

PRIMARY HEALTHCARE IS CARE FIRST, HEALTH SECOND

The Story of Vera Cordeiro and Saude Crianca

'Healthcare is a broader concept than what traditional medicine advocates. I believe, in the future, besides the patients' physical health, the living conditions in which they are inserted

will be even more [MdAG1] important than the current focus [MdAG2] on medical diagnosis and treatment'

Dr Vera Cordeiro

W

When you tell people how to look after their health, you gain certain results. Using tried and trusted techniques to deal with health issues or illnesses is one way to help people get better. If a patient presents with a certain illness then [MdAG3] the medical practitioner will often give the same solution to each and every patient that turns up with that issue. It often isn't until the same patient presents with the same issue time and again that the physician looks at the situation in a different light. They then start to look at the root cause of the problem and see if they can deliver any insight on how to change that. At the same

time, many doctors don't have links to other professionals, the means to deliver a holistic solution or the time to investigate further. This means that the patient is 'patched up' and sent back out into the world again.

Not only is this approach something that isn't right for the patient, it is actually a far less cost-effective way of delivering healthcare to people. A person coming back time

and again to receive the same prescription or advice for the same healthcare problem, doesn't do them or their life justice. It is merely dealing with the symptoms rather than investigating the root cause. This is even more futile when you see members of the same family repeatedly going back to a medical practice for problems that can be linked to the same root cause.

In the modern day of doctor-patient confidentiality and the computerization of medical records, there is little chance of a whole family visiting a practice for advice, or the merry-go-round of doctors being able to spot and act upon a root cause from people who live in the same place. The 'sticking plaster' solution gets people back on their feet again and allows them to get on with their life until the next illness crops up, but does nothing to provide or promote an environment that makes these illnesses less likely. In many parts of the world, especially the poorer parts, there has to be a sea change in how medicine is administered. This is where pioneers like Vera Cordeiro come in.

Saúde Criança Association (ASC), is an independent social organization founded by Dr Vera Cordeiro in 1991 in Rio de Janeiro, Brazil that pioneered an innovative methodology to assist poor families that have a sick child undergoing treatment at a public health facility. The crisis becomes real

when the pre-existing challenges of poverty worsen with the need to care for the child's health, threatening the family's integrity even further. Literally meaning 'bless you child' in Portuguese, child health is at the heart of this association. It promotes

self-sufficiency of Brazilian families with children suffering from [MdAG4] chronic disease and [MdAG5] poverty.

Saúde Criança's program, the 'Family Action Plan' (FAP), adopts an innovative methodology: it is based on the principle that poverty is one of the important causes of disease. The causes of poverty and illness are multidimensional. The plan, which consists of a multidisciplinary team exerts integrated actions in the areas of health, education, citizenship, housing, and income, and is built based on each family's needs. Besides overcoming the immediate difficulties inherent to the child's post-hospitalization phase, the entity's goal is to offer orientation and opportunities so that the family unit has its rights guaranteed and can enjoy a reasonable quality of life.

Saúde Criança fights for social inclusion by promoting human development.

The crucial element of the methodology and one of the keys to its success is the family's active participation elaborating the plan, objectives, and goals to be met during each phase over the two years in which it is part of the program. Every family is assisted individually, according to their needs and potential, during a period of approximately two years. The family's progress is tracked during regular meetings with the Saúde Criança team with the objective of helping the family achieve dignity and autonomy.

In alignment with the World Health Organization's definition of health, Dr Vera feels that, 'Healthcare is the promotion, prevention and maintenance of health as well as the diagnosis and treatment of diseases that can affect the human being.

'In this field of knowledge, it is very important to promote biopsychosocial well-being. And for this to happen, it is not only necessary that the patient is extensively analyzed as per traditional medical knowledge, but also through a lens that allows various levels of diagnosis and treatment including spiritual and psychological development, and knowledge of the conditions of life to which the patient and their families are submitted.

'Therefore, housing, income generation, education and citizenship are some of the crucial areas that should be integral to the patient's treatment and diagnosis.'

