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TERRITORIAL GOVERNANCE IN HEALTH IN PERU: CHALLENGES AND OPPORTUNITIES OF THE NATIONAL MULTISECTORAL POLICY 2025

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Abstract
To explore how the National Multisectoral Health Policy (PNMS) affects the governance of regional health directors in Peru in the year 2025. A qualitative approach was used, with an inductive method and a multiple case study phenomenological design. Nine regional directors were interviewed through semi-structured guides, and the analysis was carried out using ATLAS.ti software. The results show progress in community participation and intersectoral coordination, but also structural limitations such as lack of transparency, low decisional autonomy and conditioned budget execution. Institutional effectiveness was closely linked to the technical leadership and managerial capacity of the directors. It is concluded that the National Multisectoral Health Policy represents a strategic opportunity to improve territorial governance in health, provided that more collaborative and decentralized models are promoted, with solid accountability mechanisms.

Keywords: Governance, Health policies, Administrative decentralization, Citizen participation, Health services.

I. INTRODUCTION

In recent years, implementation has been seen as a decisive stage in the public policy cycle, characterized by the participation of multiple actors, contexts, and interactions that condition the results achieved (Camacho Núñez & Montenegro Martínez, 2023). In the case of Peru, the health system faced serious structural limitations that restricted its capacity to respond to the growing health demands of the population. The implementation of the National Multisectoral Policy was distributed among eight health subsystems: the Ministry of Health, regional governments, the Social Health Insurance System, the Armed Forces, the National Police of Peru, Local Governments, the National Penitentiary Institute of the Ministry of Justice, and the private sector (Alcalde-Rabanal et al., 2019). However, the lack of a national multisectoral policy specifically aimed at the governance of regional health directors led to significant inefficiencies in the management of the sector. In several regions of the country, problems of inter-institutional coordination were evident, which limited the effectiveness of public interventions and affected the quality of care provided to citizens (Presidency of the Council of Ministers [PCM], 2022).

In the current context, it is important to adopt a systemic approach to innovation in the public sector, supported by institutional structures, resources, and capacities (Organization for Economic Cooperation and Development [OECD], 2021), which would strengthen policy implementation in complex contexts such as public health in Peru. In this regard, PAHO (2021) emphasized the need to strengthen leadership and governance through a strategic approach that promotes, in an integrated manner, stewardship, institutional planning, accountability, and intersectoral cooperation as part of the essential functions of public health. In line with this, Novato et al. (2024) pointed out that, in crisis scenarios, the implementation of public policies requires flexible governance structures and coordinated intergovernmental management mechanisms capable of integrating various institutional actors. This configuration is essential to effectively address contexts marked by high uncertainty, such as those evident during the COVID-19 health emergency.

The specialized literature has pointed to the need to apply solid methodological approaches to the analysis of public health policies, given that numerous studies do not clearly specify the theoretical framework underlying their evaluations (Montenegro Martínez, Carmona Montoya & Franco-Giraldo, 2021). In this context, regional health directors played a crucial role in the governance and implementation of public policies. Despite efforts to improve intersectoral coordination, the reality was that the structural conditions of the health system in the regions

continued to present profound limitations that compromised the effectiveness of the PNMS and the capacity of regional directors to lead these processes (Ministry of Health [MINSA], 2020). In fact, directors faced substantial governance challenges, as evidenced by the high maternal mortality rate: in 2021, 493 maternal deaths were recorded nationwide, with the regions of Lima, Piura, Lambayeque, and La Libertad being the most affected in absolute terms, respectively (MINSA, 2022).

This situation is critically reflected in the high turnover of ministers in Peru, which prevented the consolidation of sustained strategies to improve the health of the population (Gozzer et al., 2021), evidencing a lack of technical and political continuity that directly affected regional governance processes. In this context, the implementation of public health initiatives depended largely on political will and institutional coordination. As Hancco Saavedra and Pérez Jiménez (2022) pointed out, political will and governance were key to the implementation of HEARTS in Peru, but governance among regional health directors faced serious difficulties, evidenced by a shortage of human resources and inadequate budget allocation. In 2022, the health system in Peru recorded a total of 387,841 positions filled by health personnel. Of this total, nearly half (47.5%) were health professionals, while 31.2% were health technicians and assistants, and the remaining 21.2% were administrative staff, which limited the response capacity to health emergencies and affected the quality of service (MINSA, 2023). In regions such as Huancavelica and Cajamarca, there was an average of only 8 doctors per 10,000 inhabitants, significantly lower than the average in Lima, which reached 44 doctors per 10,000 inhabitants (National Institute of Statistics and Informatics [INEI], 2023).

These deficiencies had a direct impact on the ability of regional health sector directors to implement public policies, given that human resources are a key component in ensuring the adequate provision of health services (Inga-Berrospi & Arosquipa Rodríguez, 2019). Furthermore, it was observed that the clinical training of health professionals was disconnected from the National Health System, which limited institutional capacity building (Evans et al., 2017).

At the international level, Colombia, for example, experienced a similar situation, in which reform failed to address the country's health priorities, and inequalities in access widened, with no substantial improvements in the health situation of the population (De la Hoz Restrepo, 2022). In Mexico, during the COVID-19 pandemic, significant limitations were also reported in the governance frameworks of the health system, particularly due to the concentration of decision-making and weak coordination between levels of government. As warned by Díaz Castro et al. (2021). In Brazil, Lira (2023) demonstrated that political alignment between levels of government led to disparities in the provision of public services, reinforcing the need to critically review multisectoral national policy and governance in Latin American health systems.

In addition to human resource constraints, limitations in health infrastructure were alarming. A recent study found that only 35% of health care facilities in rural areas had essential services such as drinking water, electricity, and adequate equipment, which prevented the provision of effective and timely care to the population (Javier Jara & Cuadros Salazar, 2022).

