

ISSUE 114  
2019  
APRIL

# compartir.

ESPRIU FOUNDATION

THE MAGAZINE OF HEALTHCARE CO-OPERATIVISM

## 30th Anniversary of the Espriu Foundation



### HEALTH

Starting dialysis

### CO-OPERATIVISM

Espriu Foundation contribution  
to UN 2030 Agenda

### CULTURE

*Roma*, by Alfonso Cuarón



**Medicine is  
what we live to do,  
not just what  
we do for a living.**

Health insurance  
run by doctors.

 **Assistència Sanitària**

Call us on 93 495 44 61  
or visit [www.asc.cat](http://www.asc.cat)



PARTNER MÈDIC OFICIAL  
FCBARCELONA

# summary.

## issue 113

april, may and june de 2019

5

### editorial.

Be even more visible

6

### health.

- 6 How to prevent drowning. Dr. Adolf Cassan
- 8 ASISA Dental oral and maxillofacial surgery units. Meritxell Tizón
- 10 Chronic renal disease. Dolors Borau
- 15 Blueberries: anti-inflammatory and tonic effects. Núria Jané and Dra. Montserrat Montraveta

16

### health co-operativism.

- 17 Barcelona Hospital renovates its surgery block
- 19 Assistència Sanitària creates quick response medical list in 20 specialisms
- 21 ASISA closes 2018 with highest premium turnover ever
- 25 HLA Moncloa Hospital launches Oncology Patients School
- 27 UCM School of Co-operative Studies honours Espriu Foundation
- 29 Espriu Foundation, third-largest corporate group in Spain's social economy

33

### monograph.

- 34 Interview with Espriu Foundation President Teresa Basurte: "The Espriu Foundation represents the health co-operative movement at both the national and international levels". Carles Torner
- 37 A valuable instrument in promoting health co-operatives. R. C.
- 40 Interview with CEPES President Juan Antonio Pedreño: "The Espriu Foundation has made the health co-operative movement a social value". J. P. & P. H.
- 43 30 years of co-operatives in the service of social medicine. Jose Pérez
- 45 Interview with Simel Esim, Director of the ILO Co-operatives Unit: "The potential of health cooperatives is still largely untapped". R. C.

49

### culture.

- 49 Pause
- 50 Film criticism: Roma
- 52 The World Spins Round: Stealthily by night
- 56 Remembering Salvador Espriu





## compartir.

**Quarterly magazine.  
Third stage.**

**Issue**

# 114

**april, may and june 2019**

**Health co-operatives magazine**

compartir@fundacionespriu.coop

**Executive Board:**

Teresa Basurte, president of Espriu Foundation & SCIAS

Dr. Ignacio Orce, president of Autogestió Sanitària & Assistència Sanitària

Dr Enrique de Porres, CEO of Asisa-Lavinia

Dr Oriol Gras, Trustee of the Espriu Foundation

Dr Carlos Zarco, CEO and Trustee of the Espriu Foundation

**Executive Editor:** Carles Torner Pifarré

**Editor-in-Chief:** Paz Hernández

**Design and page layout:** ec.lluch

**Coordinator of the "Around the World" section**

Dr. Manuel Viola

**Editorial Team:** ILUNION Comunicación Social

**Proofreading and translation:** Núria Sàbat (catalan and castilian) Jason Garner (english)

**Printing:** ILUNION Retail y Comercialización

**Contributors to this edition:** Teresa Basurte, Dr. Adolf Cassan, Meritxell Tizón, Dolors Borau, Núria Jané, Dra. Montserrat Montraveta, Dr. Francisco Iborra, Dr. Enrique Porres, Dr. Ignacio Orce, Dr. Carlos Zarco, Montserrat Caballé i Domènech, José Pérez, David Fernández, Oriol Conesa, Rafael Olea, Enric Sòria, Jordi Virallonga, Sam Abrams and Paz Hernández.

**Photography and illustration:** Keith Adams, Dr. Manuel Viola, Rocío Jurado, Alberto Morales, Jordi Negret, Jeremy-bishop, Joma and Bruna Valls.

**Registered publication:** B-33773-2005

**Fundació Espriu**

Av. de Josep Tarradellas, 123-127, 4a planta  
08029 Barcelona.

Juan Ignacio Luca de Tena, 12, 3<sup>a</sup>.  
28027 Madrid

NIF: G-59117887

Tel.: 93 495 44 90

fundacionespriu@fundacionespriu.coop

www.fundacionespriu.coop

Founded in 1989, the Espriu Foundation is made up of organisations that follow the co-operative healthcare model created by Dr Josep Espriu. These organisations are: Autogestió Sanitària, Scias, Lavinia and Asisa, which together form Grup Assistència and Grup ASISA



Autogestió Sanitària

Lavinia, S. Coop.



asisa+



## Ageing and pensions

I agree on the need to reflect on ageing and its consequences, as seen in issue 113 of **compartir**. Congratulations. Let us see whether politicians take on board any of these ideas to resolve the problem facing society, above all with retirement pensions.

If you will allow me, I would like to set out what I think the State should do. In my opinion, there are two options. One is to do nothing and continue the way things are, albeit with a commitment from the State to meet the deficit from the budget, or otherwise to pursue a completely new solution that would respect two basic and irrevocable principles: index-linking of pensions each year to the CPI, which simply serves to fulfil the requirements of the Constitution, and to keep the retirement age at 65.

The fact that life expectancy is increasing does not mean that people's skills and capacities will remain intact. As the years pass, people experience both mental and physical limitations, while lengthening the working life of older people makes it more difficult for young people to find a job, in a world where rapid technological changes are reducing their employment opportunities.

The State cannot renege on its obligation to protect the retired, and must accept that pensions have to be a priority item of expenditure in the national budget, not only to make up the shortfall in the system, but to improve them so as to ensure that the minimum pension fulfils more than simply basic needs. One other important recommendation is not to create special taxes to finance this expenditure, since tying pensions to a particular tax means acknowledging that pensions rely on sponsors, some kind of patronage, for which pensioners should feel grateful.

If the State were to manage the system in a purely businesslike manner, I am sure that they would generate internal resources which could be used for pensions. This, however, seems to be a utopia for the moment, as does simply safeguarding pensions.

Kind regards,

**Josep Angrill i Miravent**  
Barcelona

# editorial.

## Be even more visible



**Teresa Basurte**

President of Espriu Foundation

**“Our system is crucial when taking into account corporate social responsibility and the creation of an economic and entrepreneurial structure with a clear social vocation”**

This year we are celebrating the thirtieth anniversary of the Espriu Foundation. In this spirit of celebration for all these years of successes in the field of business and health, we would like to share with our readers the impulse we have given to health cooperative movement. The central pages of this magazine reflect the international recognition we have gained over the last three decades. As president of the International Health Cooperative Organisation since 2001 we represent the health sector within the global cooperative movement.

Paradoxically, this major visibility of the Espriu Foundation internationally is not reflected in our country outside our sector and users of our organisations. At a time when cooperatives are extremely necessary to society and the economy, we have joined forces with social economic agents to fight against this lack of visibility of what we represent. Economists, leaders and politicians from around the world highlight the relevance of our values. At a time in which younger generations have caused a growing awareness of the deterioration of the planet and its effect on our health, health cooperativism is a key factor in the search for solutions. Our system is crucial when taking into account corporate social responsibility and the creation of an economic and entrepreneurial structure with a clear social vocation. This is why we want more visibility for cooperativism, a greater presence in economic debates and conditions which are more favourable to its implementation and growth. The cooperative business model we represent is key to the future.

Therefore, here's to the shared challenge of being more visible and to the celebration of the Espriu Foundation's thirty years! •

Drowning, asphyxia by immersion, typically has a tragic ending: it is so potentially serious that it represents the third most common cause of accidental death

# How to prevent drowning

**Dr. Adolf Cassan**

Although there are not so many cases of drowning in numerical terms in our society, the problem is that those that do occur are already too many, since this is an accident which in a great many cases proves fatal or results in very serious consequences, and is often the result of situations that could have been avoided with a few simple measures.

There are a great many causes of drowning, but in order for a dangerous situation to arise all that it takes is for a person who is unable to swim to enter the sea or a swimming pool where they are out of their depth, or for a person who can swim to suffer some condition preventing them from controlling their movements, in particular any factor that affects their consciousness. There are in this regard certain situations which represent the main source of drowning, and which furthermore can be easily prevented.

## DIGESTIVE CRAMP

For example, one cause of drowning is an effect known in medical terms as "hydrocution" and commonly referred to as "digestive cramp", although it is not strictly speaking a digestive disorder, and this is not the only factor involved. It is in fact the result of the impact on consciousness caused by a drop in blood flow to the brain as the circulatory system adapts when a person enters cold water: much of the blood flow is diverted to the surface of the body, and if the digestive process is also taking place at this time, it may mean that not enough blood gets to the brain. The situation will clearly be worsened if the individual in question has spent a long time out in the sun and their skin is hot, above all if they start swimming vigorously as soon as they enter the water, since this means that more blood flows to the muscles. All of which could, then, lead to a failure in brain function, a loss of consciousness which, even if it occurs momentarily, could lead to drowning.

To avoid such a situation occurring certain measures need to be taken. In particular, not to dive into the water while you are in the middle of digesting a meal. One solution, the most radical, is to wait for around three hours after eating. So as not to have to wait so long, the

best idea is to eat a meal that is easy to digest, such as a sandwich, rich in easily digestible carbohydrates. You could also enter the water as soon as you finish your sandwich, and afterwards, when the process of digestion really begins, wait for a reasonable time before bathing again. In short, if the idea is to spend the afternoon at the beach or a swimming pool, one should ideally avoid heavy lunches rich in fat and protein, which require a longer digestive process.

If you have spent a long time in the sun you should enter the water carefully, little by little, avoid diving into the sea until your body has acclimatised, and don't try to swim briskly straight away. What is even better is to take some light exercise before entering the water when you have a shower: this will allow the circulatory system to adapt before entering the water.

## OVERCONFIDENCE

Another cause of drowning, however paradoxical it might seem, is suffered specifically by proficient swimmers, as a result of the exhaustion caused by spending too long in the water. Swimmers will on occasion head out too far to sea, and find themselves overcome by currents preventing them from quickly returning to shore as intended, while their strength then unexpectedly fails them. This is combined with the fact that the longer one stays in the sea the more one's body temperature drops, leading to a loss of strength or a kind of lethargy, which can have drastic consequences. Certain precautions should therefore be taken when heading out from the shoreline.

To begin with, carefully consider your own strength, do not try to take on more of a strain than you can safely manage, and never overestimate your own capacity. Never head out to sea on your own, or at least make sure that you are within the field of view of experienced lifeguards who can provide the necessary assistance in the event of difficulty. And if you plan on spending a long time in the water, you should use special clothing, such as the wetsuits typically used for watersports to prevent the loss of body heat.



#### **FREE DIVING**

Another activity which may give rise to circumstances that could cause drowning, in particular if not properly practised, is free diving, which people often do close to the coast to take in the sights of the seabed. And problems can arise either because they fail to use any equipment, or use the wrong type.

For example, some amateurs will take a number of deep breaths one after another before diving, in other words they hyperventilate. Although this is a good way of increasing the concentration of oxygen in the blood and lengthening the time they can spend underwater, it can cause a drop in the level of carbon dioxide in the blood, which as a result of a generalised vasoconstriction mechanism can reduce blood flow to the brain with an impact on consciousness. It is equally dangerous to use facemasks that cover the eyes, nose and mouth with a snorkel attached: oxygen-poor air will gradually build up inside, and as it is breathed in this can cause blurred consciousness, perhaps not to a great extent, but enough to cause a dangerous situation. Meanwhile, when swimming along the seabed one should not only take the proper precautions but also be accompanied.

#### **YOUNG CHILDREN**

Lastly, mention should be made of one of the main drowning hazards: when a child who cannot swim en-

ters or falls into a swimming pool unobserved. This may seem rather too obvious, but unfortunately this type of accident, often fatal, is no exceptional event. It most commonly occurs in private swimming pools, often small pools which do not have the proper protection.

All pools should be surrounded by a fence preventing children from entering when there is no one to keep an eye on them. To be fully effective the fence should be around one metre in height, with no more than 10 centimetre gaps between the slats. Meanwhile, in order to avoid careless oversights, the gate leading to the swimming pool should have an automatic closing mechanism to ensure it is never left open. And just in case, a float or similar device should always be left at the side of the pool, as this can be particularly useful in the event of an accident, giving the youngsters something to grab hold of and remain afloat in the water until help arrives.

All the points made about bathing in the sea should, of course, be taken particularly into account in the case of young children, who will not normally bother about making sure they enter the water in the right condition, and also tend to overestimate their strength. Even if young children intend to stay close to the beach, they should ideally use water wings or a life vest, and above all: they should always remain in the sight of adults. ●

# Oral and maxillofacial surgery units the flagship of ASISA Dental

20 years ago, the ASISA Group launched ASISA Dental with the aim of consolidating the quality of its healthcare and providing a comprehensive approach to oral and dental health. Two decades later, and the company has become the model business in the sector thanks to its network of dental clinics (one of the largest in Spain), the qualifications of its professionals, its constant commitment to new technologies and research, and the quality of its services, including three oral and maxillofacial surgery units which have become leading institutions nationwide.

**Meritxell Tizón**

With access to comprehensive equipment and the professionals needed to deal with any dental problem, ASISA Dental now sets the standard in offering a prompt and effective response for all treatments available in the field of dentistry.

To this end the company has in place the very best facilities and the leading suppliers in the marketplace, guaranteeing not only the quality of treatment but also post-treatment. Meanwhile, the fact that it operates multiple centres means that it can treat any patient in 16 different provinces using one single clinical record, while drawing on the same diagnostic tests.

When we asked Drs Carlos Martínez and Carlos Ivorra, the most senior figures at the company, about the key to the growth and consolidation that ASISA Dental has achieved over the years - a clear reflection of the trust shown by their patients- they answered that it is down to the constant commitment to stand out from the competition on the basis of quality.

"Over the years," Dr Ivorra explains, "we have focused on two main objectives: first of all to offer patients a standardised service in terms of facilities, services and treatments at any of our clinics, irrespective of their size or location. Furthermore, and even more importantly for me, to employ the very best professionals. And that is what we dedicate all the effort and care in the world to".

ASISA Dental now has a professional staff of nearly 500, close on 30 of its own clinics and more than 1,800 clinics nationwide with which it has partnership agreements. Meanwhile, in 2019 the company has put into practice a national and international expansion policy based on a plan to modernise its hospitals and medical centres, including the creation of new specialist units, the incorporation of cutting-edge technology and the training of first-class professional teams that will allow it to develop the most innovative diagnostic and treatment techniques.



Drs Carlos Ivorra and Carlos Martínez, the senior figures at ASISA Dental.

## ORAL AND MAXILLOFACIAL SURGERY UNITS

One of the services offered by the company that has registered the greatest growth over recent years is specifically oral and maxillofacial surgery, a highly complex medical surgical specialism.

The ASISA Group currently has three specialist units in place in this field, located at the HLA Hospital Group institutions in Albacete, Jerez and Madrid. They are all made up of a highly qualified team of professionals who handle prevention, study, diagnosis and treatment of conditions affecting the face, neck, oral cavity and other connected structures.

"Maxillofacial surgery is a field that covers

everything from craniofacial anomalies to temporal-mandibular joint disorders, facial disharmony, oncological treatments affecting the head and neck, implantology and oral surgery,” explains Dr Carlos Martínez. “It is a huge and complex field which imposes a steep learning curve and a similarly high level of specialisation”.

The Madrid Unit, a model not only for the Group itself but also at the national and inter-provincial level, is made up of a multidisciplinary group comprising six maxillofacial surgeons as part of a team that works in absolute harmony, in both personal and professional terms. It also has four dental practitioners in the mornings, dental hygienists, instrument operators... In truth these are multidisciplinary teams, because many conditions involve all of them. The unit is headed by Dr Carlos Navarro Vila, who is a university professor and a leading figure in the discipline at national and European level.

“What makes us different from other similar units,” emphasises Dr Carlos Ivorra, “is that this is not a dental clinic as part of a hospital or a surgical service. It is a multidisciplinary maxillofacial surgery service with dental practitioners who also work as part of the team, and which is furthermore incorporated within a university hospital. That allows us to address any therapeutic option, in other words any form of treatment”.

Meanwhile, adds Dr Carlos Martínez, “the group of people at the unit are more closely knit because they share the work that they perform, and there are constant synergies within the team”.

One other distinctive feature of the team at the unit is, as its managers are keen to point out, that all the practitioners have dual qualifications (as doctors and dentists). “Although this is not a mandatory requirement in Spain,” points out Dr Ivorra, “it is something that we feel very proud of, and it allows us to deal with comprehensive treatments covering the full range of this specialty, which is vast”.

#### **COMMITMENT TO TECHNOLOGY AND RESEARCH**

Another of the strengths of the ASISA Dental oral and maxillofacial surgery units is their constant commitment to new technologies and research. According to Dr Carlos Ivorra, “it is not just a question of techniques, but also that the technology is integrated from the very start of the process. In other words, from the very moment of diagnosis itself”. As a result, numerous technological innovations have been introduced over the years, helping among other aspects to reduce and improve surgical times, reduce the time spent in hospital, achieve greater predictability in outcomes, increase information for patients about the surgical operation, etc.

