

Letters to the editor

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Is there a relation between public investment and the prevention of metaxenic diseases in the North of Perú?

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Dear editor:

The rainy season in our country is an event that could be exacerbated by climate change. This is the case of a threat, which has a vulnerability of the population, determines a health risk for the country [1]. With regard to recent climate events, especially with the phenomenon of the El Niño, which subjected the Peruvian people, especially in the northern regions, it is important to highlight the impact it had on the health of the population, the affected population affected by The epidemic of dengue, transmitted by the vector *Aedes aegypti* and zoonotic diseases by natural disasters.

At the national level, hydrological basins are exposed to the occurrence of extreme hydrometer events. The watersheds located in the northern part of Peru, which, due to their proximity to the Intertropical Convergence Zone, are mostly impacted and affected [2].

From this perspective, this letter expresses several points of view that it is essential to analyze:

First, to emphasize structural and logistical prevention (involving the investment of the state and the regional government in elaborating containments and channeling the flows and ravines that accumulate after torrential rains like those that have occurred between the months of January and March of 2017. However, between 2015 and 2017, there are no investment allocations of the state related to the canalization of the ravines of San Idelfonso and León del Milagro [3], which mostly affected the city of Truiillo.

Second, in addition to point one, on disease prevention, which is inherent in all climate change, involves a change of ecosystem, tropical climate change and metaxenic and zoonotic diseases [4]. We ask ourselves: how effective are

the technical standards that govern the performance of health personnel in the first and second levels of care? Is there a relationship between the ability to prevent metastatic diseases and the incidence of these diseases after the natural disaster?

And in general, we should ask ourselves: Can we relate public investment in containment works to natural disasters, prevention capacity in the first level of care and the incidence of diseases?

Notes

From the editor

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