

6th Technical Committee of Africa Ministerial Cooperative Conference

Report



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HICC - Harare
Zimbabwe



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Acknowledgement

The ICA Africa, on behalf of its Board of Directors and the Management would like to thank the government of Zimbabwe and its member Zimbabwe National Association of Housing Cooperatives (ZINAHCO) for hosting the 6th Technical Committee of Africa Ministerial Cooperative Conference (6TCAMCCO).

We extend our deepest gratitude to all our distinguished speakers, session moderators and facilitators for their commendable work during this meeting. Finally, we acknowledge the financial support from our sponsors that enabled us to carry out this event.

Gold, Silver and Bronze sponsors



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List of acronyms

1. AU African Union
2. CIC Cooperative Insurance Company of Kenya
3. CSOs Civil Society Organizations
4. CCU Central Cooperative Union
5. FAO Food and Agriculture Organization of the United nations
6. ICA Africa International Co-operative Alliance – Africa
7. ICT Information and Communication Technology
8. IHCO International Health Cooperative Organization
9. MDGs Millennium Development Goals
10. SMEs Small and Medium Enterprises
11. TCAMCCO Technical Committee of Africa Ministerial Cooperative Conference
12. SDGs Sustainable Development Goals
13. UN United Nations
14. ZINAHCO Zimbabwe National Association of Housing Cooperatives

Technical Committee Meeting of Africa Ministerial Cooperative Conference Report

Thematic Conference: Promotion of Good Health and Well Being in Africa through Cooperatives.

Introduction

The 2030 Agenda for Sustainable Development was born at the United Nations Conference on Sustainable Development in Rio de Janeiro in 2012 and replaced the Millennium Development Goals (MDGs) which started a global effort in 2000. The goals were negotiated in light of the missed targets for the MDGs. The objective was to produce a set of universal goals that meet the urgent environmental, political and economic challenges facing our world.

The Goals are designed to stimulate action over the next 15 years in areas of critical importance for humanity and the planet, which are also at the core of the Cooperative movement at large. In this regard, the Alliance Africa has had a series of discussions since 2014, notable one being in 2016 which focused on cooperatives in Africa embracing the Sustainable Development Goals. Thereafter, the Alliance Africa resolved to start unpacking the 17 SDGs to raise awareness and work together with the cooperatives and other stakeholders towards achieving them. In 2017, the discussions focused on SDG 1 with the theme of “Propelling Cooperatives in Africa to End Poverty”. In 2018, the conference focused on SDG 2, with the theme, “Cooperatives for Zero Hunger in Africa”. This year, the focus is on SDG 3, with the theme, “Promotion of good health and well-being in Africa through Cooperatives”

Organization

The 2019 meeting was organized for a period of 6 six days. During the first day, the Alliance Africa Regional Board met. The second and third day was dedicated to the pre-conference & members’ forum, and capacity building training which was co-sponsored by the European Union. The fourth day was the main thematic conference for TCAMCCO, the fifth day was the actual TCAMCCO and finally, the last day was dedicated for field visits to selected cooperatives in Zimbabwe.

Opening Ceremony



In his welcoming remarks, **Mr. Mike Duru**, President of the Zimbabwe National Association Housing Cooperative (ZINAHCO), said that on behalf of his organization and the people of Zimbabwe, he is very pleased to welcome participants to Harare. He thanked the ICA Africa administration for giving Zimbabwe the opportunity to host such an important meeting.

He stated that the discussion on health cooperatives is timely and relevant to Africa in achieving sustainable development. Zimbabwe has over 4,000 registered cooperatives, with

almost half of that number only in the housing sector and none in the health sector.

He urged members for more participation in the health sector, both in Zimbabwe and across Africa. He said he is looking forward to learning ways of promoting the establishment and development of health cooperatives and learning from the best practices of other countries and regions.

Dr. Chiyoge B. Sifa, ICA Africa – Regional Director welcomed all the dignitaries and participants to the meeting, and gave special appreciation to the host and organizing team. She introduced ICA to the invited dignitaries reiterating its global strength both in terms of membership and financial capacity.



With regards to the meeting's theme, she reminded the audience that ensuring healthy lives and promoting the well-being at all ages is essential to sustainable development. She acknowledged the significant strides that have been made in increasing life expectancy and reducing some of the common killers associated with child and maternal mortality. However, working towards achieving the targets in SDG 3 by 2030 would require improvements in the health sector and service delivery. These targets include indicators for reproductive, maternal, new-born and child health; infectious diseases; non-communicable diseases and mental health, health systems and funding.

Over recent history, health cooperatives around the world have demonstrated huge capacity to adapt to new socio-economic contexts, while being the ideal structure in resolving new needs and she encouraged African cooperatives to do the same in focusing on the sustainability of healthcare systems and services.



