq km, territory that might be twice the size of the state of Texas in the United States and a little smaller than the state of Alaska (Central Intelligence Agency of the USA - CIA, 2019). Its population is about 31,331,228 and has as official language Spanish, which is the most used one, and Quechua, Aymara and other native languages as well. Its governmental system is presidential republic, with a GDP per capita of $13,500. Peru's main industries are mining and refining materials and steel and metal fabrication, and has an inflation rate of 2.8%. Its governmental administration is divided into 26 regions -each one administered by a regional government-, 196 provinces and 1,854 districts (PAHO, 2019). In 2016 the life expectancy at birth was 75.1 and in its Human development Index was 0.750 (UNDP, 2018).

In the present chapter, Peru will be approached as the case study of this research, starting by explaining how the Peruvian international cooperation system works, the most important challenges in the healthcare sector faced by the country and the existing characteristics of the international cooperation system in health, in order to convey the basic information for easier understanding of the specific projects that will be analysed in the next chapter.

5.1. Peruvian International Cooperation System

In Peru, the international cooperation system is organized under a legal framework and an administrative structure that demand that the institutions part of it take responsibility of the actions in their competences and coordinate and complement each other. In this sense, the head institution in

charge of leading, programming, organizing and supervising, in other words of the management and representation of international cooperation, is the Peruvian Agency of International Cooperation or APCI in Spanish, as stated in the Law N° 27692 that created it. The APCI is a public institution belonging to the Peruvian Ministry of Foreign Affairs, has its own budget, and has as duties proposing policies and plans regarding international cooperation, channeling the cooperation requests of central government, supporting

However, in terms of sectors, each Ministry and other public institutions of central government are allow to identify, program, implement, supervise and evaluate the international cooperation projects that belong to their sector, according to the article 4 d) of the Legislative Decree N° 719 - International Technical Cooperation Law of Peru. Additionally, the Peruvian legal frame allows regional governments to identify, program, implement, supervise and evaluate the international cooperation actions of sectorial competence of regional and subregional character, coordinating with the central government sector.

In this regard, although the APCI is in charge of the central coordination and management of international cooperation, each sector and regional government negotiates, implement and evaluate the development actions that take place inside their frame of work.

The Peruvian National Policy for technical cooperation (Peru, 2012) states that Peru adopts as founding and guiding principles of non-refundable international cooperation the leadership, complementarity, transparency, **sustainability**, seeking effective outcomes, targeting and solidarity for development; as well as social inclusion and access to basic services, specifically the access to comprehensive quality health and nutrition services as one of the 17 Priority Issues to guide non-refundable international cooperation interventions in the country.

Furthermore, the Legislative Decree N° 719 - International Technical Cooperation Law of Peru on its Article 2 states that international technical

cooperation is the means through Peru receives, transfers and/or exchanges human resources, goods, services, capitals and technology of foreign donors; which objective is to complement and contribute to national efforts in development in order to support the implementation of priority activities and projects for the country's development and its regions, especially the most poor and marginalized socio-economic groups.

In the international sphere, the Sustainability Development Goals number 3 (Good Health and Well Being) and 17 (Partnerships for the Goals); as well as the Millennium Development Goals number 4 (Reduce child mortality), 5 (improve maternal health), 6 (Combat HIV/AIDS, malaria and other diseases) and 8 (Global partnership for development), represent part of the international commitments related to the present subject of research.

As noticed, there are important domestic and international commitments that the country has to follow regarding international cooperation, development and health. Therefore, Peru has the proper international cooperation system that allow its actors, such as the APCI, the ministries and regional governments to implement international cooperation actions within their respective competences.

5.2. Peruvian Health System and current situation

The Peruvian health system in terms of organization and structure is very similar to the current health systems in other Latin American countries. That means that public and private health management and funding cohabit together and complement each other.

As the graphic below shows, the Peruvian health system is decentralized and operates by public and private funds copped in three administrative regimes. The Subsidized or Indirect Contributive Regime operates with the founding from the Ministry of Health, the Direct Contributive Regime operates with the founding from the Peruvian Army and Police administration and the social

insurance (EsSalud), and the Private Regime which funds come from the social insurance and the private insurance as well.

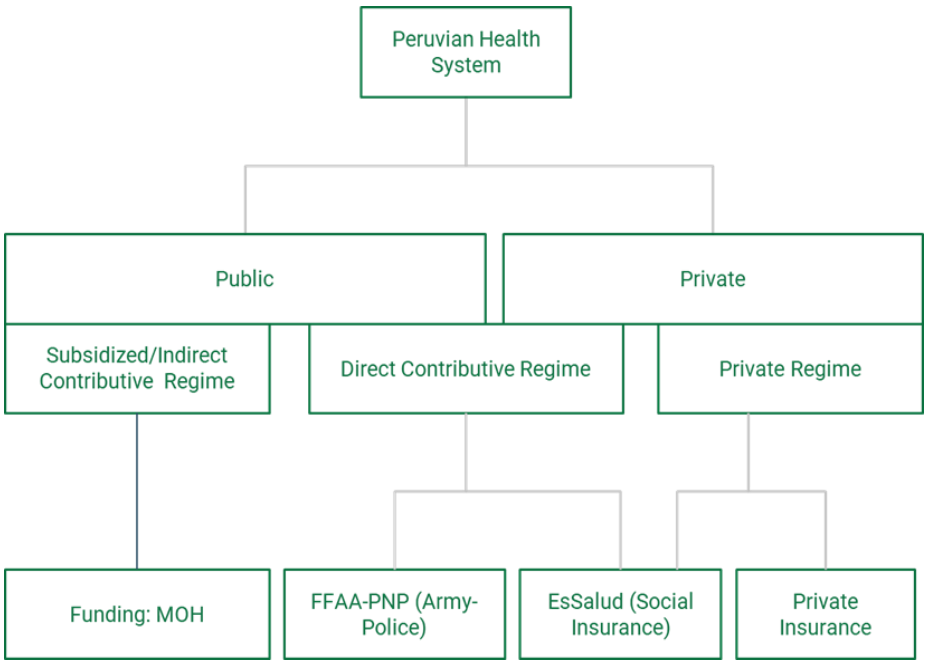

Figure 1 Made by the author based on PAHO country report (PAHO, 2014)

As it shows in the graph below, the sector that covers the most population and therefore the heaviest economic burden is the Ministry of Health, which through its public insurance program (Comprehensive Health Insurance System - SIS) covers 35.3% of the burden through its public hospitals. The social insurance (EsSalud) covers 25.3% of the burden, the private insurance covers 1.6%, the Army and police just 1.6%. It is important to mention that the remaining 34.6% of people with no insurance is covered by the hospitals of the Ministry of Health as well.