In the field of research ASISA Dental is also involved in the development of a number of lines of investigation with professionals who balance their care duties with a



Facilities and staff of the Oral and Maxillofacial Surgery Unit at HLA Moncloa University Hospital.

university role. “We are there providing support for any initiative which might in the future help to improve the quality of healthcare, optimise the resources and medicine applied to the individual in particular,” explains Dr Carlos Martínez. “Research represents a key cornerstone in the growth and continuity of any healthcare institution, or in any field in fact, and above all in such a sensitive area as health,” he concludes.

Furthermore, over recent years agreements have been signed with a number of universities to foster the research and training of new generations of professionals. “ASISA Dental has an agreement with San Pablo CEU University allowing students on their Dentistry degree course to complete a part of their practical experience at our clinics. We have also signed an agreement through HLA Moncloa, which is a university hospital, to allow medical students from the European University to complete their rotations at the maxillofacial surgery service. Meanwhile, we recently signed another agreement with Michigan University, and will this year be developing the first edition of a joint programme,” Dr Carlos Ivorra points out. ●

The kidneys are the organs responsible for filtering our blood and eliminating waste substances via the urine: a vital function that can be impaired by various factors, including diabetes and hypertension. The problem of renal disease is that it is not always easy to diagnose in the initial stages, as it does not reveal clear symptoms.

# Chronic renal disease

**Dolors Borau**

The kidneys are located in the abdominal cavity, one of each side of the spine, above the waist. They are bean-shaped, and in an adult human measure around 12 cm and weigh some 120 g. These small organs perform a vital function in filtering the blood and removing toxic substances via the urine. They eliminate excess water and minerals from the body and constantly maintain internal balance. They produce substances such as active vitamin D (calcitriol), which facilitates the absorption of calcium contained in our diet and is involved in bone formation. They also produce another substance known as erythropoietin (EPO), which is involved in the regulation of arterial tension, and stimulates the production of red corpuscles.

When the kidneys are unable to perform their functions, then renal diseases arise. In such cases waste products in the blood and excess liquid cannot be eliminated in the form of urine. If the condition lasts more than three months, the disease is deemed to be chronic.

## VARIOUS CAUSES

In Catalonia the calculation is that there are some 8,000 people registered as suffering chronic renal insufficiency, and around 50,000 in Spain. There may be various causes for this, ranging from arterial hypertension to diabetes mellitus. In both cases the smallest blood vessels are damaged, and as the kidneys contain a great many of them this reduces their filtration capacity. Other causes that could give rise to chronic renal insufficiency would include traumatic injuries; repeated urinary infections and malformations; obstructive diseases of the urinary tracts; systemic diseases such as lupus or arthritis; hereditary diseases such as renal polycystosis or the abuse of certain painkiller drugs, and chemotherapy.

## LEVELS OF CREATININE AND UREA

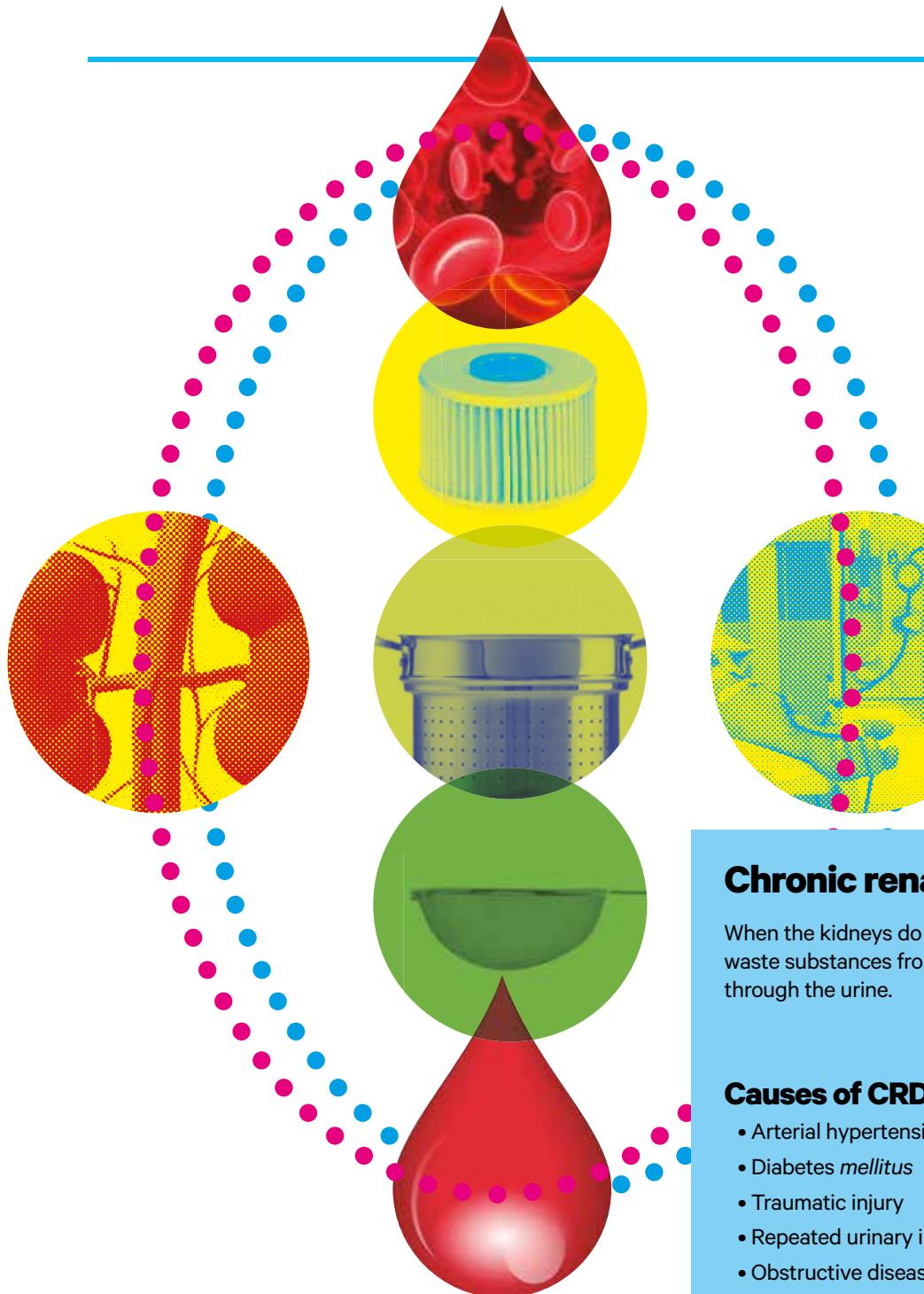
One of the difficulties when suffering such a renal disease is that it typically evolves slowly and does not reveal clear symptoms, making diagnosis difficult in the initial stages. The symptoms which may progressively emerge would include: reduction in the quantity of urine; fluid retention causing inflammation of the hands, face and legs; a metallic taste in the mouth; itchy skin; lethargy; loss of appetite; greater sensitivity to the cold, developing into difficulty breathing.

The existence of renal disease is confirmed by means of a blood test and a urine test. The most significant information is obtained by measuring the levels of creatinine and urea in the blood, as these are the main toxins that our kidneys eliminate. The presence of low red corpuscle figures is also an indication, as a consequence of the low output of the erythropoietin, indicating the presence of anaemia. Urine tests will provide information as to the quantity and quality of the urine being passed. These results are used to calculate the overall kidney function percentage, known as glomerular filtration (GF). The degree of renal insufficiency is dependent on the GF percentage.

Chronic renal disease is associated with an increased likelihood of suffering heart disease, such as cardiac insufficiency, angina or myocardial infarction. It is also connected with complications of the blood flow, such as the blood vessels in the brain and circulatory problems in the legs and other parts of the body.

## DIALYSIS OR TRANSPLANT

The prognosis for this disease varies, and depends on the cause. In most cases kidney function deteriorates slowly over years, which means that it is important to detect it



early so as to arrest its advance. If the disease progresses then dialysis will be needed, or otherwise a kidney transplant could be considered.

It is therefore essential to do everything possible to halt the evolution of the disease: avoid smoking (which damages the walls of the blood vessels); avoid obesity, control blood pressure, diabetes and levels of fats in the blood (such as cholesterol), through medication and a diet supervised by doctors or dieticians, low in salt, fats and protein. And above all, avoid a sedentary life: all it takes is to walk for half an hour day to derive benefits in levels of arterial blood pressure, glucose and weight control. ●

## WWW.

Puigvert Foundation  
<https://bit.ly/2TNZcmF>

Spanish Nephrology Society  
<https://bit.ly/2TSHhLy>

## Chronic renal disease (CRD)

When the kidneys do not manage to eliminate waste substances from the blood or excess liquid through the urine.

### Causes of CRD

- Arterial hypertension
- Diabetes *mellitus*
- Traumatic injury
- Repeated urinary infections and malformations
- Obstructive diseases of the urinary tracts
- Systemic diseases such as lupus or arthritis
- Hereditary diseases such as renal polycystosis
- Abuse of certain painkillers, or chemotherapy

### Treatment

- Control the cause: arterial hypertension, diabetes *mellitus*..
- Follow the right pharmacological prescription in each case
- Follow dietary instructions and avoid obesity
- Do not smoke
- Take half an hour of exercise per day

When the kidneys can no longer purify the blood of toxins or eliminate excess fluid through the urine, dialysis is typically the solution, a technique that often means a drastic change to the patient's lifestyle.

# When life changes: starting dialysis

Dolors Borau

My grandmother has always been a happy, active and independent person. Recently, though, she had not been feeling too well: she had lost weight because of a lack of appetite, felt tired, and her legs were heavy. We all actually thought that it could just be a question of old age, but medical tests revealed that her kidneys were letting her down, and her arterial blood pressure was also high. First of all, she was given the medication required to keep her arterial pressure within normal values. She then had to change her diet and adapt her nutritional intake to her new situation, as her kidneys were failing and could not filter everything out. And for her, that was a real blow.

## WHEN DIET IS NO LONGER ENOUGH

The doctors explained the importance of a good diet to her, but told her she would need to keep track of the quantities of certain nutrients such as proteins found in meat, fish, eggs, dairy produce and pulses, because they require a lot of effort from the kidneys. They needed to be present in the diet, but in the portions indicated by a doctor or dietician until the treatment started. The intake of certain minerals needed to be reduced, such as potassium, found in plant-based foods (fruit, vegetables, pulses...), and so they advised her to boil everything twice. She would have to take care with phosphorus, because high levels can lead to bone demineralisation. Phosphorus is contained in whole food produce, nuts, cola drinks, seafood and meat. It was also essential to control the amount of salt in her diet, since it encourages fluid retention and hypertension. Doctors may prescribe vitamin D supplements to avoid any deficiency, and phosphorus chelators to reduce absorption.

## TWO DIFFERENT TECHNIQUES

Nonetheless, the biggest change was the need to discuss dialysis. Unfortunately, the condition was detected at too advanced a stage, and despite treatment with medication and a controlled diet, the kidneys could not resume their proper function. We had never had a case

## WWW.

Catalan Autonomous Government  
Health Channel  
<https://bit.ly/2UScR8U>

Spanish Nephrology Society  
<https://bit.ly/2TSHhLy>

in the family, and knew nothing about it. The doctors explained everything to my grandmother, and she decided to discuss it with us so as to reach her decision, since embarking on a treatment like this, which requires a change in habits, timetables and the way you organise your life itself, means having to accept limitations and enjoy less freedom.

Dialysis involves eliminating toxins from the blood that the kidney has been unable to filter as well as the quantity of retained fluid that could not be eliminated through urination. To do so there are two different techniques: haemodialysis and peritoneal dialysis. In haemodialysis, the dirty blood leaves the body and passes through a machine which filters it, cleans it, and balances out the chemical components. Once the blood

## What is dialysis?

Dialysis involves eliminating toxins from the blood that the kidney has been unable to filter as well as the quantity of retained fluid that could not be eliminated through urination.

### HAEMODIALYSIS

- Can be a walk-in procedure with nurses.
- Can be conducted at home at no cost to the patient, and with support visits.
- Access via arteriovenous fistula in the arm or vascular catheter in the neck or thigh.
- Frequency: 4 hours / 3 times per week.
- Restrictive diet.

### CONTINUOUS PERITONEAL DIALYSIS

- Can be a walk-in procedure with nurses.
- Can be conducted at home at no cost to the patient, and with support visits.
- Access via peritoneal catheter in the abdomen.
- Feed in fluid and leave to act for 4-6 hours. The patient can lead an active life during this time.
- Empty out the dirty solution and replace with a new bag of fluid (30').
- Feed in and empty 4 times a day.
- Less restrictive diet.

### AUTOMATIC PERITONEAL DIALYSIS

- Conducted at home at no cost to the patient, with support visits.
- Access via peritoneal catheter in the abdomen.
- A machine feeds in and extracts the fluid.
- Performed at night while sleeping.
- Duration: 8-10 hours.
- Less restrictive diet.



© Jordi Negret

is clean, it is fed back into the body. This process lasts four hours, and has to be repeated three days a week. A fistula, or connection between a vein and an artery, has to be created in order to allow the blood to flow. This means that the vein will increase its diameter leading to a greater blood flow to allow the circuit to be formed. The operation to install the fistula is conducted as walk-in surgery under local anaesthetic. If the option is for haemodialysis, patients must decide whether to go to a specialist centre for their sessions or perform home haemodialysis (once they have received the necessary training and found someone who can provide support and administer the procedure).

The other technique, peritoneal dialysis, is performed by inserting a catheter in the abdomen during

an operation performed under general anaesthetic. A dialysis fluid is fed through a tube and left in the abdominal cavity for a few hours, and after between 4 and 6 hours it is emptied out by the catheter and re-filled with clean fluid. Between each emptying operation, the patient can go about their daily business. In this case patients can also decide to go to a specialist healthcare centre or replace the fluids via the catheter at home. One difference, though, is that the option also exists to perform the procedure automatically, by connecting the catheter to a machine at night while sleeping.

My grandmother is taking the changes on board, considering the different options, and will select the one that she feels will be less of a strain for her. And we will give her our support. ●

We believe in sharing. So we want to  
**share our magazine with you.**

---



Now you can get the digital version  
of our magazine **compartir** for free  
every three months

To subscribe to **compartir**:

Fill out the online form at:  
[www.fundacionespriu.coop/compartir](http://www.fundacionespriu.coop/compartir)

— OR —

Scan this **QR code** with your  
smartphone or tablet



The blueberry is the fruit of a bush that grows in cold, damp climates. Consumption has gradually increased over recent years, very probably because not only of its agreeable although slightly acidic taste, but in particular its wonderful nutritional properties.

# Blueberries: anti-inflammatory and tonic effects

**Núria Jané and Dra. Montserrat Montraveta**

Blueberries are the size of a pea, and dark blue in colour. They belong to the Eriaceae family which is made up of a great variety of plants that produce different types of fruits of varying colour (the pigmentation depends on the content of anthocyanin, an antioxidant substance).

They grow mainly in Northern Europe and North America, typically in very damp locations. Worldwide consumption is rising year on year, making them a very popular ingredient in bakeries, restaurants and cake shops, as their mild but sharp taste makes them perfect for desserts, jams and as an ingredient in numerous dishes.

## TANNINS AND ANTHOCYANINS

The blueberry conceals a great many nutritional properties, and is even claimed to have certain therapeutic applications, such as in preventing urinary infections (cystitis), as it contains substances that prevent bacteria from binding to the urinary tract, helping them to be flushed out in the urine.

The tannins contained in blueberries (a chemical substance found in plants, seeds, bark, wood, leaves and fruit peel) have a tonic effect on the circulatory system, improving venous flow, and so alleviating varicose veins, tired legs, phlebitis, etc. Meanwhile, the anthocyanins they contain have a certain anti-inflammatory effect, which reduces the sensation of tightness in the breasts during the menstrual cycle.

In the recipe we suggest here, the combination of blueberries and yoghurt is doubly beneficial, since the fermentation of the milk in the yoghurt creates live bacteria that help repopulate our intestinal flora and keep our body healthy. ●



## Greek yoghurt with blueberry topping

### Ingredients:

- 1 cup (or 100 g) of blueberries to make the coulis
- 2 unsweetened Greek yoghurts
- 1/2 teaspoon of pure vanilla extract
- 1 teaspoon of honey (optional)

### Method:

To make the blueberry coulis, place the berries in a pan with 3 tablespoons of water and bring to the boil. Simmer for 5-7 minutes until the berries begin to soften. Leave to cool, and you will find that the coulis reduces as it cools down. Once the coulis has cooled, mix with the Greek yoghurt, the vanilla extract and honey.

If you do not eat it straight away, it will keep in the fridge for a maximum of 5 days.

Note: the blueberries can easily be swapped for such other delicious red fruit options as strawberries, raspberries or blackberries.



## Increased involvement and membership at the Social Participation Division

In 2018 more than 1,200 members took part in the activities run by the organisation. This year's figures represent another significant increase in the number of members, above all among younger generations.



SCIAS Vice-President  
Montserrat Caballé  
i Domènech, during  
one of the events  
organised by the  
Social Participation  
Division.

The SCIAS venue for social interaction and the promotion of co-operatives remained busy last year. The annual statistics show an increase in the number of participants in its activities and a greater number of new members signing up in the youngest age band, which suggests a positive trend for the future. More than 1,200 people participated in the cultural outings, board game sessions, film and documentary screenings, junior club and other regular initiatives.