The President of the Alliance Africa **Mr. Japheth Magomere** thanked the host government, organizing team, and participants for finding time to participate in the meeting.

The president reiterated the importance of the theme; since poor health constitutes suffering and deprivation of the most fundamental human rights. He stated, that not only does diseases impact the well-being of an individual; it burdens family and public resources, weakens societies, and squanders the potential achieved across nations and regions at large.

Therefore, he noted that the health and well-being of people at all ages therefore lies at the heart of sustainable development as the protection from diseases is not only fundamental to survival, but it enables opportunity for everyone and strengthens economic growth and prosperity.

Mr. Magomere called upon cooperatives to consider the pressing need to counteract

mounting difficulties faced by health care systems in Africa and the several market failures by the health domain. He further stated that cooperatives are capable of adapting to very different health care systems and that this flexibility is largely thanks to the fact that the cooperative governance model focuses on the pursuit of solutions to the needs of people and society at large. Furthermore, cooperatives are good at combining 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.

In his concluding remarks, he urged the governments and policy makers to provide an enabling environment for cooperatives and specifically to have policies that will help for the establishment and development of health cooperatives to offer healthcare services.



The chief guest, Honorable Minister **Dr. Sithembiso G.G. Nyoni (MP)**: Minister in the Ministry of Women Affairs, Community, Small and Medium Enterprises Development, who opened the 6th TCAMCCO meeting, thanked the Africa cooperative family and conveyed an apology for her late attendance due to her busy schedule out of the country. She was grateful for the invitation and encouraged visiting participants to enjoy the pleasant and refreshing environment of Harare.

Hon. Sithembiso Nyoni reminded the participants of Zimbabwe's spirit of collectivism, collaboration, self-reliance and the desire to let citizens be in full control of their resources as evident in the history of liberation and struggle, war of independence and moving from the First Republic to the Second Republic. She asserted that as in the same spirit that defines cooperativism, Zimbabwe is desirous to leverage on her own endowments and with the people in control.

She continued to assert that based on Africa's shared history of colonization and under development, embracing the model of cooperativism for the development of the citizens is not only commendable, but remains the best way to achieve the aspirations of the citizens; that of improved socio-economic development and indeed good health. Thus, she stated that the theme for the meeting is relevant to African countries as Zimbabwe for example, aspires to have its people having access to education, exploitation of her resources, access to good health and above all per-capita income of above \$3000 USD.

Hon. Sithembiso Nyoni concluded her remarks by urging the cooperative body to not only assess the status of health cooperatives in Africa, but to also further establish the assessment tools that will continuously measure this status for the continuous development of health cooperatives. She also stated that as the meeting seeks to identify regulatory hurdles for health, wellbeing and health insurance cooperative, and recommend policy changes, this information and experiences should be shared and help shape the regulatory framework and policy guideline of countries like Zimbabwe who are yet to develop their health cooperative sector adequately.

She encouraged everyone to take advantage of the meeting to shape the future of Africa through the successful implementation of the sustainable development goals and declared the 6th TCAMCCO open.

Conference Presentations

a) *Presentation by Dr. Chiyoge B. Sifa, ICA Africa - Regional Director*

Dr. Sifa's presentation focused on introducing SDG 3 and specifically the promotion of good health and well-being in Africa through cooperatives. She started her presentation by giving a brief history of the inception of the SDGs and the progress made so far by the continent. She stated that for successful and systemic implementation, there must be greater attention on interlinkages across sectors, across societal actors, and between and among the low, medium and high-income countries. A snapshot of how the ICA Africa members fared in the SDG Performance Index Report¹ as at 2018 was presented. She explained that the SDGs link the social, economic, and environmental aspects and place greater demand on the scientific and cooperative communities than did the MDGs.



Cooperatives using their values and principles, can contribute to all SDGs, both because they are involved in the very diverse economic sectors concerned, and because their impact contributes substantially to the global objectives pursued. In order to accelerate progress and address the promotion of good health and well-being in Africa, the SDGs provide a new opportunity for the private sector; such as cooperatives to support the delivery of health needs through their products, services and business activities. Further reference was also made to the Africa Health Agenda which encourages multi-sectoral action to achieve Universal Health Coverage in Africa by 2030 and the African Union's agenda 2063 – goal 3 on healthy and well-nourished citizens.

Cooperatives are a very well-suited business model to achieving SDG 3 because they are companies owned and run by and for their members, driven by values, not just profit, which share internationally agreed principles and act together to build a better world through cooperation.

In her conclusion, she emphasized that the way forward is for cooperatives to adapt to different healthcare systems, engage in health insurance coverage, invest in health research and advocate for the enforcement of laws fostering community-based health solutions. She also gave a case study of a health cooperative; Regina Community Clinic, Canada.

