

Cooperatives in the Health Sector





ABOUT US

The International Health Cooperative Organization (IHCO) is an international organization founded in 1996 that brings together health cooperatives. It is the health sectoral organization of the International Cooperative Alliance.

Its members are national apex organizations and cooperative businesses active in primary and specialized healthcare, management of hospitals, health insurance, socio-healthcare, health promotion, health literacy and pharmacy distribution.

www.health.coop

PromoCoop is an international partnership of consultants with knowledge and vast experience working with cooperatives and social economy organizations, offering tools and services for their promotion and development.

Founded by Manuel Mariño, Rodrigo Gouveia, and Jorge Cabrera, PromoCoop seeks to promote cooperative and social economy development by helping organizations better achieve their goals.

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I. Cooperatives in the health sector

Cooperatives play an important role in the health sector, providing a vast array of health services, administering health facilities and/or providing administrative support services, offering affordable health insurance, informing and educating for health and wellbeing, and delivering pharmaceutical products and services. Cooperatives present a democratic and values-driven alternative to public and private operators.

A cooperative¹ is an enterprise owned and democratically controlled by its members. A cooperative is driven by members – not investors – who seek the fulfilment of their economic, social, and cultural needs and aspirations – not a return on investment. Although a cooperative needs to be efficient to provide the best goods and services to its members, it does not seek to maximize profits, and the economic returns of its activity are shared with the members and the communities in which they operate.

Cooperatives are values-based enterprises, they act on the market according to a set of ethical values and principles that are part of their nature. The cooperative values and principles include, among others, democracy, equality, solidarity, and concern for community.

The owners of a cooperative, i.e., its members, can be classified according to their different economic role as respects the cooperative. They can be producers (e.g., farmers who supply the cooperative with their production for reselling); they can be workers (e.g., doctors, nurses, or therapists in a health cooperative; taxi drivers that own a taxi service cooperative); or they can be users/consumers of the goods and products sold by a cooperative (e.g., a policy holder of a health insurance cooperative; a customer of a food retail cooperative). Multistakeholder cooperatives include two or more of these types of members and can also include external stakeholders such as public entities (e.g., municipalities) or civil society organizations.

¹ The definition of cooperative, along with the description of their values and principles, is contained in the Statement of Cooperative Identity, adopted by the International Cooperative Alliance in 1995: <https://www.ica.coop/en/cooperatives/cooperative-identity>

In the health sector, there is a variety of ownership models, the most common being cooperatives owned by healthcare professionals such as doctors, nurses, paramedics and other therapists; cooperatives owned by users of the services (patients); and multistakeholder cooperatives.

Cooperatives operate in all other sectors of economic activity besides health, such as agriculture and fisheries, industry and services, banking and insurance, wholesale and retail trade. Most examples in this report are of cooperatives whose main sector of activity is the provision of health services, but there are also some examples of cooperatives from other sectors offering health services.

These distinctive characteristics of cooperatives are the backbone of their operations and are fundamental for the delivery of high-quality and affordable health services. Cooperatives are “natural vehicles to deliver the collaborative partnership and the people-centered and integrated approach required to attain the 17 Sustainable Development Goals”², including SDG 3 of “Good Health and Wellbeing”.



The contribution of cooperatives to the health and wellbeing of their members and their communities can undertake many forms, namely:

a) Providing health services.

The most immediate way cooperatives contribute to the health and wellbeing of their members and their communities is by providing health services to them. This is done in a variety of ways and includes general medical practice and/or specialized services by doctors or other healthcare professionals.

² UN Secretary-General Report on Cooperatives and Social Development (2017): <https://bit.ly/366boq9>

Some cooperatives focus on one type of service – for example “Dokterscoop”, in The Netherlands, owned by 13 doctors, provides general practice medical services to local communities³ –, while others offer a vast array of general and specialized services – for example, the “Budja Budja Aboriginal Co-operative” in Australia has a vast range of services for aboriginal communities, such as health checks, dental services, optometry, medication prescription and review, chronic disease care plans, mental health services, clinical transport services, among others⁴.



Cooperatives may offer medical services in the strict sense (i.e., performed by doctors) and/or other professional services⁵ (e.g., nursing services, physiotherapy, chiropractic, dental hygiene⁶) and their role is not limited to the treatment and cure of diseases, but also covers preventative, palliative and rehabilitation services. Medical services may include general practice medicine or specialized medical services such as dentistry, optometry⁷, psychology⁸, or any other.

Another area of activity for several cooperatives is the paramedical emergency and ambulance transport services. Excellent examples of this are the “*Coopérative des Techniciens Ambulanciers du Québec*”⁹, in Canada, a worker-owned cooperative which aims to provide a high-quality service while offering great working conditions for its members, and POLICOOP from Argentina, with a similar model¹⁰.

³ <https://www.dokterscoop.nl/>

⁴ <https://budjabudjiacoop.org.au/>

⁵ The Westgate Health Co-operative in Australia, a user-owned cooperative, is a good example of a basic mix of medical and nursing services, offering general practice medicine, dental care and nursing services:

<https://westgatehealth.coop/>

⁶ The “Coop HD du Quebec” is a great example of how dental hygienists can come together with users to establish a social enterprise: <http://coophdquebec.com/>

⁷ See, for example, the Independent Optometry Group of New Zealand: <https://www.iogroup.co.nz/>

⁸ See an example of a cooperative providing psychology services to children here: <https://www.beyond-psychology.co.uk/>

⁹ <https://www.ctaq.com/>

¹⁰ <https://www.policooptsas.com/>

In line with their values and principles, “cooperatives serve their members most effectively and strengthen the cooperative movement by working together”¹¹, therefore, many cooperatives in the health sector work in tandem through specific structures. This is the case of the “Unimed System”¹² in Brazil, the largest health cooperative system in the world:



