

An excerpt from:

Better Health & Social Care: How are Co-ops & Mutuals Boosting Innovation & Access Worldwide?

An International survey of co-ops and mutuals at work in the health and social care sector (CMHSC14)

Volume 2: National Cases

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Montréal, Québec, Canada

For the research framework, the analysis of the national cases, and other research components, including a description of the research team members, refer to Volume 1: Report.

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The Bolivian constitution ensures access to universal and free health care. However, the health care system is organized into two main sectors, public and private, and does not cover the majority of the population. The public sector, i.e., the Ministry of Health, serves less than half the total population. The private sector provides services to 10% of the population and works primarily on the basis of direct out-of-pocket payments. About 30% of the population has access to health care that is offered by practitioners of traditional medicine in return for a fee.¹

Bolivian labour law, applicable to all enterprises, allows the formation of cooperatives to provide medical and pharmacy services, obligatory and free dental services, childcare (obligatory for enterprises with more than 50 employees), child health care, recreation, education, and nutrition.² Cooperative legislation also specifically mentions health cooperatives and the ability to form cooperatives to address social needs.³

Cooperatives in a variety of sectors, including health, savings and credit, agriculture, and mining, facilitate access to health care. Cooperatives have been identified that provide health care, operate clinics and pharmacies, or offer health insurance or care for members, as well as loan products to defray health costs.

The largest number of cooperatives is found in the mining sector. In 2010 it was estimated that these represented 49% of the cooperative sector, followed by agricultural, transport, service, savings and credit, cooperatives active in other areas, and finally telecommunication cooperatives (about 1% of the movement). In terms of membership, the largest cooperatives are in the service sector. The most recent membership statistics indicate that 2.28 million people in Bolivia are members of a cooperative.⁴

HEALTH COOPERATIVES

One health cooperative was identified, the Cooperativa de Salud Almed Ltda in Santa Cruz. No statistical data was found.

Case Study

Cooperativa de Salud Almed Ltda in Santa Cruz was founded in March 2003. It provides services through 73 doctors who have 39 medical specialties, including general medicine, cardiac, plastic, vascular and pediatric surgery, gynecology and obstetrics, pediatrics, oncology, neurology, otorhinolaryngology, rheumatology, radiology, traumatology, psychology, pulmonology, urology, nephrology, biochemistry, pathology, ophthalmology, orthodontic care, nutrition, nursing, and home care.

It offers preventive, curative, and rehabilitative care. It specializes in allergology, anaesthesiology gastroenterology and digestive care, cardiology, endocrinology, geriatrics, haematology and hemotherapy, medical hydrology, infectious diseases, sports, occupation, family and community medicine, internal, intensive and

preventive medicine, nephrology, pulmonology, neurology, nutrition, medical and radiation oncology, paediatrics, psychiatry, rheumatology and rehabilitation. In addition to providing health care services, it operates a clinical laboratory.

The cooperative has formed alliances with clinics and pharmacies where members are provided with access at discounted rates.⁵

SAVINGS & CREDIT COOPERATIVES

The largest savings and credit cooperative in Bolivia, **Cooperativa de Ahorro y Crédito Jesús Nazareno Ltda**, has made health care a priority since its foundation in 1964. It has provided members with health care free of charge for nearly 40 years. Shortly after its foundation, its members had access to medical consultations with health professionals in three specialties and benefited from a 50% discount on pharmaceutical products. In 1989, it established its own pharmacy. It has operated a state-recognized clinic in Santa Cruz for over 10 years where members access general medical care as well

Population (in thousands): 10,496

Population median age (years): 22.14

Population under 15 (%): 35.23

Population over 60 (%): 7.28

Total expenditure on health as a % of Gross Domestic Product: 5.8

General government expenditure on health as a % of total government expenditure: 9.5

Private expenditure on health as a % of total expenditure: 28.3

as paediatric, gynaecological, and orthodontic care at no cost. Today, it operates in total four medical centres including an infirmary and pharmacy, and serves more than 100,000 members.⁶

The Cooperativa de Ahorro y Crédito Abierta “San Martín de Porres” COSMart Ltda offers its members and their families health care through the Cooperativa de Salud Almed Ltda. In addition, it organizes health campaigns for the general public in the community of San Martín de Porres. Health professionals provide preventive care (checking sugar levels and blood pressure), provide basic health care, and undertake health promotion.⁷

OTHER COOPERATIVES

Other cooperatives facilitate or have facilitated access to health care.

For example, the multipurpose agricultural cooperative, Cooperativa Agropecuaria Integral San Juan de Yapacaní (CAISY), was founded over 50 years ago by Japanese immigrants. It provides health and accident insurance to the 103 members and employees and their families. Members can also access loans for exceptional health costs.⁸

In Oruro, the multipurpose mining cooperative, Cooperativa Multiactiva Corazón de Jesús, established a health centre. It is staffed by a doctor, an orthodontist, and two nurses to provide health care to members as a consequence of the poor treatment miners received in public health institutions.⁹

SOCIAL COOPERATIVES

Many of the social cooperatives are production cooperatives formed by vulnerable populations as a means of improving their economic and social situation. A majority of the social cooperatives identified were worker cooperatives in which employment was the key objective.

In 2005, an association to promote social cooperatives, Desarrollo de cooperativas sociales (DESCOOPSO), was founded to promote skills development and employment competencies for marginalized or vulnerable groups. Its members are five social cooperatives (production cooperatives) formed by individuals with disabilities and their families to create employment.

In addition, with the assistance of the Ministry of Labour, Employment, and Social Security, a number of new worker production cooperatives have been formed by persons with disabilities in order to provide employment. Since 2010 the Ministry has provided training in support of groups of persons with disabilities. In 2010, three new cooperatives (bakery, textile production, and handicraft) in the Oruro region were registered.

Each was founded with 30 members.¹⁰ In 2011, under the Ministry's programme to improve the productive capacity of persons with disabilities through training (Fortalecimiento con Capacitación y Producción a Personas con Discapacidad), 645 persons were offered skills and entrepreneurship training. This brought about the foundation of 11 cooperatives (handicraft, dressmaking/tailoring, bakery, and dairy processing) and three associations. The Ministry noted in 2013 that it would focus on promoting cooperatives of persons with disabilities in rural areas.¹¹

MUTUALS

Although mutuals operate in Bolivia, none of those identified provide services in the area of health.

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¹⁰ La Patria. 2010. “Gobierno coadyuva en conformación de 3 cooperativas para discapacitados.” October 16. Retrieved April 1, 2014 (<http://www.lapatriaenlinea.com/index.php/opinion/function.mysql-connect?t=gobierno-coadyuva-en-conformacion-de-3-cooperativas-para-discapacitados¬a=44905>).

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