¹ <https://www.uneca.org/publications/2018-africa-sustainable-development-report>

b) Session II: Presentation - Health, Well-being and Health Insurance Cooperatives – Case study presentations from selected countries from Europe, Americas and Africa Regions



The session was moderated by **Mr. Francis Kamande**, Chairman, National Housing Cooperative Union (NACHU). Presenters included: **Dr. Violet Kostadinova**, Executive Director, Central Cooperative Union (CCU), Bulgaria **Dr. Carlos Zarco**, President, International Health Cooperative Organization/Fundación Espriu, Spain **Mr. Hugo de Castro e Andrade**, Representative, Healthcare Cooperative of OCB, Brazil and **Mr. Tom Gitogo** CEO Cooperative Insurance Company (CIC), Kenya.

Dr. Violet Kostadinova presented on the activities of CCU categorized into COOP Trade with 700 retail chain coop stores & coop loyalty program, Coop Industry with coop branded goods, sustainable production & eco-friendly packages and Coop Tourism & Balneology with 8 cooperative hotel complexes & cooperative specialized rehabilitation hospital “Zdarve”.

She highlighted the key facts of the cooperative specialized rehabilitation hospital Zdrave that includes an accommodation of 300 beds in double rooms and studios, specialized offices for functional diagnostics of the cardio vascular and nervous systems, physical therapy equipment for more than 100 types of procedures, a lye treatment sector, spa center and various doctors & kinezi therapists.



Cooperative Specialized Rehabilitation Hospital “Zdrave”, Bankya



Dr. Kostadinova noted that partnerships and collaborations are key in the health sector. Three main partnerships by CCU are with the National Health Insurance Fund to aid admission through 10 clinical paths, National Social Security Institute for prophylactics & rehabilitation program and higher education institutions for training of students & resident doctors. Africa is the youngest continent in the world, leveraging on the potential vested in them.

In her concluding words, she stated the main priorities for Zdrave – toward 2030: investments in renewal and expansion of the hospital and medical equipment, improved quality of the medical, rehabilitation and balneology services, promote the service offered to cooperative members and organizations.

Dr. Carlos Zarco started his presentation by first giving a brief background of Espriu Foundation which he describes as the point of convergence of a network of entities that follow the health model created by Dr. Josep Espriu. The Espriu model dates back to the early 1950s and later described as social medicine which aims at helping to increase social value and human capital in the health sector by bringing together healthcare practitioners and users around the same table to agree on a satisfactory medicine for both collectives.

The four main entities of the organization are Assistencia Sanitaria; an insurance company, Asisa-Lavina; leader in public-private collaboration, HLA; a hospital network owned by a cooperative, and Scias-Hospital de Barcelona; a hospital that belongs to the patients.

Sectors of activity of health cooperatives



Primary & specialised care



Management of hospitals & health facilities



Health insurance



Socio-healthcare services



Prevention & Health literacy



Pharmacies

With regards health cooperatives worldwide, there are 100 million households that enjoy access to healthcare through more than 3,300 cooperatives in 76 different countries. The global turnover of health cooperatives worldwide is 15 billion USD.

He ended by summarizing the benefits of health cooperatives as follows:

- Improvements in healthcare provision can be reached if resources are pooled and health professionals enjoy better working conditions
- Cooperatives are good at combining professionals' skills and financial resources to respond to healthcare market failures
- Cooperatives are a rational alternative in health sector to investor-owned companies
- Cooperatives' growth has been a reaction to increasing demand for health services and the growing difficulties faced by governments to manage rising healthcare expenditure
- Cooperatives address specific groups' needs, that otherwise might be unattended
- Cooperatives easily adapt to changing economic, social and political conditions

Mr. Hugo de Castro e Andrade made a presentation on the OCB system and the Brazilian health cooperatives. The OCB created in 1969, is the entity that represents the cooperatives in Brazil. It is responsible for promotion, supporting and defending the Brazilian cooperative system in all political and institutional situations. Its operations include; registration of cooperatives, support to state organizations, commercial intelligence, institutional representation, political articulation and international cooperation.

The OCB system in total has 6,887 cooperatives, 14,267,483 members and 398,110 employees in 13 different sectors to include; agribusiness, consumer, credit, education, special, housing, infrastructure, mineral, production, healthcare, worker, tourism & leisure, and transport. There are 805 healthcare cooperatives with 238,820 members and 103,015 employees.

A year survey from March 2018 – March 2019 (Use image of the table on pg. 27 of the pp) show that medical cooperative recorded the second highest number of beneficiaries of medical and hospital plans.