341 cooperatives

118,000 doctors

18.6 million beneficiaries

2,409 accredited hospitals

143 own hospitals

By providing these services, cooperatives contribute to the overall performance of health systems and complement public health systems. In some cases, they offer services under the remit of public healthcare through direct concession contracts, offering a sustainable alternative that saves resources from government budgets¹³. In addition, they offer an alternative to other types of private enterprises because they do not seek to maximize profits, they are locally rooted and managed democratically, which puts them in a better position to fulfill the goal of universal health coverage. In fact, many cooperatives provide services to vulnerable groups and in areas where many for-profit companies would not see an interest to do business, thereby making available products and services that those populations would not, otherwise, have access to.

Some cases studies that illustrate this role of cooperatives can be found later in this report or by following the links below:

- [Cooperativa dos Otorrinolaringologistas do Estado do Mato Grosso do Sul \(COORLMS\)](#):

Activity: Specialized medical services (otology)

Ownership type: Doctor-owned

Size: small

Region: South America (Brazil)

¹¹ Principle 6 of the Statement on the Cooperative Identity: “Cooperation Among Cooperatives”.

¹² <https://www.unimed.coop.br/site/sistema-unimed>

¹³ Coopesiba, in Costa Rica, is a great example of this: <https://www.coopesiba.com/>

➤ [Victoria Community Health Co-operative](#)

Activity: multiple health services

Ownership type: community-owned

Size: small

Region: North America (Canada)

b) Managing hospitals, clinics and other health facilities.

An important role that cooperatives have in respect to the health sector, is in the management of hospitals, clinics, and other health facilities¹⁴. Managing health facilities is time consuming and requires knowledge that doctors, or other healthcare professionals, may not have. By creating a cooperative, healthcare professionals and/or users, can delegate those functions to an entity that they own and democratically control, instead of doing it themselves or hiring a third party. The advantages of this model are very clear, users and/or workers have ownership and control of the management of their healthcare facility, therefore safeguarding their needs and expectations without seeking to maximize profits. This model can be applied whether the healthcare services being provided are private, cooperative or public.

Also, cooperatives can manage the facilities directly or they can offer products and services to help those in charge of management. Management support services can include billing, accounting, human resources management, purchasing, maintenance, and others¹⁵. The cooperative can subcontract some of these services but, even in those cases, there is accountability towards the members.

Some cases studies that illustrate this role of cooperatives can be found later in this report or by following the links below:

¹⁴ Health facilities can include gyms, such as the "Bristol Co-operative Gym": <https://bristolcooperativegym.org/>

¹⁵ As an example, the "Boer&Zorg" cooperative in the Netherlands offers a large variety of services for small and medium-sized health companies: <https://www.cooperatieboerenzorg.nl/>

➤ [Fundación Espriú](#)

Activity: Multiple health services; hospital management; health insurance

Ownership type: Cooperative-owned

Size: Large

Region: Europe (Spain)

➤ [Medispring](#)

Activity: Medical digital solutions

Ownership type: doctor-owned

Size: Small

Region: Europe (Belgium)

c) Providing health insurance.

Supporting the financial costs of healthcare services is one of the biggest challenges for citizens, and a major factor in achieving universal health coverage. Even in countries that have a robust public healthcare system, with no costs for users at the point of service¹⁶, there are some health services whose costs are not covered. In addition, public health systems may present other challenges (e.g., long waiting times) that make users resort to cooperative or private networks. Therefore, it is always advisable to have health insurance that covers those costs and allows the possibility to access alternative networks of healthcare.

Cooperatives¹⁷ are a major factor in balancing the market between public and private operators. They mirror the democratic and universal access aspiration of public services, without the market distortions caused by private companies which seek to maximize profits. Cooperatives offer quality and affordable health insurance to everyone, including

¹⁶ It's important to stress that there is always a cost for the provision of health services. It's the amount and the way that these costs are shared and/or financed that varies (e.g., through taxes).

¹⁷ In this report we only look at cooperatives, but there are other types of social economy organizations, such as mutuals, that have a similarly important role.

underprivileged populations that private companies are not always interested in reaching. Health insurance cooperatives are, generally, integrated in a cooperative network that provides healthcare services as well. But there are also examples of cooperatives that have agreements with public and private systems and do not directly offer those services.

Some cases studies that illustrate this role of cooperatives can be found later in this report or by following the links below:

➤ [CIC Group](#)

Activity: Insurance (multiple)

Ownership type: User-owned

Size: Large

Region: Africa (Kenya)

➤ [Cooperative Health Management Federation \(CHMF\)](#)

Activity: Health insurance

Ownership type: Cooperative-owned

Size: Medium

Region: Asia (Philippines)

➤ [RedDentis](#)

Activity: Health insurance; dental services

Ownership-type: Dentist-owned

Size: Medium

Region: South America (Uruguay)

➤ [Semercoop](#)

Activity: Health insurance with own network of health services

Ownership type: User-owned

Size: Large

Region: South America (Chile)

d) Providing care services to vulnerable people.

Sustainable Development Goal 3 is to “ensure healthy lives and promote wellbeing for all at all ages”. But health and wellbeing are not limited to the prevention and treatment of diseases, they are also affected by non-medical, social factors. These social determinants of health are defined by the World Health Organization (WHO) as “the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.”¹⁸



Cooperatives in the health sector, as a reflection of their nature, are very attentive to social determinants of health, putting particular emphasis in providing care to vulnerable populations such as the elderly, people with disabilities¹⁹, and people with multiple health problems (multimorbidity). Some cooperatives are specifically dedicated to this type of care, and this is a sector that has been growing in the last few years²⁰.