The months of December and January, coinciding with the Christmas festivities, were packed with activi-

ties such as the theatre group performance, the competition for the best letter to the Three Kings, the Christmas concert and party, toy collections, the end of year race and the visit to the FC Barcelona Museum. Aside from the more traditional events, though, the first quarter of 2019 also featured other activities. Opera, Egyptology, sports journalism, physiotherapy... were the central theme for a number of the most successful gatherings, along with invitations for members to explore new places, such as the cultural outing to Arús Public Library, and the trip to La Cerdanya. ●

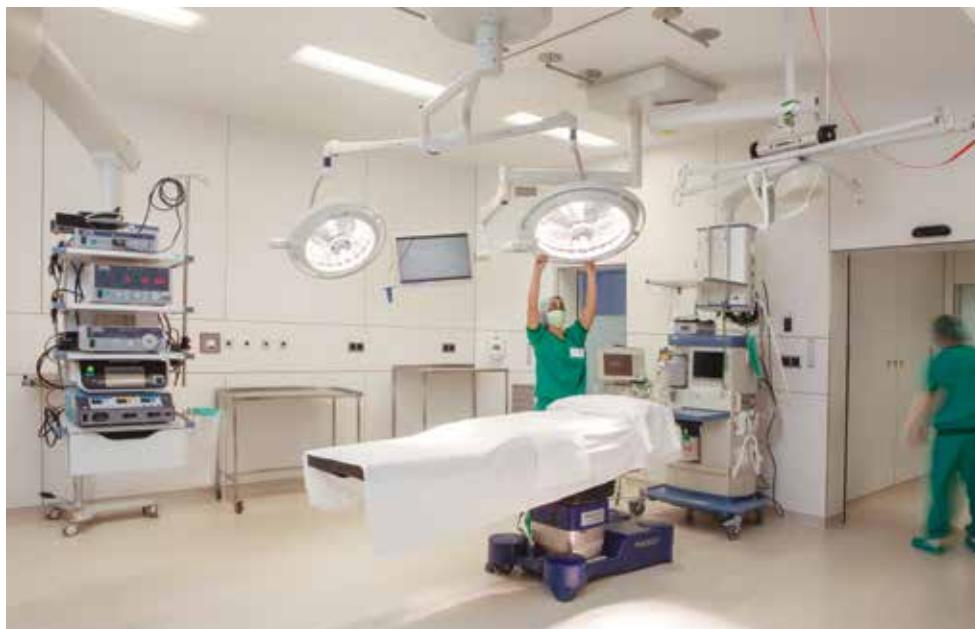
### Football stars at Barcelona Hospital

During the Christmas celebrations, a delegation of FC Barcelona players visited Barcelona Hospital to hand out gifts to the patients on the wards, above all the youngest of them. Leo Messi, acknowledged on several occasions as the greatest footballer in the world, was there together with Luis Suárez and the captains of the women's football team, Vicky Losada and Marta Torrejón, who can be seen in the photograph alongside the patients and medical staff of the hospital.



# Barcelona Hospital renovates surgery block with latest technological advances

To mark its 25th anniversary, Barcelona Hospital has undertaken a programme of renewal and modernisation of its facilities so that it can offer users greater convenience and guarantee the very highest levels of healthcare quality. One of the most recent initiatives took place in the surgical area, where the latest advances in terms of materials and technology have been implemented.



Barcelona Hospital opened in 1989 as the world's first co-operative hospital. The Hospital, which is for the exclusive use of Assistència Sanitària insured clients, has since become a great success and provided a model that has been copied by similar ventures in other countries. One of its key characteristics is the constant incorporation of improvements in medical processes and the permanent pursuit of quality and excellence.

## **OPTIMAL FUNCTIONALITY**

In this regard, with Barcelona Hospital marking the institution's 25th anniversary, numerous resources have been allocated to the modernisation of infrastructure along with other types of initiative intended to guarantee optimal functionality, and above all the best possible service for users. Hospitals are the type of building that, given their level of technological facilities and intensive use in such a vital area as health, require constant updates to their installations.

One of the essential areas of any hospital is the surgery block, where the most important procedures are per-

formed. Over the last few years, Barcelona Hospital has undergone a number of initiatives that have undoubtedly resulted in greater convenience for its users, and improved healthcare quality.

## **14 OPERATING THEATRES**

This process of renewal, affecting 14 operating theatres, was recently completed with the replacement of the lighting (more powerful and efficient lights) and the installation of special new claddings on the walls and floor. The latest advances in terms of materials and technology are now available in the surgical area, supplemented by 15 walk-in surgery bays, 4 delivery rooms and the post-surgery reanimation area. 16,133 surgical operations were performed at Barcelona Hospital in 2017. ●

## Temporary relocation of FC Barcelona Assistència Sanitària Medical Centre

Within the context of the Espai Barça project, the transformation taking place at the Camp Nou stadium, the FC Barcelona Assistència Sanitària Medical Centre is making a temporary move this spring to a new location in central Barcelona, just a stone's throw from the Passeig de Gràcia.



The FC Barcelona Assistència Sanitària Medical Centre is equipped with the very latest technology

While maintaining the same expert team and extensive business hours, the FC Barcelona Assistència Sanitària Medical Centre continues to provide its exclusive minor traumatology emergency care and pre-op studies for surgical operations. The new site features brand-new facilities and benefits from a city-centre location, chosen on the basis of proximity to the majority of the insured population, and connectivity by public and private transport.

### EMERGENCY TRAUMATOLOGY

The FC Barcelona Assistència Sanitària Medical Centre handles a large amount of emergency traumatology care. The team made up of specialists on the medical list performed 8,014 appointments in 2017, with an average of 22 cases per day, and an average appointment completion time of just 24 minutes.

Meanwhile, the FC Barcelona Assistència Sanitària

Medical Centre also performs pre-op appointments, with 2,123 consultations in 2017. An average of 54 minutes is required to perform all the necessary tests (radiology, analytics, ECG...), as well as the appointment with the doctor. The protocol established for pre-op appointments clarifies the services and examinations conducted in each case, and is based on the model produced by the Catalan Society of Anaesthesiology, Reanimation and Pain Clinics.

### CLOSE RELATIONSHIP

As well as providing premises for the medical centre at its stadium, the collaboration between Assistència Sanitària and FC Barcelona has over the years become a close relationship guaranteeing the best possible medical services for the club's athletes. Meanwhile, the Joan Gamper Sports Complex is equipped with an Assistència Sanitària magnetic resonance centre fitted out with cutting-edge technology and open to all insured clients. ●

# Assistència Sanitària creates quick response medical list in 20 specialisms

The insurer has compiled a directory of more than 400 doctors in 20 different specialisms to treat patients with a maximum waiting time of 48 hours. Available to all insureds, its aim is to improve healthcare quality as an additional service beyond the routine appointments available with any of the more than 4,000 doctors on the organisation's medical lists.

A quick response medical list has been available to all Assistència Sanitària insureds since 1 January, reducing waiting times for 20 medical specialisms. More than 400 doctors are included on the list, and they have all given a formal commitment to see those insureds requesting appointments either the same day or within a maximum of two working days. Appointments can therefore be scheduled within 48 hours.

## SUPPLEMENT TO THE GENERAL MEDICAL LIST

A pilot scheme producing positive healthcare results and a good response from the insured population prompted the expansion and the definitive implementation of the quick response medical list to supplement the general lists and routine appointments and follow-up. Born out of a clear desire to achieve continuous improvement, the aim of this new offering is further to reduce waiting times for insureds to be treated, since on occasion patients in certain specialisms need to arrange an appointment with a quicker turnaround than normal.

## AVAILABLE SPECIALISMS

The specialisms available under the new quick response medical list are specifically: allergology, digestive tract, cardiology, general and digestive surgery, maxillofacial surgery,



The 400 doctors who make up the quick response list have given a commitment to see insureds in under 48 hours.

paediatric surgery, vascular surgery, dermatology, endocrinology and nutrition, general medicine, internal medicine, nephrology, neurosurgery, neurology, ophthalmology, ENT, pneumonology, rheumatology, traumatology and urology. ●

## New policyholder card improves access to services

One of Assistència Sanitària most recent developments for 2019 is now a reality: the ID card used by its insured clients has been redesigned. The new model, which comes with a magnetic strip providing access to advanced functionalities, has been introduced in record time and without any hiccups, representing a huge step forward in providing patients with more agile medical care.



## Alliance with Avedis Donabedian to promote quality healthcare

As part of its commitment to improving the quality of healthcare, Grup Assistència is working together with the Avedis Donabedian Foundation in sponsoring one of the awards that the institution hands out each year. In the latest edition of the honours, the Grup Assistència Award for Excellence in Quality Management went to the Spanish Radiotherapy Oncology Society.

At the Quality Awards ceremony staged by the Avedis Donabedian Foundation in January, the Spanish Radiotherapy Oncology Society (SEOR) received its Grup Assistència Award for Excellence in Management from Dr Ignacio Orce, in the scientific societies category.

### SHARED GOAL

The aim of this award is to acknowledge the efforts made by scientific societies to support, promote and lead the culture of evaluation and improvement in healthcare quality. Each year the insurer supports this initiative of the Avedis Donabedian University Institute, which forms part of Barcelona Autonomous University and whose goal is to improve social and healthcare quality, one that is shared by Assistència Sanitària.

The gala event, staged at the Palau de la Música Catalana, involved institutions that see the field of quality as the gateway to excellence, and that are able

to demonstrate the results achieved in terms of improving care and user satisfaction. This type of initiative highlights their efforts and offers them well-deserved recognition.

### MEETING POINT

The Avedis Donabedian Foundation set up the Avedis Donabedian Awards for quality at health institutions with the aim of recognising various aspects of quality at institutions, and of setting the trend for future developments in a number of areas. The awards that the institution hands out are aimed at providing a meeting point for the university and academic world, the general public, professionals and institutions as well as public authorities. The awards are divided into three different areas: social information and transparency; improved quality in a range of sectors (the Avedis Donabedian Quality Awards), and the recognition of key individuals. ●



Dr Ignacio Orce,  
President of Grup  
Assistència Sanitària,  
hands out the Excellence  
in Quality Management  
award.

# ASISA ended 2018 with its highest turnover in premiums to date: 1,169 million

The ASISA Group closed 2018 with the highest premium turnover so far (1,169.5 million euros), 6.4 % more than the previous year. This growth, above the market average, has allowed the Group to consolidate its multibranch insurance activity, furthering the development and diversification of its own insurance network and strengthening its international presence, three of the company's strategic axes.

The results for 2018 were presented at the ASISA Advisory Board meeting held in Madrid and chaired by Dr. Francisco Ivorra, president of the ASISA Group, with the participation of the company's top executives. Last year, ASISA recorded a 6.37 % increase in its health premiums, totalling 1,159.6 million euros. This evolution allows ASISA to consolidate its market shares, while continuing to develop its own healthcare model, based on reinvesting profits to improve its human and technological team, updating facilities and training professionals.

As regards the number of policy-holders, once again ASISA saw a major increase in private health policies (8 %). Since 2009 the company has doubled the number of private clients in the health division, thus improving client performance, controlling accident rates and reducing the average age of clients.

## MULTIBRANCH STRATEGY

In addition to its growth in the healthcare sector, ASISA has continued to develop its multibranch strategy, consolidating its activity in the life and death insurance divisions and starting to operate in new areas of insurance, such as pets (branch of other damages to assets). In this respect, ASISA Vida closed the 2018 financial year with 7.6 million euros in premiums, 21 % more than in 2017. As regards the branch of death insurance, the company already has more than 22,000 policy-holders, after a portfolio increase of practically 120 % in the last financial year. Progress in all the divisions in which ASISA operates has made it possible to close 2018 with almost 2.4 million policy-holders. The growth registered in 2018 has allowed the ASISA Group to maintain its level of investment, which now stands at 335,600,000 euros since 2010, after generating accumulated results of almost 300 million euros in the same period. Thanks to this investment the ASISA Group can continue to develop and modernise its own assistance network, led by the HLA Group.

In 2018, the HLA Group increased its turnover by 4.6 %, exceeding 307 million euros and continued its modernisation plan for hospitals and medical centres, creating new specialist units, incorporating the latest technology and setting up teams of top professionals to ensure the development of the most innovative diagnosis and treatment techniques. In addition, the ASISA Group is continuing to



ASISA CEO Dr. Enrique de Porres during his intervention before the company's Advisory Board.

support the development of clinics specialising in different fields of healthcare (dental, ophthalmological, fertility, audiology, comprehensive healthcare, etc.), allowing it to stand out in its sector and its quest for excellence. In this regard, the Group's president, Dr. Francisco Ivorra, also highlighted the strategic nature of this support of its own healthcare network: "By developing its own healthcare network the ASISA Group holds a great advantage over its competitors while also improving quality. Having our own hospitals and medical centres is the only way we can guarantee policy-holders our desired level of quality, without having to depend on what other suppliers can offer. This guarantee of quality is essential in any healthcare model aspiring to excellence, as is our case".

## INTERNACIONALIZACIÓN

In addition to diversifying insurance activity and developing its own healthcare network, the third strategic axis that the ASISA Group is developing is boosting its internationalisation process in 2018. The company has already entered the Portuguese insurance and health market, and is planning to open its first dental clinic in the Portuguese capital during the first half of this year. It will also continue to invest in Italy, where it already has a dental clinic; in Latin America (where it already operates in Brazil, Mexico and Nicaragua) and in the Middle East (Abu Dhabi and Qatar). ●

ASISA was in Lisbon to present its entry into the Portuguese insurance and healthcare market and its expansion plans in the neighbouring country, where it has authorisation to operate in the Life and Non-Life branches and offer dental insurance, to which health insurance is to be added. It also has plans to open its first own dental clinic in Lisbon in the first half of this year.

## ASISA presents the central points of its Portuguese expansion plans in Lisbon

At the presentation, held at the Hotel Pestana Palace, ASISA President Dr Francisco Ivorra, accompanied by Executive Director Óscar Villoslada and the Country Manager for Portugal, Sandra Moás, presented the central strands of the company's strategy for growth in the Portuguese market. The aim of this strategy is to promote a healthcare service provision ecosystem across Spain and Portugal, allowing Spanish and Portuguese insured clients to be treated at any of the health service provision units in the two countries. This will become a reality within a period of one year.

To this end ASISA will aim to recreate in Portugal the integrated health service provision model that it has developed in the Spanish market, setting itself a timeframe of between 5 and 10 years to achieve a similar market share in Portugal to that which the company enjoys in Spain. ASISA President Dr Francisco Ivorra highlighted at the event that "Portugal is the natural gateway in our process of internationalisation. We are linked by cultural ties, a shared history and a dynamic commercial relationship, as well as the deepest respect. We have 40 years of experience to vouch for us, and are the leading private health group in Spain offering insurance and healthcare services. We now aim to create one single healthcare structure across both countries, Spain and Portugal".

### The best life-risk insurance in Portugal

DECO, the Portuguese Consumer Protection Association, selected an ASISA Vida life insurance policy, "ASISA Life + Easy" as the best risk life insurance on the Portuguese market. The association highlighted that the policy offered the best value for money. In arriving at this conclusion, DECO conducted a study of 13 life insurance policies from different companies, evaluating a range of parameters (price, deferral periods, exclusions, handling of claims, payment terms and cover) during the first year and throughout the total length of the contract, taking into account six different scenarios. The insurance received an average score of 84 points out of hundred.

#### LONG-TERM PROJECT

To promote this Iberian ecosystem, the ASISA Group already has an office in place in the Portuguese capital, will invest 5 million euros over 2018 and 2019, and will launch its first dental clinic in Lisbon, in the Saldanha district, which is to open its doors to patients in the first half of 2019. Over the coming years, ASISA will continue to expand its healthcare network by opening and acquir-



Left to right: Drs Enrique de Porres and Francisco Ivorra, CEO and President of ASISA, respectively; Sandra Moás, ASISA Country Manager for Portugal; Cecilio Oviedo, commercial attaché of the Spanish Embassy in Portugal; Adalberto Campos Fernandes, former Portuguese Health Minister, and Óscar Villoslada, Executive Director of ASISA in Portugal.

ing new establishments. The company also expects to close 2019 with a team of nearly 40 people in Portugal.

In this regard, Sandra Moás indicated that the company's plans "are for the long term, and involve the consolidation of products that we are already marketing, as well as the development of health insurance tailored to the needs of the Portuguese market".

The event was also attended by the former Portuguese Health Minister Adalberto Campos Fernandes, the commercial attaché of the Spanish Embassy in Portugal, Cecilio Oviedo, and Prof Nadim Habib of NOVA SBE University. ●

# Dr Francisco Ivorra receives the Royal National Academy of Medicine Medal of Honour

The institution has recognised the track record of the ASISA President in the field of healthcare, and his support for patronage through the ASISA Foundation.



Left to right: Drs Eduardo Díaz-Rubio, Vice-President of the RANME; Luis Pablo Rodríguez, Permanent Member and Secretary-General of the RANME; Joaquín Poch, President of the RANME; Luis Ortiz, Director of ASISA-Lavinia, and Francisco Ivorra, President of ASISA, alongside the Regional Health Minister of Madrid, Enrique Ruiz Escudero, following the ceremony to bestow the Medal of Honour.

Dr Ivorra received the medal at a formal session of the RANME presided by Dr Joaquín Poch Broto, President of the Royal Academy, and attended by the Regional Health Minister for Madrid, Enrique Ruiz Escudero; the Rector of Madrid Autonomous University, Rafael Garesse, members of the Governing Board of Lavinia, regional representatives and executives of the ASISA Group, together with other academics and dignitaries from the world of health.