During the COVID-19 pandemic, serious inefficiencies in the management of regional health directors became evident, with only 1.6% and 7.9% of the allocated budgets being executed in Arequipa and La Libertad, respectively. This situation reflected a lack of coordination and institutional capacity to deal with emergencies (Lanza et al., 2020). This situation was exacerbated by the fact that many regions lacked the necessary infrastructure to respond to the health crisis, further exposing the weaknesses of the health system (Vargas et al., 2021). This was compounded by structural deficiencies in human resource management, as evidenced by Llanos Zavalaga et al. (2022), who concluded that there was no planning for health personnel in Peru. Along the same lines, Meza Riquelme et al. (2020) pointed out that the public policies implemented during the pandemic were limited in scope, due both to structural deficiencies in the health system and to the reduced operational capacity of subnational governments. In addition, Zúñiga Olivares (2024) indicated that the increase in the health budget did not lead to sustained improvements. This was due to limitations in the execution and prioritization of spending, and the situation revealed a disconnect between financial allocation and effective policy implementation.

The lack of effective coordination between the various sectors that made up the PNMS was a critical factor in the implementation of this policy. Although this initiative sought to coordinate joint action by key sectors such as education, water and sanitation, and social development, among others, as set out in the National Health Priorities (MINSA, 2024), the governance exercised by regional health directors faced serious difficulties, exacerbated by the socioeconomic crisis. In this context, it was observed that 70% of rural communities did not have adequate health service coverage, which increased levels of food insecurity and poverty, significantly affecting the well-being of the population. As a result, the social determinants of health became obstacles that intensified the health crisis in the affected regions (Casazola Ccama, 2021).

Therefore, the purpose of this study is to explore how the National Multisectoral Health Policy can optimize the governance of regional health directors in Peru, understanding governance as the set of multiple ways in which people and institutions manage their shared interests to promote cooperative actions (Hufty et al., 2006). Through an analysis of the main challenges, opportunities, and areas for improvement, we seek to offer recommendations

that strengthen the capacity of regional directors to implement effective policies that respond to the particularities of their local contexts (Ceplan, 2024). In addition, this research aims to identify the factors that limit their autonomy, effectiveness, and capacity for intersectoral coordination, which are crucial for achieving public health objectives at the national level.

In this regard, the investigation will focus on understanding how multisectoral policy can contribute to strengthening a more effective, fair, and sustainable health system that promotes more appropriate governance at the regional level and addresses public health needs.

The National Multisectoral Health Policy in Peru seeks to optimize health indicators at the national level. but faces multiple challenges in its implementation, one of the most significant being the lack of coordination between sectors, given that entities linked to well-being, such as education and sanitation, are unable to establish effective coordination mechanisms, which limits the possibility of implementing integrated actions and reduces the positive impact on citizens. Added to this is the marked territorial inequality that characterizes the country, where disparities between urban and rural areas are striking, as the most remote regions have significant shortcomings in terms of equipment, adequate infrastructure, and availability of specialized personnel, which leads to unequal access to health services and deepens existing gaps in health care, thus hindering the achievement of the objectives established in the framework of this multisectoral policy.

Another significant challenge is the limited autonomy of regional health directors, who are subject to centralized decisions that restrict the possibility of adjusting policies to local realities. added to this is the insufficiency of both financial and human resources, as well as the limited operational capacity of these officials, which has a negative impact on the implementation of the multisectoral policy. Furthermore, the lack of specialized training in public management and the presence of extensive bureaucratic procedures hinder timely decision-making, compromising the effectiveness of implementation in the territories. In this context, it is essential to strengthen regional governance mechanisms and promote strategies to optimize the implementation of the interventions contemplated in this policy, always considering the particularities of each territory and fostering greater coordination between the different levels of government and sectors involved.

The proposed research is highly relevant both for strengthening collective health in Peru and for producing knowledge that will improve the implementation of multisectoral policies. The findings could have a significant impact on improving territorial governance, equity in access to health services, and the efficient use of public resources. They could also contribute to the formulation of more coordinated and sustainable public policies over time. In this regard, this study also aims to promote greater coordination between the different sectors involved in order to jointly address persistent challenges in the field of health, which is in line with SDG 3, which proposes to ensure healthy lives and promote well-being for all people at every stage of life through integrated strategies and more effective health systems.

Recognizing the importance of territorial governance, the overall objective is to explore the National Multisectoral Policy for the Governance of Regional Health Directors in Peru, 2025. Similarly, a specific objective was established to describe the National Multisectoral Policy on participation, transparency, and effectiveness for the governance of regional health directors in Peru, 2025.

II. MATERIALS AND METHODS

The research was a basic study with a qualitative approach. It was developed under an interpretive paradigm and an inductive method, adopting a descriptive phenomenological design, which allowed for the examination of the subjective experiences of the participants within their social and cultural context (Hernández Sampieri et al., 2014). Along these lines, the study was structured using a multiple case study design, as it seeks to explore, in depth and in its real context, how the National Multisectoral Health Policy is implemented in different territories of the country, taking into account the institutional, regulatory, and sociopolitical specificities that shape regional health governance. According to Yin (2018), this methodological strategy is relevant for broadening understanding of the phenomenon under study and strengthening the external validity of the results obtained, as it provides a more comprehensive view of the conditions under which public policies are implemented in different territorial contexts (Stake, 2006).

The type of research carried out was a basic study aimed at understanding the problem in its specific context. As pointed out by Patton (2002), this type of study does not seek to quantify or measure, but rather to interpret a phenomenon in all its complexity by exploring the relationships and links between its different components.

The approach adopted was qualitative, as it allowed for the collection and analysis of data with the aim of refining the research questions and even generating new questions throughout the interpretative process (Creswell & Poth, 2023). This approach was oriented toward a detailed description of the phenomenon, with the aim of understanding it deeply and explaining its characteristics and connections, as indicated by Morse and Richards

(2013). Within this framework, unstructured and predetermined information was collected, which provides greater flexibility and allows for a broader understanding of the social dynamics involved (Van Wart & Suino, 2017).
The study adopted a multiple case design, focusing on the interpretation and understanding of the essential structures of the participants' experiences (Van Manen, 2016). This approach was aimed at investigating everyday experiences and their meaning for those who live them, as indicated by Van Wart and Suino (2017), who emphasize that such experiences provide access to valuable insights that facilitate the analysis of the structures that shape the phenomena experienced in specific contexts..