25 millions
of Brazilians served by health
cooperatives

32%
of the private health care
market

Present in **85%**
of the Brazilian territory

120 hospitals
in Brazil belong to the cooperative system

20 billion dollars
of revenue

Largest
health cooperative
system in the world

In his closing remarks, he told participants that there is a need for regulatory advances for the cooperative model and making it widely known. He also stated that there should be advances in partnership between governments and the cooperative system and increase inter-cooperation. Leaders and workers in cooperatives should be empowered to champion cooperative principles and values.

Finally, **Mr. Tom Gitogo** presented the status of health cooperatives in Africa. He started his presentation by giving an overview of his organization; which is “a leading Cooperative Insurer in Africa, providing insurance and related financial services in Kenya, Uganda, South Sudan and Malawi.”

He explained that Cooperative Insurance Group (CIC) started offering health insurance in 2004 in response to increasing demand from the cooperative societies for customized health solutions. Since then the group has implemented various concepts to include; SACCO Assurance, Micro-health insurance, and the Afya Bora product.

As a result of the SACCO Assurance, the cooperative movement in Kenya directly contributed 24% of health insurance premiums from their members as at 2018. CIC stations its staff in strategic cooperatives to distribute insurance products directly to SACCO members.

The micro-health insurance is a comprehensive family medical cover developed and distributed in partnership with the National Hospital Insurance Fund (NHIF). CIC and NHIF entered into a strategic partnership where comprehensive health cover and complementary insurance services were provided by NHIF and CIC respectively (loss of income, permanent disability, accidental death and funeral benefits).

CIC Afya Bora product

“Afya Bora” means good health in the local Kiswahili language

Designed as a group cover and targeted at already aggregated groups, (minimum of 10 principal members).

The cover provides both In-patient and Outpatient benefits for a family of M+6 for a premium of KShs. 32,000 per family per annum.

The product offers inpatient cover of KShs. 250,000 per family per annum and outpatient benefit of KShs. 50,000 per family per annum. A co-payment of KShs. 100 per visit applies for every outpatient visit.

Access to the provider network is through selected low cost private clinics/hospitals and faith based hospitals.

The product has enrolled over 30,000 lives as at end of December 2018 (20% of the health insurance scheme membership)..

Potential for enrolment is still quite high looking at the uncovered population.

Mr. Gitogo shared various lessons learnt by CIC in its operations. To name a few; building strong strategic partnerships and alliance helps, creating a strong supportive policy framework, product should be as inclusive as possible to gain acceptability, and strict

controls to contain claims cost – for which technology is needed.

In his concluding remarks, he reiterated that the cooperative model provides a fitting platform that should be recognized and embraced by governments in designing programs for universal health coverage. Good health and well-being of the African and world population as spelt out in SDG 3 is the foundation of development and eradication of poverty.

c) Session III: Paper Presentation - Regulatory Environment, Requirements for Health, Well-being and Health Insurance Cooperatives Development in Africa.

Presented by **Ms. Eveline Mutsvangwa**, a Legal Advisor in the Ministry of Youth, Sports, Arts and Recreation; Zimbabwe. Ms Mutsvangwa started her presentation by emphasizing that there is a great need for cooperatives to step in and promote good health and well-being as she described health care as a paramount tool in the effort to ensure sustainable economic development in any country or continent. She further mentioned that cooperatives have been viewed as a veritable tool for national development and in some cases have emerged as alternative solutions better able to answer social needs than extant arrangements to health care.



In highlighting the benefits of health cooperatives, she gave various examples to include FECECAM – Benin, Group Health Cooperative of Puget Sound – USA, Heiveld Cooperative Society – South Africa, Pharmacy cooperatives in Turkey, and other countries like Nepal, Spain, Sri Lanka that have come up with health insurance schemes to improve access to health care.

With regards to the legislative pointers, she stated that there is need to provide for an efficient and effective implementation of the regulatory framework, such as provisions on registration of cooperatives and auditing, and also necessary regulation needs to focus on the self-control mechanisms of cooperatives. She encouraged stakeholders to raise awareness among policymakers, for instance, to promote entrepreneurial diversity in the health sector, including health insurance cooperatives and provide special support for cooperatives that address specific social and public policy needs and activities benefiting disadvantaged.

Finally, she advocated that all African countries must invest in regulatory environment models that promote the establishment of health, well-being and insurance cooperatives to help;

- Spread the burden of health care access
- Improve the health system and facilities
- Limit out-of-pocket payments at the point of service delivery
- Regulation of health cooperatives provide members in rural areas with medical services otherwise not available through public or private health programs, including home-based care (for individuals with HIV/AIDS) and full-scale hospitals.

d) Session III: Panel Discussion; Potential Partnerships and Future Environment for health cooperatives in Africa – Opportunities and Challenges

The session was moderated by **Mr. Bongani Maziya**; Department of Cooperative Development Eswatini. The panelists included Mr. George Onyango; Regional Director of We Effect, Ms. Nomvula Makgotlho; Chief Director Department of Small Business Development South Africa, and Mr. Tabani Shoko, Registrar of Cooperatives Societies in Zimbabwe.