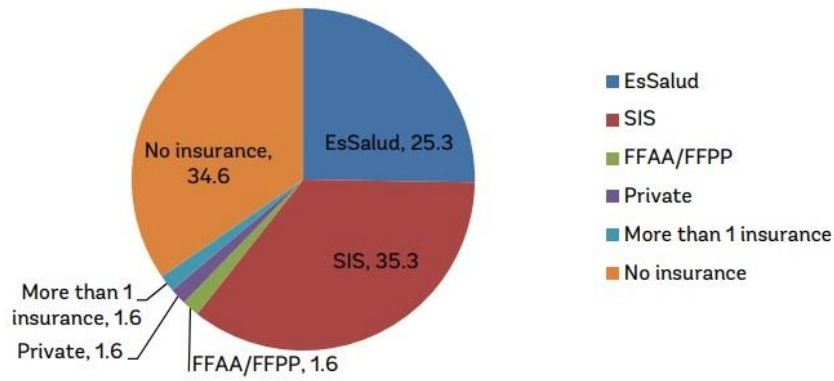

Figure 2 Health coverage programs in 2013, percentage of population affiliated (Vermeersch, Medici, & Narvaez, 2014)

The principal mortality causes in the country, as showed in the graph below, are: Diseases of the respiratory system (21%), neoplasms (20%), diseases of the circulatory system (19%), external causes (11%) and infectious and parasitic diseases (10%), among others with less percentage (PAHO, 2019).

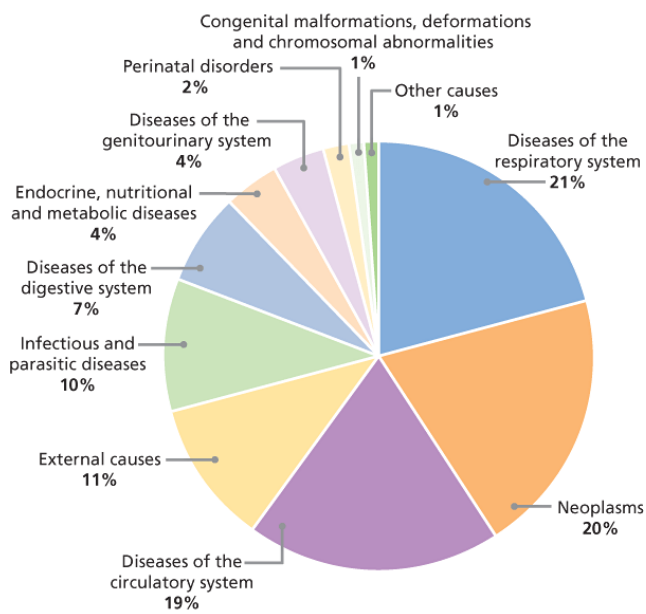

Figure 3 Mortality causes in Peru (PAHO, 2014)

The Peruvian health system, although in the recent years has been improving in comparison with its situation a decade ago, still faces significant challenges, like its deficient capacity of decentralised execution and the articulation of social policies; as well as some other challenges. In order to face this situation, the Peruvian government designed and established a national reform in the health sector that has been executed since 2013, which had as specific goals the increase of public funding (which still remains one of the lowest in the region), the increase of burden and risk of communicable diseases (first cause of mortality in the country) and chronic non-communicable diseases; and the articulation of policies to achieve the development goals regarding human lifetime since the prevention of teen pregnancy until elderly health (PAHO , 2014), as can be seen in the graph below.

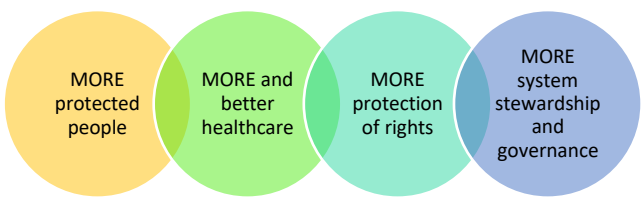

Figure 4 The Process of Health Reform in Peru (UNDP Policy Centre, 2015)

In this sense, the Universal Health Insurance became a national priority policy, which was implemented through more than one action and years, as seen below.

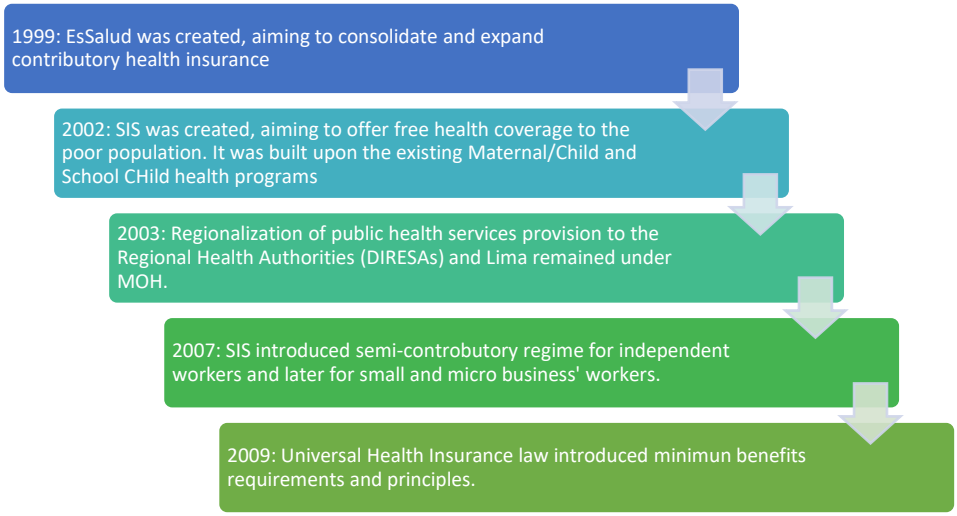

Figure 5 Milestones to UHC (Vermeersch, Medici, & Narvaez, 2014)

Taking this into account, and coming back to the importance of international actions in the development process of countries and the Case Study, PAHO mentions too that national foreign policy is considered as crucial for sustainable development, poverty overcome and social inclusion, through economic integration and promotion, industrialization, science and technology development and cooperation.

