

A Review of State Public Health Emergency Declarations in Peru: 2014-2016

Celso Bambarén, PhD;¹ Maria del Socorro Alatrística, PhD²

1. School of Public Health and Administration, Cayetano Heredia University, Lima, Peru
2. School of Medicine, Ricardo Palma University, Lima, Peru

Correspondence:

Celso Bambarén, PhD
School of Public Health and Administration
Cayetano Heredia University
Loma Verde130, Lima 33 Peru
E-mail: celso.bambaren.a@upch.pe

Conflicts of interest: none

Keywords: emergency declarations; epidemics; public health emergencies

Received: April 4, 2017

Revised: July 28, 2017

Accepted: August 13, 2017

Online publication: February 13, 2018

doi:10.1017/S1049023X18000092

Abstract

Peru has different legal mechanisms of emergency, one of which is the Public Health Emergency that is applicable when: there is high-risk for, or the existence of an outbreak, epidemic, or pandemic; the occurrence of cases of a disease classified as eliminated or eradicated; the occurrence of emerging or re-emerging infectious diseases with high epidemic potential; the occurrence of rapid disseminated epidemics that simultaneously affect more than one department; as well as the existence of an event that affects the continuity of health services.

From July 2014 to December 2016, 23 Public Health Emergencies were declared, out of which 57% were in the high-risk or existence of epidemics, 30% were due to some natural or anthropic events that generate a sudden decrease in the operative capacity of health services, and 13% were due to the existence of a rapid spreading epidemic that could affect more than one department in the country. The risk or occurrence of epidemiological outbreaks, mainly of Dengue, was the main cause of emergency declaration. One-hundred and forty million US dollars were allocated to implement the action plans that were part of the declaration, of which 72% was used to keep the operational capacity of health services and 28% to vector and epidemiological control measures.

Bambarén C, Alatrística MdS. A review of state public health emergency declarations in Peru: 2014-2016. *Prehosp Disaster Med.* 2018;33(2):197-200.

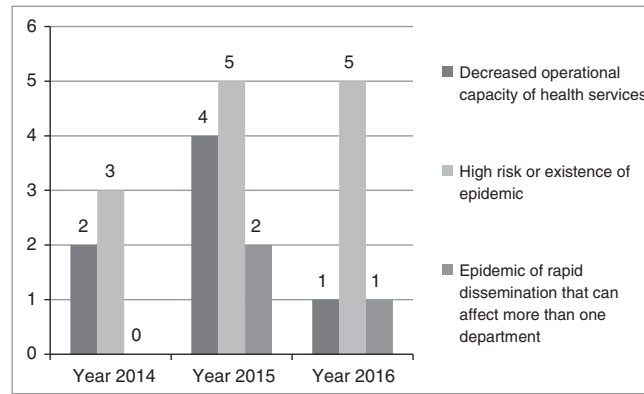
Introduction

Peru is a country exposed to natural events such as earthquakes, heavy rains, frosts, as well as epidemics. In order to respond to emergencies and disasters caused by these events, the Peruvian State has established legal mechanisms to simplify administrative procedures and mobilize resources in a timely manner.

The main mechanism is the State of Emergency, which is included in the National Constitution and is approved by the President with the agreement of the Council of Ministers. This procedure is applied for a certain period of time, in part or a whole territory to face a high-risk or a disaster.¹ Another legal mechanism is the Declaration of Environmental Emergency to respond to a sudden event that causes significant environmental damage resulting in a public threat because of air, water, or soil pollution.^{2,3} There also exists the Declaration of an Emergency Situation, a legal and administrative mechanism that exempts a public organization from the selection processes established to facilitate the acquisition of goods and services.⁴

These legal mechanisms are applicable to all sectors, including the health sector, at national, regional, and local government levels. However, in December 2013, the Peruvian State approved an additional legal mechanism, the Public Health Emergency declaration, to reduce the impact on public health and health services of a potential event or an emergency.^{5,6}

