

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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Jean-Pierre Girard

LPS Productions

205 Chemin de la Côte Sainte-Catherine, #902

Montréal, Québec H2V 2A9

Canada

info@productionslps.com

URL <http://www.productionslps.com>

HEALTH SYSTEM

Universal health coverage is available to residents through the national health care system. In 1973, the health care system underwent reform. Its administrators – the Ministry of Health and the Costa Rican Social Security Institute (Caja Costarricense de Seguro Social or CCSS) – established a model by which medical services could be contracted out to both public and private entities, including cooperatives, with the CCSS regulating the provided services and setting quality standards and evaluation mechanisms. The law (Article 3 of Law No. 5345) includes specific mention that the contracting of health services to cooperatives is to be preferred.²

According to the IVth National Cooperative Census (2012) published by the National Institute for the Promotion of Cooperatives (Instituto Nacional de Fomento Cooperativo INFOCOOP), 399,000 people now receive health care services through health cooperatives – 8.3% of the population.³ In May 2013, representatives of health cooperatives reported that they provide services to a greater number: approximately 450,000 people.⁴ The Census identified six health and social care cooperatives.⁵

However, INFOCOOP also reported that over 8.8% of the services provided by all types of cooperative contribute to health and social care activities. Savings and credit cooperatives provide loans for health care services and health insurance products. One example is COOPENAE, the largest savings and credit cooperative in Costa Rica. It not only operates an insurance arm offering health and accident insurance among other forms of insurance, but is also founder of a private insurer, Aseguradora del Istmo ADISA⁶ which currently holds 7.9% of the accident and health insurance market.⁷ Also worthy of mention is the National Salt Producers Cooperative COONAPROSAL (Cooperativa Nacional de Productores de Sal R.L.). By bringing together salt producers in the 1970s it “proved vital for implementing the salt iodization policy,” and thus contributed to improved health in the population.⁸

Some mutuals also provide loans for health care to their members or advance life insurance benefits to those with serious illnesses. There are no insurance cooperatives providing health coverage.

HEALTH COOPERATIVES

Health cooperatives emerged in 1988 due to discontent with national health care services in outpatient clinics. Cooperatives can be and are contracted by the CCSS as service providers for a set, renewable period. These cooperatives were founded in accordance with general cooperative law and are registered as per their membership model. Health and social cooperatives fall into the following categories: worker (autogestionada), consumer services (traditional), or multistakeholder (co-gestionada). They are considered a strategic arm of social security.

The role of cooperatives in the provision of health care services primarily involves being contracted by CCSS to manage clinics or other health service providers in specific geographic regions and to provide a series of health care services. Cooperatives are therefore

involved in managing primary health centres or EBAIS (Equipos Básicos de Atención Integral en Salud), as well as providing private hospital, medical care, and dentistry services. Contracted service delivery cooperatives provide health care services under the same conditions and for the same fees as the public sector does. The CCSS finances the costs. Services provided are integrated health care and include general ambulatory care and specialized medicine, emergency care, minor surgery, dentistry, pharmacy, laboratory, radiology, social care, verification of entitlement and affiliation, patient transportation, support services to physicians, mixed medical care services, and preventive primary care activities, such as vaccinations, prenatal care, etc.

Currently there are four major health cooperatives. COOPESALUD (Cooperativa Autogestionaria de Servicios Integrales

Population (in thousands): 4,805

Population median age (years): 29.29

Population under 15 (%): 23.94

Population over 60 (%): 10.15

Total expenditure on health as a % of Gross Domestic Product: 10.1

General government expenditure on health as a % of total government expenditure: 27.7

