

# **World Healthcare Cooperatives**

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# World Healthcare Cooperatives: Challenges and Opportunities

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United Kingdom – North America – Japan – India – Malaysia – China

Emerald Publishing Limited  
Emerald Publishing, Floor 5, Northspring, 21-23 Wellington Street, Leeds LS1 4DL.

First edition 2024

Editorial matter and selection © 2024 K.K. Tripathy, Sneha Kumari, V.G. Venkatesh,  
R. Jayalakshmi and M.P. Sukumaran Nair.

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**British Library Cataloguing in Publication Data**

A catalogue record for this book is available from the British Library

ISBN: 978-1-80455-775-4 (Print)

ISBN: 978-1-80455-774-7 (Online)

ISBN: 978-1-80455-776-1 (Epub)



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# Introduction: World Healthcare Cooperatives: Challenges and Opportunities

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## Background

With the onset of the COVID-19 pandemic, health system management has become a critical issue for almost all nations. The global healthcare industry is one of the largest and fastest-growing service industries in the world. The respective benefits of public and private healthcare systems are continually debated, but a third way – that of healthcare cooperatives – is emerging as an alternative method for managing the well-being of the population. There is a growing demand for bringing together successful cases and models of healthcare cooperatives across the world. This book will therefore focus on the successful healthcare cooperative models from Canada, Argentina, Japan, Africa, Brazil, Columbia, Sri Lanka, and India. The contents of the book will reduce the wide gap existing between the supply and demand in the healthcare sector offering the sustainable development of the society. The book highlights the Health cooperative's capability to deliver positive outcomes through healthcare services that are sustained through the collaborative efforts of their members, with remarkable examples and models established in every corner of the world. Such cooperatives provide

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**doi:10.1108/978-1-80455-774-720231011**

hospitals and infrastructure, medical facilities, biotechnology, information technology, and all other healthcare services.

## Cooperative Values and Principles

The cooperative principle of concern for the community reflects the values of solidarity and social responsibility. Cooperatives are resilient because they are owned by people who depend on self-responsibility, democracy, equality, equity, solidarity, and self-help. The members believe in social responsibility for caring for each other (<https://www.ica.coop/en/cooperatives/cooperative>).

International Cooperative Alliance has reported that the World's top 300 cooperatives have operated in different economic sectors like insurance (39 per cent), agriculture (31.7 per cent), wholesale and retail trade (17.7 per cent), banking and financial services (7 per cent), industry and utilities (1 per cent) and health, education and social care (1 per cent) (<https://www.ica.coop/en/our-work/world-cooperative-monitor>). The Healthcare Cooperatives align with the seven principles of cooperatives.

The first principle, *voluntary and open membership*, implies that *healthcare cooperatives* are structured around voluntary membership. The second principle, *democratic member control*, emphasises monitoring and control by the members who actively participate in decision-making. The third principle of member economic participation provides equal rights to the members for developing healthcare. The healthcare cooperatives are autonomous and independently run, which justifies the fourth principle.

The cooperative members are trained and educated about healthcare management as per the fifth principle of Education, Training and Information. The members strengthen the cooperative movement by working together per the sixth principle of Cooperation among Cooperatives. The main aim of the healthcare cooperative is the sustainable development of communities by taking care of their health at reasonable and affordable rates. This justifies the seventh principle of the cooperative. Thus, healthcare cooperatives reflect the values and principles to address societal needs.

## Description

The global healthcare industry is one of the largest and fastest-growing service industries in the world. The management of the healthcare industry was a critical issue during the pandemic. The respective benefits of public and private healthcare systems are continually debated, but a third way – that of healthcare cooperatives – is emerging as an alternative method for managing the well-being of the population. Any hospital or dispensary providing health services and registered

under any cooperative act (either state or central) is termed a health cooperative. Any individual residing in the area of operation of the registered cooperative can become a member and avail of the services of the cooperative. Health cooperatives have been able to deliver positive outcomes through healthcare services that are sustained through the collaborative efforts of their members, with remarkable examples and models established in every corner of the world. Such cooperatives provide hospitals and infrastructure, medical facilities, biotechnology, information technology, and all other healthcare services. According to the estimates of the International Health Cooperative Alliance, more than 100 million households have been served worldwide by healthcare cooperatives which are now making a significant contribution to global health. Some examples follow below.