Some cases studies that illustrate this role of cooperatives can be found later in this report or by following the links below:

➤ [Ballarat and District Aboriginal Cooperative \(BADAC\)](#)

Activity: multiple healthcare services

Ownership type: Community-owned

Size: small

Region: Oceania (Australia)

¹⁸ https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1

¹⁹ In Portugal, for example, there is a large network of “cooperatives for the education and rehabilitation of citizens with disabilities” (CERCI) that provide care services to these people. An example is “Latitudes”:
<https://latitudes.org.pt/>

²⁰ Some notable examples: Bilingual Care Worker Cooperative in Australia (<https://bcwca.org.au/>); Guliver, in Italy (<https://www.gulliver.mo.it/>); and Circle of Life, in the United States (<https://www.circleoflife.coop/>).

➤ [The Great Care Co-op](#)

Activity: homecare services

Ownership type: worker-owned

Size: small

Region: Europe (Ireland)

e) Promoting, informing and educating for health.

Information and education are guiding principles for cooperatives²¹. They inform and educate people about their business model and the benefits of cooperation both internally (to members, managers, elected representatives, and employees) and externally, towards the general public and other stakeholders (e.g., policymakers, academia). Naturally, they also inform, train, and educate about the issues they are involved with, such as health and wellbeing. Therefore, health cooperatives incorporate information and education within their operations, and, in some specific cases, that is their main objective and activity. For example, in Angola, COOPATSLA is a cooperative that provides training and education to healthcare professionals. In the United Kingdom, the Health and Education Co-operative²² gathers five universities and has a collective aim to deliver high quality, cost-effective online education and training products to the health sector. In Switzerland, the “*Société Coopérative Médicale de Beaulieu*” is a cooperative owned by 150 doctors to support innovation and research activities from and to its members²³.

This informational role of cooperatives was particularly evidenced regarding the Covid-19 pandemic. Cooperatives in the health sector invested many human and financial resources to provide useful, objective, and important information regarding the virus, the measures to contain and stop its spread, and vaccination. Reaching vulnerable and/or isolated populations was one of the main concerns of cooperatives, a reflection of the principle of concern for the community.

²¹ Principle 5 of the Statement on the Cooperative Identity.

²² <https://www.hecooperative.co.uk/>

²³ <https://www.medicale-beaulieu.ch/>

A case study that illustrates this role of cooperatives can be found later in this report or by following the link below:

➤ [Lambeth GP Food Co-operative](#)

Activity: food production; health education

Ownership type: Community-owned

Size: Small

Region: Europe (United Kingdom)

f) Providing pharmaceutical services.

There are many cooperatives around the world that provide pharmaceutical services. They operate all along the supply chains from the manufacturing of pharmaceutical products²⁴, to pharmacy retail service and, in some cases, are vertically integrated. Some cooperative pharmacies are owned by workers (e.g., factory workers of a pharmaceutical plant), others by pharmacists (e.g., providing wholesale services)²⁵, and others by users²⁶.

Like in other areas of healthcare, cooperative pharmacies provide a distinct alternative to public and private models, allowing for the democratic management of economic activity and passing on the financial returns to members and the community, without seeking to maximize profits. Complementary, cooperative pharmacies seek to guarantee employment, better market conditions, administrative support, and/or quality products at affordable prices.

A particularly relevant role of cooperative pharmacies is the equitable distribution of medicines. In fact, cooperative pharmacies, because of their nature, ensure that affordable medicines reach populations that would otherwise be excluded due to market

²⁴ In Poland, for example, there are many worker-owned cooperatives that manufacture medicines and other health products.

²⁵ For example, Noweda, in Germany (www.noweda.de).

²⁶ For example, Coop Apotheken, in Belgium (<https://www.coopapotheken.be/>).

failures (e.g., places with high transportation costs, difficult to reach, and/or with low-income population).

A case study that illustrates this role of cooperatives can be found later in this report or by following the link below:

➤ [Pharmacists Cooperative of Thessaloniki](#)

Activity: Production and wholesale of pharmaceutical products

Ownership type: Pharmacist-owned

Size: Medium

Region: Europe (Greece)

g) Responding to the Covid-19 pandemic.

Being in the frontline of action against the Covid-19 pandemic, health cooperatives have had to adapt and innovate to face the enormous challenges it brought.



As member-owned, community-based, and values-driven organizations, cooperatives feel a particular motivation to find innovative solutions to facilitate members' access to health services (e.g., through new digital tools), to provide the best care possible, to inform and educate citizens about ways to prevent and immunize against the virus, and to alleviate the financial burden for those most affected²⁷.

All the case studies included in this report mention some of the initiatives that cooperatives have taken to fight the Covid-19 pandemic.

²⁷ Some examples of these activities are provided in the case studies later in this report.

II. Case Studies

The purpose of providing the following case studies is to illustrate with concrete examples, and a more in-depth look, the facts and arguments presented in this report. The case studies have been selected to show the large diversity of solutions that cooperatives bring to the health sector in terms of:

- Variety of services (provision of healthcare, health insurance, information and education, pharmacy services, etc.).
- Different models of ownership (worker-owned, user-owned, community-owned, multistakeholder, etc.)
- Diversity in sizes and geographical scope (from very small cooperatives acting locally, to large ones with international businesses serving millions of citizens).
- Geographic location (from all regions of the world, independently of the culture or health system).
- Innovative practices in technical, managerial, or social areas of action.
- Responses to the challenges raised by the Covid-19 pandemic.