The Academy's accolade is in recognition of Dr Ivorra's track record in the field of health and at the head of ASISA-Lavinia, as well as his commitment to patronage and support for a range of social, cultural and medical initiatives and organisations. During the session, Dr Luis Pablo Rodríguez, Permanent Member and Secretary-General of the Royal Academy, was given the task of delivering the *laudatio* for Dr Ivorra, highlighting his "honesty and transparency".

## MERITS FOR THE AWARD

Dr Rodríguez also summarised Dr Francisco Ivorra's main administrative achievements as the head of Lavinia-ASISA, emphasising that during his presidency he had "promoted and restructured the company, allowing it to consolidate its leading position in the health insurance sector and to increase its market share; created new companies and diversified service provision in the field of dentistry, ophthalmology, analysis, radiology, etc.; founded the HLA Hospital Group, the third-largest hospital network in the country; and launched projects at the international level. Meanwhile, in 2015 he set up the ASISA Foundation, which works in partnership with Spanish and foreign universities, sponsoring research projects and maintaining partnership agreements with other foundations, including the Foundation of the Royal Academy of Medicine of Spain and the UNESCO Net-

work of Chairs in Bioethics".

For his part, Dr Ivorra gave his thanks for the accolade and delivered an address on "The contribution of private health insurance to the creation, maintenance and future of the National Health System of Spain: medical leadership". The ASISA President charted the history of the Spanish health system, recalling that "when there was no public health provision in Spain, or it was highly limited or lacked coordination, there already existed rudimentary private health insurance, which acknowledged numerous economic difficulties, and that medical mutual insurers, which were therefore professional organisations, played a fundamental role in the healthcare provided to the Spanish population". Within this context, he emphasised the figure of Dr Josep Espriu, the promotor of the health co-operative movement in Spain and the founder of ASISA.

Dr Francisco Ivorra also recalled that "since it was first founded, back in the 1960s, ASISA has stood out due to the way it understands and implements in practice a different, democratic insurance model, steered and presided over by a huge group of Spanish doctors. The model created and introduced by ASISA has not just endured over time but has grown in an increasingly demanding, competitive and changing world"

## CONTRIBUTION OF THE ASISA GROUP

To illustrate the strength of this model, he gave the example of the ASISA Group's contribution to Spanish society in figures: more than 257 million euros of direct contribution to GDP; more than 1.36 billion euros of indirect contribution; 4,711 direct jobs; 24,907 jobs created directly, indirectly and by induction; and a total tax contribution of 390 million euros, including direct, indirect and induced contributions, 0.21% of the total national tax take in 2016. ●

## ASISA Foundation and Murcia University create Department of Healthcare Communication

The ASISA Foundation and Murcia University (UMU) have signed an agreement to create the Department of Healthcare Communication, which will establish a forum focused solely on research, training and dissemination in the field of Health Science communication, open to faculty staff, university students and professionals in the sector



ASISA CEO Dr Enrique de Porres, and the Rector of Murcia University, José Luján, at the signing ceremony.

The signing of the agreement by the CEO of ASISA, Dr Enrique de Porres, and the Rector of Murcia University, José Luján, took place at the UMU Rectorate. The event was also attended by such other dignitaries as the UMU Vice-Rector for Employment, Entrepreneurship and Society, Alicia Rubio; the new President of the Medicine and Surgery Academy of the Region of Murcia, Trinidad Herrero, and the Vice-President of the Governing Board of Lavinia-ASISA and its regional representative in Murcia, Diego Lorenzo.

### EIGHT UNIVERSITY DEPARTMENTS

During the event Dr Enrique de Porres highlighted the importance of communication in all aspects: between professionals and patients, with families, and among professionals in different disciplines. "The capacity for empathy with those we relate to," the ASISA CEO asserted, "is something that is not taught at universities, but that this Department can provide". A Department adds to the eight already sponsored by the ASISA Foundation with various Spanish universities.

The Rector, José Luján, expressed the gratitude of Murcia University towards ASISA for its decision to support

"such an important training and dissemination initiative" as this Department, through which both institutions underpin their joint commitment to establish long-term collaboration in R&D and innovation projects and the transfer of the results of scientific research and dissemination connected with healthcare communication.

### AIMS AND ACTIVITIES

The Department will promote a number of different initiatives, including: the establishment of working contact with key institutions in the development of healthcare communication in various fields (communication with patients and relatives, interprofessional communication, communication with the media and in the application of new technologies); organisation of symposia and undergraduate training courses, as well as training courses for postgraduates; preparation of in-person, online and practical teaching materials to be incorporated within horizontal training subjects across the different Health Science degree courses; and preparation of a specific app in a serious game version, using augmented and/or virtual reality. ●

# Moncloa Hospital launches Oncology Patients School

The HLA Moncloa University Hospital and the Oncology Patients School Association have joined forces on a “routinotherapy” pilot experiment to accompany, guide and educate people diagnosed with various stages and types of cancer.

Ana Siles, co-founder of Routines During Cancer at the Oncology Patients School Association, and also an oncology patient herself, embarked, after her fourth round of chemotherapy, on a plan of routines to improve her physical and psychological well-being, combining healthy habits and diet. She says that the method was gradually enriched through expert consultancy from doctors and healthcare staff, including her oncologist, Ramón Pérez Carrión, and her endocrinologist, Teresa Lajo Morales, both of them from HLA Moncloa University Hospital, and who also provided the link in presenting the project to the institution.

The School's training programme is intended to provide a comprehensive approach to the illness based on three fundamental pillars: emotional well-being (mind), physical exercise (body) and nutrition. Over the course of the classes the patients learn to identify their own challenges in order to change their lifestyle, to organise their resources so as to achieve objectives, to repeat and reassert their commitment to group support, and also to celebrate the achievements they have made.

## SPECIALISED TEACHING STAFF

The HLA Moncloa University Hospital Oncology Patients School is headed by the Head of Oncology, Joan Manel Gasent Blesa, together with his team. The courses are delivered by Dr Teresa Lajo Morales; clinical psychologist and neuropsychologist Rosa Coba Sánchez; Mario Redondo Martínez, a physiotherapist specialising in physical exercise and cancer, and from the Professional Physical Exercise and Cancer Institute, the rehabilitation physician Aurea de Amo.

For its part, the Oncology Patients School Association works to support students and resolve their queries about



“Students” with different pathologies and stages make up the HLA Moncloa Oncology Patients School.

changing their routines, with new technologies playing a particularly central role, such as a WhatsApp group and the use of email.

## THE “STUDENTS”

The course structure is based on small groups of patients to improve effectiveness, with a one-hour class held three times a week for a month and a half. This first batch of students includes patients with breast, gynaecological and lung neoplasias in all stages and all clinical and social situations. According to the participants themselves, this diversity further enriches the experience, while the organisers report that all the students share the same attitude, strength, will to live, optimism and commitment to change their habits so as to improve their lives. The “students” receive training in how the treatments and the disease affect the brain, the emotions and cognitive capacities on a temporary basis. ●



Dr Benito García-Legaz, the Medical Director of the HLA Group, receives the award from Computerworld Director María José Marzal.

## HLA Hospital Group receives 2018 National IT and Health Award

The HLA Hospital Group has received a 2018 IT and Health Honourable Mention in the 24th National IT and Health Awards handed out by the SIS (Spanish Health IT Society), in recognition of the technological efforts made to develop solutions in the healthcare sector.

The award specifically acknowledges the importance of the work performed by the hospital group in its recent migration of Green Cube, the system which HLA uses to manage all healthcare activities, to the Microsoft Azure cloud, making it the first Spanish hospital management software to be administered from the cloud.

## International Day of Co-operatives highlights contribution to providing decent work

“Coops 4 Decent Work” will be the slogan of this year’s International Day of Co-operatives, to be held on 6 July. Faced with rising inequality and precarious employment, the International Co-operative Alliance (ICA) has set itself the task of making public authorities and civil society aware of the role played by co-operatives in creating quality employment.

According to a recent study, co-operative enterprises provide work for more than 279 million people, some 10% of the employed population worldwide. This type of employment tends to be sustainable, supports fairness, and is very often firmly rooted in particular re-

gions and communities, balancing out rural and urban areas.

In order to show the value of the contribution made by co-operatives to the world of work, the International Co-operative Alliance (ICA) has announced that the slogan for this year’s International Day of Co-operatives will be “Coops 4 Decent Work”.

### PEOPLE-CENTRED ENTERPRISES

In dedicating this year’s celebration to decent work, the co-operative movement aims to launch the message that co-operatives are people-centred enterprises that prioritise human development and social justice in the field of employment.

On this occasion, the International Day of Co-operatives has the aim of raising awareness among political leaders, civil society organisations, the private sector and the public at large as to how co-operatives help create quality employment in a decent context.

Given growing inequality, the increasingly precarious nature of job security and rising unemployment levels, especially among young people, the slogan for this year’s International Day of Co-operatives, to be held on 6 July, is in line with the UN’s 2030 Sustainable Development Agenda, making a contribution to the eighth goal with reference to “Decent work and economic growth”.

### FIRST SATURDAY IN JULY

The International Day of Co-operatives is held each year on the first Saturday in July in order to highlight the contribution made by the co-operative movement in pursuit of solutions to the main problems addressed by the United Nations.

The UN General Assembly founded the event in 1995, and ever since, in partnership with the ICA, the International Labour Organization (ILO) the United Nations Food and Agriculture Organization (FAO) and the World Farmers’ Organization (WFO) a main theme for the celebration has been selected each year. ●



The Espriu Foundation has been honoured by the School of Co-operative Studies at Madrid's Complutense University, receiving the Institutional Award in the 7th edition of the awards for research and teaching in the field of participatory organisations the 2017-2018 academic year.

## Espriu Foundation award from UCM School of Co-operative Studies



Family photo of the UCM School of Co-operative Studies award winners

In March Dr Carlos Zarco, Managing Director of the Espriu Foundation, received from the Dean of the Faculty of Economic and Business Science of Madrid's Complutense University, Begoña García, one of the 7th edition awards for teaching and research in the field of participatory organisations, handed out each year by the University's School of Co-operative Studies.

The Espriu Foundation was awarded the accolade in the Institutional Award category for its firm support for the promotion of research and dissemination of co-operative management in the health sector, as expressed among other initiatives in a number of joint projects with the School of Co-operative Studies and its research-

ers. These include the granting of the 9th Josep Espriu Castelló Santander Bank ASISA-Lavinia Award; the publication of the book *Comprehensive healthcare co-operatives in the health sector: analysis of economic and financial flows*, by Javier Iturrioz del Campo, and participation in the publication of the book *40 years of the history of participatory enterprises* published by Complutense University's School of Co-operative Studies.

The awards were handed out during the seminar staged jointly by AECOOP (the Association of Co-operative Studies) and the School of Co-operative Studies, addressing Research and Teaching in the field of participatory enterprises. ●

## 30th anniversary celebrations

The Espriu Foundation is in 2019 celebrating its 30th anniversary as a flagship organisation in the health co-operative movement. To celebrate the achievement a number of commemorative events will be held over the course of the year, highlighting the work undertaken over the course of three decades, and the landmarks in its history.

For 30 years now the Espriu Foundation has striven to adapt co-operative healthcare solutions to the changing challenges raised by health management. But these 30 years have also given the Espriu Foundation the maturity



needed to look to the future and set new goals in building a social and healthcare model in which medical professionals and the users of healthcare services share in quality social medicine.

## The contribution of the Espriu Foundation to the 2030 Agenda: setting the standard

The application of the UN Sustainable Development Goals (SDGs) by the Espriu Foundation and its constituent organisations was one of the key initiatives set out at the seminar “The social economy in response to the 2030 Agenda for sustainable development: challenges and opportunities”, organised by the CEPES, and which was attended by representatives of the Ministry of Employment and the High Commissioner for the 2030 Agenda.



With the aim of publicising the 2030 Agenda among the network of associations and enterprises within the social economy, and coordinating their activities with national and international strategies, the CEPES (Spanish Social Economy Enterprise Confederation) held an information session on 19 February entitled “The social economy in response to the 2030 Agenda for sustainable development: challenges and opportunities”.

Together with other co-operative enterprises, the Espriu Foundation offered one of the model case studies in the application of the Sustainable Development Goals (SDGs) presented at the seminar, at which representatives from the Ministry of Employment and the High Commissioner for the 2030 Agenda attended.

### COVER FOR MORE THAN 2.3 MILLION PEOPLE

The enterprises that the Espriu Foundation represents maintain a firm commitment to the SDGs, both through their healthcare and insurance operations as well as through specific programmes. Clearly the third goal, focused on health and well-being, is the main field where they contribute, since they deliver health provision to more than 2.3 million people. Contributions are also made, though, through involvement in research programmes, clinical trials and the encouragement of healthy lifestyles.

What is more, the openness of the organisations of

the Espriu Foundation towards collaboration with the public health sector helps to free up resources, generating savings for the public system and making the health co-operative movement a strategic ally in the sustainability of the health system.

The contribution is not, though, limited solely to the field of health. Goals such as quality education (4), gender equality (5), decent work and economic growth (8) and responsible production and consumption (12) likewise form part of the commitment to the 2030 Agenda.

### ACCESS TO HEALTH

At the international level, the Espriu Foundation promotes health co-operatives as a tool to increase access to health services, above all in middle- and low-income countries.

Co-operatives offer alternatives to the implementation of public policy, since they are enterprises that, without being public, do not ultimately focus on generating a profit, but rather on providing the highest possible quality of service. The flexibility of their structures and the ease with which they adapt to different socio-economic cycles, together with their ability to compete in the health market without the need constantly to maximise short-term profits, make health co-operatives an economic agent capable of addressing the challenges of sustainability raised by health. ●

# Espriu Foundation, third largest corporate group in Spain's social economy

CEPES, the Spanish Social Economy Enterprise Confederation, recently published its ranking of “2019 Key Social Economy Enterprises”, in which the network of co-operatives that make up the Espriu Foundation comes third among the largest corporate groups in Spain’s social economy in terms of turnover.

The Espriu Foundation is among the eight largest corporate groups belonging to the social economy in the “2018 Key Social Economy Enterprises” rankings published by the CEPES (Spanish Social Economy Enterprise Confederation).

Specifically, in terms of its turnover (1.742 billion euros), the Espriu Foundation ranks as the third-largest social economy corporate group nationwide.

The report which aims to raise the profile of this enterprise model, its numerous different legal forms and its presence within Spain’s socio-economic context, also ranks the Espriu Foundation in first place in the health and social services sector.

## 908 CEPES MEMBER ENTERPRISES

The “Key Social Economy Enterprises” ranking analyses 908 businesses using figures submitted by CEPES members, and sets out data regarding turnover, employment, economic sector and territorial scope. The aim of the study is to show the socio-economic importance of social economy enterprises, in which business efficiency goes hand-in-hand with the values of solidarity, responsibility, and social cohesion.

The Managing Director of the Espriu Foundation, Dr Carlos Zarco emphasised that the “values that are standardised in the social economy model serve to deliver quality healthcare placing people at the heart of operations, and respecting the rights of both patients and doctors”. “All of which, combined with successful competition in the marketplace, makes the social economy a sustainable economic model based on principles of responsibility, democracy, fairness and solidarity,” he concluded.

## 10 PER CENT OF GDP

As the CEPES report indicates, the social economy in Spain is made up of 42,140 businesses and organisations accounting for 10% of national GDP, and generates 2,192,400 direct and indirect jobs.

The report demonstrates that the social economy is made up of businesses of all sizes, from SMEs and micro-enterprises to brand leaders with huge market recognition, although they might not always be identified as belonging to the social economy.



Out of the total of 908 enterprises included in the rankings, there are 550 co-operatives (60.51%), 206 worker-owned companies (22.66%), 92 special employment centres (10.23%), 25 mutual societies (2.7%), 18 employment inclusion enterprises (1.98%), and 9 fishermen’s associations (0.99%). ● **Rafael Olea**

## What is the Social Economy?

In 2011 Spain played a pioneering role in introducing specific legislation governing the social economy. The model is defined as the set of economic and business activities undertaken within the private sector by organisations in pursuit of a general economic or social interest, or both.

The enterprise models that make up the social economy in Spain are co-operatives, worker-owned companies, mutual societies, employment inclusion enterprises, special employment centres, fishermen’s associations, disabled sector associations and foundations.

Within the social economy, business efficiency goes hand-in-hand with the values of solidarity, responsibility and social cohesion. According to this economic model, people take priority over capital, and profits are redistributed collectively among individuals, are used to fulfil a social purpose, or are reinvested to continue expanding and creating employment.



fundació  
d'oncologia  
infantil  
**enriqueta**  
**villavecchia**

For the past 30 years, the Enriqueta Villavecchia Private Foundation works to provide integral care for children and youngsters undergoing oncological treatment, and other severe diseases, and to give support to their families at the most difficult moments.

# Help us

[www.fevillavecchia.es](http://www.fevillavecchia.es)





# Programme of Activities

## HEALTH PROMOTION IN AFRICA THROUGH CO-OPERATIVES

**From 28 May to 1 June 2019**

The African region of the International Co-operative Alliance is organising a conference in Zimbabwe with the involvement of government representatives, experts and co-operative leaders, on the topic “Health promotion and well-being in Africa through co-operatives”, with the aim of sharing successful experiences in different countries and exploring opportunities for health co-operatives in the development of the healthcare sector in Africa.