Table 1 Categorization matrix for governance and the National Multisectoral Health Policy

Category	Subcategory	Indicators
Governance	Participation	Number and type of forums, committees, or working groups of regional health directors.
	Transparency	Percentage of documents (plans, budgets, reports) available.
	Effectiveness	Percentage of health targets (vaccination, infant mortality, primary care coverage) achieved within the period.
National Multisectoral Health Policy	Intersectorality	Number of cross-sector initiatives in the regions.
	Decentralization	Budget allocated and executed By region

According to Patton (2002), the study setting is appropriate when the researcher establishes an authentic relationship with the participants, which facilitates the collection of meaningful data. This direct interaction allows access to valuable information, although the adaptation process is usually gradual and requires perseverance, and the data obtained may not coincide with the researcher's initial interests. and it is essential to recognize that each participant provides a partial perspective, reflecting only a portion of reality.
Within this framework, the research setting comprised nine regions of Peru considered strategic for the implementation of the National Multisectoral Policy for Governance 2025. These regions presented a diversity of geographical, cultural, and socioeconomic conditions that complicated the analysis of the policy in a decentralized context. To collect the relevant information, interviews were conducted to investigate in depth the experiences and challenges related to health governance in each region, with the aim of constructing a contextualized analysis oriented toward strengthening the health system.
The participants in the research were the Regional Health Directors of nine regions of Peru, as they were responsible for implementing and managing health policies. Through interviews, their perspectives and experiences regarding the implementation of the National Multisectoral Health Policy for Governance by 2025 were explored. In addition, the main challenges they faced in health governance management were identified, which provided relevant information for understanding the functioning of the national health system.
Data collection was based on nine semi-structured interviews with actors involved in the implementation of the National Multisectoral Health Policy at the regional level. This number was chosen based on intentional sampling criteria and the principle of theoretical saturation, understood as the point at which the incorporation of new reporting units ceases to provide significant or novel information on the central analytical patterns of the phenomenon (Hernández Sampieri et al., 2014).

Table 2 Coding of individuals participating in the research

Code	Position	Role
DRS01	Regional Director of Health for Ancash	Implement and execute national health policies at the regional level.
DRS02	Regional Director of Health for Arequipa	
DRS03	Regional Director of Health for Cajamarca	Plan, coordinate, and supervise health activities in their region.
DRS04	Regional Director of Health for Moquegua	
DRS05	Regional Director of Health for Loreto	Manage human, material, and financial resources allocated to health in their region.
DRS06	Regional Director of Health for Madre de Dios	
DRS07	Regional Director of Health for Piura	Supervise the operation of health facilities in their jurisdiction, ensuring the quality of
DRS08	Regional Director of Health for Tacna	

DRS09	Regional Director of Health for Ucayali	services and compliance with established standards. Promote the decentralization of health services.

Data collection techniques and instruments: In this research, the interview technique was used, understood as a meeting to discuss and exchange information between the researcher and the participants, allowing their experiences and perspectives to be explored (Hernández Sampieri et al., 2014).

The instrument used was a semi-structured interview script, based on a flexible dialogue with questions organized in advance but adaptable according to the development of the conversation. According to Creswell and Poth (2023), this type of interview facilitated the collection of open data by allowing follow-up questions to be integrated. It also ensured a fluid conversation, considering whether the process would be recorded on audio or video (Morse & Richards, 2013), and in the case of short answers, the researcher was able to delve deeper through additional questions or rephrasing.

The procedure for collecting data followed the stages outlined by Van Wart and Suino (2017). First, a preliminary phase was carried out in which the researcher avoided prior judgments and assumptions that could affect the analysis. Then, experiences were collected through stories, reflections, and testimonies, which allowed for an understanding of the phenomenon under investigation. Subsequently, these experiences were reflected upon to identify their essential meanings and thus achieve a deeper understanding of the object of study in the social and cultural context of the participants.

During this process, an environment of trust was promoted through active listening and respect for silences, which were considered spaces for reflection. Some questions were adapted during the interviews or before new sessions were conducted to ensure the relevance and quality of the information obtained. At the end, similarities and contrasts in the responses were identified, and the results were validated with the participants. Subsequently, the data was analyzed and organized into emerging categories and subcategories.

Scientific rigor was evaluated according to the criteria proposed by Calderón (2002). In terms of dependence, the study ensured consistency in data collection through semi-structured interviews with regional health directors in nine regions of Peru, which would allow for the replication of similar research in equivalent contexts, ensuring methodological consistency and comparability of findings. With regard to credibility, the results were constructed based on data triangulation and the validation of findings with the participants themselves, which guarantees correspondence between the findings and the real experiences of the actors. In terms of auditability, the research procedure was documented in detail: the phenomenological-hermeneutic design, the analysis and coding phases using ATLAS.ti software, and the sample selection criteria were described, allowing for the replicability of the process. Finally, applicability was ensured by considering the territorial and contextual diversity of the regions studied, which facilitates the extrapolation of the findings to other subnational units of the Peruvian health system, as well as their comparison with international experiences of decentralized governance.

In relation to data analysis, categorization, coding, triangulation, and grounded theory construction procedures were applied. Categorization allowed for the organization and simplification of the information collected, while coding facilitated the identification of relevant patterns. Triangulation contrasted the results with different sources to ensure their validity, and grounded theory supported the formulation of interpretive proposals. According to (Rodríguez Gómez et al., 1996), the researcher must define the focus of the study, continuously review field records, and note key findings related to the research objective. Qualitative analysis was developed using an interpretive approach, supported by triangulation as a strategy to ensure the validity of the results (Hernández Sampieri et al., 2014).