The chair of the session Mr. Bongani Maziya started by introducing the panelist and posing this question to them, what are the opportunities and challenges for potential partnerships and future environment for health cooperatives in Africa?



Mr. Tabani Shoko said the areas for potential partnerships are in training, leadership development, product development, ICT development, Infrastructure development, market development, financial inclusion, and research & development. He urged members to be cautious about the common business challenges: political, social, economic, technological, legal, environmental and global.

Mr. George Onyango stated that the partnership should involve insurance companies, financial institutions, health service providers including pharmacies, government and cooperatives. He encouraged members to identify the needs of their members with regard to good health and well-being, and leverage on the cooperative advantage in terms of

numbers, resources and also learn from best practices in Brazil, Spain, Bulgaria and Kenya to name a few.

Some of the opportunities listed are:

- Bringing health service providers with the users of health services at the same table
- Development of health product/solutions – financial cooperative, establishment/owing pharmacies, medical and funeral cover
- Formation of cooperative of medical practitioners
- Hospitals owned by cooperatives
- Training of members on health-related issues for preventive purposes, organization of health camps through the cooperative networks etc.
- Using the cooperative network to address the health needs of cooperators, with regard to non-communicable diseases.

Identified challenges include:

- The understanding of subject – how could cooperative members benefit and be engaged.
- The legislative environment to facilitate the participation in health provision for the benefit of their cooperative members.
- Mobilization of resources for the medical care – raising the need capital.

Ms. Nomvula Makgotlho in her presentation, she reiterated that a successful sustainable development agenda requires partnerships between governments, private sector and civil society.

She highlighted key success factors for partnerships and gave a case study of the sanitary dignity program in South Africa. She listed the key success factors for partnerships as follows:

- All partners must have shared need for the partnership and measurable benefit and contribution.
- Partnerships must be premised on shared value proposition.
- Partners must cooperate instead of compete.
- Each partner must commit and contribute effectively through knowledge, expertise, technology, financial etc.
- The contribution of each partner must be clearly documented and sealed by signature/s.
- Have governing structures.
- Must be fully and adequately resourced.
- Strong accountability, monitoring & evaluation and reporting.
- Partnership must develop early warning and rapid response mechanism.
- Partnerships must have a champion/driver.

In conclusion, the chair asked the participants to add to the discussion on what they will do differently when they go back to their respective countries, based on the experience and

connections made during the conference. Some of the proposed actions and discourse are included in the communiqué; **Annex 1**.

Technical Committee of Africa Ministerial Cooperative Conference (TCAMCCO)

The TCAMCCO meeting is an annual forum for Co-operative Leaders, Government officials, and partner officials whose aim is to deliberate on issues affecting the development of co-operatives in the continent and forge collaborative efforts to tackle those issues. Government Co-operative technocrats also present country progress reports on the implementation of the topical recommendations in the monitoring indicator template. The template came as a result of the Co-operative Ministers' Conference co-hosted by the Government of the Republic of Rwanda and the International Co-operative Alliance Africa Office that was held in Kigali, Rwanda in October, 2012. The Co-operative Ministers, under the Chairmanship of Hon. Francois Kanimba Minister of Trade and industry of the Republic of Rwanda, directed the ICA Africa to prepare monitoring indicators that will help in performance measurements for the implementation of the TCAMCCO recommendations.

This year, the main purpose of the conference was to sensitize the African Cooperative Movement and Government officials in charge of cooperatives on the need to address the SDG 3 agenda through the promotion of health, well-being and health insurance cooperatives on the continent.

Nine (9) countries presented their country progress reports. The country progress reports were received from Botswana, Eswatini, Ethiopia, Kenya, Lesotho, Nigeria, South Africa, Tanzania and Zimbabwe. Apart from Ethiopia, all of these countries reported using the monitoring indicator template and can be accessed in **Annex 2**.

Among the key recommendations that emanated from the proceedings of the TCAMCCO meeting included the following among others:

- Member countries to establish a baseline of existing health cooperatives.
- Member countries to compile or update database on health cooperatives.
- ICA- Africa to facilitate exchange programmes between health cooperatives in Africa and Europe, America, Asia Pacific etc.
- Member countries to identify areas of potential collaboration and partnership with governments, CSOs and with other cooperative movements.
- Member countries must invest in regulatory environment models that promote the establishment of health, well-being and insurance cooperatives to help.
- ICA-Africa to establish an Incubation Fund for cooperatives to develop models that will contribute towards the SDG's achievement.