The case studies are presented in the order they appear in the text of the report.

CASE STUDY:



Name:	COORLMS
Type:	Doctor-owned
Members:	48 otology doctors
Main activity:	Otology services
Country:	Brazil

COORLMS stands for “Cooperative of Otology Doctors of the State of Mato Grosso do Sul”. It’s a Brazilian health cooperative, owned by 48 otology doctors, that provides specialized services related to the nose, ears, and throat.

One of the main advantages of the cooperative is that, among its doctors, patients can find a whole spectrum of treatments, ranging from the most basic care services to the most advanced otologic techniques. In its region, COORLMS was the first to introduce certain new techniques that weren’t otherwise available for patients, such as the cochlear implant²⁸.

The cooperative negotiates group contracts with public and private institutions setting the prices and other conditions for its services. Those institutions cover the costs of their employees (totally or partially) as a job benefit, which they pay directly to the cooperative. Patients, therefore, have no costs or reduced costs depending on their coverage. In addition, the cooperative provides its doctor-members with administrative services (e.g., billing, debt collection, training, scheduling), which helps make their practice more efficient and sustainable.

The Covid-19 pandemic presented a huge challenge for COORLMS, given that many of the symptoms of the disease are related to the respiratory system but the cooperative didn’t have, at the start, the necessary protocols in place to deal with such a crisis. In

²⁸ “A cochlear implant is an implanted electronic hearing device, designed to produce useful hearing sensations to a person with severe to profound nerve deafness by electrically stimulating nerves inside the inner ear”: <https://www.fda.gov/medical-devices/cochlear-implants/what-cochlear-implant>

addition to implementing the necessary measures to combat the pandemic, COORLMS also decided to reinforce its cooperative identity to overcome some challenges. Internally, it did so by refocusing its members on the advantages of being a cooperative, having them reflect on these and come up with a renewed vision for their cooperative work. As a result, members became more connected and solidary, which reflected in the increase of positive results for the cooperative.

Another initiative that has helped the cooperative distinguish itself from other providers, particularly during the Covid-19 pandemic, is the service “SOS Otology”, an emergency service that offers patients the possibility of being seen by an otology doctor very quickly if they have any symptoms related to Covid or other otologic problems.



With the health system under enormous stress due to the huge amount of Covid cases, this service has provided an alternative for people to get immediate care instead of waiting days before being seen by a doctor.

Promoting its cooperative identity in social networks, by reinforcing the cooperative values and principles when communicating with the public, COORLMS has also helped change the perception and knowledge of people towards cooperatives and cooperation.

Website: <https://www.coorlms.com.br/>

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CASE STUDY:



Name:	Victoria Community Health Co-op
Type:	Community-owned
Members:	c. 300
Main activity:	Healthcare services
Country:	Canada

The Victoria Community Health Co-operative (VCHC) is a community-owned cooperative that provides health services in Victoria, British Columbia (BC), Canada. Membership is open to all who are interested. Currently, the cooperative has c. 300 active members.

The co-operative focuses on helping clients and community to achieve “a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity.” An important VCHC sector of activity is the provision of the full scope of Registered Nurse services, available at no cost to all holders of a British Columbia “Care Card”. Funding for the nursing program is negotiated by the BC Association of Community/Co-operative Health Centers with the BC Ministry of Health. Physical, mental and at-home services are provided.

To promote and support health and well-being, the cooperative has developed, and worked with others to develop, several initiatives in terms of information, education, and advocacy for health. Its program “Choices for a Healthy Lifestyle” includes information and education sessions that cover community interest health topics such as healthy eating, healthy movement, dealing with stress, sleeplessness, and anxiety, among others.

The Victoria Community Health Co-operative also fosters social connections. The “Hans Kai” weekly program, developed in Japan, brought to Canada by Nor’West Co-op in Winnipeg combines well-being education and social connections. Informal co-operation with a seniors’ activity center has proven useful in identifying seniors at risk of being, or

feeling, isolated. The “Let’s Say Hello” program, through which volunteers make regular calls to vulnerable and isolated members of the community, has been particularly helpful during the Covid-19 pandemic.

Donations are requested for these and a range of similar programs, and funding applications are submitted to local and national organizations. The pandemic has also led to enhanced use of internet-based events, and an enhanced focus on cleanliness and the use of masks. Several other health professionals such as kinesiology, reiki, foot care, massage therapy etc. work alongside the cooperative.



The cooperative identity is crucial for the VCHC which is run (as legally required) by a volunteer Board. Members are always referred to as “member-owners” to reinforce the idea that the cooperative belongs to them and that their active participation in the definition of the policies and programs of the cooperative is essential.

Members participate in at least one cooperative education session when they join, and cooperative issues are discussed in all board and annual general meetings.

Website: <https://victoriahealthcooperative.com/>

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CASE STUDY:



Name:	Fundación Espriú
Type:	Foundation
Members:	n.a.
Main activity:	Healthcare services
Country:	Spain

Fundación Espriú is a Spanish foundation established by four major health cooperatives in the country, whose aim is the promotion and development of the cooperative model in the health sector. The cooperatives grouped by the foundation are a prime example of the diversity of services that cooperatives provide in the health sector: SCIAS, a user- and worker-owned cooperative (170,000 user-members and 800 worker-members) owns and manages the Barcelona hospital; Autogestió Sanitària, with 5,500 doctors as members, provides medical services and owns a health insurance company; Lavinia, a doctor-owned cooperative with 9,000 members that provides a complete array of medical services; and ASISA, a health insurance cooperative owned by Lavinia, that provides insurance to 2.8 million people and manages a network of 17 hospitals and 36 clinics.