Table 3 Multiple case study procedure

Field Theme	Processes	Achievement of results	Achievement of results
Preparation, review, and transcription of data in a matrix by category for multisectoral governance analysis .	Case selection Qualitative information gathering Coding with Atlas ti Comparison between cases Triangulation Systematization and	Identification of key categories Presentation of expected trend analysis Constructive critical discussion Compare the data Interpret conclusions	Presentation of results obtained according to objectives .

	interpretation of results

Inappropriate ethical practices in research can seriously damage the credibility of the study and the integrity of those who carry it out. In this regard, Acevedo Pérez (2002) indicated that such standards provide precise guidelines for correctly citing sources and avoiding behaviors such as plagiarism and self-plagiarism. recommending the inclusion of one or two fundamental sources per topic. They also highlighted that APA standards establish criteria of rigor and clarity that ensure accuracy in academic and scientific writing and promote respect for the rights of participants and intellectual property.

In this context, the present study respected fundamental ethical principles, such as the recognition of authorship through the proper citation of sources used, a commitment to well-being and equity, and the application of altruism at every stage of the research process. The identity of the participants was protected, ensuring their right to privacy and the confidential handling of the information provided, which guaranteed respect, transparency, and responsibility throughout the entire research process..

III. RESULTS

The results were compiled with input from renowned specialists: a consultant from the Secretariat of the National Health Council (SECCOR) and nine regional health directors, whose main role is to implement and execute national health policies at the regional level.

First, we used Sankey diagram-based analysis, using the co-occurrence operator as shown in Figure 1; that is, analyzing the associations of occurrences that are repeated between codes in the formation of ideas that help explore the National Multisectoral Policy for the governance of regional health directors in Peru, 2025. Co-occurrences emerge in the analysis of the interviews, clearly identifying elements that allow us to better understand the scenario and conditions of fragmented governance in the Peruvian regional health system, evidenced by limited autonomy, poor intersectoral coordination, and low operational capacity of regional health directors, despite the regulatory design of the National Multisectoral Health Policy.

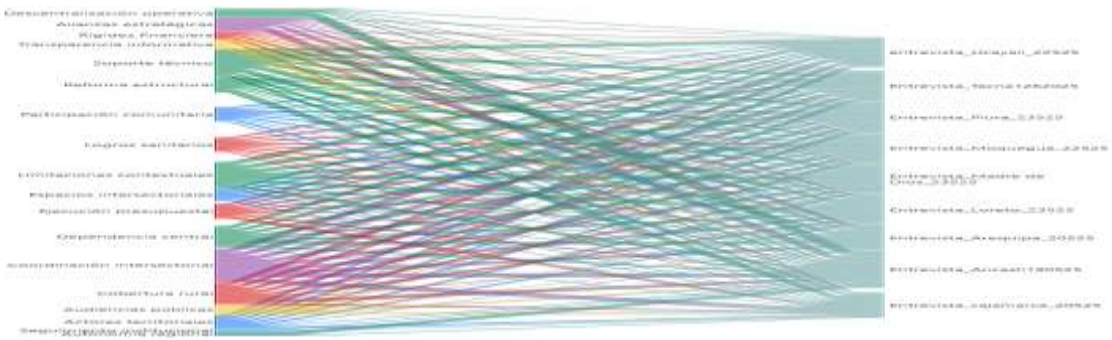
General Objective:

Explore the National Multisectoral Policy for the governance of regional health directors in Peru, 2025.

Table 4
Narrative description of findings by category

Category	Subcategories	Main codes identified
Governance	Participation	Community participation, Territorial actors, Intersectoral spaces, Institutional monitoring
	Transparency	Transparency of information, Public hearings
	Effectiveness	Health achievements, Rural coverage, Budget execution, Financial rigidity
Multisectoral Policy	Intersectorality	Intersectoral coordination, Strategic alliances
	Decentralization	Regional autonomy, Central dependency, Technical support, Contextual limitations

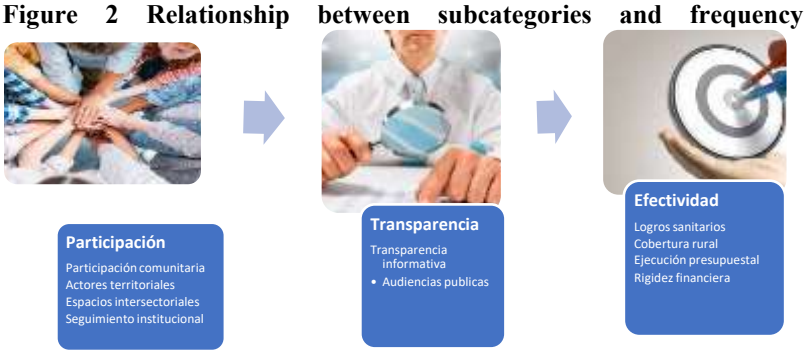
Figure 1 Sankey diagram with co-occurrence operator-based analysis



Note: The figure shows the co-occurrence of codes that are repeated in the quotes extracted from the interviews.
Source: Prepared internally using ATLAS.ti Version 9.