In conclusion, the 6th Technical Committee of Africa Ministerial Cooperative Conference (TCAMCCO) hereby notes and agrees that:

- All of the 17 SDGs are interconnected and that success in one affects success for all of them. The TCAMCCO confirmed that Africa lags behind the rest of the world in achieving the SDGs.
- The TCAMCCO further notes that an increased economic integration, mobility and political instability bring new health challenges and risks threatening livelihoods in both

the global North and South.

- In line with the principles of the SDG 3: Ensuring healthy lives and promoting well-being for all at all ages is important to building prosperous societies the TCAMCCO therefore agrees that Cooperatives are critical for the achievement of all SDGs as they operate in all sectors.

Closing Ceremony

In her closing remarks Dr. Chiyoge B. Sifa, Regional Director of the Alliance Africa thanked everyone for their active participation in the conference. She conveyed special thanks to the government of Zimbabwe for accepting to host the event and to all of the sponsors who supported in different ways. She also made exceptional mention of the various speakers and panelists; both regional and international for the insightful ideas presented during the conference.

In addition, she thanked the host member, **Zimbabwe National Association Housing Cooperative (ZINAHCO)** for their kindness and support to make the conference a success and not forgetting the Alliance Africa secretariat, for their efforts and dedication to ensure that the conference was well coordinated. She appealed to the governments to continue to support the cooperative movement in providing policy frameworks enhancing the establishment of health cooperatives in the continent. She also urged the Cooperative universities to provide in depth research on the needs to have a robust cooperative health system in Africa and advocated for collaborations with the public healthcare systems to enhance provision of healthcare and diversified products in the healthcare system.

She reiterated her confidence that with the cooperation and support of all relevant stakeholders, strong health cooperatives can be established in Africa.

Finally, she wished participants safe journey back home and told them she looks forward to seeing them again in 2020 to discuss another topical theme relevant to the cooperative movement. She then invited the Alliance Africa president, Mr. Japheth Magomere to close the event.

The president, ICA Africa – Mr. Japheth Magomere, expressed his gratitude to the participants, noting that the conference was very successful based on the excellent presentations and active discussions.

On behalf of the ICA Africa Regional Board, he thanked the government of Zimbabwe and all of the participants for taking time out of their busy duties to attend the conference. He said that he hopes that what they have learnt from the conference will help them a lot in their duties and lead to development of the region.

The president stated that he looks forward to the launching of health cooperatives in all sub-regions of Africa. He wished for the future prosperity of all the organizations represented and the stability of the cooperative movement in Africa and the world at large.

Finally, he wished participants safe journey back home and declared the meeting closed

Annex 1: End of Meeting Communiqué

COMMUNIQUE ISSUED AT THE END OF THE TECHNICAL COMMITTEE OF AFRICA MINISTERIAL CO-OPERATIVE (TAMCCO), ORGANISED BY ICA-AFRICA AND ZINAHCO ON THE OVERALL THEME: “**Promotion of Good Health and Well Being in Africa through Cooperatives**”, HELD ON 30TH - 31ST MAY, 2019 AT THE HICC IN HARARE, ZIMBABWE.

INTRODUCTION

We the ICA-Africa members, partners and Government representatives from Botswana, Brazil, Bulgaria, Burkina Faso, Cameroon, DR Congo, Eswatini, Ethiopia, Guinea, Ivory Coast, Kenya, Lesotho, Malawi, Mauritius, Mozambique, Namibia, Nigeria, Sierra Leone, Somalia, South Africa, Spain, Tanzania, with our member and stakeholders from Zimbabwe met in Harare from 30-31st May 2019 to discuss the relevance of Cooperatives in contributing to achieving SDG 3- Good Health and Well Being, under the theme “**Promotion of Good Health and Well Being in Africa Through Cooperatives**”

The theme of this conference, **Promotion of Good Health and Well Being in Africa Through Cooperatives**, recognizes that the complexity and interconnectedness between Good Health and Well Being challenges brought about by the widening economic and social inequalities, rapid urbanization, threats to climate and the environment, the burden of HIV and other infectious diseases, non-communicable diseases, and the challenges of migration in achieving SDG 3 is critical, as surprisingly Africa lags behind the rest of the world in achieving SDG 3.

The main objective of the conference was to sensitize the African Cooperative Movement and Government officials in charge of cooperatives on the need to address the SDG 3 agenda through the promotion of health and wellbeing cooperatives on the continent. African cooperatives have a great opportunity to take lead in the implementation of Agenda 2030 and Africa Union’s Agenda 2063. The current challenges facing Africa in health and wellbeing are business opportunities for the cooperatives.

It is envisaged that after this conference, a renewed impetus for African co-operatives to work together towards the achievement of good health and well-being in Africa will be ignited leading to a strengthened SDG-oriented partnership with government and other cooperative development actors to implement the Agenda 2030 and the Africa Union’s Agenda 2063 The Africa we want for Accelerated Growth and Transformation for Shared Prosperity and Improved Livelihoods.