Canada serves a million people with more than 100 healthcare cooperatives. Salud Cooperative in Columbia provides 25 per cent of the population with healthcare and is the second-largest national employer. In Japan, 3 million patients are provided with healthcare through over 125 medical cooperatives spread around the country under the auspices of the Federation of Healthcare cooperatives. The Sri Lanka Healthcare cooperative has done a good job of providing healthcare services to the nation's agricultural and consumer cooperatives. Pharmacy cooperatives in Turkey have provided access to medicines at an affordable rate. AbdurRazaque Ansari Memorial Weaver's Hospital in India set up by the Chotanagpur Regional Handloom Weaver's Cooperative Society offers healthcare services of remarkable quality. Meanwhile, healthcare cooperatives emerged in Spain during the 1950s and play a significant role in the delivery of health services and pharmaceuticals at affordable prices. A similar cooperative presence is also seen in Belgium. Singapore has developed healthcare cooperative models for senior and elderly citizens. In Argentina, healthcare cooperatives provide pharmaceuticals, nursing, and primary health services. Brazilian healthcare cooperatives comprise the largest national healthcare network and have the largest medical cooperative system in the world. In Africa, healthcare cooperatives in Rwanda have set an example for the treatment of women living with AIDS and HIV.

Given the fact that private hospitals and healthcare insurance plans are expensive and out of reach for the vast majority of the populations (especially in developing countries) and many public healthcare systems and hospitals are under-resourced in many parts of the world, healthcare cooperatives have a critical role to play in rural and remote communities in providing services at an affordable cost that are managed by the members. There is a clear need for knowledge about the challenges faced by such cooperatives to be documented by academicians and successful models reported. The book will address the successive models, drivers, and challenges of healthcare cooperatives and their solutions. The sustainable healthcare cooperative models will help in addressing the lack of professional and skilled manpower, lack of knowledge of rules and regulations, which land them in compliance difficulties, and attracting the best medical professionals which is a handicap as the cooperatives cannot afford to pay on par with private hospitals and lack of support services. Therefore, the models used by healthcare cooperatives and the opportunities that they provide need to be explored. Their role in offering universal health should be understood – particularly in a time of crisis

such as the COVID-19 pandemic. This book will bring together successful healthcare cooperative models from Canada, Argentina, Spain, Japan, Africa, Brazil, Columbia, Sri Lanka, and India.

## **Theoretical and Methodological Framework**

The book presents 10 chapters. The chapters present cases of healthcare cooperatives in different parts of the country. The successful models in different countries of healthcare cooperatives will be explored. We expect a multifold theoretical contribution from this book. First, it would advance the knowledge of the dynamics of healthcare operations from an emerging economy perspective. Second, this is the pioneering compilation of exclusive chapters focusing on the cooperative healthcare system in the current volatile system. Third, the deliberations expect to trigger a new direction of research on the models and factors that contribute to the real-time case studies.

## **Impact**

Given the fact that private hospitals and healthcare insurance plans are expensive and out of reach for the vast majority of the populations (especially in developing countries) and many public healthcare systems and hospitals are under-resourced in many parts of the world, healthcare cooperatives have a critical role to play in rural and remote communities in providing services at an affordable cost that are managed by the members. There is a clear need for knowledge about the challenges faced by such cooperatives to be documented by academicians and successful models reported. This book will address the successive models, drivers, and challenges of healthcare cooperatives. The segment is driven by challenges like lack of skills, professional service, support system, and finances. Despite different challenges, there are healthcare cooperatives that have excelled and have gained a competitive advantage over private hospitals. This book will highlight the major challenges faced by the healthcare cooperatives and how the sector is managing to develop a road map to resolve them. The healthcare cooperatives in the coming years will have scope for expansion. The book can be a game-changer for countries expanding healthcare cooperatives. The book will explore the role of healthcare cooperatives in offering universal health care – particularly in a time of crisis such as the COVID-19 pandemic.

This book addresses the need for a greater understanding of the role that healthcare cooperatives play and how their role can be expanded through the adoption of successful models in different countries. All the chapters are topical. The chapters are well-balanced, covering the different aspects of health care cooperatives across the world. The book explores successful healthcare cooperative models from Canada, Argentina, Japan, Africa, Brazil, Columbia, Sri Lanka, and India. The book will have significant implications for healthcare researchers,

practitioners, and policymakers by enabling them to understand the importance and role of healthcare cooperative models.

As government hospitals continue to be inadequate in many parts of the world, cooperatives are destined to play a much bigger role in extending medical services to the public. However, there is a scarcity of research manuscripts focusing on the same. This leads to missing links in healthcare cooperatives. Therefore, there is a need for research on healthcare cooperatives. The book will act as a catalyst in filling the gaps and bringing the world healthcare cooperatives as models for raising the sector. Healthcare cooperatives fail due to a number of reasons like lack of capital incompetent management, etc. The book will help to fill the missing gap on the factors that lead to the success of healthcare cooperatives.