Private expenditure on health as a % of total expenditure: 25.4

de Salud RL) was established in 1987 and began operations in 1988 as a worker cooperative. It was followed by another worker cooperative, COOPESAIN (Cooperativa Autogestionaria de Servidores para la Salud Integral R.L.) in 1990. COOPESANA (Cooperativa Cogestionaria de Salud de Santa Ana R.L.) was founded in 1993 as a multistakeholder cooperative (the members being workers and other cooperative societies). Finally, COOPESIBA (Cooperativa Autogestionaria de Servicios Integrales de Salud de Barva R.L.) is a worker cooperative founded in 1999. A health cooperative consortium also exists, CONSALUD. It brings together two health cooperatives – COOPESALUD and COOPESAIN – with a third cooperative, the National Federation of Agricultural and Worker Cooperatives FECOOPA (Federación Nacional de Cooperativas Agropecuarias y de Autogestión R.L.). CONSALUD owns and manages a hospital, Hospital Cooperativo San Carlos Borromeo, which provides both primary and complementary care.⁹

Studies on the efficiency and quality of health care provided through cooperatives have confirmed that the model has been successful and financially efficient.

Health Cooperative Data

Number of cooperatives	4
Types of cooperative	3 Producer – 1 MS
Number of members	N/A
Number of employees ¹⁰	Total: 1,017 (Data for all cooperatives not available. See Table 1, p. 49.)
Users	399,000 ¹¹ (2012) to 450,000 ¹² (2013)
Installations	175 care centres and 4 clinics/hospitals ¹³ (2013)
Services offered (2008) ¹⁴	Orthodontia 80% Medical laboratories and diagnostic services 80% Medical care installations 80% Medical services 60% Private hospitals 20% Pharmacy 20%
Annual turnover	N/A
Source of revenue	Transfers and other

Case Study

Over 20 years in operation, **Cooperativa Cogestionaria de Salud de Santa Ana** (COOPESANA R.L.) is a multistakeholder cooperative. Its members are health professionals and technicians working with the cooperative, as well as users organized in 11 community groups,

including the municipal government. COOPESANA was established in July 1992 and began operations in August 1993.

The cooperative was founded to make health care in the area of Santa Ana more accessible, in particular to persons with modest incomes, to reduce travel time, and to address the problems of long wait times at the nearest clinics. It was initially contracted to provide health services to 11 EBAIS in the Santa Ana area, serving approximately 40,000 people. Its initial services included primary care, emergency services, orthodontia, social services, gynaecology, paediatrics, and internal medicine. In 2002 the cooperative expanded its area of coverage to include the regions of San Francisco de Dos Ríos and San Antonio de Desamparados with eight additional EBAIS serving more than 30,000 people. In 2011 it won a competitive bid to provide services to the region of Escazú, adding 16 EBAIS serving 60,000 people. Today, it has contracts to provide health and social services to 35 EBAIS serving over 143,000 people.¹⁵

COOPESANA offers integrated health services – internal medicine, emergency medical attention, psychiatric and orthodontic care, laboratory and pharmacy services, social services, home care, nutritional guidance, nursing care, physical therapy, and others.

Unlike the other health cooperatives, COOPESANA R.L. owns its buildings and equipment. The others lease them from CCSS.

In 2011, COOPESANA reported that it had invested over \$2.7 million USD (over 1,421,000,000 CRC) in the Cantón of Santa Ana since operations began in 1993.¹⁶

SOCIAL COOPERATIVES

Cooperative social care is essentially provided by health cooperatives with a few other cooperatives which focus on a specific target group or service. The review of cooperatives active in social care revealed that Costa Rica has five cooperatives formed by and for people with physical and mental disabilities, namely COOPEPAD (Cooperativa Autogestionaria de Personas Activas con Discapacidad R.L.), COOPECIVEL (Cooperativa Nacional de Ciegos y Discapacitados Vendedores de Lotería y Servicios Múltiples R.L.), COOPRESCO (Cooperativa Prevocacional al Servicio de la Comunidad R.L.), COOPESI (Cooperativa de Servicios Múltiples de los usuarios/as de los servicios del Hospital Nacional Psiquiátrico R.L.), and Coopesuperación (Cooperativa Autogestionaria de Personas con Discapacidad Física Permanente R.L.).¹⁷ These cooperatives provide employment opportunities to people with disabilities as a means of facilitating social integration or reinsertion in society through employment, training, and counselling. They take

the form of worker and service cooperatives and are active in recycling, the sale of lottery tickets, small livestock breeding, handicraft, garden nurseries, fertilizer production, hydroponics, and providing staff for a telephone helpline.