## CO-OPERATIVES EUROPE ASSEMBLY

**6 and 7 June 2019**

Co-operatives Europe, the organisation that unites together 84 co-operative organisations from 33 European countries, will be holding its General Assembly in Strasbourg, France. Co-operatives Europe represents 141 million co-operative members linked to 176,000 co-operative enterprises that generate 4.7 million jobs.

## 7th GLOBAL CONGRESS OF SOCIAL ECONOMY RESEARCHERS

**6 to 9 June 2019**

Organised by the Solidarity Laboratory at Bucharest University, the new Romanian division of CIRIEC, the Congress will focus on the general topic of “Social and Solidarity economy: advancing towards a new economic system”.

## INTERNATIONAL DAY OF CO-OPERATIVES

**6 July 2019**

This year International Day of Co-operatives will have the slogan “Co-operatives 4 Decent Work”. In dedicating this year's celebration to decent work, the co-operative movement aims to launch the message that co-operatives are people-centred enterprises that prioritise human development and social justice in the field of employment. The International Day of Co-operatives has been celebrated on the first Saturday in July since 1953 and showcases the values and principles of co-operative enterprises and their contribution to social and economic development.

## EUROPEAN CO-OPERATIVE RESEARCH CONFERENCE

**21 to 23 August 2019**

New technologies, environmental risks and increasingly integrated markets are transforming the principles of social interaction. Modern co-operative enterprises make an active contribution to fundamental changes in political, business and cultural contexts. At the conference, organised in Berlin by the research committee of the International Co-operative Alliance, debates will be held as to the role of co-operatives in response to these transformations.

## GLOBAL CONFERENCE ON CO-OPERATIVES AND DEVELOPMENT

**14 to 17 October 2019**

The International Co-operative Alliance is organising its global conference on co-operatives and development, to be held in Kigali, Rwanda, under the auspices of the Government of the Republic of Rwanda, and with the support of the local co-operative movement. Co-operative members from all round the world, civil society actors, development agencies, political leaders and representatives of international organisations will be debating the issues of development and the role of co-operatives in achieving the Sustainable Development Goals.

# Smiling, helping, laughing, loving...

## Do you realise that the best things in life are free?



**So is **compartir.** Subscribe today.**

Yes, I would like a free subscription to **compartir.** magazine

Please complete and send this form to the Espriu Foundation, Avda. Josep Tarradellas, 123-127, 4a planta. 08029 Barcelona.

If you already receive Compartir regularly, there is no need to send the form.

Name and Surname

Address

Postcode

 Town 

Province-State

 Country 

Telephone

 e-mail 

In which language would you like to receive **compartir.**?

Catalan

Spanish

English

At the Espriu Foundation we treat your personal data with the utmost respect and privacy, and so have updated our privacy and data processing policy in accordance with the General Data Protection Regulation.

The Espriu Foundation, of Tax Identification Number 59117887G and of registered office at Avinguda Josep Tarradellas 123-127, 4, 08029 Barcelona, is the Data Controller for personal data obtained by means of this form, in order to send you the magazine Compartir by post. Your data will be processed on the basis of the consent that you have explicitly expressed by means of this form.

The personal data that you provide to us will be retained until you unsubscribe from the magazine Compartir. Your personal data will not be transferred to third parties except in those cases where there is a legal obligation. You are entitled to obtain confirmation as to whether the Espriu Foundation is processing your personal data, and to revoke your consent whenever you may wish, with immediate effect. You may likewise access your personal data, rectify any that are inaccurate, or request the erasure thereof once they are no longer necessary for the functions and purposes for which they were gathered. If you wish to exercise any of your rights, you may write to us at the email address [compartir@fespriu.org](mailto:compartir@fespriu.org), or otherwise the postal address Avinguda Josep Tarradellas 123-127, 4, 08029 Barcelona.

By submitting this form you expressly agree that we may process your data in accordance with the stated terms.

# **30th Anniversary of the Espriu Foundation**

In 2019 the Espriu Foundation turns 30 years of age. To mark the event, **compartir**, has invited a number of prominent figures to look back over its successes and the potential that still remains untapped in championing the health co-operative movement, both within this country and beyond. Alongside the Foundation's President, Teresa Basurte, the following pages also include valuable eye-witness accounts courtesy of Drs Francisco Ivorra, Enrique de Porres, Ignacio Orce and Carlos Zarco; the Vice-President of SCIAS, Montserrat Caballé; the President of CEPES, Juan Antonio Pedreño, and Simel Esim, Director of the Co-operatives Unit of the ILO. •



Teresa Basurte was elected President of the Espriu Foundation eight years ago. From the top floor of Barcelona Hospital, she gives us her assessment of how the Foundation has evolved, now that we are celebrating its 30th anniversary.

**Teresa Basurte.** President of the Espriu Foundation

## **“The Espriu Foundation represents the health co-operative movement at both the national and international levels”**

**Carles Torner**

### **How do you see the 30-year lifespan of the Foundation?**

I can tell you about the years during which I have been directly involved with the Foundation. When I became President of SCIAS, the previous Presidents of the Foundation, Dr Ivorra and Dr Orce, felt it was a good idea for a user to be Foundation President, and they proposed me.

### **What has defined your presidency?**

To begin with, the fact that it was not only the first time that the presidency had been held by a representative of the users' co-operative, but also that I was the first woman to serve as President both of SCIAS and of the Espriu Foundation. And so there was a combination of the two factors: I was the first user and the first woman to be Espriu Foundation President.

### **Does that reflect greater participation by women in the management of the co-operatives that make up the Espriu Foundation?**

Women have been more involved in social and political institutions for years now. It was with in the context of Dr Espriu's ideas such as promoting citizen participation

through co-operatives, that I began working on co-operative teams. The move to become President of SCIAS was the result of my participation over many years, and I was elected from among various candidates, first as a Director on the Governing Board of SCIAS, and later as President.

I accepted the presidencies of SCIAS and then the Espriu Foundation with a pride that went beyond the personal aspect. It was pride in knowing that our institutions had reached a consensus that their President should be a woman and a user.

### **Which successes of the Foundation would you highlight?**

I would like to highlight both successes and also limitations. First, the successes: we have achieved a significant international position as founders of the International Health Co-operative Organisation, which we currently preside. And we have also established a very significant role within the International Co-operative Alliance.

### **You mentioned limitations. What do you mean?**

We haven't achieved everything we would like. The



**“I was the first user and the first woman to be Espriu Foundation President”**

Foundation has won great international acclaim, but within Spain, despite communication efforts over recent years, its profile is limited to membership of various bodies linked to the social economy and the co-operative movement. We haven't managed to raise our public profile outside the sphere of our institutions. The campaign we launched two years ago to promote the Foundation's media platform **compartir.**, as a digital magazine has served to push back the boundaries quite a bit, but we still have plenty of work to do.

We are conducting this interview on the top floor of Barcelona Hospital, where every week a meeting is held between the doctors' co-operative and the users' co-operative. I have heard you say on other occasions that this meeting is the pinnacle of Dr Espriu's project. Why is that?

The Group Commission, which represents our shared ideology, was approved by the governing boards of the two co-operatives. Although it does not have its own legal personality, we meet every Wednesday and around

**“We have achieved a significant international position as founders of the International Health Co-operative Organisation, which we currently preside”**

the table exchange, share, evaluate, make proposals, reach decisions. In other words, we engage in co-management in order to pursue the activities of our institutions. All the proposals will then be brought before the respective governing bodies for approval where needed.

**SCIAS has always seen member participation as a priority. How has that evolved over recent years?**

The technical resources we have in place today make it easier for users to participate. And this applies at various stages of the doctor-patient relationship. New technologies run through everything. This is clear in the hospital sphere: technology is involved in everything from surgery to decision-making thanks to all the digital information available which expands the medical perspective on each case extensively. At Barcelona Hospital this participation is at the highest level.

We need to draw inspiration from that for the SCIAS co-operative as well, where we find that it is the younger users who make use of all these technological resources, but are also least involved in the life of the co-operative. The co-operative structures cover above all the older users who sometimes find things more difficult in this realm. In the Social Participation Division, which is our platform for communication with those users who are not ill, all communication is electronic.

**The celebration of the 30 years of the Espriu Foundation coincides with Barcelona Hospital's 30th anniversary. What is the reason for their two stories being so intrinsically linked?**

They are two inseparable stories. In setting up the users'

co-operative, Dr Espriu found it necessary to create a body that would provide cohesion and would structure the plans for all the co-operative health institutions, and so the Espriu Foundation was born.

We are often visited by foreign delegations invited by the Foundation. In medical terms we are the same as other hospitals, perhaps a little more human thanks to the spirit that our organisation has. But what makes us stand out from others is our management. Barcelona Hospital has become an international flagship because of the co-management we practice, in other words joint management by doctors and users. No other hospital anywhere in the world is managed by the users themselves. To be more precise: no other hospital is managed by a co-operative board made up of eight users, three employee members and four members co-opted because of their expertise in different fields. We are a mixed co-operative covering two groups: on the one hand, more than 160,000 user members, and on the other over 800 employees at the hospital, who are the employee members.

**What memories do you recall of the years you have dedicated to the presidency of the Espriu Foundation?**

They have been intense years in the service of the Foundation. They have given me the chance really to get to know the doctors at our sister co-operative, Assistència Sanitària, and also ASISA and Lavinia, among whom I have some firm friends now. My presidency of SCIAS will end in June, and so I will also no longer be President of the Foundation. I will be followed by someone else, a doctor or user, a man or a woman, and I am sure it will be a capable person who will put their heart and soul into the Foundation, the same way that I have done. ●

**“The technical resources we have in place today make it easier for users to participate. And that applies at various stages of the doctor-patient relationship”**

Some of the people who have made the greatest contribution to strengthening and consolidating the Espriu Foundation offer us their personal view on these pages as to the successes it has achieved in its three decades in existence. They unanimously concur in highlighting the valuable role it has played in the international promotion of the health co-operative movement through the IHCO (International Health Co-operative Organisation).

## A valuable instrument in promoting health co-operatives

R. C.

The Espriu Foundation was founded in 1989 for the purpose of promoting and underpinning a health co-operative model unlike any other in the world, established by the visionary Barcelona doctor to whom it owes its name. The Foundation was the last of the institutions set up by Dr Espriu after decades spent building up step by step his own health co-operative formula, incorporating the different organisations that now make up the Espriu Foundation (Autogestió Sanitària, Assistència Sanitària, SCIAS, Lavinia and ASISA), without losing sight of three fundamental cornerstones: free choice of doctor, professional fees per medical act, and the rejection of dividend issues.

Fitting together the different institutional that comprise the complex health co-operative structure created by Dr Josep Espriu was no easy task. But it was a complete success. In fact, the organisations that make up the Espriu Foundation today represent the second-largest network of health co-operatives in the world in terms of turnover. And if the model had proved a success in Spain, why not try to export it beyond our borders?

Convinced of the capacity of his healthcare formula to adapt to other climes, the tireless Dr Josep Espriu embarked in the final stage of his life on ceaseless international efforts, culminating in 1991 with the inclusion of the Espriu Foundation, just two years after it had been set up, in the ICA (International Co-operative Alliance). Having achieved membership of this international body, his next aim was to found a sectoral organisation to group together health co-operatives within the ICA. And so the IHCO (International Health Co-operative Organ-

isation) was born, to a large extent owing its existence to the Espriu Foundation itself, and the presidency currently held by Dr Carlos Zarco, its Managing Director.

As we mark the 30th anniversary of its founding, a number of the people who have made the greatest contribution to the consolidation of the Espriu Foundation as an instrument for the promotion of the health co-operative movement, both in Spain and internationally, take stock of its successes over the course of these pages. We asked them what they see as the greatest contribution made by the Espriu Foundation during its three decades in existence, and called on them to recall from their memories some anecdote or personal event in which they were involved and that had a particular impact on them. Here are their replies.



**Dr. Francisco Ivorra**  
President of ASISA



## **“More present than ever in global co-operative activities”**

Over such a long lifespan, it is very hard to highlight just one contribution. Meanwhile, given my status as President, I would not in any way like to overlook anyone, because acts are ultimately the work of individuals. Allow me, then, to spotlight two milestones, and I would highlight that term, “milestones”.

The decision to found the Espriu Foundation and its continuation, more alive than ever, 30 years after it was established, are highly significant events from any perspective.

The Espriu Foundation was set up to redouble our commitment, a concept that always includes a vocation for the future, with regard to Spanish society, healthcare professionals and all our patients, both in the past and those yet to come. The spirit of the health co-operative movement and the philosophy of our founder, Dr Espriu, brought it into being, along with the activities conducted over the course of all these years.

And the fact that today, 30 years later, the Espriu Foundation remains more present than ever in global co-operative activities is itself a real milestone.

It is very hard to create anything, but to keep it alive is also a great challenge, and the Espriu Foundation has more than successfully done so, not only in my opinion, but also, as I mentioned, in that of the global co-operative movement.

An edifice built up over so many years is the product of the efforts and the dedication of many people, and so I do not want to, and mustn't, pass over this opportunity to express my thanks for all those who have contributed to our Foundation, and to congratulate them on its achievements. I am sure that Dr Espriu would, if he could see all that has been done, be delighted, while nonetheless spurring us on to new and ambitious challenges.

There are so many stories to tell... And I remember them above all because I experienced them with very dear friends. What I take with me is the generosity of everyone, everything I have learned from them and their shows of affection. I know that what I have just mentioned does not count as an anecdote as such, and that is itself important in a collective project, that it should be more than just an anecdote, and that we should continue learning from everyone.

**Dr. Ignacio Orce**  
President of Autogestió Sanitària and Assistència Sanitària



## **“A key player in the world of health co-operatives”**

The Espriu Foundation has made a significant contribution to the ICA, by calling in the past for the creation of a specialist body within the ICA to group together the different co-operative movements focused on personal health activities.

And so the IHCO was born, and has now become one of the highest-profile and most influential specialist bodies within the ICA. The Espriu Foundation has been involved in the governing bodies of the IHCO from the very outset, and has recently held the presidency. This makes the Espriu Foundation a key player in any health co-operative movement taking place in any country in the world.

As the most notable feature of the contribution made by the Espriu Foundation to the health co-operative movement, one could undoubtedly make mention of the concept of co-management shared by health professionals and users, in other words a type or model of management based on parity, shared responsibility and co-governance which has for decades successfully operated in Spain, and which has over the years aroused great interest and curiosity among other co-operative movements worldwide.

With regard to the future, we believe that in a global world where the Welfare State, for economic and other reasons, will find its management capacity increasingly limited, expressions of management, and even of co-management of the basic needs of the population, such as health, will be needed.

Within this context, the model provided by the Espriu Foundation could be hugely relevant for many years to come in certain countries and circumstances.

Without mentioning any particular anecdote, what I find most interesting and inspiring in the development of the Espriu Foundation is the sharing of experiences with a range of people from such different countries as Japan, Brazil, Malaysia, Spain... concerns that are also shared by very different people focused on the world of health, and the hugely meaningful need on the part of all of them to seek out solutions to improve the living conditions of any community.



**Dr. Enrique de Porres**  
CEO of ASISA

## **“Fundamental instrument in raising the social profile of health co-operatives”**

The contribution that I would highlight is the initiative to call on the International Co-operative Alliance (ICA) to set up a sectoral branch dedicated to health co-operatives. The International Health Co-operative Organisation (IHCO) was founded in 1996 as a grouping within the ICA for the entire global health sector co-operative movement. Ever since it was created, and for much of its institutional track record, it has been led by the Espriu Foundation itself.

It is the fundamental instrument in raising the social profile of health co-operatives, and has served to disseminate and promote our Foundation's philosophy.

In terms of the anecdote with the greatest personal and emotional impact, I experienced that with Dr Ignacio Orce and Dr José Carlos Guisado (R.I.P.), on the way to Bratislava for a health co-operative meeting. On board the aeroplane, Dr Guisado suffered an acute myocardial infarction (AMI). We were flying over Nice at the time, and received every possible assistance from the pilot. In under 30 minutes, Dr Guisado was picked up by a mobile emergency unit at the airport and underwent an immediate operation to fit two stents at a cardiology hospital very close to the airport which had experts on duty. If it had not been for those really fortunate circumstances, and the diligence of the aircrew, the outcome would have been fatal.

**Dr. Carlos Zarco**  
Managing Director of the Espriu Foundation Sanitària



## **“Magnificent reputation, esteem and influence”**

I think that the most significant contribution made by the Espriu Foundation is its promotion of the co-operative model within the field of health, coinciding with its founding purpose. To have served as the inspirational model for Brazilian and Argentinian doctors in launching health co-operatives that have provided a part of the population in those countries with access to healthcare is a very worthy achievement. All of which prompted the B20, under the presidency of Germany, to acknowledge that health co-operatives provide access to healthcare on the part of millions of families worldwide. And that is why I believe that the Espriu Foundation's contribution to the Sustainable Development Goals, and specifically number 3, could without a shadow of a doubt help to improve the health and well-being of society.

Meanwhile, one of the things that I have found most surprising, and of which I was completely unaware, is the magnificent reputation, esteem and influence that the Espriu Foundation enjoys on all international forums (ICA, WHO, ILO, B20, etc.), which means that our healthcare model has been extremely well received on the most prestigious international platforms. All of which is down to the fine efforts of those who have worked at the Espriu Foundation since the outset, and who have been and remain its most valuable asset.