Health cooperatives in Spain have been at the forefront of medical innovations. Recently, they have been the first to introduce robotic surgery procedures, which increase precision and reduce recovery times for patients. Another technological innovation developed by health cooperatives is a management software called “Green Cube”, which provides an integrated and holistic digital solution for the management of hospitals and other health facilities. In addition, with the start of the pandemic, they have developed a virtual assistant to facilitate digital access to health services.

In terms of social innovations, Spanish health cooperatives developed a program of care directed to patients with multiple health problems. Having reached the conclusion

that it is far more inefficient, expensive and uncomfortable for people with multiple health conditions to constantly go to a health facility for treatment, particularly during the Covid-19 pandemic, cooperatives launched a program to offer medical and nursing assistance at the patients' homes. Several teams of health professionals are deployed to assist these patients who need constant and diverse treatments.

The Espriú foundation's main mission is to inform, educate and promote the cooperative model in the health sector. As such, along the years it has been developing many initiatives like information sessions, seminars, publications, and research. The cooperative identity is one of the main concerns for the foundation. In a society that is becoming ever more individualistic,

it is more difficult to attract younger generations to be actively engaged in cooperatives. This has been and will continue to be an area of focus for the work of the foundation.

The pandemic, despite its huge challenges, has also brought about opportunities, particularly for the promotion of the cooperative model as a humane, democratic and values-based solution for many of the problems in the healthcare system.

Website: <https://www.fundacionespriu.coop/>

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CASE STUDY:



Name:	Medispring
Type:	Doctor-owned
Members:	1,500
Main activity:	Digital Solutions
Country:	Belgium

Medispring is a cooperative of doctors, based in Belgium, whose main activity is the development of software to support their practices. The decision to create the cooperative was a reaction to the failures of the market for medical software. In Belgium, the state requires all doctors to store, transmit and handle information through certified digital solutions. This led to increasing concentration of private companies on the market and high prices, putting doctors at a disadvantage and creating efficiency problems (e.g., having to change software regularly). By choosing to create their own software, doctors took control of the process through a democratically managed enterprise that could not be sold on the stock market to other companies or investment funds. The cooperative now has 1,500 members among its 2,200 users.

Medispring offers several digital solutions for doctors (general practice and specialists), other healthcare professionals (nurses, paramedics), and health facilities. These solutions are comprehensive, dealing with all aspects of medical management, certified by the state, and integrated with the public health system.

The cooperative model offers several advantages to its members. On one hand, doctors don't want to be too distracted from their practice by having to manage a business. The cooperative, with its own management team, ensures the operational aspects. On the other hand, doctors want to have a say about the product and services that they will be using, and the cooperative allows them a participatory process in terms of decision making (e.g., board of directors) and in terms of product development (e.g.,

through a consultative body). This participatory nature of cooperatives ensures that members continue to be engaged and that the products and services have commercial success because they meet the needs of users.

Another advantage of the cooperative model is that, unlike many other software companies, Medispring can focus on meeting the needs of its members instead of seeking for investment growth.

The Covid-19 pandemic made it necessary to adjust the digital solutions offered by Medispring (e.g., new information requirements, new treatment techniques) and, once again, the cooperative was able to respond to this situation swiftly with the input of its members who were on the frontline of response.



Website: <https://www.medispring.be/>

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CASE STUDY:



Name:	CIC Group
Type:	User-owned
Members:	c. 1,000,000
Main activity:	Insurance
Country:	Kenya

Started as a department of Kenya National Federation of Cooperatives (KNFC) in 1968, CIC has since become a leading cooperative enterprise and micro-insurer in Africa, with three subsidiaries in Kenya. The group also has a regional footprint, with a presence in South Sudan, Uganda, and Malawi.

CIC provides financial services to over 1 million customers through a robust system of 25 local branches, over 1000 financial advisors, and multiple online platforms. Its expertise has been recognized over the years, winning several awards such as the “Decade of Excellence Insurance Kenya 2021” award. The CIC Group serves a wide range of customers from cooperatives to private companies, SMEs, NGOs, government entities, and individuals.

CIC offers multiple insurance services, including health insurance. Its family health insurance packages cover a wide range of medical expenses, and its “Seniors Mediplan” is tailored to the needs of older people with coverage of inpatient, outpatient, dental, optical, and Covid-19 expenses. CIC also offers specific group insurance plans for cooperatives, SME’s, and other organizations.

The CIC group, following its cooperative identity, is committed to be responsive to society needs by carrying out initiatives that add value in the community. Despite the Covid-19 pandemic adversely affecting the country since 2020, it was able to participate in a number of activities and give back to society while observing health and safety norms and protocols.



The CIC Foundation is the group's branch responsible for enacting its social responsibility and develops multiple projects such as supporting the education needs of underprivileged children, supporting the most affected communities by the pandemic, and offering training and education programs to cooperative leaders in the country.

Website: <https://cicinsurancegroup.com>

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CASE STUDY:



Name:	Cooperative Health Management Federation
Type:	Cooperative Federation
Members:	c. 60,000
Main activity:	Health Insurance
Country:	Philippines

Established in 2015, the Cooperative Health Management Federation is the only cooperative Health Maintenance Organization (HMO) of the Philippines. It offers health insurance policies for 197 cooperative organizations covering 60,000 people. Although the law limits its activity to serving cooperatives and their members, CHMF has a large market to grow since there are nearly 19,000 operating cooperatives in the country, with a total of 11.5 million members²⁹. Among CHMF members there are health cooperative organizations, such as the Medical Mission Group, which manages several hospitals in the country.