In this sense, the correct execution and specially the sustainability of international cooperation programs, projects and actions aim to support the achievement of the challenges and problems above mentioned. With the present research my intention is not arguing that international cooperation is the key factor for that goal, but that cooperation is an important and crucial factor indeed, playing a complementary role in national social development.

5.3. International Cooperation in Health in Peru: Problems & challenges

Health nowadays became a common concern in the international society. Health issues started to gain importance in political agendas, there is an increase of enhanced resources of international development cooperation towards health issues and multilateral and bilateral actions regarding health issues are an important part of today's international scenario.

In the case of Peru, the subject of study of the present research, its principal bilateral donors nowadays in the healthcare sector are the United States, the Europe Union, Spain, Italy, Canada and Belgium; multilaterally the United Nations Agencies, the World Bank and the Inter-American Development Bank; and in private actors like the NGO Catalyst, Médecins Sans Frontières (Doctors without Borders), Plan Internacional, PRISMA, SAMU International, among others (PAHO, 2014). It is important to mention that since Peru is considered as an upper middle income country (The World Bank, 2018), the donors' and cooperation agencies' budgets supporting the country have been decreasing significantly (PAHO, 2014).

It is also important to mention that lately the cooperation enhanced to Latin America and the Caribbean has been decreasing, when in 2011 represented US$ 11 582 million to US$ 8 640 million in 2012 (PAHO , 2014). As PAHO mentions as well, international cooperation in Peru represents 2% of the annual national budget and 0.5% of national GDP; which means that international cooperation represents a complimentary contribution to national development efforts. In Peru case, international cooperation in health represents approximately US$ 50 million per year (10% of total ODA), where 43% is bilateral cooperation and 57% multilateral.

VI. Project analysis: Identification of sustainability factors

In this part of the present study, four specific international cooperation projects in the healthcare sector in Peru will be approached and analysed in order to identify the factors that influence their sustainability as well as testing the factors previously addressed by the former mentioned literature review. These four projects were funded by Belgium, Japan, Korea and Germany respectively.

In this regard, even though the PAHO just mentioned Belgium among the principal bilateral donors in the Peruvian healthcare sector omitting Japan, Korea and Germany, there are important reasons to include projects funded by these three countries in this study.

First, it is important to mention that due the currently decentralization process in terms of government and public administration that Peru has been implementing in the last years, the regional governments have been assuming the negotiation and implementation of health international cooperation projects and usually don't inform about the projects and actions of international cooperation where they get involved, nor facilitate the involvement of the central government, affecting official information management actions as well as the international organizations' efforts to register them, like the PAHO, and even the Peruvian Agency of International Cooperation (APCI in Spanish) which is in charge of the management of the information regarding international cooperation actions implemented in the whole Peruvian territory and the Ministry of Health itself.

Notwithstanding, the Ministry of Health of Peru, which in the day by day is in charge of the negotiation, implementation and is constantly in contact with the development of the international programs and projects in the healthcare

sector, put efforts in the information management of them and elaborated a list by region (Ministry of Health of Peru, 2017) of health projects funded by international cooperation for the period 2016-2017. In this list, 15 of the 25 Peruvian regions are involved in international cooperation projects, where Belgian, Spanish and Korean funds were present in more Peruvian regions: Belgium was in 6 regions, the Spanish Foundation Manantial in 9 regions and Korea mostly through its Korean International Cooperation Agency (KOICA) in 4 regions. The presence of these 3 donors in all these regions is far more significant than others donors like United States or Italy, that are present in just 1 region respectively. In this sense, considering the constant and important presence of Belgium and Korea in many regions of Peru in terms of international cooperation projects in health, I decided that two of the four specific projects I am analysing have these two countries as donors.

In the case of the project funded by the Japanese International Cooperation Agency (JICA) I aim to analyse, it is important to mention that the JICA is one of the oldest and longest cooperation agency with presence in Peru. JICA has been implementing different international cooperation actions in Peru since 1958, when the first Peruvian scholarship recipient travelled to Japan (Japanese International Cooperation Agency, 2018), and Japan has very close international relations with Peru government due the long history of Japanese immigration since 1899, being the oldest Japanese immigration in South America, with nowadays around 100.000 Peruvian Nikkei living in the country (Ibidem).

Additionally, this project to be analysed in the present chapter had a strongly high importance for the Peruvian healthcare sector specifically in the disabilities and rehabilitation policies, which are among the most important needs of the sector considering that at the time of the project around 11% of the Peruvian's households had at least one person with a disability (JICA, 2015).

Finally, in the case of the project funded by the German GIZ, it is remarkable that the presence of this cooperation agency in Peru has a long history as well and goes back in time to 50 years ago (GIZ, 2019). Furthermore, the drugs consumption problem among adolescent and young people has been an important target of the Peruvian national policies in the recent years. Since year 2002 until now on, Peru has been promoting national strategies regarding fight against drugs, that reflect the politic will of different governmental periods to articulate actions among public entities of the three governmental levels (central, regional and local), the private sector and civil society, with the participation of international cooperation in order to address the production, illicit traffic and consumption of drugs in Peru (DEVIDA , 2014). The National Commission for the Development and Life without Drugs, DEVIDA in Spanish, has been implementing national budgetary programs oriented to fight against drugs, specifically against the consumption of them, action that probes the high importance fight against drugs has for Peruvian policies. Furthermore, considering that Peru is the second major cocaine producer in the world after Colombia (UNODC, 2018).

Consequently, these four international cooperation agencies and projects implemented in Peru have a special importance for the countries' development and its healthcare system, reason why they were chosen. In the following pages, these four projects will be approached and analysed.