And it is the words 'dignity' and 'autonomy' from the description of what Saude Crianca stand for, from earlier in the chapter, that ring out the loudest when you read on. Being well used to be something that was handed down from one generation to another with the health of the family being considered highly important by the elders as those, that followed would be looking after them in their old age. We now expect specialists to do this for us. The pressures on the budgets of modern medicinal practices mean that the simpler ailments to treat should be a matter of public knowledge, rather than kept a deep and dark secret by the medical community or leaving people to take a chance on the internet and hope the advice they read works.

Dr Vera Cordeiro founded Saude Crianca in Brazil way back in 1991, which is an age ago in medical terms. Looking back that far, people were dying of cancer where they now survive, heart disease was ravaging the modernized world

and we knew only a fraction of what we now know today in just about every area of medicinal science. Saude Crianca was set up with the aim of providing support for families in the poorest parts of Brazil [MdAG6] .

Dr Cordeiro looked at the medical support for children in particular as being compassionate and effective at the point of contact, but not having the foresight to deal with the issues that brought the children to the attention of the medical community in the first place. The five areas of care that Cordeiro looked at were vital to providing an environment that reduced the chances of becoming ill to begin with:

- Health
- Housing
- Citizenship
- Income
- Education

With all of these areas performing badly, the patient was very likely to be back again soon. The lifestyle of poverty means that people end up in a cycle of illness that is hard to

break with pure medicine alone. When all of these areas are taken care of, then the chance of illness becomes much lesser. When you look at it in these terms, it is a clear picture. But in a poor part of Brazil, the doctors have a great deal of pressure on their time. The solution takes time.

Dr Vera Cordeiro worked [MdAG7] as a doctor in [MdAG8] the largest public hospital in Rio de Janeiro and she was upset and annoyed that much of her hard work was going to waste. She would attend to young children and get them out of a critical situation. Many would present to the hospital she worked in with infectious diseases and through her arduous work and the team around her, she would be in a position to be able to send them home with the disease in check. But then often, far too often for this modern world, she would see them return with the same disease or find out that they had died from that disease at home. She couldn't keep working along the same lines of fix and fail. She could no longer stand back and watch a system that didn't provide long-lasting results for people. She knew a change had to come. In fact, she knew that she would have to enact this change from outside the current system to stand any chance of making a difference in the life of the kids she treated.

So, with a sense of adventure and the never-say-die spirit she still has today, Dr Cordeiro sold many of her belongings and set up the not-for-profit organization that is Saude Crianca today. She recruited volunteers and trained them to work with families that needed the extra help and support that would take them away from the cycle of illness- treatment-illness that was widely prevalent. They provided basic supplies that were not present before and built people up to be able to gain a better control of their own medical destiny. [MdAG9] This isn't charity in the barest sense of the word, where people are given a handout to relieve the situation they are in for a few days or weeks. This is a hands-up that gives people a sense of purpose about their lives, the knowledge that they can manage their family in these five key areas to achieve better results and that word 'autonomy'.

But there were naysayers all along the way who said this would never work. Dr Vera recalls, 'I remember a few years ago being invited to give a lecture in Switzerland where I showed a poster with the five areas in which we work to show our mission and vision concerning health promotion: health, education, housing, citizenship and income. Listening to the explanation and looking at the poster, a

manager from a Swiss bank told me: "I would never invest in your project. This work has no focus." Luckily for me, Muhammad Yunus, a Nobel Peace prize winner, was by my side and told me: "No matter what you've heard, I tell you, Saúde Criança is a powerful methodology of inclusion for the poorest. [MdAG10] He does not understand that to strengthen an entire family, and to promote health, action is needed in all these areas."

Putting families in control of what they do, where they live, what they eat and other factors based on education means they know what they want for themselves and feel confident to go out and get it. The feeling of helplessness is all- consuming in the world

that Dr Vera Cordeiro knew before the program she built was rolled out to the masses. Families just lurched from one disaster to another with the support of the medical community to bandage them and send them back to their prevalent circumstances. No more.

As many diseases are caused by poverty, and poverty is a multidimensional issue, the multidisciplinary work of Saúde Criança is at the heart of social inclusion and the promotion of human development.

The Impact

An Evaluation of Long-Term Impact, conducted by Georgetown University in 2013, analyzed the assisted families three and five years after the Family Action Plan conclusion date. The study revealed a 92% increase in family income, a growth in the number of families that own their own home (before only 26% were owners; after, 50% of the families already owned their own home after the assistance ended), among other indicators.