Other cooperatives identified offer ambulance and pre- and post-hospital transport services, home care and family care services (Cooperativa de Servicios en Asistencia Emergencias Medicas Cooperativas R.L., COOPEASEMEC). There is also a daycare cooperative set up by employees of the State-owned holding company of electric energy generation and telephony (Cooperativa de Servicios de Guardería de los Empleados del Grupo ICE COOPESEICE R.L.).

The data collected refers only to those cooperatives specifically cited. Since INFOCOOP reported that 8.8% of all cooperatives provide health and social care services, it is likely that other cooperatives whose primary functions are not health and social care are also active in this service area. Similarly, it is likely that social care is one of the services provided by some of the multiservice cooperatives.

Social Cooperative Data

Number of cooperatives	7
Types of cooperative	4 Producer, 3 User
Number of members	N/A
Number of employees	N/A (See Table 2, p. 49.)
Users	N/A
Installations	175 care centres and 4 clinics/hospitals ¹⁸ (2013)
Services offered	Illness prevention, wellness and health promotion, treatment and cure, rehabilitation
Annual turnover	N/A
Source of revenue	N/A

Case Study

Patients of the National Psychiatric Hospital formed their own cooperative in 2012 for an inclusive development of people with

mental disabilities. Registered as multiservice cooperative, COOPESI engages in occupational therapy and forms part of a day hospital rehabilitation programme that promotes comprehensive care for people with mental illness. Its main function is to provide training, counselling, and skills development to enable members to become economically active.

Members are those who, following successful treatment, are ready to reintegrate into society. With an initial membership of 51, today the cooperative counts 62 members who suffer from schizophrenia, affective disorders, or organic psychosis. Of these, 48% are over 40 years of age, 64% are literate, 47% have secondary education, and 47% live in shelters and with family. They are united under the motto of “sí se puede” or “yes, we can.”

The cooperative was established to address the lack of opportunities for patients once their treatments are completed. The cooperative provides both microentrepreneurship training and continued support with an interdisciplinary team of professionals in psychiatry, psychology, social work, pharmacy, health care, occupational therapy, and nursing. The initial focus of occupational workshops will be on growing and selling ornamental plants, hydroponic vegetables, organic fertilizer production, and butterflies.¹⁹

MUTUALS

A number of mutuals in Costa Rica provide financial products for individuals and enterprises: savings and loans, a series of insurance products (life, accident, funeral, home, etc.), and/or pension plans. Of those identified, the **Sociedad de Seguros de Vida del Magisterio Nacional**, which provides insurance coverage to 25% of the Costa Rican population,²⁰ provides the following: health loans; payments of 50% of life insurance policies to members diagnosed with serious illness; and access to subsidies to members who are dealing with specific long-term illnesses, such as Alzheimer's, AIDS, arthritis, cancer, diabetes, epilepsy, glaucoma, heart disease, lupus, paraplegia, Parkinsonism, etc.²¹

Table 1: Health Cooperatives

Name of cooperative	COOPSALUD ²²	COOPESIBA	COOPESAIN ²³	COOPESANA ²⁴
Type				
User				
Producer	X	X	X	
Multistakeholder				X
Members	300			42 worker members and 11 associations ²⁵
Employees	365	162	170 ²⁶	320
Doctors	91 ²⁷	31		
Nurses		22		
Other Health Prof	295	59		
Others	55	50		
Users ²⁸	174,257	61,553	48,158	143,000
Installations	2 private clinics+1 hospital + ?EBAIS	15 EBAIS	12 EBAIS	35 EBAIS
Types of service				
Illness & accident prevention	X	X	X	X
Wellness & health promotion	X	X	X	X
Treatment and cure	X	X	X	X
Rehabilitation	X	X	X	X

