

Carles Torner

“The IHCO’s mission is to provide an international backbone for health co-operatives”

Interview with Doctor Guisado, Director of Clínica Moncloa, Chairperson of the International Health Co-operative Organisation (IHCO) Europe, President of the International Co-operative Alliance (ICA).

Why has the Espriu Foundation had a clear international vocation from the very outset?

The Chairmen of the Espriu Foundation, both Doctor Espriu and then Doctor Carreño, had a global vision of co-operation and the foundation's mission in the co-operative era, in which an international dimension was a priority. However, that drive was also provided by a great ambassador of Espriuan health co-operation, the untiring Doctor Mussons. He encouraged Doctor Espriu to open up channels in the International Co-operative Alliance (ICA) and to establish contacts with many countries. Health co-operation could not be limited to Spanish territory. From the very outset the foundation realised that it could learn a lot from other experiences shared in an international organisation like the ICA. Then came the surprise: although it was true that we could learn a lot, we were strongly encouraged to give, speak and intervene. We were almost forced by others to play an active role. When the first meeting of the interim committee was held, whose mission was to create what later became the International Health Co-operative Organisation, we were very clearly asked to work on the front line. The promoters of the idea of creating a specific section for health co-operation within the large network of international co-operation wanted to have our thoughts on and experience of Espriuan health co-operation from the very beginning.

What are the main challenges that you have to face up to as the current Chairperson of IHCO Europe?

Since it was founded in 1996, the IHCO has been one of the fastest developing organisations of the International Co-operative Alliance. So much so that the necessary organisation was created for coordination on an intercontinental and international scale almost before international health co-operation could be organised from a conceptual viewpoint. For that reason, the first challenge in Europe is the diversity of healthcare frameworks in different countries. By diversity I am referring to legislation, accumulated experience and organisational



Josep M. Ferrero

Doctor Carlos Guisado, IHCO's president.

models. And the environment in which a health co-operative develops is fundamentally diverse. Because European healthcare systems are not all the same, they are not comparable to each other, they do not have the same infrastructures or offer the same services. Furthermore, socio-economic differences make the spectrum of colours even greater. So, the type of articulation of the co-operative movement must place emphasis on solidarity within that diversity of experiences. The ICA's philosophy is to try and help those most in need.

Given those healthcare differences, what situation is the IHCO's action unit in?

That is the paradox of our work: health co-operation is developing in countries whose healthcare environments are difficult and in very developed countries at one and the same time. That contradicts the idea that health co-operation is only the first stage of health system development. No: the co-operative healthcare model is

viable and sustainable in countries with elementary economies and minimal social development and in highly sociologically and economically advanced societies like the Spanish one. Or even the Swedish one, which has been considered as an international model of the healthcare environment, yet is now turning to co-operation, to our health co-operation, as a valid alternative. To say it like the Swedes, they see it as one of the most valid forms of healthcare organisation.

Is there any type of European project?

There is a second difficulty when it comes to coordination: communication difficulties. In that sense the image that the Internet gives is deceiving. You can spend several days trying to communicate with an Eastern country without any success. For example, with Russia it is very hard to keep up to date and know if they have received our correspondence on time and if we have received theirs. Things need to be based on one fact: Europe is just beginning. It is a changing reality that is laying its foundations. The process of change is major. That process gives rise to new initiatives while it embroils other components. But, above all, we need to realise that we are at the beginning. IHCO Europe forms part of that process, of those beginnings.

How does the IHCO respond to the dismantling of State healthcare systems in Eastern Europe?

We have seen that those systems were terribly paternalistic. So much so that the thing that has surprised us most is the lack of real knowledge of the population's healthcare demands and needs. People did not have the chance to exercise their rights as citizens and be taken into account as users of the healthcare systems. At the same time, despite the fact that they are apparently countries with a great co-operative culture, it is actually a culture of State co-operative systems, in which the State intervenes and which the State dominates. Co-operatives did not observe criteria of democracy and freedom. In addition to such a difficult legacy, these countries are experiencing very rapid change that is never in synch. There are surprising changes at community level: a massive proliferation of mobile telephones as compared to an absence of basic services. As far as healthcare is concerned, there are large advanced organ transplant systems alongside a non-existent basic knowledge of primary healthcare. The cultural aspect needs to be added to all of that: their concept of health is different to Western health culture. Take the prime role that spas play in it, for example. On a different level, I have made the same effort to understand things in Russia as I have in Japan, where the most technologically advanced medicine runs

alongside traditional Japanese medicine. That causes delays in their seeking primary healthcare because it goes against their traditions.

What relationship has the Espriu Foundation had with Latin America?