6.1. "Project of construction of the new building of the National Institute of Rehabilitation Dr. Adriana Rebaza Flores"[1] with the Japanese International Cooperation Agency (JICA).

[1] Spanish: Proyecto de Construcción de la Nueva Sede del Instituto Nacional de Rehabilitación "Dra. Adriana Rebaza Flores"

The National Institute of Rehabilitation Dr. Adriana Rebaza Flores (INR) is a decentralized body under the Ministry of Health, in charge of the research, teaching and specialized attention in the rehabilitation field, having as goal the integral rehabilitation of people with disabilities (INR, 2019).

Summary of the project:

This project had as goals the transfer and strengthening of the medical care function of the INR previously located in the district of Callao in Lima, through the construction of a new hospital infrastructure in the district of Chorrillos, and the provision of medical equipment, in order to fulfill the already existing need of the INR regarding the conduction of advanced medical care, research and training of specialist personnel in disabilities and rehabilitation.

As first action held by JICA, in response of the needs and the inefficient work of the already existing INR, JICA dispatched a study team to Peru in year 2005 to confirm the need of the realization of the project, as well as a pre-feasibility study to be done by the Peruvian side. Based on results of these both efforts, JICA conducted the Basic Design Study for the project from 2007 to 2008 and implemented the project from 2011 until 2012.

The project implied the grant amount of 2.0115 million yen for detailed design, construction and procurement. The entity in charge of its implementation was the Ministry of Health of Peru. The expected results were the increase of patient's attentions, qualitative and quantitative improvement of research and teaching in the rehabilitation field, and improvement in the admission capability of transferred patients from lower level health centers (JICA, 2016). JICA as well was sending senior volunteers to INR, who were physical therapists, IT engineers, interpreters, among others. On September 3rd 2013 the medical attention started in the new facility of the INR in the district of Chorrillos (INR, 2019).

Ex-Post Evaluation:

The ex-post evaluation done for this project during 2015 and 2016 pointed out that its relevance was high (JICA, 2015), since the Government of Peru was already strengthening its policies related to facilitate equal opportunities and broader social participation for people with disabilities. For example, the National Plan for Equality of Opportunities for People with Disabilities and the Decade for People with Disabilities in Peru were launched. Furthermore, the president Ollanta Humala administration in 2011 launched the "elimination of social gaps" policy, which promoted the participation of people with disabilities in socioeconomic activities. One governmental action that shows this official commitment with disability was the execution of the first special national survey on disabilities in 2012 and the revision of the Basic Act on Disabilities to reinforce to reinforce the welfare policies for people with disabilities (Ibidem). Through the Ministry of Health, the government implemented other actions as well, for example the revision of the technical criteria for the certification of people with disabilities, a nationwide campaign on this certification system and the introduction of community-based rehabilitation for early detection of disabilities and provision of necessary medical services (Ibidem).

As mentioned before, in the moment the project was on its designing phase, the INR was facing difficulties regarding its facilities and site conditions, so a relocation and construction of new facilities became necessary. Since the number of people with disabilities in the country, according to the 2012 survey, was 1.6 million which means 5.2% of the population, and from this number only 11% were able to access the medical rehabilitation service, an improvement of the conditions of the INR was crucial to keep up with needs concerning disabilities issues of the country.

Even though the project suffers from some flaws related to its design and implementation, specifically regarding the delayed schedule of implementation and details in the placement of the facilities like the part of

the facilities that needed to be constructed by the Peruvian side, the evaluation showed an increase in the medical care service provided by individual departments, which was an indicator meant to measure the effectiveness of the project. As seen in the graphic below, the number of treated patients and treatments were 26% and 24% each one higher than before the re-location was effective. The identified reasons for this increase were the elimination of constraints in terms of public safety and site access in the new location, the increase medical care capacity due the improved facilities, and longer time of clinical service due to the improvement in security.

	2006 Baseline at planning	2011 Before relocation	2014 2 years after relocation [2]	2015 3 years after relocation (ex-post evaluation)	2015/11 Ratio of increase	2015/06 Ratio of increase	2014 Planned level (real/plan)	2015 Planned level (real plan)
N° of Outpatients	12,629	21,160	21,802	20,194	95%	160%	16,945 (129%)	16,664 (121%)
N° of Consultations	25,499	39,382	42,541	38,657	98%	152%	35,221 (121%)	35,571 (109%)
N° of Treated Patients	10,916	19,907	25,063	25,804	130%	236%	19,473 (129%)	19,617 (132%)
N° of Treatments	187,884	274,148	341,246	358,967	131%	191%	362,874 (94%)	365,386 (98%)

Figure 6 Historical Data on Medical Care at INR (JICA, 2015)

Another indicator is that the waiting time for consultation decreased, as well as patient satisfaction increased, where the beneficiary survey held by the ex-post evaluation showed 94% of overall satisfaction (49% very satisfied and 45% satisfied) with INR among patients.

Furthermore, other objective the project was meant to have is to contribute to the Peruvian research in rehabilitation, goal that was achieved since the INR was certified in September 2015 as a research center by the Peruvian National Institute of Health, which is the public agency in charge of the research of national priority health issues. This certification enabled the INR to increase its number of research works from two per year to eight, at the

[2] The INR relocation was completed in December, 2012.

time of the ex-post evaluation, as well as promoted the celebration of research agreements between the INR and some Peruvian universities for joint research. Even though there are still flaws and pending issues related to the INR's research capabilities like the lack of time of doctors and therapists to spend in research due the overloading number of patients, the fact preliminary actions were held in order to enable research actions is a positive output.

Finally, the ex-post evaluation approaches the sustainability analysis in the aspects of operation and maintenance points out one hand, the high skilled staff members in the INR, but on the other hand the shortage of funding for equipment maintenance and repair work and the lengthy procurement process, situation that led the project to be considered "fair" in terms of sustainability.