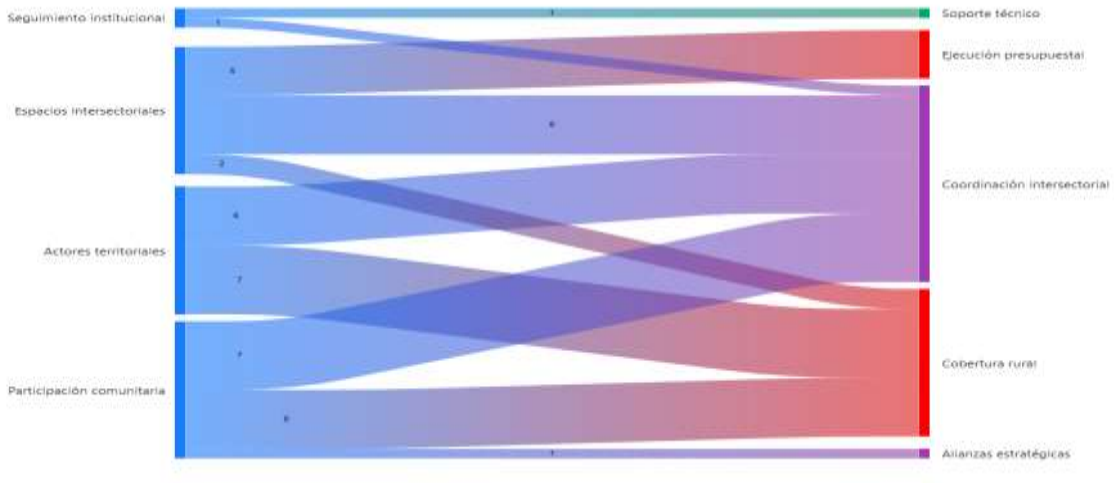
Specific objective:
To describe the National Multisectoral Policy on participation, transparency, and effectiveness for the governance of regional health directors in Peru, 2025..

Figure 2 Relationship between subcategories and frequency of thematic mentions



The analysis of Figure 3 identified that codes related to the presence of participatory spaces, the inclusion of social actors, and active listening to regional needs were significantly linked. These co-occurrences indicated that, in several regions, there were structured mechanisms, such as regional health committees and intersectoral technical rounds, where regional directors convened various actors to design policies.
Likewise, it was evident that participation was not limited to symbolic consultation; in regions such as Piura and Moquegua, directors reported actively incorporating community demands into regional health plans. The codes co-occurred with effective citizen participation and coordination with local governments, reflecting that governance was strengthened when binding spaces for deliberation were enabled. However, regions were also identified where these practices were scarce or nonexistent, showing fragmentation in the implementation of this principle..

Figure 3 Sankey diagram with analysis based on the co-occurrence operator of the code group for the Participation Aspect

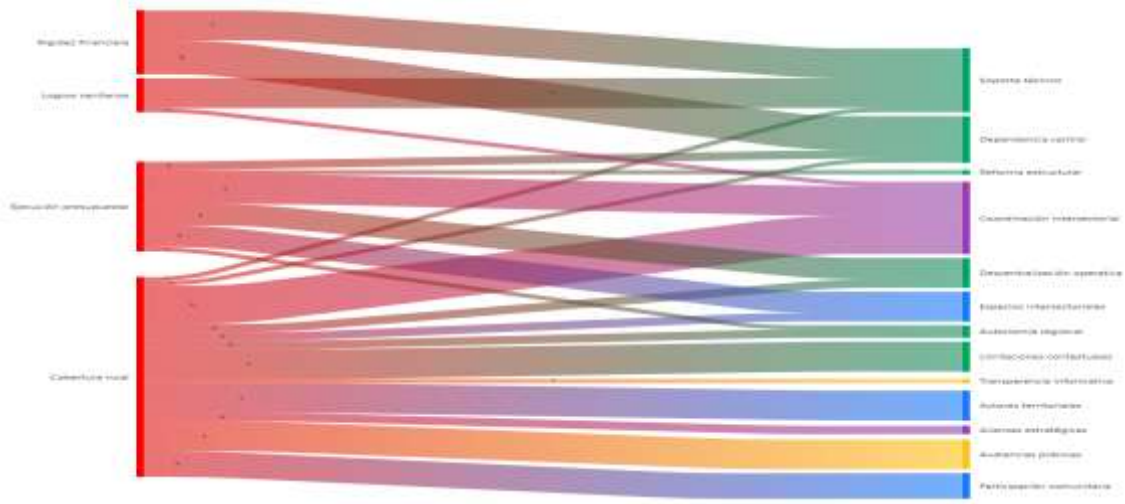


Note: The figure shows the co-occurrence of codes related to participation that are repeated in the quotes extracted from the interviews. Source: Prepared internally using ATLAS.ti Version 9.

The diagram in Figure 4, corresponding to effectiveness, showed intense flows between the codes, which are: achievement of health goals, budget execution, and results-based management. This relationship showed that regions that achieved higher levels of financial execution also made progress in their health indicators, such as vaccination coverage, prenatal care, and reduction in infant mortality.
The co-occurrence of planning capacity with operational efficiency indicated that effectiveness was attributed both to clarity of objectives and to the technical capacity of the regional team. In addition, quotes emerged that

directly linked the management training of directors with better results, underscoring the need for public management skills to achieve effective health governance.

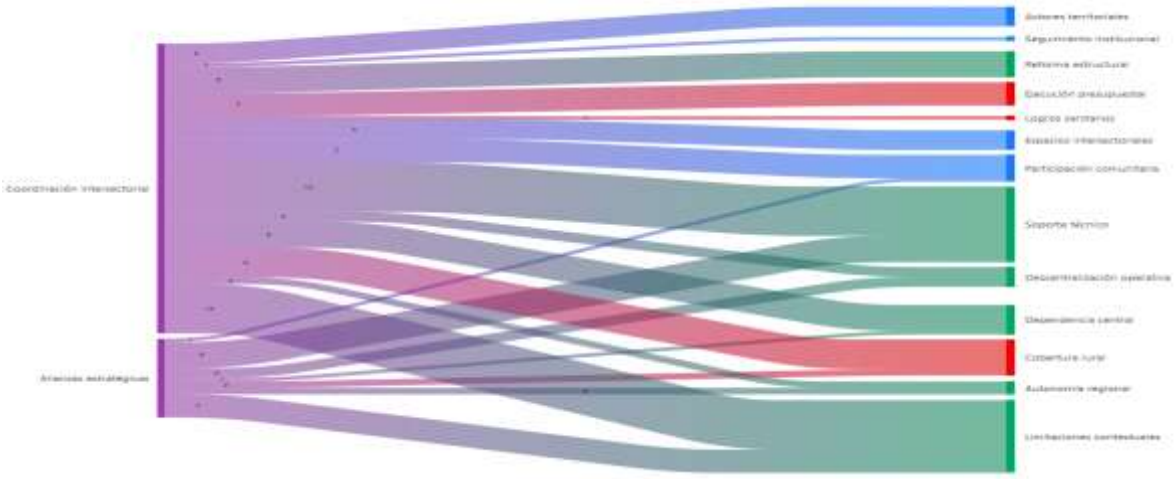
Figure 4 Sankey diagram with analysis based on the co-occurrence operator of the code group from the Effectiveness Aspect



Note: The figure shows the co-occurrence of codes related to effectiveness that are repeated in the quotes extracted from the interviews. Source: Prepared by the author using ATLAS.ti Version 9.