Table 2: Social Cooperatives

Name of cooperative	COOPEASEMEC ²⁹	COOPESI ³⁰	Coopesuperacion ³¹	COOPRESCO ³²	COOPECIVEL ³³
Type					
User				X	
Producer	X	X	X		X
Multistakeholder					
Members	5	62	67	29	60
Employees					
Doctors					
Nurses					
Other Health Prof					
Others	5				
Users					
Facilities		1			
Types of service					
Illness & accident prevention	X				
Wellness & health promotion	X	X			
Treatment and cure	X				
Rehabilitation		X	X	X	X

SOURCES

- ¹ Special thanks to Manuel Mariño Director, ICA Americas for providing comments on the draft report.
- ² Lisulo, Angela S. 2003. *Background Paper Costa Rica: Health Policies*. World Bank. Retrieved February 3, 2014 (http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2011/02/07/000356161_20110207035159/Rendered/PDF/280070WPOREPLA1410010Box3601PUBLIC1.pdf).
- ³ Programa Estado de la Nación. 2012. *IV Censo Nacional Cooperativo 2012*. Instituto Nacional de Fomento Cooperativo (INFOCOOP). Retrieved February 3, 2014 (http://www.infocoop.go.cr/cooperativismo/estadistica/censo_cooperativo_2012.pdf).
- ⁴ Ruta Cooperativa TV. 2013. "Ruta Cooperativa TV 008 (Cooperativas de salud)." YouTube Website. Retrieved February 4, 2014 (https://www.youtube.com/watch?v=ZmBpgY_aq4Y).
- ⁵ Programa Estado de la Nación 2012.
- ⁶ Aseguradora del Istmo. 2014. "¿Quiénes somos?" Webpage. Retrieved February 4, 2014 (<http://www.adisa.cr/conozcanos.php>).
- ⁷ Superintendencia de Seguros, República de Costa Rica. 2013. *Costa Rica: Boletín sobre el Sector Seguros Noviembre 2013*. Retrieved March 30, 2014 (http://www.sugese.fi.cr/estadisticas/2013/Noviembre/Boletin_Nov2013.pdf).
- ⁸ United Nations Children's Fund. 2013. *Iodizing Salt: a Health Policy. The Costa Rican Experience*. Retrieved February 2, 2014 (http://www.unicef.org/costarica/docs/cr_pub_Iodazing_Salt_Costa_Rica-summary.pdf). P. 16.
- ⁹ Hospital Cooperativo San Carlos Borromeo. 2014. "¿Quiénes somos?" Webpage. Retrieved February 6, 2014 (<http://hospitalcooperativo.com/conozcanos>).
- ¹⁰ Personal calculations based on information reported on websites.
- ¹¹ Programa Estado de la Nación 2012.
- ¹² Ruta Cooperativa TV 2013.
- ¹³ Álvarez, Carlos Fernando. 2013. "Cooperativas de médicos del Caribe, Centro y Sudamérica intercambian experiencias en Nicaragua." *El 19*, May 15. Retrieved February 6, 2014 (<http://www.el19digital.com/index.php/noticias/ver/9337/cooperativas-de-medicos-del-caribe-centro-y-sudamerica-intercambian-experiencias-en-nicaragua>).
- ¹⁴ Instituto Nacional de Fomento Cooperativo. 2008. *III Censo Nacional Cooperativo Año 2008: Estado del Cooperativismo en Costa Rica*. Retrieved February 5, 2014 (http://www.aciamericas.coop/IMG/pdf/censo_cr.pdf).
- ¹⁵ Cooperativa Cogestionaria de Salud de Santa Ana. 2014. "¿Quiénes somos?" Webpage. Retrieved February 5, 2014 (http://www.coopesana.com/inicio/index.php?option=com_content&view=article&id=147:quienes-somos-articulo&catid=134:principal&Itemid=528).