***Analysis*:**

The evaluator pointed out valuable information existing in the moment after the project was already completed. As positive outputs that maintain in time posteriorly we see the increase in the number of consultations and patients treated by the INR, as well as the overall improvement of the facilities and the skilled staff member part of it. As negative outputs that could affect the sustainability of the project is possible to identify that its strongest weakness is the lack of efficiency in the repair and maintenance of the equipment. In this sense, the difficulty to find accessible repair equipment in the recipient country is an aspect that could have been foresighted in the design of the project but was not. Japanese companies were in charge of part of the supply, where the main contractor company was Tokura Corporation and Konoike Construction, Co., Ltd, the equipment procurement by Mitsubishi Corporation and the main consultant Yokogawa Architects & Engineers, Inc. and INTEM Consulting, Inc., all Japanese companies working in Peru. Furthermore, the

lack in the foresight in the moment of the project design phase relating the traditional extremely slow length that procedures and processes take in public institutions in Peru due inefficient bureaucracy was an aspect that was not taken into account as well. In general, these both aspects could have been successfully taken into account in the design phase, assuring access to repair equipment existing in Peru.

Notwithstanding the presence of these difficulties, they were not determinant for the sustainability of the project, since its original main objective was the improvement and increase of treatment and consultations of disabilities, as well as teaching and research in rehabilitation. In this aspect, the crucial point that enabled the success of the project was that the INR and the disabilities medical care was already a priority for the government at the time the project started. In other words, this project was coherent with the actual needs of the recipient country.

Peruvian sources show that the increased number of external attentions maintained in time. While in 2015 the number of external attentions was 16664 (Figure 5), in year 2017 was 16823 (INR, 2017). Furthermore, specialized medical attentions have been held in high numbers in the INR, specifically in the areas of learning, communication, psychomotor development and spinal injuries (Ibidem). Additionally, the INR continues with its strong research and teaching activities, having signed educational teaching agreements with many Peruvian health universities and health departments, which have as objective to develop undergraduate and graduate teaching, learning and research activities oriented to the universities students as well as towards the INR medical staff.

6.2. "Program of Support to the Universal Health Insurance policy in Peru" [3] with the Belgian Development Cooperation Agency (BTC-CTB)

Due the diversity of actors within the Peruvian health system, the Universal Health Insurance (UHC) was established since 2009 with the Law N° 29344 as a regulatory framework to achieve UHC under coordinated institutional efforts between EsSalud, SIS, the Ministry of Health and the Regional Governments, in order to grant the population UHC through three mechanisms: contributory insurance, subsidized insurance for the poor and semi-contributory insurance for informal and small-business workers, where SIS manages the latter two (Vermeersch, Medici, & Narvaez, 2014).

Summary of the project:

This Program was implemented from 2014 until 2018 and had two components: budget support (SISFIN) and technical support (SISTEC). The general objective of the program was to guarantee the right to quality healthcare for every person in poverty and extreme poverty, improving the health situation of the population, while the specific objective was to extend the coverage and benefits of the Comprehensive Health Insurance System (SIS) with quality guaranties implemented for men, women and children in poverty and extreme poverty situation, according to their differentiated needs, in prioritized regions of Peru in the frame of the Universal Health Insurance (Belgian Development Agency, 2018).

Through the SISFIN or budget support, Belgium gave a financial support directed at the Maternal and Neo-natal Health budgetary program, which is an already existing governmental budgetary program managed by the

[3] Spanish: Programa de Apoyo a la política de Aseguramiento Universal en Salud en el Perú.

Ministry of Health, SIS, Regional and Local governments, with the leadership of the Ministry of Health. On the other side, through the SISTEC the Belgian government contributed with the planning, spend control and supervision, IT, patient empowerment and insurance culture, generation of management capability in insurance and human resource management. Specifically, the program provides: the establishment of a coordination roundtable ("Mesa de Salud") in which Belgium played the role of technical secretary (until 2016) where results were presented; budget support agreements on maternal neo-natal health between the Regional Governments of Amazonas and Cajamarca (2014-2017), the Ministry of Economy and Finance and the SIS in order to agree the details for the funds transfer, the participation in other coordination spaces like the Public Finance Management Roundtable[4], the Decentralization and State Modernization Roundtable[5] and the Roundtable for the Agreement on the Fight against Poverty[6]. The amount covered by the Belgium party was 13.500.00 EUR, while the Peruvian party was in charge to cover an amount of 3.000.000 EUR, which consisted of valorized expenses related to personal staff, equipment, trainings, maintenance and infrastructure. The money amounts received by the regional governments of Amazonas and Cajamarca were conditional upon the improvement of management processes, the budgetary program of maternal neonatal health and the health coverage of their poorest population to the SIS (Belgian Development Agency, 2018). The disbursements made by Belgium were agreed to be done in three times during the length of the project and conditional upon reports and budget presentations by the Peruvian side.

[4] Spanish: Mesa de Gestión de Finanzas Públicas
[5] Spanish: Mesa de Descentralización y Modernización del Estado
[6] Spanish: Mesa de Concertación para la Lucha contra la Pobreza

Ex-post Evaluation:

Since the budgetary support made by Belgium was held in different disbursements, more than just one evaluation took place. The evaluation held in year 2017 by the Ministry of Health and the Ministry of Economy and Finance showed many important improvements and achievement of project goals. First, from the number of registered pregnant women an 80% were affiliated to the SIS in the first trimester of pregnancy. Second, 100% of strategic medical facilities of Amazonas and 86& of Cajamarca achieved the goal of having an 80% of availability of critical inputs and equipment for maternal neonatal healthcare. Finally, management processes got to be documented and the use of data bases and monitoring improved as well (Ministry of Health and Ministry of Economy and Finance, 2017). This evaluation mentions as well an increase of institutional deliveries in rural areas, as the graphic below shows where we can see that in year 2014 in Amazonas institutional deliveries were held in 59% of cases increasing gradually until reaching 69.4% in year 2017; while in Cajamarca rural institutional deliveries started with 57.6% in year 2013 reaching 76.2% in year 2017.