The analysis of Figure 5 showed that the following codes were closely interrelated: intersectoral coordination, policy alignment, and joint actions. This showed that regional directors recognized coordinated work with the education, social development, and water/sanitation sectors as crucial for implementing integrated health policies. The co-occurrence of integrated plans and regular intersectoral meetings stood out, revealing the incipient institutionalization of intersectoral coordination in some regions. However, fragmentation was also identified: several directors mentioned that these coordination efforts depended excessively on the individual will of officials rather than on a consolidated regulatory or procedural framework. This finding reaffirmed the need to strengthen multisectoral coordination instruments as a central pillar of the National Multisectoral Policy..

Figure 5 Sankey diagram with analysis based on the co-occurrence operator of the code group for the Intersectorality Aspect

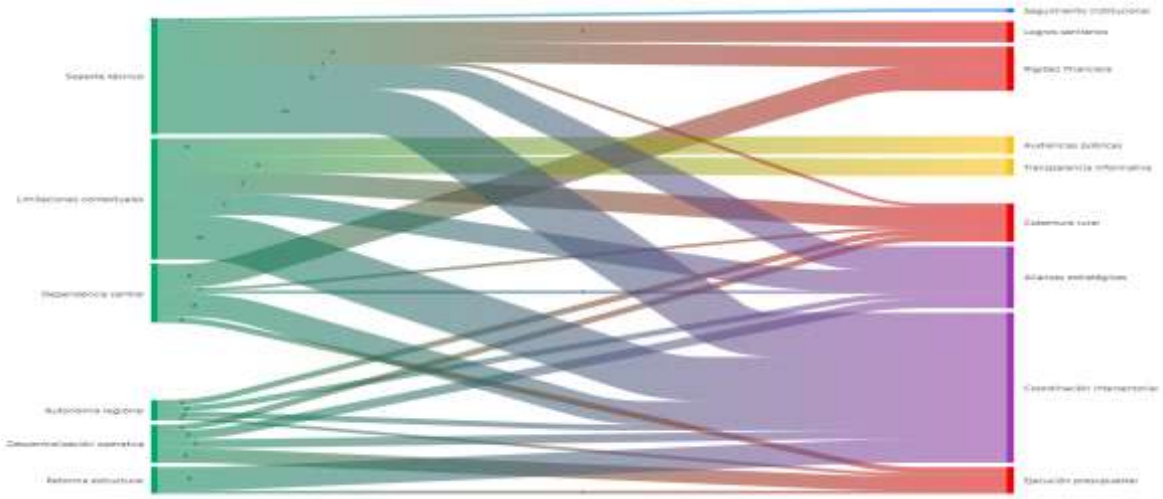


Note: The figure shows the co-occurrence of codes related to intersectorality that are repeated in the quotes extracted from the interviews. Source: Prepared by the authors using ATLAS.ti Version 9.

Finally, the Sankey diagram in Figure 6 on decentralization showed a strong co-occurrence between the following codes: decision-making autonomy, local response capacity, and regional budget allocation. The interviews showed that regional directors valued the transfer of powers; however, they also pointed to budgetary and regulatory constraints that limited their scope for action.

A relevant finding was the co-occurrence of regulatory barriers and dependence on the central level, which reflected persistent tension in the implementation of decentralization. This dependence created bottlenecks in the timely execution of health projects, especially in emergency contexts such as the pandemic. Regions that managed to articulate their own local financing and planning mechanisms reported better coverage indicators.

Figure 6 Sankey diagram with analysis based on the co-occurrence operator of the code group for the Decentralization Aspect



Note: The figure shows the co-occurrence of codes related to decentralization that are repeated in the quotes extracted from the interviews. Source: Prepared internally using Atlas.ti Version 9.

In this context, the research showed that the implementation of the National Multisectoral Policy (PNMS) for the governance of regional health directors showed mixed progress, as well as significant structural challenges. Based on the qualitative analysis with thematic co-occurrences carried out with the ATLAS.ti software, the following key findings were identified:

Active but unequal participation. In several regions, functional participatory spaces were observed that allowed the voices of local and community actors to be incorporated into health planning. However, the quality of these spaces varied significantly between territories, depending on the political will and technical capacity of the regional directors.

Limited institutional transparency. Transparency was one of the least developed dimensions. There were few practices of public accountability and clear and timely information dissemination, which limited citizen trust and social oversight of regional health management.

Effectiveness linked to technical management. The regions with the best health outcomes were those that achieved the highest budget execution and strategic planning. It was concluded that institutional effectiveness depended largely on the technical training and managerial leadership of regional directors.

Intersectoral coordination as a facilitating factor. Coordination with sectors such as education, social development, and water/sanitation was crucial for addressing the social determinants of health. However, this coordination was fragile and often not supported by stable regulations or structures, but rather by individual efforts.

Partial and conditional decentralization. Although the importance of decentralization for contextualized health management was recognized, regional directors faced regulatory and budgetary barriers that limited their real autonomy. Centralization in strategic decision-making and resource distribution remained a barrier to efficient territorial governance.

In summary, the results showed that the PNMS is a relevant framework for promoting collaborative, participatory, and decentralized health governance. However, its effectiveness requires overcoming structural constraints, strengthening institutional capacities, and consolidating mechanisms for multisectoral coordination and transparency at all levels of government.