One of the major benefits for cooperative members is that CHMF’s standard insurance plan is much more affordable than those from private competitors because, being a cooperative-owned organization, its aim is not to maximize profits for investors but to serve the needs of its members. Furthermore, its insurance packages are tailored to the needs of users, who have a lot of options to choose from. CHMF also provides accreditation services to its member cooperatives.

A decisive difference of CHMF’s insurance policy is also that it covers Covid-19 treatment and hospitalization expenses, up to a certain amount, unlike other competitors. This decision was taken by CHMF’s Board, as soon as the pandemic started, based on the idea that a cooperative organization has a responsibility towards its members and the

²⁹ According to the Cooperative Development Authority of the Philippines: <https://cda.gov.ph/updates/fy-2020-cooperative-statistics/>

community at-large. Another important initiative to respond to the pandemic was the establishment of a free telemedicine service for members.

As a reflection of its cooperative identity, CHMF develops several initiatives to promote good health and wellbeing in the country, such as information and education campaigns on health issues. These projects are funded through the reinvestment of its net surpluses, which, in a cooperative, are used to the benefit of members and the community.



Website: <https://chmf.coop/>

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CASE STUDY:



Name:	Cooperative of Dentists of Montevideo
Type:	Dentist-owned
Members:	197
Main activity:	Health Insurance
Country:	Uruguay

RedDentis is the brand name of the Cooperative of Dentists of Montevideo, in Uruguay. It's a worker-owned cooperative, whose members are 197 dentists providing odontology services in the city of Montevideo. The cooperative is part of a national network of dental cooperatives, which allows its policyholders to use the services of other dentists in other regions of the country.

The main activity of the cooperative is to provide health insurance that covers the costs of the dental procedures of its members, which are not fully covered by the national public health system.

Most of the insurance policies are taken through collective agreements with public, private, and cooperative organizations (group insurance), but there are also individual policyholders. Policy premiums are very affordable, which enables the cooperative to reach low-income populations that would otherwise have difficulty in accessing dental care. Also, policy terms and conditions are very flexible, allowing consumers to choose the plan that is more suited to their needs.

As a reflection of its cooperative identity, respecting the principle of concern for the community, the cooperative donates prothesis to vulnerable seniors and women victim of violence, among other initiatives. Additionally, RedDentis operates a diagnosis center, open to everyone and free of charge. This center allows people to check for dental issues, at no cost, to see if they require treatment.

RedDentis offers its members administrative services such as a centralized payment system, appointment management, and professional training. In this area, the cooperative

developed and introduced a new software that allows a more efficient management of all processes, and the quality of its management was recognized by the national institute for quality (INACAL) and the national institute for cooperatives (INACOOOP).



The Covid-19 pandemic was a big challenge for RedDentis. With the country in lockdown and the offices closed, the members of the cooperative could only offer emergency services. Despite that, the cooperative established protocols that later allowed it to reopen safely and improve its performance in terms of health and safety standards. The pandemic was also an opportunity to revisit and rediscuss topics related to the

cooperative identity. The cooperative launched the campaign “Somos” (We Are) aiming at promoting its cooperative identity to distinguish itself from other types of companies, internally (towards members and staff) and externally with a large communication campaign on tv, radio, newspapers, and social networks³⁰.

Following the cooperative values and principles, the cooperative offers information and education about cooperatives and is a strong supporter of cooperative advocacy and representation, being a member of the federation of production cooperatives and the confederation of cooperatives in the country. RedDentis has also an operating agreement with Uniodonto, a large odontology cooperative from Brazil³¹.

Website: <https://reddentis.com.uy/>

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³⁰ See, for example: <https://youtu.be/-AVs04AycE>

³¹ The largest odontology cooperative system in the world, gathering 117 cooperatives, owned by 22,000 doctors, and serving 3 million people: <https://www.uniodonto.coop.br/sistema-uniodonto/>.

CASE STUDY:



Name:	Semercoop
Type:	User-owned
Members:	c. 45,000
Main activity:	Health Insurance
Country:	Chile

Semercoop is a Chilean cooperative whose aim is to protect people’s health putting their 45,000+ user-members at the center of their service, ensured by an efficient cooperative management model, which reinvests all its resources to provide the best possible protection through complementary health plans that provide bonuses and discounts on outpatient and hospital medical benefits, tests and medications, without excluding coverage based on age, gender or pre-existing conditions.

The cooperative designs an offer based on the needs of the companies or entities, with whom it signs a collective agreement through which their workers, in addition to obtaining health benefits, agree to be members of the cooperative. The financial aid offered to members covers all the costs of health services under the contract terms and that are not covered by public or private health service. In addition to financial aid, members also benefit from special prices and discounts from companies that have agreements with Semercoop.

Semercoop, created in 1967, has always been an innovative cooperative. Recently, it developed a digital platform for member relations, as well as an internal management platform for the uniformization of processes, which provided more efficiency to its operations. In terms of social innovation, the cooperative developed the program “Vive Semercoop” (Live Semercoop) that extends benefits to low-income people without discriminating based on gender, age, or preexisting conditions, like most insurances do. It is also interesting to note that 80% of Semercoop’s responsibility and leadership positions are occupied by women, including the top management positions.

The Covid-19 pandemic, despite its challenges, brought a renewed willingness to strengthen the cooperative identity. Accordingly, as a reflection of the principle of concern for the community, Semercoop started offering free telemedicine for members, in addition to extending this benefit to "Cuidame", a network of caregivers for people with disabilities. Also, Semercoop created a solidarity fund to fully cover members' and their families hospitalization costs due to Covid, which would not be covered by the contract given that it is a pandemic. This was possible thanks to the reallocation of economic surpluses, which is an example of how cooperatives prioritize all members' needs, instead of financial returns to a few shareholders.