**Montserrat Caballé i Domènech**  
Vice-President of SCIAS and  
Trustee of the Espriu Foundation

## **“Close collaboration between patients and healthcare professionals”**

The Espriu Foundation is a private non-profit organisation involved in different health co-operative institutions, and which is represented at both the national and international levels. The raison d'être of the co-operative lies in equality among individuals and non-discrimination.

One of its main functions is to help disseminate the health co-operative movement worldwide, including administration and organisation, respecting the rights of both patients and healthcare professionals. Its success is based precisely on close co-operation between both groups as a social value. Being a trustee of the Foundation has given me the chance to meet people with a great many values, with whom I have been able to share hugely enriching experiences. Some of them, unfortunately, are now no longer with us.

The President of CEPES (Spanish Social Economy Enterprise Confederation) addresses in this interview the keys to the success of the Espriu Foundation, and on a more general level, the successes and challenges of social economy enterprises, more specifically co-operatives, which have, he asserts, become the benchmark enterprise model in order to make the UN's 2030 Agenda a reality.

**Juan Antonio Pedreño Frutos**

President of CEPES (Spanish Social Economy Enterprise Confederation)

## **“The Espriu Foundation has made the health co-operative movement a social value”**

**J. P. & P. H.**

**This year, 2019, the Espriu Foundation celebrates its 30th anniversary. What do you think has been the main contribution of its enterprise model, both in this country and beyond?**

The Espriu Foundation is today the global flagship for health co-operatives. Such key figures as Dr Espriu, the instigator and champion of the health co-operative movement in Spain; Dr José Carlos Guisado and now Dr Carlos Zarco, have placed this co-operative model in the vanguard, in both business and institutional terms. I think that its contribution to expanding this social value, the number of people that belong to it, and above all the beneficiaries, have been like a magical triumvirate, and its most significant contribution. The social value of medicine, of healthcare and people, whether beneficiaries or professionals, have been the key to its success.

**To what extent has it contributed together with the State in delivering the constitutional and universal right to health?**

It is precisely because the right to health is a constitutional and universal right, as the Espriu Foundation has always understood, that it was created as a “social” form of understanding medicine, and has, through a non-profit organisation, succeeded over the years in ensuring that any profits are reinvested in improvements for the beneficiaries, making the health co-operative movement a “social value”.

**Do you think that the co-operative movement in general, and health co-operatives in particular, are destined to play an even more significant role in service provision?**

The United Nations is plotting the future roadmap for our society. They have launched the 2030 Agenda, an agenda shared by all countries, accepting responsibility for fulfilling the most ambitious challenge over the coming years: to build a better future for tomorrow's generations.

Social economy enterprises, and in particular co-operatives, are called on to serve as the flagship enterprise model in order to achieve this, because of their values and principles, placing people at the heart of their concerns.

The health co-operative movement is meanwhile helping to democratise healthcare. Its values, its proposition and its commitment will make it fundamental in finding solutions to the problems that this “environmental disaster” now threatening the planet could generate for health, according to the UN.

**What are the challenges in developing countries where healthcare depends to a great extent on co-operatives?**

Co-operatives have the mission of transforming society, and that can be seen in one's own national context, but also in the development of other regions and countries



that do not have the same opportunities as us.

They are taking on the universal challenge to offer appropriate provision for the greatest number of people possible, when worldwide such services are available to only one in five. Providing a solution to this challenge contributes towards human security, dignity, fairness and social justice, and the further development of democracy.

As well as the will of governments, we need to find economic agreements that allow an effective solution to this challenge. There are some examples in middle-income countries in this regard, such as Costa Rica, which has managed to achieve comprehensive health provision.

**In your opinion, does the co-operative movement get the recognition it deserves for its economic and social contribution?**

The co-operative movement has for many years been providing a response to many of the major challenges arising at different times and in different situations. It has democratised the economy, helping to reduce inequalities among people and fostering convergence among countries; it has encouraged equality and fairness; it has generated a firm commitment to solidarity and has always supported sustainable economic growth and full employment, making it the flagship enterprise model for a more social world. At the moment there is an imbalance between what it contributes and the recognition it receives in the political world and among governments.

**What initiatives would be needed to overcome this problem of invisibility?**

Overcoming the problem of invisibility does not come down to just one initiative. It is true that right now, more than on other occasions, the values and principles that are hardwired into the co-operative movement are more relevant than ever. We all need to raise our awareness of the situation faced by the planet, the serious environmental degradation which is also threatening human health; of the need for a more social world sensitive to problems such as immigration and migratory flows caused by wars: in short, businesses, individuals and governments all need to take on a social responsibility. The aim of co-operatives is to work towards and contribute to improvements in society, although this is very often not yet fully appreciated. And that is our challenge: to be understood, to be valued, and for people to commit to this business model.

**What distinguishes the social economy business model from other profit-making businesses?**

The social economy exists at the service of people and not capital. It is a democratic, sustainable and inclusive economy with a strong commitment to society. An economy that helps provide solutions to the real problems faced by citizens, such as unemployment, job insecurity, social exclusion, discrimination... one that, in short, aims to reduce inequalities and improve personal well-being.



Making sure that no one is left behind. An economy committed to building a future of sustainable development. The best agent in order to fulfil the 2030 Agenda and the Sustainable Development Goals.

**As the President of CEPES, could you explain to us what weight co-operatives have within Spain's social economy? How well established are they in terms of neighbouring countries?**

Co-operatives are the backbone of the social economy. Not only in Spain but worldwide. And not simply because of their quantitative contribution (in Spain, 50% of the social economy is made up of co-operatives), but because of the contribution of co-operative principles and values in shaping the concept of the social economy: prioritising people and social aims over capital; demo-

cratic governance, solidarity and reinvestment of the bulk of the profits or surplus.

And as I mentioned earlier, this is the same case in our nearest neighbours, such as Portugal, France, Italy, Turkey, and even around the southern half of the Mediterranean basin, where there are nearly 900,000 co-operatives providing solutions for many millions of people, generating opportunities and inspiration, as the most significant enterprise model.

**What international initiatives are being developed to strengthen the social economy?**

In Europe the social economy provides more than 13.6 million jobs and close on 3 million businesses generating 8% of the European Union's GDP. It is a business model that aims to commit to the future of Europe and that aspires to be one of the central pillars of its economy and society. And the various European institutions are acknowledging that.

The European Council unanimously recognised the social economy as a "key driver of economic and social development in Europe". In Madrid in 2017, 11 governments and more than 400 leaders defined it as "a strategic business model to ensure social and economic cohesion in Europe", and called for a European Action Plan (which has now been publicly presented to the Parliamentary Intergroup and to the European Commission).

The European Economic and Social Committee has established a Day of Social Economy Enterprises. European conferences have been staged, and a few months ago the Global Social Economy Forum in Bilbao brought together 1,700 people from over 80 countries. In general, all European institutions, governments and the sector itself are making an increasing contribution to improve and strengthen the social economy.

**What policies are needed in the European Union to strengthen the role of co-operatives?**

The European Commission has adopted a package of measures, including: access to financing and markets, improvements to legal and regulatory frameworks, social and technological innovation, and the international dimension. But it was Social Economy Europe which a few days ago presented an action plan to build the future of European policy for the social economy, a plan that covers 20 measures, 64 actions based on a structure with seven main pillars, and providing a response to the three key goals pursued by the social economy: to recognise the social economy as a horizontal agent in the development policies of the European Union; to establish a political framework that will increase complementarity and coordination among different administrations and generate an environment to foster and develop the social economy, an ecosystem supportive of such enterprises. This plan will undoubtedly help to encourage and raise the profile of social economy enterprises. ●

Since it was first founded in 1989, on the mandate of its constituent organisations, and having achieved such outstanding results in this country, the Espriu Foundation has been extremely busy at the international level with the aim of promoting and instigating the health co-operative model abroad. Just one of the successes seen in this task was the creation of the International Health Co-operative Organisation (IHCO), of which it now holds the presidency.

## 30 years of co-operatives in the service of social medicine

Jose Pérez

1989 has entered history as the year when a series of revolutions in Central and Eastern Europe led to the collapse of the regimes under Soviet influence, accelerating the end of what was known as the Cold War. And also because of such iconic images engraved in the memory as the citizens of Berlin tearing down the wall that had divided their city for 28 years. Or the lone man attempting to hold back the tanks in Tiananmen Square in Beijing.

Within this historical context, a group of health co-operatives set up the Espriu Foundation “with the aim of undertaking activities focused on the promotion and development of the health co-operative movement”. This was the formalisation of a working party known as the Health Co-operative Study and Promotion Bureau, which had been pursuing such an approach since 1982.

### “SATISFACTORY MEDICINE”

Times had moved on since the 1950s, when Dr Josep Espriu set up a mutual healthcare provider in Barcelona named Assistència Sanitària, the first step in the development of the associations that were to follow over the subsequent years, allowing doctors from all over Spain to fulfil their desire to organise themselves in providing medical care. And although Dr Espriu's aim was not a commercial one, and he himself admitted that he never felt any desire to set up businesses or found a holding company, the fact is that he was the driving force behind a corporate grouping which put into practice a health-care model with a co-operative basis. A model the aim of which is summarised in the expression “satisfactory medicine”.

The Espriu Foundation inherited the aims of the health co-operative movement and the mandate of the organisations Assistència Sanitària, ASISA, Lavinia and Barcelona Hospital to develop and promote this model, with the certainty that the benefits that health co-operatives had delivered in the Spanish health sector could be exported to other geographical and socio-economic contexts, adapting them as required in order to contribute towards the goal of satisfactory medicine.

And so, just two years after having begun operations, the Espriu Foundation became a full member of the International Co-operative Alliance (ICA), as the voice of the Spanish health co-operative movement. This platform provided a first-hand insight into initiatives of similar characteristics that had been developed in other parts of the world, as far away and with such different cultures as Brazil and Japan, reasserting the validity and flexibility of health co-operatives.

### CREATION OF THE IHCO

The then president of the ICA, recognising the importance of co-operatives as a complement or alternative to public health service provision, encourage the Espriu Foundation to lead the creation of a sectoral group within the Alliance, dedicated to exchanging experiences and fostering the health co-operative movement. The International Health Co-operative Organisation (IHCO) was set up in 1996, and in 2001 the Espriu Foundation took over the presidency, a position of leadership that it still holds today.

These constant international efforts have been guid-

ed by the problems of society and the solutions that the permanently evolving health co-operative movement has to offer. Innovating without forsaking its values, expanding its perspective, learning about other initiatives and incorporating new elements so as to be able to address the challenges involved in caring for the health of citizens in a changing society.

As well as representing the health sector within the global co-operative movement, the Espriu Foundation also dedicates its efforts to help build a better society by proposing and promoting the values of social and co-operative medicine on a number of decision-making forums.

#### **THE G20 AND THE 2030 AGENDA**

One notable example was the involvement in the G20 Health Initiative launched by the German government in 2017 to give a voice to enterprises in the sector, as vital

actors in ensuring that healthcare systems contribute to economic growth and sustainable development. In the policies arising out of this initiative co-operatives have been acknowledged as an enterprise structure providing access to healthcare for some 100 million households worldwide.

Furthermore, according to the UN Resolution that expressly recognises the key role of co-operatives in implementing the Sustainable Development Agenda, the Espriu Foundation is working to encourage and implement co-operative solutions in support of public health and well-being. The Foundation is inspired at all times by the enterprises that it represents, maintaining as they do a firm commitment to the 2030 Agenda and the Sustainable Development Goals, both through their healthcare and insurance activities, and also other specific programmes. ●

## **The drive of Dr José Carlos Guisado**

While the birth of the International Health Co-operative Organisation (IHCO) owes a great deal to the enthusiastic international efforts of Dr Josep Espriu, its consolidation and growth as one of the most active sectoral organisations of the ICA (International Co-operative Alliance) would never have been possible without the drive and tireless work of Dr José Carlos Guisado, who served as President between 2001 and 2016 as the representative of the Espriu Foundation.

During his four terms as President of the IHCO, Dr Guisado dedicated all his efforts to extending and promoting the co-operative health model. His successes included welcoming into the IHCO a number of co-operatives dedicated to the field of health in such different countries as Argentina, Colombia, Canada, Poland, Brazil, Italy and Australia. Meanwhile, his global vision led him to ensure that the voice of health co-operatives was heard on a range of international forums, from the World Health Organization to the International Labour Organization and the European Parliament, without overlooking national governments and public authorities.

With his untiring dedication, José Carlos Guisado was the figure behind what he himself called the



“upsurge of health co-operatives”, referring to the interest shown in the co-operative health model over recent years by numerous health systems, both public and private.

After he unexpectedly passed away while attending the International Co-operative Summit in Québec in October 2016, he was succeeded at the head of the IHCO by Dr Carlos Zarco, the current CEO of the Espriu Foundation.

The role of the cooperative movement in general, and health co-operatives in particular, both in tackling the challenge of decent employment worldwide and in providing health services for the more underprivileged, is one of the key topics discussed in this interview by Simel Esim, Director of the Co-operatives Unit of the International Labour Organization, the specialist UN agency which marks its centenary in 2019.

**Simel Esim**

Director of the Co-operatives Unit of the International Labour Organization (ILO)

## “The potential of health cooperatives is still largely untapped”

R. C.

### What are the links between the ILO and the cooperative movement?

As early as 1920 the ILO had a specialized unit focusing on cooperatives which continues to this day. A close connection with the cooperative movement was established by the first Director General of the ILO, Albert Thomas, who was a French co-operator and a member of the Central Committee of the ICA. Since then the ICA has had a general consultative status with the ILO, which remains the only specialized agency of the United Nations with an explicit mandate on cooperatives.

ILO activities on cooperative enterprises are guided by an international standard on cooperatives, the ILO Recommendation on the Promotion of Cooperatives, 2002 (No. 193). The international cooperative movement was involved in the process leading to the adoption of the Recommendation which has proven to be highly relevant for the revival of cooperative enterprises in many parts of the world. Since its adoption, more than 110 countries have used the Recommendation to support the revision and development of national policies and laws, and it has contributed to a number of regional and sub-regional uniform model laws. The ILO's work on cooperative enterprises continues to be guided by this import international standard.



### What are the main objectives and activities of the ILO Cooperatives Unit?

In the 99 years since its establishment, the Cooperatives Unit has gone through numerous changes along with the developments in the global context and the evolution of cooperatives. The unit services the ILO constituents directly and through its field offices and in close partnership with cooperative and social and solidarity economy movements.

# **Close personal ties to the co-operative movement**

---



Simel Esim's links to the world of co-operatives date back to her childhood in Turkey. She comes from a family with a long co-operative tradition, and to this day her father still works at housing co-operatives. With a degree in Political Science, she completed her Master's in International and Middle Eastern Economic Studies, and holds a Doctorate in Economics, centred on developing economies. She has worked at the World Bank and the International Centre for Research on Women, in Washington DC, focusing on the informal economy, the economic empowerment of women and labour migration, among other issues.

Before joining the Co-operatives Unit of the ILO as Director, her research into women working in the submerged economy allowed her, in her own words, "to confirm the fundamental role that co-operation, reciprocity and mutual assistance can play in helping to generate means of subsistence, services and bargaining power for women". She has also been involved in development cooperation projects, offering her the opportunity "to lend support to the creation and consolidation of young people's and women's co-operatives in a range of countries in the Middle East and North Africa".

The ILO COOP strategy is three-pronged: Advancing cooperatives and other social and solidarity economy organizations as economically, socially and environmentally responsible and viable business options toward a sustainable future of work; Encouraging the integration of decent work agenda as a priority in the cooperative and social and solidarity economy movements' agendas; and ensuring that specificities of cooperatives and other

social and solidarity economy organizations are recognized in analysis, policy, and actions toward achieving decent work and a sustainable future.

## **Within the work of the ILO, where do health cooperatives stand?**

The ILO's work on cooperatives runs across sectors including health. Recommendation 193 covers all sectors of cooperatives. Decent work, which is ILO's core mandate, is also closely associated with good health. The ILO's ultimate objective in the field of social health protection is to achieve universal access to affordable health care of adequate quality and financial protection in case of sickness.

ILO's in-country experiences show cooperative insurance and mutual health insurance organizations are critical to the provision of social protection to their members especially in rural and informal economies across the globe, but especially in the Global South. Through our policy and development cooperation work we support the creation of a favorable ecosystems for cooperatives and other social and solidarity economy organizations across sectors.

We have observed first-hand how groups of informal economy workers, waste-pickers, taxi-drivers often use the cooperative model to access health insurance. Ageing domestic workers use cooperatives for old age income security in countries like Trinidad & Tobago. In provision of child care services cooperatives are being used across the world. In countries like Namibia, Tanzania, eSwati, cooperatives have been used effectively in HIV/AIDS mitigation.

**The Espriu Foundation turns 30 in 2019 promoting the potential of the cooperative business model. How do you think health cooperatives can continue contributing to the Sustainable Development 2030 Agenda?**

Good health is one of humanity's most valued assets. Sustainable Development Goal 3 focuses on physical and mental health and well-being and to extend life expectancy for all. Its aim is to achieve universal health coverage which includes financial risk protection, access to quality healthcare services and access to affordable medicines and vaccines. The Goal includes the commitment to accelerate the progress made to date in reducing newborn, child and maternal mortality and ending all such preventable deaths before 2030. As healthcare is a labour-intensive industry, workers in health care, such as doctors, nurses or other health workers, can also make a big difference. Improvements in healthcare provision can be reached if resources are pooled and health professionals enjoy better working conditions.