The Public Health Emergency declaration is applicable to: a high-risk of, or the existence of an outbreak, epidemic, or pandemic; the occurrence of cases of a disease classified as eliminated or eradicated; the occurrence of events with epidemic potential; the occurrence of a disease with rapid spread that simultaneously affects more than one department in the country; as well as the existence of an event that affects the continuity of health services resulting in a sudden decrease in their operative capacity.^{5,6} Public Health Emergencies are declared by Executive Decree, signed by the President of the Republic, the Prime Minister, and the Minister of Health, and are accompanied with an action plan detailing outcomes, activities, resources, and funds. These funds could be extraordinary resources assigned by the Ministry of Finance, or rescheduled from the budgets of each health institution.



Bambarén © 2018 Prehospital and Disaster Medicine

Figure 1. Number of Public Health Emergency Declarations by Reason and Year of Issuance, Peru 2014-2016.

Reason for Declaration of the Emergency	2014	2015	2015
Decreased Operational Capacity of Health Services	23,634,015	46,840,170	30,491,415
Epidemic of Rapid Dissemination that can Affect more than One Department	–	613,255	371,146
High Risk or Existence of Epidemic	7,015,435	7,861,355	23,509,462
Total	30,649,450	55,314,780	54,372,024

Bambarén © 2018 Prehospital and Disaster Medicine

Table 1. Budget in American Dollars Allotted to Public Health Emergencies Care According to Reason and Year of Declaration, Peru 2014-2016

This report is a systematic review of the Public Health Emergency declarations published in the Official Gazette “El Peruano” between July 2014 and December 2016.⁷

Report

Twenty-three Public Health Emergencies were declared: five in 2014, 11 in 2015, and seven in 2016. Fifty-seven percent were caused by a public health risk or epidemics, 30% by natural or anthropic events that generated a sudden decrease in operative capacity of health services, and 13% by the existence of a disease with rapid spread that could affect more than one department of the country. Figure 1 shows the distribution of these emergencies.

There were 16 Public Health Emergency declarations due to epidemiological events, including 13 by high public health risk. The outbreaks of Dengue were the most frequent cause of emergency declaration with 69%, mainly in the departments of the north coast and jungle. The rapid spread of canine rabies was the reason of emergency declaration in three departments in the southern area of the country.

Other epidemiological events that caused emergency declarations were Leptospirosis, the re-emergence of Malaria, entry of Chikungunya virus, wild rabies outbreaks, high risk of entry of Zika Virus, outbreaks of canine rabies, and the potential increase of acute respiratory infections and pneumonia cases during the low temperature season. It is worth mentioning that some departments were declared in emergency at the same time, mainly due to the presence of different types of arbovirosis, such as Dengue Fever, Chikungunya, and Zika Virus.

Seven emergency declarations were due to the decrease of the operational capacity of the health services, twice in the Social

Security and five times in the Ministry of Health. The main reasons were health worker strikes and operational limitations to meet patient demand in 57% of cases. Other reasons were the arrival of the El Niño phenomenon in 2015-2016 with potential damages in hospitals and the shortage of medicines and medical devices during the period of impact of floods and heavy rains.

The El Niño phenomenon and low temperature season were the two meteorological events that justified the emergency declarations in 19 and 14 of the country’s departments, respectively. These declarations were justified on the risk of a decrease in the operational capacity of health services and the increase of acute respiratory infections and pneumonia in the highlands and jungle.

In 2014, the whole country was declared in Public Health Emergency, while in the year 2015, the departments of Apurímac, Ayacucho, Huancavelica, Moquegua, Tacna, and the constitutional province of Callao were the only ones that were not in sanitary emergency. In 2016, the whole country except for the department of Ica and the Constitutional Province of Callao were not declared in emergency. The declarations had a validity between 60 and 90 days, with the median of 120 and the mode of 90 days.