Session I: Background Paper

The conference discussions were opened up by a background paper presentation from Dr. Sifa Chiyoge, Regional Director, ICA - Africa on SDG3: Good Health and Well-being.

- All of the 17 SDGs interconnect, meaning success in one affect success for the others.
- Increased economic integration, mobility and political instability bring new health challenges and risks threatening livelihoods in both the global North and South
- SDG 3: Ensuring healthy lives and promoting well- being for all at all ages is important to building prosperous societies.
- Africa lags behind the rest of the world in achieving the SDGs.
- The African Region suffers more than 22% of the global burden of disease but has access to only 3% of health workers and less than 1% of the world’s financial resources.
- ICA member countries have significant challenges in the way of SDG achievement

according to the 2018 Africa sustainable development implementation status.

- Universal health coverage will be integral to achieving SDG 3, ending poverty and reducing inequalities
- Cooperatives are a very well-suited business model to achieve SDG 3.

Session II: Health, well-being and Health Insurance Cooperatives-Case studies presentations from Selected Countries from Europe, Americas and Africa Regions.

Bulgaria Case

- Dr. Violeta Kostadinova from the Central Cooperative Union (CCU) of Bulgaria presented the case of Bulgaria.
- CCU operates the Cooperative Specialized Rehabilitation Hospital “Zdrave”.
- Investments in renewal and expansion of the hospital and the medical equipment
- Improved quality of the medical, rehabilitation and balneology services;
- Promote the services offered, focused on the cooperative members and the cooperative organisations;
- Cooperatives are a rational alternative in health sector to investor-owned companies
- Cooperatives' growth has been a reaction to increasing demand for health services and the growing difficulties faced by governments to manage rising healthcare expenditure
- Cooperatives address specific groups' needs, that otherwise might be unattended
- Cooperatives easily adapt to changing economic, social and political conditions

Kenya

- Mr. Tom Gitogo, CEO Cooperative Insurance Company (CIC), noted that Good health and wellbeing of the African and world population as spelt out in SDG 3 is the foundation of development and eradication of poverty.
- The commercial approach of health insurance providers has kept low income population in rural and urban areas engaged in the informal sector out of health cover
- CIC remains the pioneer and leading insurer of the low-end informal population in the Kenyan insurance market, with the support of local and international partners
- Cooperatives are partnering with CIC under the concept of Sacco assurance to develop customized health insurance solutions

Spain

- Dr. Carlos Zarco from IHCO/ Espriu Foundation, Spain gave the case of Spain noted that 100 million households worldwide enjoy access to healthcare through more than 3,300 cooperatives with a global turnover of 15 billion USD
- The Espriu Foundation is the point of convergence of a network of entities that follow the health model created by Dr Josep Espriu
- Dr. Espriu's aim was to help increase social value and human capital in the health sector by bringing together healthcare practitioners and users around the same table to agree on a satisfactory medicine for both collectives.
- The Espriu Foundation comprises two big corporate groups, Asisa Group and Assistència Group. Headed and owned by cooperatives, both corporate groups bring together a network of enterprises active in the insurance and healthcare sectors.
- Regarding the role of cooperatives in the health system it is relevant to point out that the origin of health cooperatives in Spain lies in the model based on the *igualatorio* system (medical insurance groups), known in Spain as “igualas”.
- He pointed out the experience of pharmaceutical cooperatives in Spain, which have mostly developed as distribution companies with a huge impact on the sector: their market share in 2015 was 71.2%. These cooperatives are owned by the pharmacies themselves.

- Espriu cooperatives provide their services to more than 2.3 million people, approximately 5% of the Spanish population.
- What are the determining factors that make so many people choose the cooperative healthcare? The answer to this can be found to a great extent in the differences between the Espriu Foundation (Assistència Sanitària and Asisa) and other private healthcare companies.
- Espriu Foundation's companies are non-profit organisations. The profit generated on a yearly basis is reinvested to the benefit of cooperative members, workers and users, improving healthcare quality and technological innovation, thus ensuring the companies' sustainability.
- Primary and specialised healthcare: cooperatives usually formed by doctors or health professionals who provide services related to the treatment and cure of diseases.
- Management of hospitals, health centres and various health facilities: cooperatives whose members provide themselves with the material and professional means necessary to be looked after in case they suffer from a health problem. Or cooperatives whose members provide themselves with the facilities for doing their job.
- Health insurance: cooperatives that offer insurance policies entitling users to the direct provision of healthcare or to the financial compensation of a stipulated amount in case they suffer from a disease as well as compensation for the cost of treatment.
- Socio-healthcare: cooperatives that provide services to groups that require care, such as home care for the elderly or care for sick people with mobility difficulties.
- Promotion, prevention and health literacy: cooperatives whose function it is to improve the welfare and health of citizens and prevent the onset of diseases.
- Pharmacy: cooperatives dedicated to the distribution of medicines and health products through a model that ensures equality in patient access to medication.