The book is organised into 10 chapters. A brief description of each of the chapters follows.

### 1. The Emergence of Health Co-operatives: Experiences and Way Forward.

Healthcare has made significant advances in the last century, such as the development of vaccines, the eradication of serious diseases, and large reductions in communicable disease epidemics and chronic diseases. The chapter explores the structure and performance of healthcare cooperatives in India, the factors contributing to their success and failure, and the challenges they face. The Health Cooperatives have a strong presence in Kerala and Karnataka and are also coming up in other parts of the country. However, a detailed database of them for public awareness is very limited. The cooperative hospitals can meet the basic requirements of curative treatment in rural and poorly-endowed urban areas. The democratic way of their functioning makes them a destination for a financially weaker section. They must retain this feature. The study covers two successful cases which reveal that India needs a denser healthcare cooperative network. Since cooperative hospitals in tune with the spirit of service run on the principle of being “Not-for-Profit” they need to be supported by the governments more liberally, without however interfering with their governance and administration.

### 2. Role and Importance of Cooperative Structure in Healthcare (With Regional Perspectives).

There is a renewed interest among Economists and Policymakers in striking a perfect balance between the Market, state, and the community for equitable and sustained development. Inclusive development is the need of the hour and Healthcare Cooperatives provide the perfect means to deliver that. The Cooperatives can and should have an important role to play in this scenario. However, there is an important need to provide an enabling environment for the genesis and growth of Healthcare Cooperatives in India and to learn from the best models and practices across the world. The chapter made a comparative study between the international and Indian outlooks towards cooperative healthcare societies.

### 3. Initiatives and Learnings From World Healthcare Models

The chapter highlights an overview of different types of healthcare cooperatives in developed and developing countries. The healthcare cooperative movement is an international reality to improve the healthcare system. The chapter highlights the benefit of different healthcare cooperatives in developed and developing countries. The chapter discusses the healthcare cooperative in world and their origin with suitable frameworks to allow the network to sustain healthcare in countries. The chapter also discusses the pharmacy cooperatives in Spain which aimed at pharmaceutical products and their accessibility. The healthcare cooperative aims to fill the gaps in health service delivery and improve well-being. The study highlights the case of Canada, United Kingdom, United States, Uruguay, Zimbabwe, India, Italy, Brazil, Africa, Argentina, Belgium, Australia, Colombia, France, Spain, Singapore, Sweden, Sri Lanka, Trinidad and Tobago, and Japan Healthcare Cooperatives. The structure has helped to develop special health services for people suffering from chronic diseases. The chapter highlights the enabling factors for creating successful models. The study discusses the case of Salud Healthcare cooperative in Columbia, Australia, and Japan healthcare cooperative. The approaches of different healthcare cooperatives are discussed to resolve individual healthcare needs. Japan's Federation of healthcare cooperatives is made of 111 health care needs. The chapter discusses the needs and innovative measures adopted by the healthcare cooperatives, especially in rural areas. The chapter discusses the different forms of healthcare cooperatives based on the needs. Healthcare cooperatives like worker cooperatives (Asia and Assistència Sanitària in Spain), production cooperatives (pharmaceuticals in Belgium, Spain, and Italy), multi-stakeholder cooperatives (Social cooperatives in Italy), and user cooperatives (Japan, Singapore, and Canada) have generated healthcare professionals.

### 4. Governance of Healthcare Cooperatives With reference to the Case of Thrikkakara Healthcare Cooperative

The chapter explores healthcare cooperatives emerging as an alternate system in Kerala with its strong service objective to challenge the woes of private healthcare. The cooperative hospitals in the state worked round the clock to serve the poor and needy during the devastating COVID-19 pandemic. The pandemic has also badly exposed the weakness of our healthcare system in the wake of challenges posed by an increase in demand for health services, especially in rural areas. The resultant rise in the cost of treatment has put severe strains on the people at a time when even their day to day jobs are in peril. The divers for the establishment of the largest medical cooperative in the world have been explored. India has a strong cooperative movement and world-class institutions to serve as a model in each sector. The Thrikkakara Municipal Cooperative Hospital, located at Cochin in the Kerala State of India on which this case study is written was established by the Hospital Society Ltd. in 1999, as a project of the Grama Panchayath as part of the People's Planning Programme of the Government of Kerala. The study discusses the standard design infrastructure, systems, and practices in its working

with referrals to district hospitals and other specialty centres. Centralised procurement and disposal, common service cadre for doctors, paramedical and staff training facilities and professional management are also to be thought of for their effective functioning. At a time when the national government is targeting massive privatisation of public assets built nationwide over the last 70 years and its monetisation through private sector engagement, there shall be alternative thinking on cooperatives through evidence-based advocacy and sensitisation to cooperative values and principles as a counter-strategy to maintain these assets in the public interest for future generations. Therefore, the chapter explores the responsibilities for managing cooperative institutions to ensure the competitiveness of the sector through optimised working, management training, auditing, and human resource development.