Promoting the cooperative model, its values and principles, is a priority for Semercoop. This work is done internally, through a communication strategy directed at workers and the consolidation of its governance structure to allow better input from members, workers and other stakeholders, and externally, by promoting the cooperative model through communication campaigns, information sessions and other activities.

As part of its commitment to education, Semercoop offers scholarships in the field of promotion of social economy and the cooperative movement and organizes information sessions on health-related topics.

Website: <https://www.sermecoop.cl/>

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CASE STUDY:



Name:	Ballarat and District Aboriginal Co-operative
Type:	Community-owned
Members:	n.a.
Main activity:	Healthcare services
Country:	Australia

The Ballarat and District Aboriginal Cooperative (BADAC) in Australia has a vision of being the strongest voice and presence in the Ballarat District, supporting and respecting Aboriginal people, enhancing their community, growing their culture and honoring their heritage.

BADAC was established in 1979 as a cooperative to deliver health, social, welfare and community development programs to local Aboriginal people. Since then, the organization has grown considerably and now delivers a wide range of services. It is focused on prevention and early intervention, always with a client-centered approach, to ensure that members are personally engaging in the development and nurturing of their own futures. Services offered include, among others, a medical clinic, kinship care, aged care, drug and alcohol rehabilitation support, and a social and emotional wellbeing program.

The medical clinic offers a vast array of medical services including doctor consultations, health assessments, chronic disease management, diabetes and asthma education, immunization and wound care, sexual health and family planning, and is open to non-indigenous people as well.

In addition to health services, BADAC has a fundamental role of promoting the cultural heritage of aboriginal people and it develops a series of programs and projects to that end. For example, the Youth Leadership Program is establishing a networking program for Aboriginal and Torres Strait Islanders youth to meet up regularly on an evening or

weekend. Many of these youth are between 16 and 25 years-old and have been identified as being emerging leaders of the local Aboriginal community. Providing an opportunity for these youth to discuss their issues, practice cultural activities and mentor each other is an important step into strengthening the future of the Ballarat aboriginal community.

The cooperative's "Cultural Therapeutic Program" focuses on utilizing cultural activities, knowledge and "on country" experiences, to strengthen connection to land and spirit for Aboriginal and Torres Strait Islander people. The program welcomes Aboriginal and Torres Strait Islander people of all ages, gender and cultural knowledge, and provides opportunities through art



programs, yarning circles, bush camps and visits to important cultural sites for the mob to connect or reconnect to their spiritual strength.

Website: <https://www.badac.net.au/>

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CASE STUDY:



Name:	The Great Care Co-op
Type:	Worker-owned
Members:	8
Main activity:	Homecare services
Country:	Ireland

The Great Care Co-op, based in Dublin, was founded by a group of care workers who met through the Migrant Rights Centre Ireland. After many years of grassroots campaigning for rights and better pay for migrant women working in the care sector in Ireland, they decided that a worker-owned business seemed like a natural solution to the low wages, workplace exploitation and discrimination. Since 2017 they have been working together using their skills and experience of the home care sector to develop a better and fairer business.

The Great Care Co-op provides homecare service to seniors and people with disabilities such as personal care, home support and companionship, Alzheimer’s and dementia care, respite care, and palliative care, among others. This worker-owned company³², was created in 2019 and started its activity in 2020, right at the start of the Covid-19 pandemic. Its primary objective is to offer a community-based service, where the professional caregiver is in close geographic proximity to the patient.

The advent of the pandemic meant that the cooperative needed to immediately upscale its prevention and hygiene measures. Thanks to their community-based model, the cooperative managed to ensure consistency in terms of having the same caregiver

³² The Great Care Co-op is not formally a cooperative because of the negative legal and regulatory burdens to create this type of enterprise, a situation that reveals a lack of understanding about the cooperative model and the need for a cooperative-friendly policy in the country. Nevertheless, like in other jurisdictions, the company is set up in a way that follows the cooperative values and principles making it, by nature, a rightful part of the cooperative movement.

caring for the patients, mitigating the risks by limiting the spread of the virus. This proximity and personal relation with the patients also allowed to better involve their circles of support such as family and friends.



The Great Care Co-op follows an innovative self-management style known as the Buurtzorg Model of Care³³. Teams of caregivers are responsible for decisions concerning their job and have greater autonomy than in traditional hierarchical structures, which allows them to be better attuned to patients' needs (e.g., deciding on the best type of care based on the specific situation of the patient) and to improve their working conditions (e.g., setting schedules).

As a cooperative, The Great Care Co-op reinvests all its surpluses into improving the services for users, better working conditions for its staff and fulfilling its social purpose.

Website: <https://www.thegreatcarecoop.ie/>

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³³ <https://www.buurtzorg.com/>

CASE STUDY:



Name:	Lambeth GP Food Co-op
Type:	Community-owned
Members:	27
Main activity:	Food production
Country:	United Kingdom

The Lambeth GP Food Co-op is a community-led cooperative in south London, United Kingdom, that brings together doctors, nurses, patients, and other community members to cultivate food together in hospitals and in doctors’ surgeries within the British national health service (NHS).

Since 2013 the cooperative has built gardens designed to support patients with long-term health conditions to learn how to grow food and, by doing so, improve their health and wellbeing. Its aim is to make a significant contribution to improving the lives of local people living with multiple long-term conditions and the sustainability of the health and social care system. Growing food locally is also a way to sensitize people to the challenges of climate change. Food grown in these gardens is later sold and/or made available as part of the food menu of the healthcare places where it is located.