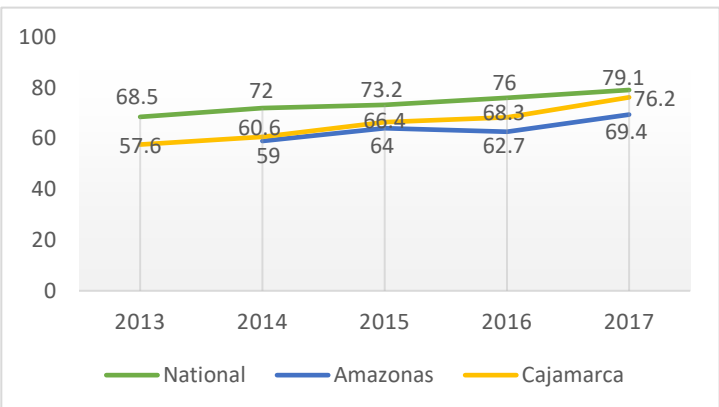

Figure 7 Institutional deliveries from rural areas (Ministry of Health and Ministry of Economy and Finance, 2017)

Another important goal of the project, to increase the number of affiliated women from poorest neighborhoods to the SIS was achieved. As seen in the graph below, the number of these group of women that had four auxiliary medical exams in the first trimester of their pregnancy and at least four attentions with iron and folic acid increased as well, where in Amazonas the percentage went from 1% in 2013 to 33% in 2016 and in Cajamarca from 0% in 2013 to 31% in 2016 (Ibidem).

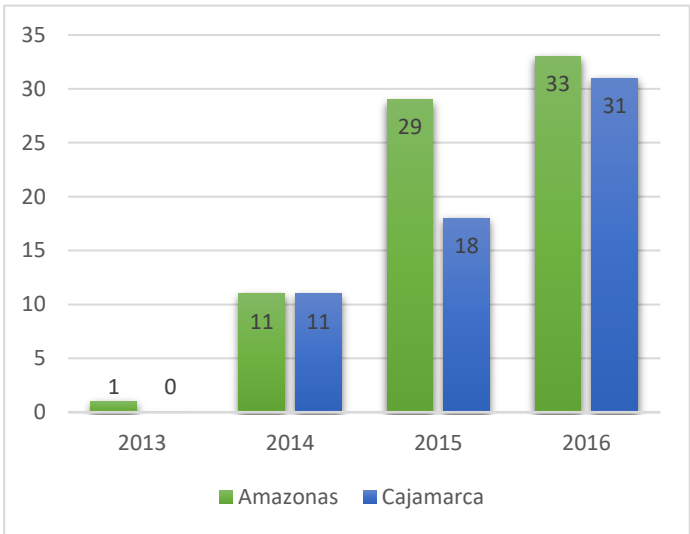

Figure 8 Increase in register from 0 to 30 % (Ministry of Health and Ministry of Economy and Finance, 2017)

Furthermore, the Budget and Planning Office of the Ministry of Economy and Finance of Peru elaborated an evaluation about the project's achievements reached until 2016 (CTB Peru; Ministry of Economy and Finance of Peru, 2017). The project was considered as very positive from the point of view of its outputs and effects. As can be seen in the graph below, the budget allocation has been increasing gradually, as well as its execution. For example, the budget allocated for the attention of normal delivery care went from 62,2 million of Peruvian soles (approx. 18 million USD) in 2009 to 210,9 million Peruvian soles (approx. 63 million USD) in 2017, and the budget

allocated to normal newborn care went from 24,8 million of Peruvian soles (approx. 7 million USD) in 2009 to 97,0 million Peruvian soles (approx. million USD) in 2017.

Intervention (Product)[7]	2009	2010	2011	2012	2013	2014	2015	2016	2017	% Increase
Normal delivery care	62,2	73,5	147,7	260,6	204,0	192,5	231,3	259,7	210,9	239,1
Refocused Prenatal care	52,6	43,8	87,9	159,2	134,6	118,6	168,8	195,2	188,9	259,1
People access to family planning methods	19,2	32,7	36,1	35,7	56,5	45,1	49,5	64,6	68,0	254,2
Normal newborn care	24,8	27,0	34,4	83,3	54,6	56,7	93,0	95,0	97,0	291,1
Adolescents access to health services for pregnancy prevention	0,00	0,00	0,00	6,44	7,74	7,20	8,91	13,47	16,52	
Other products	200,37	231,50	327,62	546,54	478,11	521,55	708,45	765,26	903,76	351
Other projects	0,00	38,62	266,99	308,67	149,83	162,41	179,31	55,17	28,39	
TOTAL: Maternal Neonatal Health	**359,0**	**447,1**	**900,7**	**1400,3**	**1085,2**	**1104,1**	**1439,4**	**1448,3**	**1513,7**	**321,6**

Figure 9 PPSMN[8] Budget allocation in millions of Peruvian soles[9] (CTB Peru; Ministry of Economy and Finance of Peru, 2017)

***Analysis**:*

The mentioned evaluations show that there is indeed an increase insurance affiliation for population living in the two regional governments, as well as the access to maternal and neo-natal services improved. Indicators regarding the affiliation of women living in the poorest areas receiving vitamin supplements increased dramatically (from inexistent to 30%) as well.

[7] Each Intervention is an existing budgetary bus-program.

[8] PPSMN (Programa Presupuestal de Salud Materno Neonatal): Budgetary Program of Maternal Neonatal Health

[9] 1 USD: 3.33 Peruvian soles

Positive outcomes from this cooperation modality (budget support) are remarkably correlated with the sustainability of the project. The Ministry of Economy was diligently assigning and evaluating this expenditure process constantly, aspect that represents a high efficacy in the outcomes of the project at the time of the evaluation. In this sense, the Budgetary Program of Maternal Neonatal Health, where the budgetary support was targeted to, is an already existing budgetary program of the Peruvian government. The specific lines of this budgetary program were already existing as well, such as "normal delivery care", refocused prenatal care", "family planning", "newborn care", and "pregnancy prevention service to adolescents", as the graphic of the Figure 5 shows.

