Walter Vigo – General Coordinator, Parsalud – Peru



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Walter Vigo, general coordinator of Parsalud, discusses the intertwining of traditional Andean methods of healthcare with more modern ones, and the organization's commitment to helping mothers and newborns throughout Peru.

You are a medical doctor by profession – how did you come to lead Parsalud?

I am a medical doctor by profession, and I also hold a masters degree in project management. As a doctor, I worked for the Ministry of Health in Cuzco since its inception. From this experience, I became very interested in public health affairs as I realized how little reality resembles the vision provided by academic institutions to many of our medical students. Years ago, I had to travel 125 miles for 18 hours through harsh and winding roads inaccessible to most modern culture, talking to local communities about their needs and how to generate understanding that will lead to common goals; that's when I decided that I would devote my time and energy to a greater good instead of focusing on individual patients. Subsequently, I climbed my way up through several health organizations within the government.

At the end of the nineties, we developed a new – yet uncommon for that period – health insurance scheme that functioned through collective funding; this proposal became the blueprint of what later became known as SIS (*Seguro Integral de Salud*), a Comprehensive Health insurance scheme under the Ministry of Health and aimed to protect the health of Peruvians who do not have health

insurance. This scheme prioritized vulnerable members of our population who are in extreme poverty and also improved the efficiency of public resource allocation while implementing user identification tools. Unfortunately, this system was rather inefficient due to the lack of money and resources that our country experienced at the end of that decade and at the beginning of this century. After many years of experience PARSALUD was created with the objective to reduce the neonatal and maternal mortality.

Can you give us a brief explanation of the aims of Parsalud?

Parsalud is a huge program whose main role is to support the Health Ministry. In a short span of time, Parsalud I focused on reducing maternal and child mortality which seemed an impossible task back in 2004. During the second stage (Parsalud II) we started targeting areas with higher death rates and our focal point was to reduce maternal, neonatal and child malnutrition. After years of hard work, malnutrition rates have dropped significantly. The second priority of Parsalud is institutional and is focused on sustainable health reform.

What are the biggest challenges and obstacles that Parsalud must face every day?

One of the main problems in Peru is the huge segmentation within the government's structure. This means that, with any single problem, many actors will automatically come into play, all of them with the same authority level. Sometimes this results in great confusion and is difficult to coordinate. In short, the main challenge is to make all every party align with the public agenda (to reduce maternal and neonatal death rates). These issues need sustained actions and require full commitment because if we slow down or think that we have solved everything, problems will come back stronger than before.

Can you talk about the budget that the Health Ministry provides to keep this program running?

Parsalud II originally started with PEN 457 million (USD 149 million). 78 percent of this is provided by the Peruvian government while the rest is provided through loans provided by external parties. In other words, Parsalud is financed with funds from the treasury, the Inter-American Development Bank and World Bank.

What are the specific services that Parsalud provides to women and children in Peru?

We are launching a program whose main focus is to improve eating habits within our population. As you may know, malnutrition has been a burden that our country has experienced for many years; these issues generally lead to neonatal and maternal diseases and, in some cases, death. Our

strategy is to provide mothers a better and much more balanced diet that will help them cope with such nutritional deficiencies.

Another example is the Vertical Childbirth Care System, which has had tremendous success rates in recent years. This is a system that offers respect to various traditions within our country. We offer our patients an alternative to regular western childbirth methods and they choose the method. This results in less stress to the childbirth process while providing the moral support of the father, who stands behind the delivery chair. In a nutshell, women feel much more comfortable and institutional delivery is becoming an important reason for why child birth accidents and death is decreasing in many areas.

What are the most important historic causes for the lack of attention to Peruvian indigenous people?

Firstly, ther are not to many doctors who speak our native languages. We are trying to improve this by providing Qechua (among other dialects) lessons to our doctors to bridge the gap between patient and doctor. Secondly, there has been a lack of respect to the customs of many populations within our country. As I previously mentioned, customs are really important for the Quechan community, for example the women's relatives (specially the husband and mother-in-law) will almost always be present in the delivery process as this provides the mother of the newborn great confidence during the whole process. The main problem that is generally faced after the childbirth process is that a lot of care is generally given to the mother and not to the newborn. With our methodology, both the mother and child will be treated with extreme care and precaution.

Finally, for the Andean culture, the placenta is a living organism by itself; it dies so the baby can come to life. According to ancient practices, and as with any other living creature, to ensure the baby's well-being, the placenta must receive a proper burial through traditional methods and ceremonies. This is evidently at odds with many western customs and methods. But if we honor and respect those traditions, more and more people will come to our facilities to receive our childbirth methods thus ensuring better health for everyone. Basically, students trained with western methods need to learn to treat indigenous patients with their own rules. We need to learn how to think as they do so we can give them the right prescriptions and help them to the best of our knowledge.

Another subject worth addressing is related to our infrastructure; we have constructed 74 new facilities within the last couple years; this has been unprecedented due to the precarious economic conditions that Peru experienced in the past. There is a psychological trigger when people visit a

hospital that is comfortable, well-equipped and seems modern and reliable; this helps us earn the trust of our patients before they meet the doctors. The quality standards for all of our clinics and facilities are the same both for Lima and throughout the rest of our provinces; this is important for everyone to know.

Looking at the future and, bearing in mind new health reform under way in Peru, where do you see Parsalud going?

With this new reform's context, we proposed the need for a national health investment program that would be the synthesis of our experience. This includes investments, equipment and revenue model; now we reached such a point in which we have the "know how" to launch a national health investment program from scratch. Parsalud will turn into that investment program; to be more specific, we will handle all the management duties. We will keep investing in regional hospitals; PEN 8.4 billion (USD 2.73 billion) is destined towards this goal of improving equipment, infrastructure and the operational strategies.

We have an enormous challenge to create large facilities that can accommodate more patients with the best available medical equipment because the largest hospitals in our country are really old. We must close the gap between the past and modernity. We need to generate more hospital managing specialists and we need professionals to take care of 120 hospitals around the country. Using statistical data at our disposal, we have to wait nine years to get all the management personnel that we require. We will need to cover those positions any way we can.

What would you like to personally accomplish by 2020?

I would like to generate, at the very least, 30 world-class hospitals for our health insurance system. We are aware of our limitations, mostly related to hospital management and treatment so that people can get solutions for all of their problems. We will need a lot of internal organization to be able to cope with such a great task but I am confident that eventually, we will get there in the near future!

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