One-hundred and forty million American dollars were allocated to face the Public Health Emergencies. As shown in Table 1, the largest amount of resources was allocated in 2015 (40%) and the rest was distributed between 2014 and 2016. The 72% was used to keep the operational capacity of health services and 28% for epidemiological surveillance and vector control.

The emergency declarations facilitated fast tracks for procurement of goods and contracting of services. Under these measures, health staff were hired, equipment and supplies were purchased,



Bambarén © 2018 Prehospital and Disaster Medicine

Figure 2. Distribution According to Risk Departments or Presence of Epidemics in the Country, According to Declaration of Public Health Emergency in Peru: 2014–2016.

medical brigades were mobilized, and other actions were carried out to face the emergencies.

Discussion

The legal mechanisms to deal with emergencies are necessary to simplify administrative procedures and to facilitate the processes to meet the main needs derived from the effects of the adverse event. The Public Health Emergency declaration, as an exceptional measure, empowers the national health authority to have a greater intervention at regional and local levels, through a High Commissioner that depends on the national health level and manages the emergency in coordination with local health authorities.⁸ Unlike the regulations of other countries, the power of this Commissioner is limited to aspects of coordination, mainly in the public health sector, and it does not have the authority to mobilize goods, the redistribution of health staff, or to restrict the transit of people in the affected areas.⁹

The Public Health Emergency mechanism in Peru is activated at the request of the departmental health authority or a public health organization, and the signature of the President of the Republic is necessary for its approval, along with the compliance of the Health Minister. This is a different situation from what happens in the United States, where states are responsible for declaring and managing the emergency in the face of a natural disaster, outbreak, bio-terrorist attack, or other adverse event.¹⁰

In general terms, the Peruvian legal mechanism covers part or all of the health sector, but it has no measures associated to mobilize support from other sectors such as housing, transport, water and sanitation, and others; this weakens its capacity to respond to epidemics or other events that require a strong involvement of all sectors. The State of Emergency (the other legal mechanism for emergency) has a greater scope and capacity to mobilize other sectors and was used in previous years to respond to epidemics such as Dengue in Pucallpa – Ucayali.¹¹

The Public Health Emergency mechanism requires specific provisions for prevention and treatment activities, inter-sector

coordination, and strategies to increase human resources in health.¹² These measures are part of an action plan that should accompany any Public Health Emergency declaration in the country.

In the last three years, at least five Public Health Emergencies were declared per year, without taking into consideration that some of the departments also had a declaration of State of Emergency. The declarations of emergency on average lasted 120 days, a time much higher than what was found in a study carried out for a period of eight years in the United States. This study collected information about 11 Public Health Emergencies in eight states which lasted between 30 and 60 days, of which included important events such as the A H1N1 pandemic and hurricanes like Katrina (2005), Gustav (2008), and Isaac (2012).¹² The Public Health Emergency declaration in Peru can be extended up to 180 days by executive decrees signed by the President.

The events with Public Health Emergency declaration were compared with the records in the EM-DATA, identifying nine events for the years 2014 to 2016, which corresponded to floods, earthquakes, and extreme temperatures.¹³ None of these events that were registered corresponded to any of the 23 sanitary emergencies declared in Peru because one of the requirements to comply with declaration is that the event should have a declaration of a State of Emergency, of which none of them fulfilled, or because in the EM-DATA, there were no risk situations, and several of the Public Health Emergency declarations were motivated by risk and not by the impact of events.

The declaration of Public Health Emergency must be an exceptional legal mechanism; however, in the three years of its existence in Peru, it has been used in numerous opportunities, mainly in risk or presence of epidemics by arboviruses as Dengue, Zika, and Chikungunya. It can be observed in Figure 2 that some departments have had at least one emergency declaration in the last three years, and that the number of departments with emergency increased year by year. The entry of Zika Virus urged the

Ministry of Health to declare the Public Health Emergency in most of the country in 2016 because of the need to improve the prevention and detection to avoid outbreaks in areas where existed the circulation of *Aedes Aegypti*.

