
Co-operative Hospitals For Universal Health Coverage

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India's cooperative movement is the world's largest and covers almost 98 percent of rural India, with its over 8.50 lakh co-operative societies having cumulative membership of about 290 million. India currently is the fifth largest economy in the world with a GDP of 2.9 trillion USD and population of 1.4 billion people, 65 percent of which is in the working age (15 to 65) group. The national economy was growing at an annual rate of 7-8 percent before the onset of the pandemic Covid-19 in early 2020. The growth rate got drastically slowed down by mid-2020 and of late, along with the retreat of the disease, the economy is picking up. Around 55 percent the country's GDP comes from services which is also a major investment avenue especially after the globalization of the national economy.

India's public spending on health as a percentage of GDP, at just 1.29 percent compares poorly with the 38 member Organisation for Economic Co-operation and Development (OECD) average of close to 9 percent. Govt of India in its 11th five-year plan introduced a seven year National Rural Health Mission (NHRM) with an objective to address the problems of rural primary health care. The government is also committed increase its healthcare spends to 2.5 percent of GDP by 2025. The pandemic exposed vulnerability of our healthcare systems in a big way. The Indian healthcare sector consists of institutions run by government, private, co-operative and charity/missions. Central and state governments, even though are the major stakeholders, are pressed hard for infrastructure, equipment and manpower. There are certain inherent bottlenecks associated with of each of the above sectors.

The wide gap existing between the supply and demand in the healthcare sector, offer the private sector a lucrative investment opportunity. The intent is to build star class facilities to woo the rich rather than playing a significant role in bridging the gap in healthcare availability. Therefore, the challenge of providing affordable care to a large section of the population, fall entirely on the government and co-operatives.

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Under the constitution, healthcare is a responsibility both of the Central and State Govts. In the matter of nationwide coverage of both hardware and software capabilities government hospitals are deficient in several areas. The private hospitals are unaffordable to the general public.

The segment of private corporate hospitals with state of art medical systems and capabilities are not within the reach of even 2 percent of the population. Charity or mission hospitals established by religious sects, industry houses, private trusts held by erstwhile local rulers etc. are a few compared to the demand of the people. Moreover, no such endeavours are forthcoming now-a- days. Here comes the role of co-operative institutions in the healthcare sector to augment govt facilities and widen its coverage. There are several such institutions already operating and new ones are also coming up especially after the incidence of the recent pandemic. At the national level, though there are world class co-operative institutions in the manufacturing, agriculture like IFFCO, KRIBHCO, AMUL, SEWA etc, the service sector is yet to capitalize the potential of the co-operatives.

Co-operatives are, generally set up to work for the welfare of its members. The group achieve a shared benefit which its members individually are not capable of accomplishing. Contrary to the above, healthcare co-operatives are set up specifically to increase the accessibility of health services to poor and marginal communities, thus significantly increasing access to health inequalities in the community. Thus, health co-operatives provide poorer stakeholders or the entire community with state of art medical support at affordable costs. The competitive advantage of the co-operative movement is that the primary goal is the security of its members rather than instant economic gains. In other words, healthcare cooperatives are formed and operated not to maximize profit for investors, but to address the healthcare needs of the community at large. They observe an open policy and ensure greater participation among members through medical camps and conducting awareness campaigns on disease prevention, practicing healthy life styles, nutrition and balanced diets, exercising and mental wellbeing. These cooperatives are often supported by the local community, local self-governments, public institutions and caring individuals.

Kerala has a distinct place in the co-operative movement of the country. The Decentralized People Planning Program (Janakeeyasuthranam) of the government instituted in 1996 gave a real boost to co-op ventures in the state. Hospital (Thrikakkara Municipal Co-operative Hospital Society Ltd) was established in 1999 as a part of the above program in Cochin and now

developed into a medium scale facility with all attendant facilities for an average intake of around 600 patients every day.

Taking a cue from Kerala's success with cooperative-run healthcare, the Union government announced the scheme under which the National Cooperative Development Corporation (NCDC) will extend term-loans to talling Rs 10,000 crore to cooperatives to set up healthcare infrastructure in rural areas. This scheme aligns itself with the focus of the National Health Policy 2017, covering the health systems in all their dimensions-investments in health, organization of healthcare services, access to technologies, development of human resources, encouragement of medical pluralism, affordable health care to farmers etc.

Our constitution does not explicitly guarantee a fundamental right to health for citizens. However, there are multiple references in the constitution to public health and on the role of the State in the provision of healthcare to citizens. The COVID-19 experience has also demonstrated the importance of a decentralized / polycentric response. India's co-operative federalism, therefore, must be strengthened. It is a time, the country declare the right to health a fundamental right. Strong health laws will help build societal resilience to future pandemics and public health emergencies.

As government hospitals will continue to be inadequate, the co-operatives are destined to play a much bigger role in extending medical services to the public. More such institutions are to be established to the extent of at least one in every Municipality or Panchayath. There shall be a standard design infrastructure, systems and practices in its working with referrals to district hospitals and other speciality centres. Centralized procurement and disposal, common service cadre for doctors, paramedical and staff training facilities and a professional management are also shall be thought of for their effective functioning.

At a time when the national government is targeting massive privatization of public assets built nationwide over the last seventy years and its monetization through private sector engagement, there shall be an alternative thinking on cooperatives through evidence-based advocacy and sensitization to cooperative values and principles as a counter strategy to maintain these assets in public interest for future generations. Therefore, those responsible for managing co-operative institutions shall ensure competitiveness of the sector through optimized working, management training, auditing and human resource development.