The on-going Covid-19 pandemic has created new challenges that the cooperative had to overcome. At first, the gardens had to be closed for safety reasons, but members created the “seeds for life” project, a gardening at home scheme which enabled patients managing long Covid to grow vegetables at home from packs of seeds supplied by the cooperative. Many patients who did not have a garden grew these on balconies or in kitchens. Support from trained gardening “buddies”, some of whom are nurses, is offered. This activity proved to be invaluable also to combat loneliness and isolation of many of these patients. Moving forward, as the pandemic persists but restrictions loosen, the

gardens continue to play a major role as a point of contact for more isolated communities and for patients dealing with long covid or other long-term ailments.

The cooperative remains faithful to its original idea that social enterprises, particularly cooperatives, are an ideal model to bring about change in the healthcare system and the experience in Lambeth can be replicated and adapted in other NHS locations across the country, transforming idle spaces into centers of social interaction and active citizenship through the participation in cooperatives. In fact, the



cooperative has been identified as a lead organization for green social prescribing³⁴.

True to its cooperative identity, the Lambeth GP Food Co-op's success is linked to the implementation of the cooperative values and principles. Every month, open meetings with members continue the conversation about what it means to be a cooperative and defines strategies for moving forward. The cooperative also has links to the wider cooperative movement being a member of Co-operatives UK³⁵ and of the Co-operative Councils' Innovation Network³⁶.

Website: <http://lambeth.gpfoodcoop.org.uk/>

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³⁴ Social prescribing is when health professionals refer patients to support in the community, in order to improve their health and wellbeing. The concept forms part of the NHS Long Term Plan (<https://www.longtermplan.nhs.uk/>). The process usually involves screening for non-medical needs and referrals to support services that are typically offered by community-based organizations. Source: https://en.wikipedia.org/wiki/Social_prescribing

³⁵ <https://www.uk.coop/>

³⁶ <https://www.councils.coop/>

CASE STUDY:



Name:	Pharmacists' Cooperative of Thessaloniki
Type:	Pharmacist-owned
Members:	1,200
Main activity:	Wholesale Pharmacy services
Country:	Greece

The Pharmacists' Cooperative of Thessaloniki was founded in 1932 and is commemorating its 90 years of activity. It is owned by 1,200 pharmacists, mostly from the Thessaloniki region of Greece, and employs 200 people. It is one of the largest providers of pharmacy wholesale services in the country.

The cooperative prides itself of being one of the most advanced and modern facilities in Europe, thanks to the adoption of the most modern technologies such as robotics that ensure an almost fully automated warehousing and purchasing system.

It provides joint purchasing, storage and distribution of medicines and other pharmaceutical products, including private labelled products. Its joint purchasing service illustrates one of the most typical economic advantages of cooperation, the creation of a critical mass to negotiate better terms and conditions with suppliers that the members, on their own, wouldn't be able to reach. In addition to these services, the cooperative also provides support for the management of pharmacies, training and information opportunities.

The use of innovative technologies has always been a priority for the cooperative and it has proven to be even more valuable for members during the Covid-19 pandemic. The cooperative developed and launched a mobile application that allows members to access information, search in real time, order, and view the state of delivery of the products they need. This has vastly reduced stocking needs for members and improved delivery times

for the benefit of patients. Also, the use of technology allowed to organize webinars for training and education of members on health-related issues.



The cooperative and its members' pharmacies were able to quickly adapt to the Covid-19 pandemic, putting in place health and safety protocols that have proven to be very effective, with a very low number of cases within the organization and being able to keep pharmacies open 24h/day. They have also been instrumental in offering information and assistance to people in their community by, for example, donating medical and hygiene products to vulnerable people.

Website: <https://syfathess.gr/en/home/>

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III. Conclusions and policy recommendations

This report clearly illustrates the important role that cooperatives have as a values-based alternative for the provision of a vast array of healthcare services. Cooperatives in the health sector not only offer an alternative to public and private services, but also extend the offer of services to achieve universal access to health and to alleviate the financial and administrative costs for many public health systems. This role has been acknowledged by the UN Secretary General’s Report on Cooperatives in Social Development (2021)³⁷ that states “the covid-19 pandemic has led to a sudden and massive increase in demand for health services, and health cooperatives in many countries were ready to provide support, relieving some of the pressures being faced by public health-care systems”.



The report also offers many examples of initiatives developed by cooperative to curb the effects of the pandemic. These cooperative solutions are an answer for many of the challenges facing healthcare systems around the world, not just the ones related to the pandemic. Cooperatives offer a community-based approach that is resilient and sustainable.

However, to ensure the fulfilment of their potential and to create a level-playing field, cooperatives need active policies and regulations that respect, promote, and recognize their different nature.

³⁷ <https://undocs.org/A/76/209>

Recommendations:

- Legislators and regulators should review and ensure that laws, regulations, and administrative procedures provide an enabling environment for cooperatives and should enact rules that specifically cater for their distinctive characteristics, including the possibility for cooperatives to perform any type of commercial activity.
- Governments should ensure an active policy for the promotion and development of cooperatives in general, and in the health sector specifically. This implies a concrete mandate and the allocation of the necessary human and financial resources. Policies should be prepared and implemented in consultation and collaboration with existing representative structures of the cooperative movement.
- Specific financial tools should be in place to ensure the creation and development of cooperatives, particularly at the start-up phase. For cooperatives providing public healthcare services, there should be a constant and reliable mechanism of financial compensation.
- Cooperative development policies should ensure information, training, education, and research on the cooperative model and its benefits for achieving public health objectives, including universal access to healthcare services.
- Cooperatives in the health sector should organize under representative structures to advocate for policies that respect their business model in a more coordinated and efficient way.

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