Limitations

The study carried out is only a descriptive research study and was not included as an assessment of the health measures made in the framework of the declarations of emergencies. Therefore, conclusions about the effectiveness of measures to reduce risk are not possible. Considering that some departments had an emergency declaration for the same reason year by year, mainly for Dengue, it could be an indicator that the prevention measures did not work

properly, had a limited scope, or the public health interventions were not sustainable.

Conclusion

The Public Health Emergency declarations are exceptional legal mechanisms with a restricted scope to the health sector. It can facilitate the execution of technical and administrative processes as procurement of goods and contracting of staff and services to face the risk or the impact of natural disasters, epidemics, and other events that could be a public health problem or affect the continuity of the provision of health services. This legal mechanism may lose its effectiveness and credibility if it is used without a prior risk assessment to face recurrent and preventable public health problems.

References

1. Executive Decree N° 058-2001 – PCM dated May 24, 2001, that modifies article of the regulation of Civil Defense National System. Legal norms in the Official Gazette “El Peruano.” Year XIX, number 7638, page 203130.
2. Law No. 28804 of July 21, 2006, regulating the declaration of environmental emergency. Legal rules of the Official Gazette “El Peruano.” Year XIII, number 9534, page 324439-324440.
3. Executive Decree No. 024-2008-PCM of April 2, 2008, which regulates Law No. 28804 of the Declaration of Environmental Emergency. Legal rules of the Official Gazette “El Peruano.” Year XXV, number 10187, page 369806-369810.
4. Law No. 30225 of July 11, 2014, on State contracting. Legal rules of the Official Gazette “El Peruano.” Year XXXI, number 12916, page 527446-5277460.
5. Legislative Decree No. 1156 of December 6, 2013, which provides for measures to guarantee the public health service in cases where there is a high risk or damage to the health and life of the populations. Legal rules of the Official Gazette “El Peruano.” Year XXX, number 12677, page 508506-508507.
6. Executive Decree No. 007-2014 - SA of May 9, 2014, which approves the regulation of Legislative Decree No. 1156, which establishes measures to guarantee the public health service in cases where there is a high risk or damage to Health and life of populations. Legal rules of the Official Gazette “El Peruano.” Year XXXI, number 12847, page 522714-522734.
7. Searching of legal rules. Official Gazette “El Peruano” Web site. <http://busquedas.elperuano.com.pe/>. Accessed January 6-25, 2017.
8. Executive Decree N° 015-2015-SA of May 13, 2015, which adds Chapter VII to the regulation of Legislative Decree No. 1156, which sets forth measures to ensure the public health service in cases where there is a high risk or damage to the health and life of the populations, approved by Executive Decree No. 007-2014-SA. Legal rules of the Official Gazette “El Peruano.” Year XXXII, number 13254, page 552420-552421.
9. Haffajee R, Parmet W, Mello M. What is public health “emergency”? *N Engl J Med.* 2014;371(11):986-988.
10. Public Health Emergency Declaration. US Department of Health & Human Services. Office of the Assistant Secretary for Preparedness and Response Web site. <https://www.phe.gov/Preparedness/legal/Pages/phdeclaration.aspx>. Accessed February 8, 2017.
11. Executive Decree No. 113-2012 - PCM of November 22, 2012, that declares the State of Emergency in the provinces of Coronel Portillo, Padre Abad and Atalaya, of the department of Ucayali. Legal rules of the Official Gazette “El Peruano.” Year XXIX, number 12067, page 279086-279088.
12. Rutkow L. An analysis of state public health emergency declarations. *Am J Public Health.* 2014;104(9):1601-1605.
13. EM-DAT - the international disaster database. Centre for Research on the Epidemiology of Disasters Web site. <http://www.emdat.be/>. Accessed January 16, 2017.