- ¹⁶ Consejo Municipal de Santa Ana. 2011. "Acta de la Sesión Ordinaria N° 50 celebrada por el Consejo Municipal de Santa Ana, 12 de abril de 2011." Retrieved February 6, 2014 (http://www.santaana.go.cr/index.php?option=com_edocman&task=document.viewdoc&id=285&Itemid=227). P. 9.
- ¹⁷ Ministry of Work and Social Security of Costa Rica. 2012. *National Plan for Vocational Integration of People with Disabilities in Costa Rica*. Retrieved February 1, 2014 (<http://www.undp.org/content/dam/undp/library/MDG/MDG%20Acceleration%20Framework/MAF%20Reports/LAC/Costa%20Rica%20-%20ENGLISH%20-%20WEB.pdf>).
- ¹⁸ Álvarez 2013.
- ¹⁹ Castro Mora, Ana Gabriela. 2013. "Pacientes del Hospital Psiquiátrico forman su propia cooperativa." Caja Costarricense de Seguro Social. Webpage. Retrieved February 3, 2014 (<http://www.ccss.sa.cr/noticias/index/14-779-pacientes-del-hospital-psiquiatrico-forman-su-propia-cooperativa>).
- ²⁰ International Co-operative Alliance. "SSVMN Dominates Insurance in Costa Rica." Webpage. Retrieved February 3, 2014 (<http://ica.coop/en/media/co-operative-stories/ssvmn-dominates-insurance-costa-rica>).
- ²¹ Sociedad de Seguros de Vida del Magisterio Nacional. 2014. "Credito salud." Webpage. Retrieved February 5, 2014 (http://www.segurosdelmagisterio.com/credito_salud.htm); and "Subsidios." Webpage. Retrieved February 5, 2014 (<http://www.segurosdelmagisterio.com/subsidios.htm>).
- ²² Cooperativa Autogestionaria de Servicios Integrales de Salud. 2014. Website. Retrieved February 5, 2014 (<http://www.coopesalud.org>).
- ²³ Cooperativa Autogestionaria de Servidores para la Salud Integral. "Análisis de situación de salud clínica integrada de Tibás 2009." Webpage. Retrieved February 4, 2014 (http://www.coopesain.sa.cr/inicio/index.php?option=com_phocadownload&view=category&download=4:asis-2009-tibas&id=1:documentos&Itemid=546).
- ²⁴ Cooperativa Cogestionaria de Salud de Santa Ana 2014.
- ²⁵ Consejo Municipal de Santa Ana. 2010. "Acta de la Sesión Ordinaria N° 18 celebrada por el Concejo Municipal de Santa Ana, del 31 de agosto de 2010." Retrieved February 7, 2014 (http://www.santaana.go.cr/index.php?option=com_edocman&task=document.viewdoc&id=335&Itemid=227). P. 4.
- ²⁶ Villalobos Amador, Francisco. 2010. "Foro Cooperativas de Salud: Las cooperativas de salud ante los cambios Ambientales. Consorcio de Cooperativas de Salud R.L. CONSALUD". Presentation to XVII Conferencia Regional de ICA-Américas: November 22-26. Retrieved February 5, 2014 (<http://www.aciamericas.coop/IMG/pdf/FVillalobos.pdf>).
- ²⁷ Doctors and nurses.
- ²⁸ Potential users – area of coverage.
- ²⁹ ONGinfo. 2014. "COOPEASEMEC." Webpage. Retrieved February 4, 2014 (<http://ong.tupatrocio.com/coopeasemec-ri-info-4179.html>).
- ³⁰ Castro Mora 2013.
- ³¹ Mvasquezca. 2011. "Nuestra Historia." *Coopesuperacion*. Blog. Retrieved February 4, 2014 (<http://coopesuperacion.blog.com>).
- ³² Ministry of Work and Social Security of Costa Rica 2012.
- ³³ Ministry of Work and Social Security of Costa Rica 2012.