Our links with Latin America are clear to see: language, culture and Spain as a point of reference. Spain is also a point of reference for healthcare systems, because the level of Spanish healthcare is very high. We have made many visits and delegations from various countries come to see us often. It is a very pleasant job, because a relationship of trust is established very quickly for both parties. When Doctor Carreño was Chairperson of IHCO Europe, and therefore International Vice-Chairperson, he strongly emphasised that solidarity should be one of the core



Josep M. Ferrer

Doctor Guisado and Doctor Porres, Chairperson and Secretary of IHCO Europe, respectively.

features of our international action. Anyone who has had the chance to experience our health co-operation really appreciates the fact that there is a great deal of coherence between the objectives and the achievements: they see that it is true, and they appreciate it. The Espriu Foundation has done work very consistently in that sense: there was a great approach to health co-operatives in Colombia, Chile, with experiences in Argentina too, and Venezuela. And there was a major approach to Brazilian health co-operation, especially since very significant people from Unimed do Brasil drew on the experience of Espriuan co-operation from the very beginning.

What has surprised you most about all these international contacts?

It has made me realise what we are actually doing here. It is surprising to find that Espriuan health co-operation and Doctor Espriu himself are well known in Canada and Sweden, countries where co-operatives form part of the basic social fabric. The Espriu Foundation was already known about even before we stepped into the international arena and joined the International Co-operative Alliance. It was a surprise: we took the first step and were enthusiastically welcomed. But there is one thing I should qualify: at times it seemed that Doctor Espriu and his discourse was better known than his work in the base co-operatives. People often latch on to ideas but find it hard to actually believe them. That is why the visits are so important. It was one of the first steps of IHCO Europe: everyone wanted to come and see it.

What specific projects is the Espriu Foundation involved in?

Solidarity, as the foundation of society, is one of our profound convictions. That goes to explain the altruism of the Espriu Foundation. In a very competitive international market framework, and without renouncing such competition, we have been able to maintain the importance of our values. The Espriu Foundation has always worked free of charge on an international scale. That has led us to get wholly involved in the Beitsahul health co-operative project, for example. They have had first hand experience of recent bombings. It is a very interesting case of a co-operative that is not religion-based. It is both politically and culturally diverse. It is formed by people who realise that there are shortcomings in the healthcare they receive. So they organise themselves into a user co-operative to deal with their health needs. They understood that the Espriu Foundation and its base co-operatives were not looking for any benefit from the relationship with them, apart from the satisfaction of helping them improve their work. We have given them technical support, management analysis and project set-up support to create their healthcare infrastructures there, including one co-operative hospital. And, above all, we have acted as observers of this co-operative for European and WHO instances. It should be noted that we co-operate in its development bearing in mind that it is older than us.

What is the most striking thing about Espriuan health co-operation in other countries?

Its validity for the different stages of social and economic evolution. The most developed region of Sweden, Skåne, is considering reorganising its public health system on the basis of the Espriu Foundation model. The question they asked themselves in the Skåne Public Health Board was

literally this: we have a system that has worked for us, about which we know the pros and cons, but what if we had to start from scratch, would we do it the same way? What would we change? To answer the question, they turned towards us. I was there with some ASC colleagues and economists to explain our system from a technical viewpoint. And that included aspects that can be improved, because undoubtedly there are defects. Our visit made the Swedish delegation come to Barcelona and Madrid: to firm up discussions and because they wanted to see it to believe it. So we have Sweden on the one hand, and on the other we ended up talking about Palestine: at the two extremes of economic evolution, for co-operative awareness, the validity of the Espriuan model of integral health co-operation is one and the same.

Being now the President of the IHCO, what initiatives would you like to promote?

We are coming out of a critical time, from which I think an international reformulation of the IHCO is going to arise. In line with the spirit of solidarity and collaboration, we need to go back to the associate members of the IHCO and study their needs. On the basis of that study we will be able to see how we can contribute to and how we can help with common needs. Because we are promoting a healthcare system based on co-operation. The IHCO as a whole must be based on mutual aid. In this context, the Espriu Foundation will be able to offer a lot: providing information, giving technical advice, offering a model of healthcare based on co-operation between the protagonists of the medical act, the physician and the patient. Without ignoring other international trends. And, in that phase, we will have to deal with the requests we receive from the UN, particularly the WHO and the ILO, for whom we are non-governmental organisations with a consultative statute. We need to make ourselves known better in these international institutions. Always on the unquestionable basis that the co-operative system, and particularly the co-operative healthcare system, is one of the most common ones in the world. There are more co-operative organisations in the healthcare sector than organisations of any other type. Without going any further, recently we established contacts with a co-operative in Benin. Our job, the huge job we have hardly started, is to try and provide a backbone for the many different organisations in order to contribute to the sustainability of all the health co-operatives. From that viewpoint our collaboration with specialist organisations of the UN makes sense, to ensure that governments do not forget about the crucial role that health co-operation plays in each society at both healthcare and employment levels. **F**