Health cooperatives can provide responses to ineffi-

# ILO: a century promoting decent work

The International Labour Organization (ILO) marks its centenary this year. "After a devastating war, the ILO was founded in 1919 on the principle that lasting and universal peace could only be established on the basis of social justice," says Simel Esim. A hundred years after it was created, the main achievements of the ILO, according to the Director of its Co-operatives Unit, are as follows:

**• Giving employers and employees a voice.** The ILO's tripartite structure gives governments, workers and employers an equal voice when setting labour standards and policies.

**• Limiting working hours.** The first ILO Convention, adopted in 1919, limited hours of work and ensured adequate rest periods for workers. Challenges of excessive hours of work and the need to protect workers' health and safety by limiting working hours and providing adequate periods for rest and recuperation remain pressing issues to this day.

**• Working to abolish child labour.** Child labour" is work that deprives children of their childhood and that is harmful to physical and mental development.

Over the past 15 years, nearly one million children have been withdrawn or prevented from entering child labour thanks to ILO projects across 110 countries.

**• Bringing an end forced labour.** "Forced labour" is work that is performed involuntarily and under the menace of any penalty. The ILO first took a public stand against human trafficking and debt bondage in the 1930s with a renewed campaign to end modern slavery launched in 2014.

**• Promoting the skills workers and employers need.** A lack of opportunities to upgrade skills is a major constraint for local industry development. The ILO has been working on linking training to current labour market needs as well as anticipating and building competencies for the jobs of the future; and building quality apprenticeship systems and incorporating core skills into training for young people

**• Making workplaces inclusive for people with disabilities.** People with disabilities make up an estimated one billion, or 15 per cent, of the world's population. About 80 per cent are of working age. The right of people with disabilities to decent work, however, is frequently denied. The ILO is working to establish legal frameworks and practical schemes to promote greater

opportunities and fair treatment for people with disabilities.

## • Helping to close the gender pay gap.

Ensuring that the work done by women and men is valued fairly and ending pay discrimination is essential to achieving gender equality. Yet, gender pay gaps continue to prevail as one of today's greatest social injustices. The ILO works with its constituents in putting in place specific gender equality policies that are embedded within a general policy environment which is promoting equal and inclusive labour markets.

## • Striving to stop gender-based violence at work.

In June 2019, delegates of the ILO's International Labour Conference will discuss violence and harassment in the workplace, with a view to adopting the first international convention to help prevent the problem and put into place measures to protect and support affected workers everywhere.

## • Leading the way on the future of work.

The world of work is evolving rapidly. To understand and effectively respond to new challenges, the ILO is increasingly disseminating knowledge on recent trends and driving discussions on the future of work. A Global Commission was formed on the topic and recently launched a report titled Work for a brighter future.

ciencies in serving the interests of people, when services and products are unavailable or not accessible. They can combine workers' skills and financial resources to respond to market failures in serving the interests of workers, producers and users and providing services and products otherwise inaccessible. The potential of health cooperatives is still largely untapped. Better understanding their competitive advantages and unleashing them would address the health needs of populations where their services are much needed.

**In your opinion, what is the future of the cooperative movement? And of health cooperatives in particular?** There are growing calls for new forms of business and new models of growth. The world needs innovative solutions to reverse the deterioration of worker rights, improve employment opportunities and working conditions, the organization of work and production, and the governance of work. In this context it is important for the global cooperative movement to demonstrate its

commitment to advancing social, economic and environmental sustainability. From an ILO perspective it will be important for the cooperative movement to show how it contributes to securing decent work and the concrete alternatives it offers to counter retreat of worker rights.

Such commitment would benefit from being substantiated with concrete actions. Cooperatives can actively contribute to shaping the future of work we want. For instance, the bigger and more established cooperatives can show their support for emerging cooperatives to address world of work challenges, like those set up by unemployed youth, low-income women and freelance workers. Codes of conduct for eliminating worse forms of child labour, forced labour and discrimination could be adopted as part of a "Cooperatives for decent work" the theme of this year's International Day of Cooperatives. Needless to say these cannot be done alone. Alliances with trade unions and other social and solidarity economy enterprises and organizations can be sources of strength and innovation in this regard. ●



Three decades after it was founded, the Espriu Foundation is more present than ever in international co-operative activities. Having initially been set up by Dr Espriu in 1989, its first great success was the founding of the International Health Co-operative Organisation (IHCO), a body which the Espriu Foundation has led since the outset, and of which it currently holds the presidency. The prestige and influence of the Espriu Foundation in international forums has made it a first-class instrument and global leader for championing the co-operative health care model. •

## Votive lamp

Why, if they rest there beyond time,  
does the visit of our most cherished dead  
make us shiver as we sleep?

The same as chapel candles  
flicker in the draft of empty naves,  
the unhearing night breath makes  
the tall, holy and solitary flame of love  
tremble, but cannot quell it.

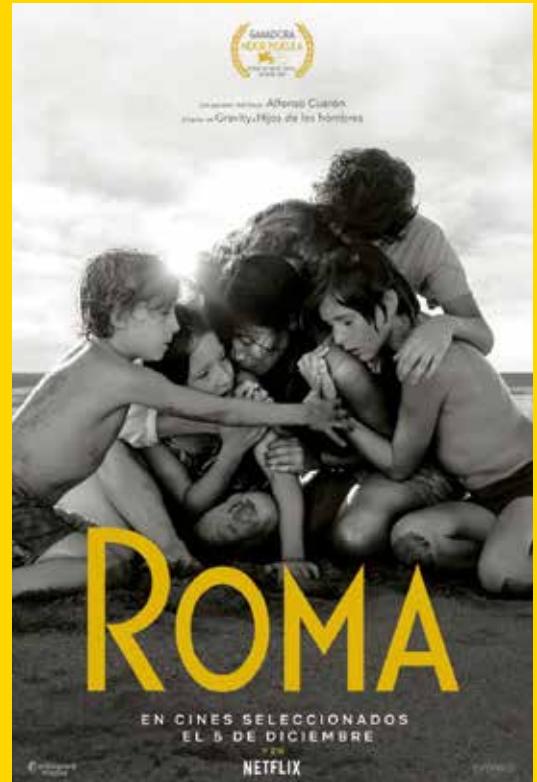
You will never be deluded by this light.  
Undemanded vows always bind.

**Enric Sòria**

From *Abans del vespre. Antología poética*, Barcelona, Ed. Proa, 2019  
Translated from the Catalan by Sam Abams



# Italy in Mexico



## Technical details

Original title: **Roma**

Year: **2018**

Running time: **135 minutes**

Country: **Mexico**

Director: **Alfonso Cuarón**

Screenplay: **Alfonso Cuarón**

Photography: **Alfonso Cuarón (B&W)**

Cast: **Yalitza Aparicio, Marina de Tavira, Marco Graf, Diego Cortina Autrey, Carlos Peralta, Daniela Demesa, Nancy García García, Verónica García, Latin Lover, Enoc Leaño, Clementina Guadarrama, Andy Cortés, Fernando Grediaga, Jorge Antonio Guerrero**

**Mexico-US co-production; Participant Media / Esperanto Filmoj. Distributed by Netflix**

### Enric Sòria

It's about 1970, a bourgeois family lives in a house in the Roma district in Mexico City. They are accompanied by two Mixtec maids who work ceaselessly, while giving a little love and affection to the children of the house. The tribulations that both sides go through strengthen the bonds of affection with one of the maids (the wonderful Yalitza Aparicio), but the relationship of subordination remains unchanged.

This is a film of poetic realism which owes a great deal to the Italian cinema of the Fifties and Sixties to which it pays homage. The references to Fellini are obvious (in particular in the New Year's party sequence, with all the appearance of a provincial recreation of *La Dolce Vita*), but there are also echoes of the perceptive work of Antonioni and Pasolini (specifically *Mamma Roma*), in the desolate view of the Mexican suburbs.

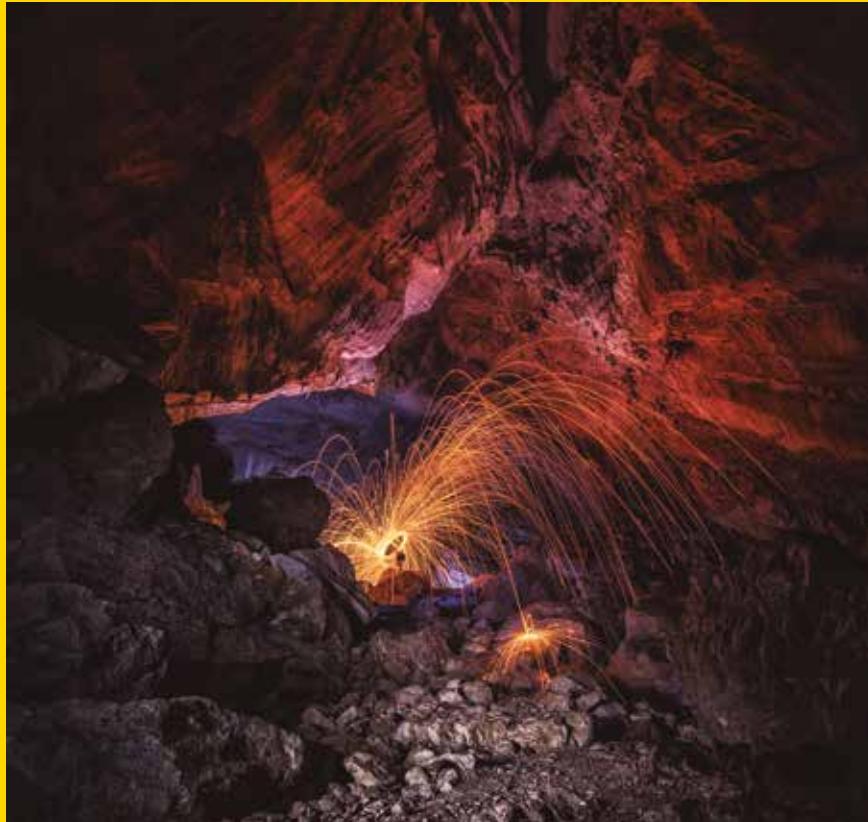
This exercise in evocative revelation is founded on a series of interlinked vignettes (just like the Fellini works on which it draws). They recreate a bundle of everyday relationships wavering between domination and solidarity within the nucleus of the family. This then serves to set out a much broader context in individual brushstrokes, except at a crucial moment, the brutal repression of a student demo that ends in a massacre, suddenly showing us that the oasis of calm well-being in the housing development is no more than an illusion. The expression of this impressionist backdrop is a work of such directorial sumptuousness that it is almost excessive, laden with hugely elaborate tracking shots designed down to the ultimate millimetre, so rich in detail, so mobile and so alive that they absorb the viewer in a kind of hypnosis. The plastic power of the images, in dazzling black and white, is overwhelming. If the aim is to rival the baroque and exuberant visual universe of Bellini, the least one can say is that the film is not far off.

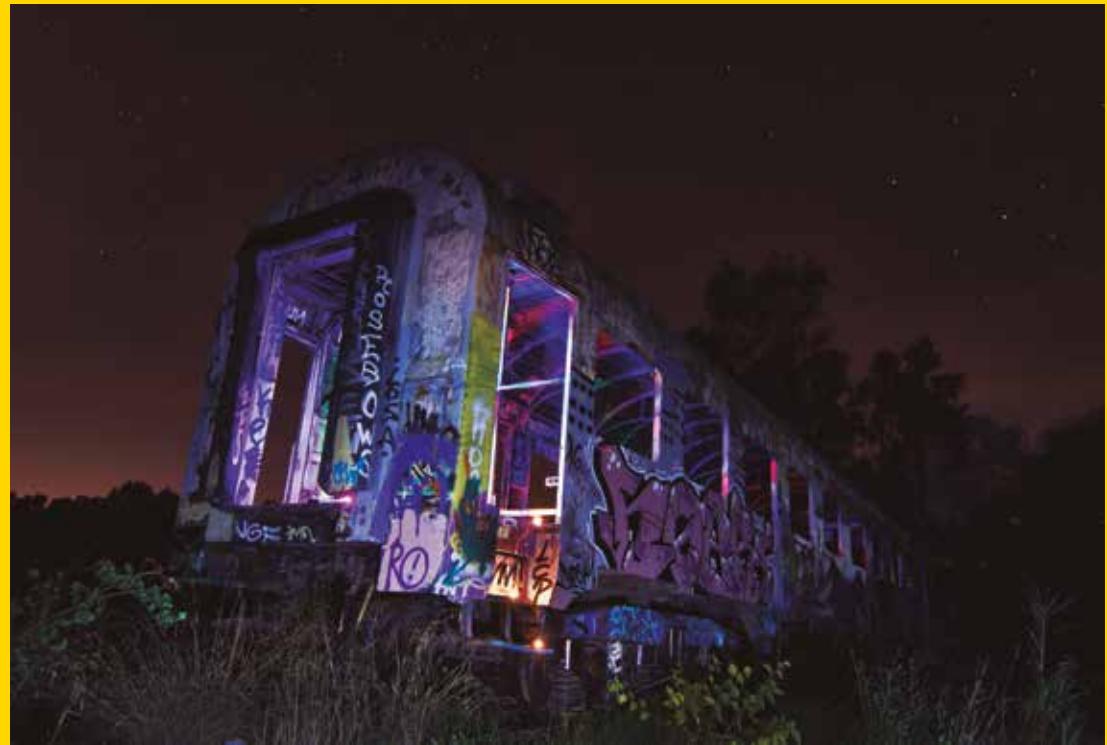
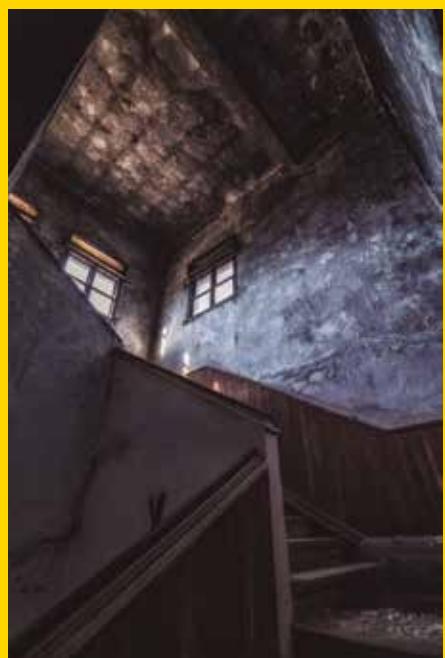
The ornate and technical perfection of the movie runs the risk of erring on the side of pompous vacuity, but a handful of remarkably intense moments rescue it from such aesthetic self-indulgence: the delirious monologue of a karate kid while he is showing off his skills to the girl who doesn't know what to make of him (almost a metonym for the strange dreamlike quality that lies at the heart of the film's realism); the grotesque New Year's party; the journey through a sordid slum concealing the fantasies of brutality; the exceptional sequences of the student demo, viewed from the illusionary protection of a shop; the stillbirth, of crushing intensity, or the no less impressive scene at the beach. Following on from this huge demonstration of filmic mastery, the apparently placid conclusion, when normal order and silent work are once more resumed, may seem anticlimactic, but upon careful consideration, there is no other possible ending. Life is like that: either nothing is a tragedy, or everything is. ●