IV. DISCUSSION

The findings obtained in this research allow us to understand that the implementation of the National Multisectoral Policy for the Governance of Regional Health Directors in Peru in 2025 is taking place in a context characterized by marked structural tensions. although the policy proposes a comprehensive and decentralized approach, its concrete implementation reflects fragmented governance, restricted autonomy, and weak intersectoral coordination. These results not only confirm what has been pointed out in previous studies but also enrich the analysis by incorporating the direct experience of regional directors, revealing institutional dynamics that transcend an exclusively normative or quantitative vision.

In exploring the overall objective of this thesis, it is verified that the PNMS has not managed to establish itself as an effective tool for strengthening territorial governance. This finding coincides with the findings of Hönger and Montag (2024), who examine how political instability, fiscal constraints, and low budget execution structurally affect the health system in Peru. Several regional directors express that, despite having transferred powers, they face rigid budgetary frameworks and regulatory constraints that restrict their capacity to act, even in the face of critical issues such as maternal mortality or lack of care in rural areas. These institutional barriers reproduce, at the regional level, the systemic weaknesses already identified at the national level.

With regard to the specific objective, the findings on the dimension of participation reveal a diverse reality. In regions such as Moquegua and Piura, participatory spaces with a territorial focus are promoted, where regional directors involve community actors, local authorities, and related sectors in health planning processes.

This concrete experience responds to the collaborative governance model proposed by Kooiman (2003), who argues that governing is not only an action of the state, but a process shared among multiple interdependent actors. Likewise, the typology of participation proposed by Arnstein (1969) is evident in practice: while some regions achieve levels of participation that influence decision-making, others barely enable formal or consultative mechanisms, with no binding effects.

The dimension of transparency, for its part, is one of the most lagging. The interviews show that, in most regions, there are no consistent accountability mechanisms or systematic strategies for disseminating public information. This lack of transparency weakens the legitimacy of health management and limits citizen control. Rhodes (2007) argues that contemporary governance requires not only coordination between actors, but also openness, traceability, and accountability in public processes. Fung (2006), for his part, emphasizes that transparency is not only an ethical principle, but also a tool for strengthening institutional quality. In this sense, the scarcity of management reports and low interaction with citizens compromise the principles of democratic and participatory governance that politics seeks to promote.

In terms of effectiveness, the findings indicate that regions with more consistent strategic planning and more consolidated technical leadership achieve higher levels of budget execution and greater achievements in health goals, such as increased vaccination coverage or reduced infant mortality. This result supports Fukuyama's (2013) assertion that the effectiveness of a government is not determined solely by the resources allocated, but by the technical and institutional capacity to transform them into concrete results. In regions such as Arequipa and Tacna, directors with experience in public management demonstrate greater capacity to adapt national guidelines to local needs, which favors timely and evidence-based decision-making.

With regard to intersectoral coordination, regional directors acknowledge preliminary progress in coordination with sectors such as education, social development, and water and sanitation, as evidenced by intersectoral meetings, territorial commitments, and certain joint actions. Despite this, this coordination still lacks institutionality: it depends more on the personal leadership of the actors than on an established regulatory or procedural architecture. This finding is consistent with Keohane and Nye's (2000) theory of multilevel governance, which argues that multisectoral public policy can only be sustainable when it integrates actors and levels of government through structured cooperation schemes. In the case of Peru, such intersectoral coordination still relies on informal mechanisms rather than established structures.

In addition, the dimension of decentralization is ambiguous. Although regional directors value the transfer of powers as an important advance, they also point out that this decentralization is more normative than functional. In practice, there remains a high degree of dependence on the central level for the approval of budgets, the validation of plans, and the distribution of resources. This finding is linked to Falleti's theory (2010), which argues that the effects of decentralization depend on its order and depth. In the Peruvian context, administrative decentralization is observed, but not fiscal or political decentralization, which limits its effectiveness. Bossert et al. (2000), when examining similar processes in Latin America, warn that decentralization without redistribution of resources can generate discontent and weaken the legitimacy of institutions. In regions such as Loreto and Madre de Dios, directors report that they cannot make strategic decisions without central authorization, which delays implementation and limits the ability to respond to emergencies.

In comparative terms, the findings also coincide with those of Pezo Núñez (2020), who indicates that health systems require technical leadership, well-defined regulatory frameworks, and constant coordination to deal with health crises. During the COVID-19 pandemic, several regional directors in Peru reported difficulties in executing their budgets due to a lack of financial expertise or the presence of centralized bureaucratic procedures. This pattern confirms that decentralization without institutional strengthening exposes regions to higher levels of vulnerability in critical contexts.

Overall, the results of this research are in line with the theoretical frameworks reviewed and with both national and international empirical evidence. However, the qualitative phenomenological approach used in this study allows for a deeper understanding of the experiences of regional directors, providing a contextualized understanding of the phenomenon. This perspective reveals not only the normative limits but also the meanings, perceptions, and strategies that regional actors deploy in the face of a system that is still centralized, inflexible, and unresponsive to territorial particularities.

Consequently, the National Multisectoral Policy is a tool with the potential to promote more equitable, decentralized, and participatory health governance. However, its effectiveness depends on overcoming structural barriers, institutionalizing intersectorality, guaranteeing effective transparency, and strengthening the technical capacities of regional governments. Only under these conditions can it consolidate itself as an effective mechanism for ensuring the right to health in all territories of the country. From a qualitative research perspective, the discussion developed in this thesis shows a coherent articulation between the information obtained through interviews with regional health directors and the review of empirical evidence, relevant theories, regulatory frameworks, and journalistic sources. This triangulation helps to reinforce the analysis of the general objective and specific objectives by enabling a more complete and situated understanding of the phenomenon under investigation in its institutional, territorial, and human dimensions.