Furthermore, the project objective matched with the already existing needs of the recipient country, since in Peru at the time the project started in year 2013, neonatal mortality rate[10] represented the first cause of infant mortality[11] with 52.9% (Ministry of Health of Peru, 2013). In this sense, in Peru at that time annually happened 12365 deaths of children under 5 years old, from which 10000 were under 1 year old and 5300 during the first month of life (Ibidem). That means that most of the infant deaths happen during the first month of life, situation that was evidentially critical and it represented the reason why the Peruvian national budgetary program of maternal neonatal health became so important to be part of the national budget health permanent structure. In the both regions were the project was implemented, Amazonas and Cajamarca, there was a high rate of neonatal mortality as well. In the Amazonas region there were a neonatal mortality rate of 14.8% per 1000 live births. In this region the 52.9% of total neonatal deaths happened during the first 7 days of life and 54% of all neonatal deaths were among premature babies[12]. In the case of the Cajamarca region, the

[10] Neonatal mortality is the probability of a child to die in the first 28 days of being alive (Ministry of Health of Peru, 2013)

[11] Infant mortality is considered as the number of deaths of children under 1 year old (Ibidem).

[12] Premature babies are the babies under 37 weeks of pregnancy.

neonatal mortality rate was of 11.3% per 1000 live births. In this region the 37.9% of total neonatal deaths happened between the first 8 and 28 days of life and 55.8% of all neonatal deaths were among premature babies (Ibidem).

6.3. "Project for improvement the Korea-Peru Health Center in Bellavista, Callao, Peru" [13] with the Korean International Cooperation Agency (KOICA)

Summary of the project:

This project involves the reconstruction of the Bellavista Korea-Peru Health Center which was an already existing health center funded by KOICA too in years 1992 to 1994. The project involved the construction of the delivery facilities, patient's rooms and emergency rooms and the provision of equipment (KOICA, 2014). The project was implemented for two years from 2009 to 2010 and the total budget required was 2 million USD.

Furthermore, the Hospital Carrion was the only tertiary health center (high level medical institution) in Callao and there are five health centers where child delivery is possible and Bellavista was one of them, but before the project started most of child deliveries in Callao were done in the Carrion Hospital. In this sense, even though Hospital Carrion was formally in charge of assist only high-risk child deliveries due its tertiary character, it was overloaded with normal child deliveries so it could not assists its proper complex cases. In response to this situation, the project focused on installing more delivery rooms.

[13] Spanish: Proyecto de mejoramiento del Centro de Salud Perú-Corea de Bellavista - Callao

Ex-post Evaluation:

According to the Ex-post Evaluation made by KOICA, an outcome of the project was the increase of the medical staff, as seen in the graphs below.

	2009	2010	2011	2014
Doctor	4	5	9	16
Midwife	2	2	6	10
Nurse	1	1	5	11
Dentist	2	2	2	4
Psychiatrist	1	1	1	1
Pharmacist	0	1	1	1

Figure 10 Bellavista Health Center's Number of Medical Personnel (KOICA, 2014)

	2009	2010	2011	2014
Lawyer	0	0	0	1
Radiologist	1	1	1	1
Clinical Pathologist	0	0	2	2
Radiographer	1	1	1	1
Medical Technician	1	1	1	2
Community Worker	1	1	1	1
Nurse Aide	4	4	13	14
Medical Technologist	4	4	4	7
Administrative staff	6	16	10	20
Chauffeur	0	0	4	5
Total	28	40	61	97

Figure 11 Increase of Bellavista staff (KOICA, 2014)

Another important result found is the increase in child delivery cases in Bellavista health center, as the follow graph shows.

	N° of Initial Diagnosis	N° of Treatment	N° of Delivery
2008	7,375	43,912	0
2009	7,818	56,870	0
2010	6,362	43,947	0
2011	6,292	54,717	111
2012	6,787	49,631	226
2013	7,699	57,144	190

Figure 12 Bellavista Health Center Treatment/Child Delivery Cases (KOICA, 2014)

An additional outcome from the project is the positive effect in the Callao healthcare network. While deliveries in Bellavista health center were

increasing, deliveries in the Hospital Carrion were decreasing, alleviating its burden, as seen in the graph below.

	Facility	2006	2007	2008	2009	2010	2011	2012	2013
Hospital (secondary, tertiary)	Carrion	6,835	5,565	6,238	6,480	4,574	3,094	3,493	3,523
	San Jose	3,038	2,680	228	322	2,294	3,235	3,050	2,671
	Ventanilla	567	2,071	3,268	3,164	3,373	3,523	3,838	3,990
Health center (primary)	Marquez	613	213	161	215	118	114	88	105
	Pachacutec	0	0	239	423	323	308	318	387
	Gambetta	330	299	338	244	197	229	1	134
	Acapulco	250	141	140	135	89	156	210	168
	Bellavista	0	0	0	0	0	111	226	190
	TOTAL	11,633	10,969	10,612	10,983	10,968	10,770	11,224	11,168

Figure 13 Child Delivery Cases in Callao Region (KOICA, 2014)

In this regard, specific improvements for Hospital Carrion situation related to its burden alleviation, are: shorter waiting time for pregnant women to be consulted and on the childbirth day, the doctors spend more time with each patient and accidents caused by exhausted doctors highly reduced (KOICA, 2014).

Analysis:

The mentioned positive outcomes of this project are on the frame of the already needed action by the Regional Government of Callao to make more efficient the attendance of deliveries in its hospital, with the consequence of the alleviation of burden for the Hospital Carrion.

Furthermore, as mentioned before in the previous case, maternal and neonatal health was already a priority for Peruvian government. Additionally, the decentralization of the government administration was a priority and state policy of Peru as well, where regional governments' competences were

determined through the 2002 Basic Law of Decentralisation[14] and more following laws that establish the regional competences, from which public health part of (OECD, 2016). This decentralisation aims to play an important role in the economic and social development of the country (Ibidem)

In this sense, Bellavista Healthcare Center benefits the actual existing maternal neonatal needs of Peru as well as reinforces the health system of the Callao Region, objective that ends up reinforcing as well the decentralization process of the healthcare system as well as the international cooperation system, where regional governments have autonomy and responsibilities regarding the international cooperation actions held in their territories.

6.4. Project of Drugs Prevention and Community Development in Manzanilla [15] with the German Society for International Cooperation (GIZ).