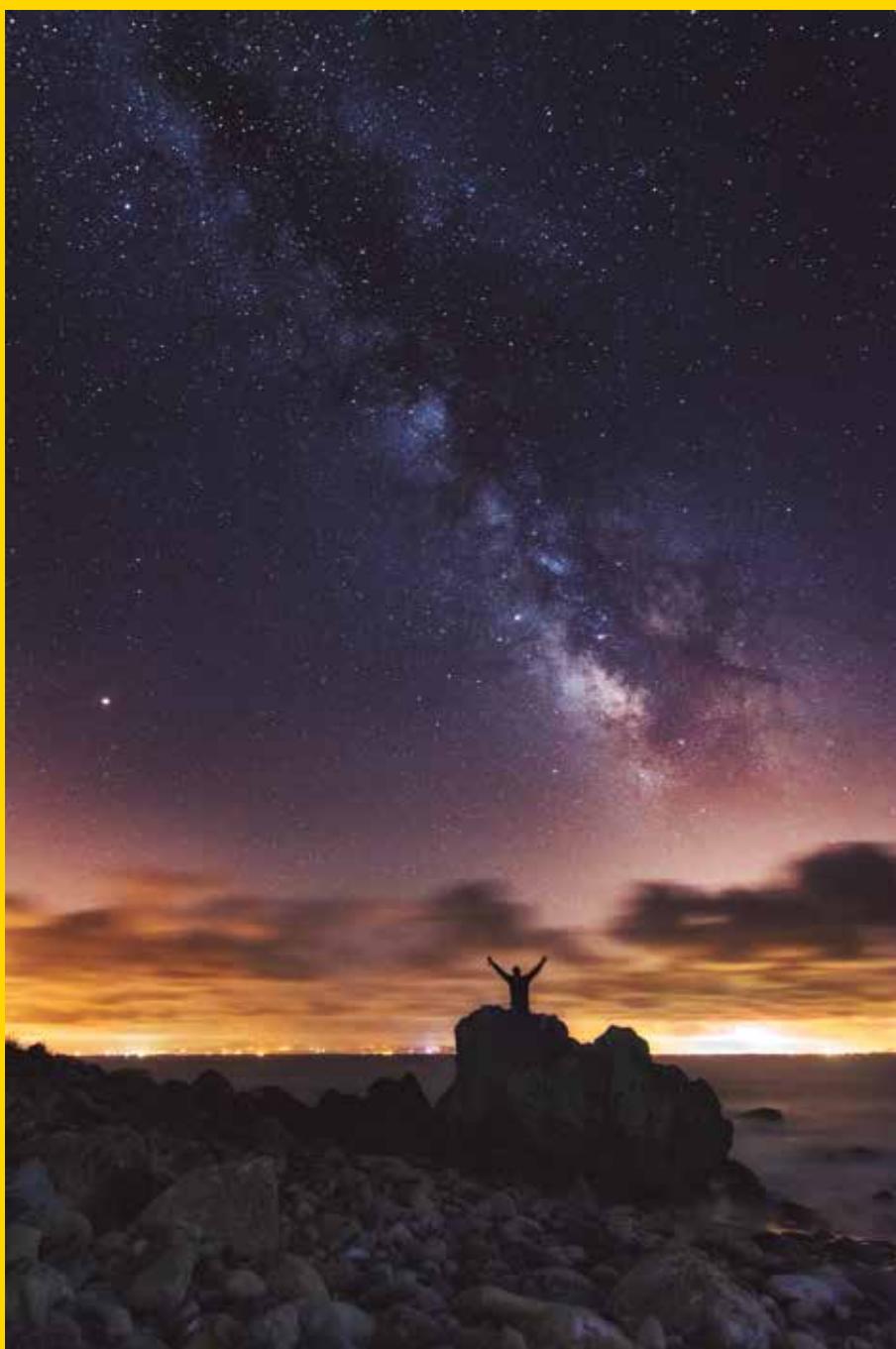
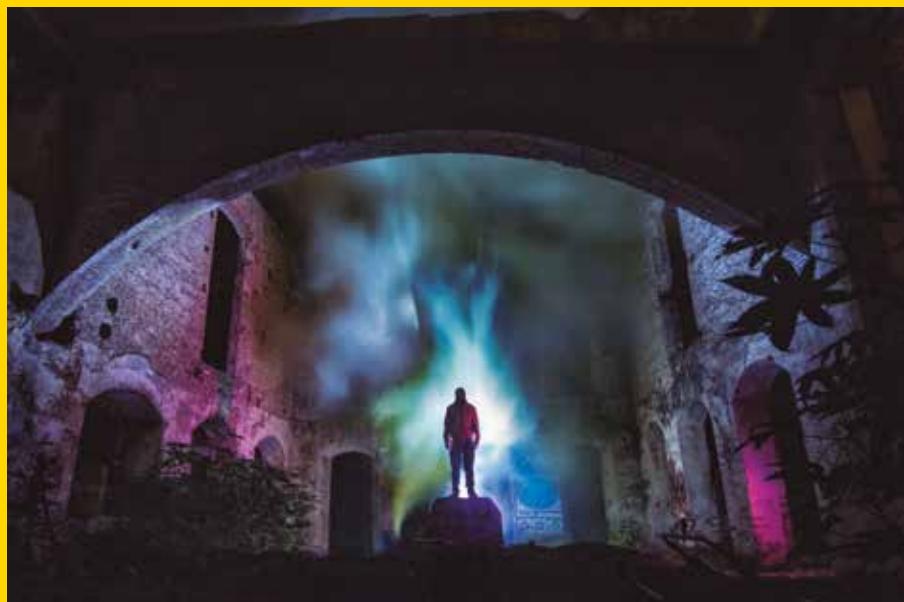


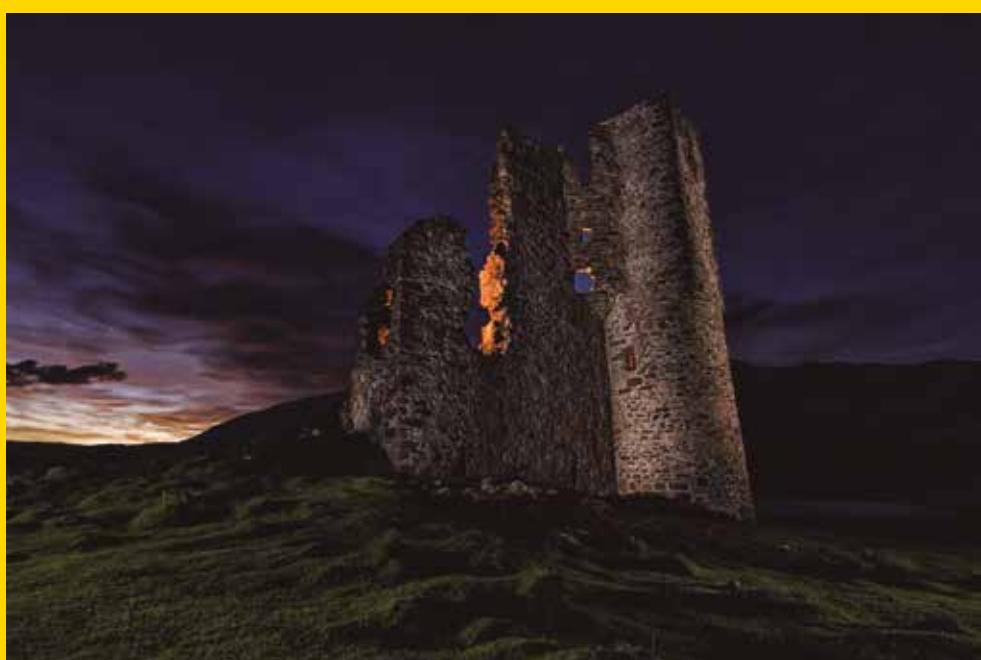
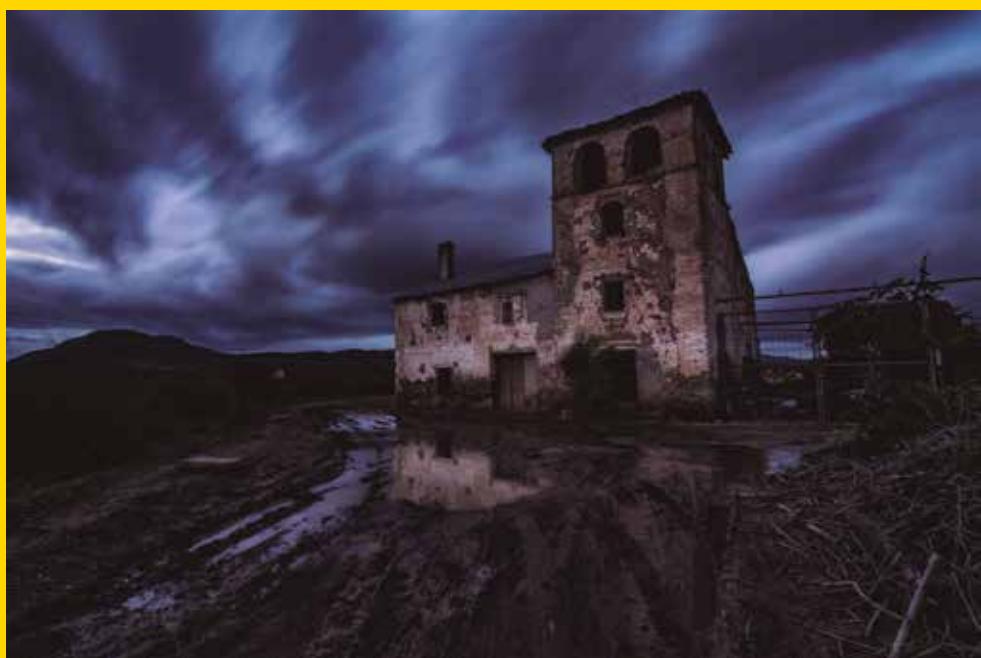
# STEALTHILY BY NIGHT

Ever since she discovered that using long exposure times her camera “could hunt stars”, Rocío Jurado has constantly headed out after sunset. She has patiently spent hours and hours searching for barren settings where she can apply her stripped-down effects and lighting techniques. And with this from Seville to Malaga, from Tarifa to Scotland she has managed to bring life back to inhospitable locations trapped in time.









# We are alive for a long as long as we feel

**Simona Škrabec**

Not just as a poet, but even as a public figure, Espriu, with his extreme rectitude, containment, intelligence, calm and erudition, became a cornerstone demonstrating that the Civil War had been unable to alter Catalonia's distinctive way of doing things. Thanks to figures like him, thanks to this intellectual resistance, the Catalan people were given the certainty that the customs of the past had been preserved for them, and no definitive devastation had occurred. The poet was perceived as a guarantee that the world as it was would endure.

However, it is quite wrong to include Espriu among those poets who dedicated themselves to harvesting "the accredited genre of the pamphlet". Espriu bares his fangs to ingenuous enchantment and is always ferociously critical of any daydreaming. Precisely because he so loves his land, he demands of its inhabitants a critical spirit and analytical capacity.

Espriu set about unmasking the building of myths, while becoming a myth himself. Defeat in his aim of educating his contemporaries, of forcing them to read between the lines, of avoiding any possibility of developing a "stomach ulcer" thanks to the indigestion of patriotic fervour, must have been so serious that beyond a certain point the poet lost all enthusiasm for being what others believed him to be, a bard, a spokesman issuing easily understandable slogans. Espriu clearly did not want to be the guarantor of such ingenuous faith in a future that would arrive all of its own accord, without any effort being needed to bring it about.

If we analyse the reaction to his poetry with the same rigour that he demanded of his verse, it must then be acknowledged that at some undefined point, Espriu no longer claimed the spontaneous, mass attention that he enjoyed in the 1950s and 60s. That smiling and ironic, perspicacious and ingenious man, ended up embittered, behind rigid spectacles which only accepted that vision, as Julià Guillamon noted in the 2013 exhibition. Espriu, who previously played the role of national poet conscienc-

## God

I  
demand  
unconditional  
love  
and  
absolute  
freedom  
And so  
I inspire  
fear.

Tomaž Šalamun

tiously, who had dressed up in his finery to appear in public and allowed artistic photographs to be taken of him, ended up with hedgehog hair like bristles, and spectacles like a shield. He withdrew from life without any queue of disciples championing his poetry. And if we are to be honest, he has not even had any imitators.

To become a sufficiently impartial judge, Šalamun was aware from the very start of his career that he would need to view himself in the mirror of eternity. In this sense Salvador Espriu is his kindred spirit in the titanic effort of stripping himself of all superfluous elements, and having the courage to gaze fixedly on his own visage in a reflection that is no happenstance, but intended to last forever. Both poets understand that man is not an ephemeral presence, but that each individual forms part of a sophisticated mechanism on which we all depend.



XXII

**What price? Life.  
If you would pay it,  
You would save it.**

Salvador Espriu  
Translated by Sam Abrams

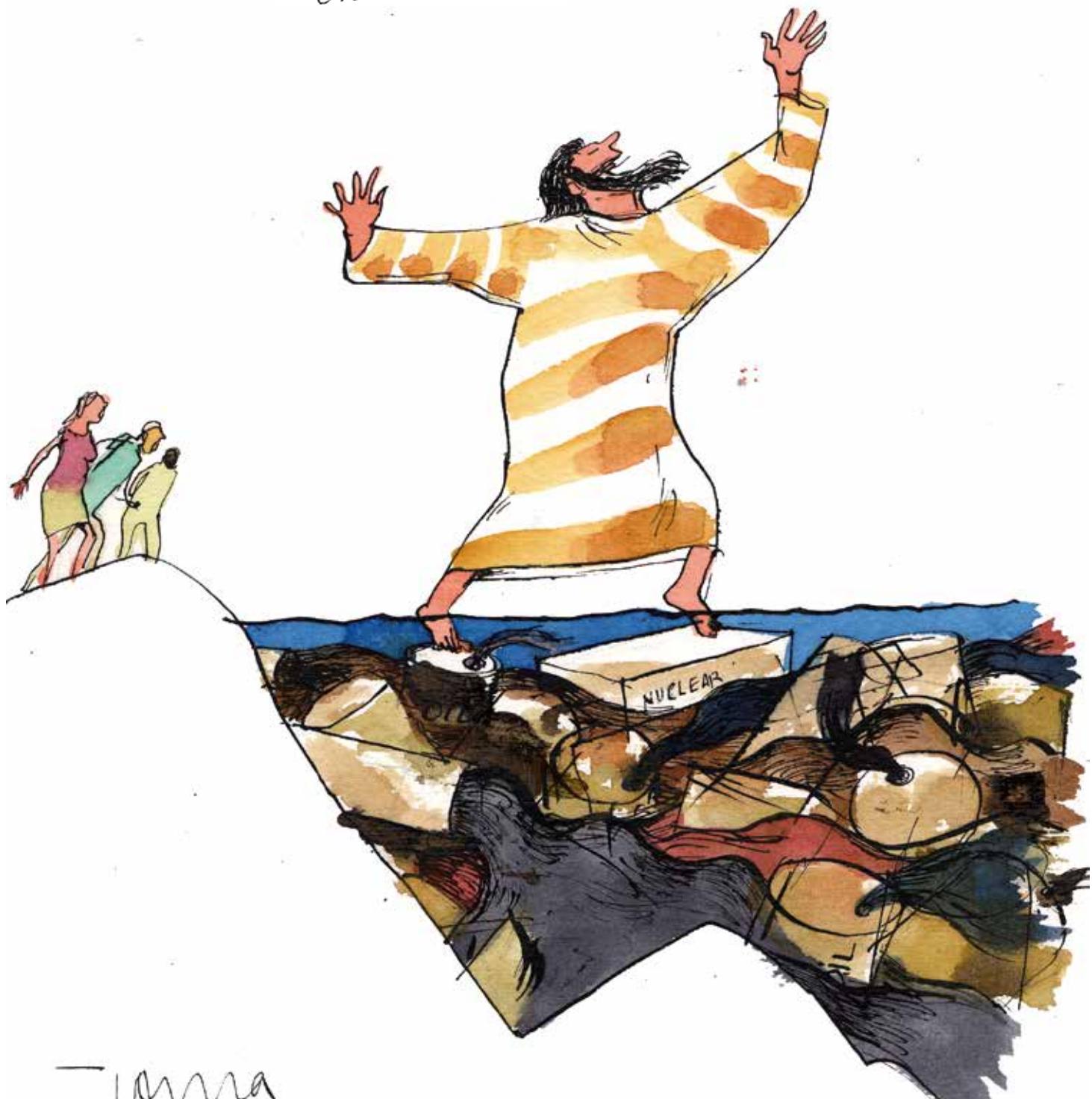
Both poets were very much aware that poetry can only be written through a commitment to memory, and at the same time a responsibility towards the future. To read them, then, one must take on board this same attitude of unwavering attention. What most unites them is that they had no fear of the truth, and furthermore no fear of freedom. They were able to withstand complete lucidity, did not seek out the convenient shelter of half-truths and simplistic customs which anaesthetise us so we can live day by day without scarcely having to think about a thing.

One of the shortest and also most striking of Šalamun's poems, entitled simply "God" (1981) reads: "I demand unconditional love and absolute freedom. That is why I inspire fear." As if in an echo, Espriu answers him seven years earlier - in poetry strict chronology has no meaning, since we are dealing with concepts that aspire to eternity - , in poem XXII of Forms and Words (1974): "What price? Life. If you would pay it, you would save it."

I see the link between these two poets in an attempt to seize the simplicity of which they were both capable. Living life to the full means being free, being free of fear, including the fear of death. This is the price that must be paid, and not in the other world but above all here, on Earth, for as long as we feel pain and grief, and also fear, which we must learn to overcome.

Meanwhile, those who embark on their life with "unconditional love" will understand the scope of absolute freedom. As extreme a demand as that set out by Espriu and Šalamun makes superfluous any transcendence based on fear, on the fear of the consequences of living a bad life, of errors committed, of uncontrollable fate. And so the word "God" could be simply the title of a poem, not a definition. In any event, we are alive for as long as we feel love, for as long as we are capable of bearing the effects of our acts beyond the brief confines of our own existence, and for as long as we feel the need to be free. For to put it even more simply, we are alive for as long as we feel responsible for what we are. This is the price that must be paid. And no other. ●

Miracle!  
I can walk  
over the seas!



Toma

SALUD

DENTAL

VIDA

ACCIDENTES

DECESOS

# Caring for people means much more than just caring for your health

At Asisa we have been caring for people's health for more than 40 years now, and this has encouraged us to care for you even more and better.

This is why now, in addition to health, we also offer dental insurance, life insurance, accident insurance and funeral expenses insurance.

**Because caring for people means much more than just caring for your health**

900 10 10 21  
asisa.es



Collaborator Enterprise:



**asisa+**

We know how to care for you

# compartir.

ESPRIU FOUNDATION

IS THE MEANS OF EXPRESSION OF THE ESPRIU FOUNDATION



Autogestió Sanitària

Lavinia, S. Coop.



SCIAS

asisa+

---

The institutions that make up Fundación Espriu form the second largest health co-operative network worldwide based on turnover.

---

Av. de Josep Tarradellas, 123-127, 4a pl. | 08029 Barcelona  
Juan Ignacio Luca de Tena 12 3<sup>a</sup> | 28027 Madrid  
Tel.: 93 495 44 90 | fundacionespriu@fundacionespriu.coop | www.fundacionespriu.coop



Co-operative  
enterprises build  
a better world