Global Clinical Engineering Summit – October 20, 2019

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1. **State of Clinical Engineering (CE) - Health Technology Management (HTM) – Body of Practice (BOP)**

Since 2010 Peru has experimented a sustained process of change: public and private stakeholder’s awareness; government efforts by laws related to health integrated networks; e-health, and others; creation of academic programs at public and private universities; calls for public funds aimed on health technology projects through partnerships: government-academia-enterprise. Clinical Engineering, Health Technology Management and Body of Practice in average corresponds to an initial phase, although the sustainability of the process is positive. For the first time Peruvian structure’s characteristics: high rotation of public authorities, insufficient level of capacities of decision-makers: private and public, high level of corruption, and recently new social and difficult economic issues related to immigration and others, are not obstacles to increasing dynamic.

Among the last years and as other government organizations in Peru, Ministry of Health-MoH is focused on promoting the country to be a member of OECD, for the first time a change of government due to the election process won’t affect the sustainability of the current changes. Efforts are oriented on achieving this strategic objective.

Some indicators of the change in Peruvian health sector are related to Biomedical equipment which is not standardized, nor subject to maintenance plans. The changes that are being applied include:  1) Maintenance and Inventory: a) promotion of the implementation of maintenance planning; b) statement of 2019 budget: 120 million soles just to develop maintenance in the country; c) implementation of an adequate inventory information system to support the decision-making process. d) Use of standards related to inventory of equipment to be promoted by EsSalud, Armed Forces, Ministry of Health. e) setting of 150 million soles to inventory replacement; despite the investment the performance of the actors is slow only 30% of 2019 budget has been spent, in other side, funds available are not oriented to information technologies development.

Finally, three hospitals of the highest level of complexity will be built with complete equipment in medium term. The World Bank and the Inter-American Development Bank have allowed 1.2 billion soles for Peru to have: Ambulance Service in Lima, National Blood Bank, National Reference Laboratory for Clinical Analysis, National Image Information Center. This centralizes services and rationalizes resources.

2. **How would you suggest to show the Value of and from having CE-HTM program**

Time, surveys, exchanges, discussions with medium and high-level authorities as well as interventions among the years until present show Clinical Engineering-Health Technology Management Value is effectively evident by demonstrating their impact connected directly to health organization’s strategic objectives. In the case of Peruvian government, this goal was and keep being achievable through the planning and the implementation of pilot projects responding effectively to needs, budgeting and priorities of the institutional agenda. Point 1 stated above drives to observe that Change-initial phase includes attending medium- and long-term health technology projects characterized by a higher level of complexity, scope and information management. By the side of CE-HTM Program values and pertinence it is being well determined by processes planned, designed and implemented through partnerships between CE-HTM experts and Peruvian public health authorities.

3. **Example of success stories where CE supported patient outcomes.**

3 files attached.

4. **CE Education program available (levels and content) – Body of Knowledge (BOK)**

Biomedical Engineering Joint Undergraduate Program between PUCP and UPCH universities is referred below. Tobey Clark-UVM is member of the international advisory board; the website of each university shows the program: https://www.cayetano.edu.pe/cayetano/es/ingenieria-biomedica

5. **CE Association/Society and Credentialing/Certification program if available**
Asociación Peruana de BioIngeniería-APBIO
Asociación Peruana de Ingenieros Clínicos-ASPIC
Asociación de Calidad en Salud del Perú-ACSP
Sociedad Científica Farmacéutica Peruana de Dispositivos Médicos-SOCIDMED

6. **CE major challenges (think of 3 subjects)**

   1. Lack of adequate discussions and assessment about evidences of multi-professional health staff/decision-makers working with Clinical Engineering added value in different contexts.
   2. Insufficient level of Management of Information, Negotiation, Health Technology Impact, Policy and Strategic understanding at the direction and managerial staff levels.
   3. Insufficient level of understanding about the role of international-temporal advisors and the value of support sustained best practices with local actors once they’re trained.

7. **What is the most important action you will support to increase CE recognition**

   Clinical Engineering recognition, development and sustainability in Peruvian public health sector responds to a sustained multi-process/action: Training-T, Improvement-I and Mentoring-M applied to selected “strategic-projects”. Points 1 and 2, count on my engagement through T-I-M interventions, they have been and keep being successfully developed with Tobey Clark-UVM WHO CC leadership. Macro level interventions at public health sector are under planning currently, they will be developed in medium term.