Summary of the Project:

This project was implemented in the marginal neighbourhood of Manzanilla, in Lima, starting in 1998 until 2002 approximately, was executed by the Center of Information and Education for the Drug Abuse Prevention (CEDRO), and had the mentoring of the GIZ. Since the Manzanilla neighbourhood suffered usually from proliferation of drugs consumption and sale on the streets, as well as adulterated alcohol high consumption and violence and criminality, the project aimed to counteract these youth problems. With the project having five aspects (drugs prevention, work

[14] Spanish: Ley de Bases de la Descentralización.
[15] Spanish: Proyecto de Prevención de drogas y desarrollo comunal en Manzanilla

training, recreation and free time, health and environment and interinstitutional networks), in the present study I will focus on the health and environment aspect.

In this sense, the health aspect consisted on the establishment of a youth counselling center, a school for parents and training on health, since healthcare services in Manzanilla are insufficient and there are barely health centers there as well. Specifically, health prevention was implemented through training to promoters. Promoters are the persons who have leadership and are chosen and recognized by their community, representing it in the absence of common health providers, acting like a liaison between the community and the medical staff and voluntarily providing first aid and emergency assistance (Ministry of Health of Peru, 2000). Training materials were elaborated jointly with the support of health sector institutions, as well as workshops and discussions, where experts were invited to share their knowledge and experiences with the young people.

Ex-post Evaluation:

However, the post evaluation implemented in 2003 (Rühling, 2003) showed that some problems regarding the promoters aroused. Promoters were quitting their duties due to the strict attendance rules for the workshops that the project offered. Therefore and thanks to the knowledge they gained in the trainings, they found jobs in health centers. This quitting impeded them to keep participating and benefiting from the project activities. Furthermore, there was not continued involvement of the Manzanilla population in the health workshops as well. They participated usually just if they get specific material benefits from it, like becoming medicines, food, and clothes, among other goods (Rühling, 2003).

Analysis:

One interesting point in this project is that drugs consumption among adolescents and youth was highly widespread at the time the project started. In year 1995 there was a high number of young people between 12 to 24 years old who consumed drugs frequently. For example, in the case of alcohol consumption, 65.6% of the young group between 12 to 18 years old tried at least once alcohol and 90.6% of the group of people between 19 and 24 years old (Barrenechea, 1998). In the case of illegal drugs, marihuana was the most consumed among young Peruvian people. 5.1% of people between 19 and 24 years old tried it at least once and 1.2% of young people between 12 and 18 years old. About the age of start on illegal drugs consumption, in the case of marihuana the most prevalent age phase is between 15 and 18 years old (Ibidem). These data shows the widespread consumption about young adults of legal and illegal drugs in Peru at the time the project started and the necessity of its implementation, but in terms of its design we cannot consider it as successful, topic that I explain in the following paragraphs.

In this sense, the participation of the local community, as argued component that might assure sustainability, was not present in this project even if it was intended to. The promoters as well as the normal population were no engaged in the trainings and consultations.

In this project it is interesting to remark that before it started, in the Manzanilla neighbourhood there was no presence of any kind of promotors especially health promotors. Furthermore, even though the Peruvian health system actually does work through promotors, the presence of them is not that widespread since they were incorporated as a government program only around thirty years ago (G&C Salud y Ambiente, 2010). In this sense, although their presence is quite important especially for rural areas where it

is difficult for common health services to work properly, it does not represent a high priority for the Peruvian health system especially at that time in the Manzanilla neighbourhood. Therefore, there was not country support for the promoters trainings and the promoters themselves ended up quitting the project. In this sense, this project was not coherent with the actual Peruvian health system since the promotors are not a widespread health mechanism and the Manzanilla area lack of the presence of promotors before.

VII. Conclusions

As conclusion, after reviewing the above mentioned projects it is safe to argue that the nature of the international cooperation action to be realized plays a high important role in determining the sustainability of a project or its lack of it. Projects that imply actions that can be set inside the already existing health system, programs and strategies of the recipient country have more chance to be successful and maintain this positive effects in time.

After analysing the four projects, from which three maintain their effects in time and one that did not, the importance of the congruency of the objectives and actions of the international cooperation project with the governmental, health and administrative national policies, programs, systems and structure become crucial in order to guarantee the sustainability.

This point is necessary to be taken into account in the moment of negotiation and especially the design of the development project, since it is in that moment where these details can be set more efficiently than when the project is already running or finished. In this sense, the improvement in the negotiation capability and public institutions strength of recipient countries might be a good option that can lead to agree and elaborate better projects designs and therefore sustainability could be achieved.

The alleged factors that might assure sustainability, such as participation of the community, involvement of the government and the compatibility of the foreign knowledge and technology with the one of the recipient country, factors that can be understood as congruency and coherence with the existing situation of Peru, were present in the cases where the projects were successful and were weak or absent in the case that was unsuccessful.

VIII. References

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국문초록

국제보건협력 프로젝트의 지속가능성에 관한 연구: 페루 사례를 중심으로

오늘날 보건 분야의 국제적 협력은 글로벌 용어와 페루의 사례 연구에서 그 수치와 중요성이 증가하고 있다.

보건 분야 국제 협력 프로젝트의 지속 가능성은 그 성공여부에 있어서 중요하다. 지속가능성을 완성 후 프로젝트 효과의 확산으로 이해하면서, 일부 문헌 검토에서는 수령국 정부의 관여, 지역사회 참여 및 기부자의 원조와 수령국가의 시스템 및 지식 사이의 호환성의 요소를 식별하는 데 초점을 맞추고 있다. 시간 경과에 따라 프로젝트 효과를 확산으로 이어질 수도 있다.

본 연구는 실제 페루 국제 협력 시스템과 보건 상황에 대한 간략한 설명 후, 기존 시스템과 수령국에 대한 지식과 프로젝트 내용의 일치성과 일관성을 주장하며, 지속 가능한 프로젝트를 보장할 수 있는 요소를 확인하는 것을 목표로 한다. 이 가설을 시험하기 위해 페루 보건 분야에서 네 개의 국제 협력 프로젝트를 분석한다. 이들 중 세 프로젝트는 지속가능성을 이끌어내는 구체적인 요소들을 제시하고 있는 반면, 나머지 한 프로젝트는 그렇지 않다.

주요어: 국제 협력, 개발 프로젝트, 지속가능성, 프로젝트 평가, 보건 부문, 페루.

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