#### 5. Healthcare Cooperatives in Argentina and Their Effect on Women and the Local Communities

The chapter explores the health sector of Argentina cooperatives. The healthcare cooperative in Argentina is mainly engaged in primary health care, nursing, and pharmaceutical services. The healthcare cooperative is been revived by professionals. The chapter explores the status of healthcare cooperatives. The case also studies the examples of healthcare cooperatives in Africa. The Village Health Workers Cooperative in Africa has aimed to enhance and sustain village health by providing basic health care services to individuals in Lesotho. The study has found that health cooperatives in Argentina have aided in overcoming problems in the sector such as sectoral fragmentation, negligence, and frequently inadequate standards of care management as well as operational and implementation failures that the private and government healthcare players have been accused of being fraught by. Furthermore, the cooperatives have frequently played a complementary or supplementary role rather than a competitive one to the private and government players.

#### 6. Successful Model of Healthcare Cooperative Models: A Road Map – Abdur Razzaque Ansari Memorial (ARAM) Hospital by Handloom Weavers Jharkhand

The chapter highlights the case study of Abdur Razzaque Ansari Memorial Hospital ARAM in Ranchi, India. This is the healthcare cooperative founded by the Chotanagpur Regional Handloom Weavers Cooperative Union Ltd in 1966. The study provides detail on the medical facilities provided to the backward segments. The management, skills, and knowledge of the personnel are discussed in the chapter. The chapter also highlights the bed strength and free treatment of the weavers who are the weaker section of society. The chapter describes the Abdur Razzaque Ansari Memorial Weavers Hospital (ARAM) came into effect on 7 April 1996, and its dedication to the people of Jharkhand and weavers. To deal with the issues of inequity in healthcare services, ARAM was founded for the extension of affordable healthcare services to the needy in and around the area of Jharkhand. Taken over by Medanta group on 26 July 2015, it is the first super specialty community hospital in Eastern

India. Treating over 50,000 patients yearly with state-of-arts medical equipment, the discount provided to lower income groups, people from the weaver's community, and freedom fighters, for affordable treatment and facilities in and near Jharkhand.

#### 7. Spain Health Cooperatives: Inspiring Model for the Developing Countries

The chapter discusses the Spain Model as it serves the interests of all income brackets, not leaving the low-income population behind. Concepts like cooperative worker insurance embedded in the model can ensure that the beneficiaries receive timely and good-quality health services at an affordable price. It empowers individuals by allowing them to make small amounts of investments as premiums to secure a hopeful future for a healthy life.

#### 8. Rebuilding and Founding Healthcare Cooperatives: A Review of 'Ayushman Sahakar' Scheme in India and 'Gampaha' Cooperative in Srilanka as a Development Mechanism

The chapter describes the Gampaha Cooperative Hospital Society established on 29 September 1962. The healthcare cooperative started with 40 members. The dedicated service and the commitment of the personnel brought the high level of achievements. The chapter provides the strong governance which led to providing fringe benefits like free medical clinics, pharmaceuticals, and medical facilities at discounted rates. The chapter proposes a governance Framework mechanism as proposed by WHO for such partnerships with cooperatives that need similar outcomes. The future of these cooperatives under the scheme will need to evolve into robust mechanisms to handle the complexity of healthcare system deliveries. Resilience is developed primarily by good services, a skilled workforce, and adequate monitoring and control within the systems, moving forward towards successful Healthcare infrastructure with the economy and Indian nation. Gampaha Healthcare cooperative Hospital society has been said to have a good setup and resilient facilities, which may be taken up for a well-functioning society for the cause of medical care. The far-reaching implications are addressed for providing Healthcare is to have primary and sound secondary and tertiary health care. The second implication is to have healthcare facilities uniformly in regions for urban and rural populations so that no one is deprived of these facilities. The mechanism to have accessibility to medical facilities, especially emergency requirements, is the objective of the governance outcomes proposed as a framework. Finally, the third implication would be to have cost-effective Health Care where the burden is not on an individual and the treatment is not expensive. These reforms require time to evolve within the economic region regarding resources, skilled workforce, and accessibility.

#### 9. Ideating Healthcare Cooperatives as Parallel Progression for Health and Healthcare Services

The chapter helps to understand the roles of healthcare cooperatives like the establishment of service facilities, modernisation of existing facilities, expansion