In this context, clear similarities are identified between the qualitative findings and the theoretical frameworks reviewed. The results related to participation, coordination, and regional management correspond to the notion of governance understood as a dynamic, relational, and multi-actor process, according to Kooiman (2003) and Rhodes (2007). the testimonies collected show that, in regions such as Moquegua and Piura, regional directors manage to involve community actors and local authorities in deliberative spaces that directly influence health planning. This type of practice reflects what Arnstein (1969) describes as participation with real power, in contrast to the symbolic or merely consultative forms that still prevail in other regions. Similarly, there are similarities between the findings and the current regulatory framework, represented by documents such as Supreme Decree No. 026-2020-SA and Law No. 27867, which promote the decentralization of health management and intersectoral coordination, although in practice their implementation is uneven.

From this perspective, regional directors state that decentralization is more normative than functional, since strategic and budgetary decisions continue to depend on the central level, as pointed out by Falleti (2010). This assessment also coincides with the findings of Bossert et al. (2000), who indicate that in many Latin American countries, administrative decentralization is not accompanied by a fair distribution of resources, which limits its real impact. In terms of effectiveness, the data support the argument put forward by Fukuyama (2013), who argues that the effectiveness of a government is not determined exclusively by its institutional structure or the availability of resources, but by its ability to generate tangible results through the efficient performance of its fundamental functions. In this regard, he argues that the assessment of the quality of governance should consider aspects such as administrative solvency, the operational independence of the state apparatus, and its capacity to exercise control.

With regard to intersectoral coordination, the results indicate that, although there are favorable experiences of coordination with sectors such as education and social development, these occur on an occasional or informal basis, without the support of solid institutional structures. This situation confirms the argument put forward by Keohane and Nye (2000), who maintain that effective governance in multisectoral contexts requires structured cooperation between different levels of government and sectors. When such collaboration is not institutionalized, public policy becomes fragile in the face of disruptions and overly dependent on the willingness of the actors involved.

Similar findings have been reported in recent research. For example, the empirical findings coincide with the study by Hönger and Montag (2024), which shows how fiscal constraints, low budget execution, and institutional weakness have chronically affected the Peruvian health system. This situation is replicated at the regional level, where directors report regulatory and budgetary constraints that hinder the effective implementation of health policies. Similarly, Pezo Núñez's (2020) study on global health governance highlights the need for technical leadership, updated regulatory frameworks, and effective coordination to address health emergencies. This need was evident during the pandemic, when budget execution in regions such as Arequipa and La Libertad did not exceed 8% (Lanza et al., 2020).

However, there are also revealing discrepancies between what is regulated and what is experienced. Although official documents highlight the existence of a multisectoral approach, the results show that this approach has not been fully understood or applied at the subnational levels. As Hito Montaño (2020) points out, multisectoral approaches can become mere rhetoric if they are not accompanied by technical, financial, and organizational capacities. Similarly, there is a discrepancy between the narrative of regional autonomy and the daily experience of regional directors, who face multiple restrictions imposed by the central level on the implementation of fundamental decisions.

These similarities and differences don't weaken the study; they actually make it stronger, since in the interpretive qualitative approach, the tension between the normative and the empirical is a valuable source of understanding. Comparing perspectives helps identify gaps, contradictions, and institutional obstacles that affect public policy implementation. Plus, analysis based on the lived experience of the actors involved, in this case the regional health directors, allows contextual nuances to be captured that other methodological approaches fail to identify, enriching the comprehensive understanding of the phenomenon under investigation.

In summary, the discussion shows that the articulation between emerging data, empirical evidence, relevant theoretical frameworks, and regulatory provisions allows for a more accurate and contextualized analysis of the regional health governance process. This integration makes it possible to validate, refine, and in some cases question existing theoretical approaches. It also provides substantive evidence for proposing concrete improvements in the implementation of the National Multisectoral Policy. It is therefore concluded that the qualitative approach used is not only appropriate but also essential for understanding the complexity of Peru's institutional framework in the field of public health.

It was concluded that the PNMS represented an opportunity to reconfigure regional health governance towards more cooperative, transparent, and results-oriented schemes, although its effectiveness depended, to a large extent, on the structural conditions of the territory, political commitment, and the operational capacity of regional directors as key actors in the process..

V. CONCLUSIONS

This research examined the National Multisectoral Policy (PNMS) in relation to governance exercised by regional health directors in Peru towards 2025, revealing a complex web of institutional conditions, regulatory frameworks, and territorial dynamics that significantly influence its implementation. Based on the analysis carried out, it was found that the PNMS is not limited to being a regulatory document, but functions as a political and technical instrument aimed at integrating different sectors around shared public health goals, under a territorial approach.

t was evident that the governance exercised by regional health directors was based on three fundamental pillars: multisectoral participation, transparency in decision-making processes, and effective territorial management, as set out in the specific objective. With regard to participation, it was found that its intensity and quality varied between regions. depending on the level of intergovernmental coordination, the political commitment of local actors, and existing technical capacities. The most notable experiences were found in contexts where the co-creation of strategies between sectors such as education, social development, and local governments was promoted.

With regard to transparency, it was found that, although regulatory progress and the implementation of standardized procedures were noted, gaps remain in access to public information, the traceability of decisions, and accountability at the subnational levels. In certain cases, these limitations affected the legitimacy of and trust in regional health directorates as entities coordinating multisectoral policy.

Similarly, Aldana (2025) found that, in terms of effectiveness, compliance with the PNMS objectives was strongly conditioned by the existing institutional capacities in each region, the lack of specialized personnel, the instability generated by the political rotation of authorities, and the poor interoperability between information systems, all of which were factors that hindered effective implementation. However, innovative experiences were also reported in which digital technologies, participatory evaluation methodologies, and forms of collaborative leadership were incorporated, contributing to improved public health outcomes.

Finally, Aldana (2025) specifies that the research concludes that the PNMS represents an opportunity to reconfigure regional health governance towards more cooperative, transparent, and results-oriented schemes, although its effectiveness depended, to a large extent, on the structural conditions of the territory, political commitment, and the operational capacity of regional directors as key actors in the process..

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