There was also an 86% reduction in re-entry into the hospital among the evaluated group, with a significant drop in costs for the public health system.

The average hospital stay for children went from 62 days to just under 9 days.

The family's perception of its well-being increased from 9.6%, considered 'Good'/'Very Good', to 51.2%.

The school enrollment of children who enrolled with Saude Crianca shot from a meagre 10% to nearly 92% after the program. In tandem, adult employment went up to 70% from 54%, as healthier kids meant parents could focus more on earning a better livelihood instead of staying home to care for the sick child.

These numbers alone indicate that the Saude Crianca program makes [MAG11] a massive difference to the lives of families it touches and how they interact with the world. Just imagine the pressure this has taken off the doctors of Rio de Janeiro when

they turn up for work and have people to deal with that they know they can help and sustain a longer-term level of health. They have a better knowledge of what Saude Crianca can do for people and feel like they won't see the same person again because of their environment.

The program is building all the time and has now become public policy in Rio de Janeiro and Belo Horizonte, two of the three biggest cities [MdAG12] in Brazil. It has helped more than 70,000 [MdAG13] people [MdAG14] with the organization starting to look at different markets. Today, Saude Crianca has over six programs to attend to each one of the five foundational aspects and more.

In the words of Dr Vera: 'During my academic training as a doctor, I did not imagine that in the future, to prevent illness and improve the physical health of children, I would have to hire engineers and architects to improve housing condition of these children and their families, as well as

hiring lawyers to support families with sick children struggling for their rights.

'A nurse seeing me working at the hospital and at the same time collecting resources to improve the lives of socially vulnerable families who would be discharged from the hospital asked me: "Besides being a doctor, are you a nun? What's your real job?" Our institution methodology has been replicated to twenty-three public hospitals in Brazil and has become public policy in the third [MdAG15] largest city in Brazil, Belo Horizonte. Many entrepreneurs who learnt about our work took our DNA to be implemented in Africa, Asia and Europe.'

The future of healthcare for the poorest people must look very differently to how it is being administered in many parts of the world. Firefighting can only do so much. If the conditions that people live in do not change, then results won't change either. Making

people aware of the basic issues that affect their health and giving them power over them will make a bigger long-term change to the health of the planet than [MdAG16] prescribing more drugs. It is pioneers like Dr Vera Cordeiro that will lead the way.

The idea behind much of what Dr Vera Cordeiro does is one that has a fundamental connection to the saying:

'Give a man a fish and he will eat for a day. Teach him how to fish and he will eat forever'.

It is a principle that permeates many aspects of one's life. We are given so much by so many people, that the notion of learning how to do something yourself doesn't feel natural in some areas. Healthcare is one of these. People who practice alternative medicine or websites that show people how to 'cure' ailments themselves are labelled as dangerous to the health of many. The internet is far too full of information and it is almost impossible to separate the good from the bad. If you say something with a convincing enough tone then people will interpret it as the gospel truth. But healthcare professionals of the past twenty years or so are as guilty as the website doctors. They haven't given people sound advice on how to manage their health. They have just given the magic bullet and moved on to the next in line. The mindset of patients being customers and people waiting to be helped as people waiting to be seen has to alter. Thus, the modern mantra should be:

'Give a man a prescription and he will be well for a while. Teach him how to manage his health and he will be well for life'.

'Our goal for the next ten years is for our methodology to become public policy throughout Brazil and also to expand through other NGOs in Brazil and the world for the benefit of thousands', says Dr Vera Cordeiro.

[MdAG1]very
[MdAG2]as much as
[MdAG3]normally
[MdAG4]acute,
[MdAG5]normally linked with
[MdAG6]and abroad
[MdAG7]during 20 years
[MdAG8]one of
[MdAG9]They also send the families for vocational training courses in order to promote self-sustainability.
[MdAG10]You are empowering the head of the family.
[MdAG11]a long term impact and
[MdAG12]sixth largest city
[MdAG13]75,000
[MdAG14]directly
[MdAG15]sixth
[MdAG16]only
[MdAG17]Another way to scale is through a coalition of national and international institutions that will implement the family action plan (FAP) not only in our country but abroad