Brazil

- Mr. Hugo de Castro e Andrrade from the Health Care Cooperatives of OCB in Brazil presented the Brazil case.
- 280 cooperatives of medical work and other professionals who work in the health sector are registered
- 25 million of Brazilians served by health cooperatives
- 20 billion dollars of revenue
- It is the largest health cooperative system in the world
- 120 hospitals in Brazil belong to the cooperative system
- There is a need for regulatory advances for the model
- Advances in partnerships between governments and the cooperative system
- It is necessary to make the health cooperative model widely known
- It is necessary to increase inter cooperation
- Empowering leaders and workers in cooperatives
- Leverage on cooperative principles and values as our main differentials

Session III: Paper presentation on Regulatory Environment, Requirements for Health, Well Being and Health Insurance cooperatives Development in Africa

- Ms. Evelin Mutsvangwa, Legal Advisor Ministry of Youth, Sport, Arts and Recreation in Zimbabwe presented the paper.
- Necessary regulation needs to focus, on the self-control mechanisms of cooperatives.
- Provide special support for cooperatives that address specific social and public policy needs and activities benefiting disadvantaged.
- Provide for an efficient and effective implementation of the regulatory framework, such as provisions on registration of cooperatives and auditing.
- Raise awareness among policymakers, for instance, to promote entrepreneurial

diversity in the Health sector, including health insurance Cooperatives.

- The Health cooperatives are private organizations but they have a distinctly open character and are fully willing to work collaboratively with the public health system.
- All African countries must invest in regulatory environment models that promote the establishment of health, well-being and insurance cooperatives to help
- In crafting legislation Governments should take a cue from other models that have worked well

Session IV: Panel Discussion on Potential Partnerships and Future Environment for Health Cooperatives in Africa-Opportunities and Challenges

- The panel consisted of Ms. Nomvula Makgotlho, Chief Director Department of Small Business Development South Africa, Mr. T.Shoko and Mr. George Onyango, Regional Director We Effect.
- It was noted that a successful sustainable development agenda requires partnerships between governments, private sector and civil society.
- Inclusive partnerships must be built upon principles and values, shared vision and shared goals -at global, regional, national and local level.
- The public sector must set a clear direction, review and monitoring frameworks, regulations and incentive structures
- Multi-stakeholder partnerships to share knowledge, expertise, technology, and financial support is critical for the success of the SDGs
- National oversight mechanisms i.e. audit institutions and oversight functions by parliaments and legislatures at all spheres of government should be strengthened and empowered.
- Potential partnerships opportunities exist between Insurance companies, Financial Institutions, Health services providers(Hospital, pharmacies), Government and Cooperatives

Opportunities

- Opportunities exist in what co-operative members need for their good health and well-being –
 - Treatment/Hospitalization
 - medical facilities
 - Insurance,
 - medication,
 - Management of funeral.
- Learning from the best - we do not need to reinvent the wheel – Brazilian, Spanish, Bulgaria, Kenya – Health facilities, employing doctors
- Leveraging the cooperative advantage
 - Numbers,
 - resources,
 - needs,
 - Co-operative business model - Income
- Bringing health services providers with the users of health services at the same table.
- Development of Health product /solutions
- Financial cooperative – medical loans, payment of insurance premium
- Establishment/owning pharmacies
- Medical cover, funeral cover,
- Funeral service under one roof
- Formation of cooperative of medical practitioners.
- Hospitals owned by co-operatives, owning pharmacies
- Training of our members on health-related issues for preventive purposes, organization of health camps through the cooperative networks etc.

- How can we use the cooperative network to address the health need cooperators with regard to non-communicable diseases?
- Partnerships could be between government, private sector, CSOs and cooperatives in Training, Leadership development, Product development and ICT development to support cooperative growth

Challenges

- The understanding of subject - how could cooperative members benefit and be engaged
- The legislative environment to facilitate the participation in health provision for the benefit of their cooperative members
- Mobilization of resources for the medical care. – raising the need capital

RESOLUTIONS

In the light of the observations made during the conference, we the participants are:

AWARE that by 2030 the population in Africa is expected to grow to 1.7 billion people continuing to pose challenges to ensuring healthy lives and promoting well-being (i.e. welfare, comfort, security, safety, protection, prosperity), while increased economic integration, mobility and political instability will intensify the existing challenges;

RECALLING The universal call to ensure healthy lives and promote the well-being of all at all ages is essential to sustainable development by 2030 yet Africa does not have distinct Health cooperatives focused mainly on the health agenda of their members.

RECOGNISING the great opportunities for inclusive and sustainable growth of health cooperatives offered by the significant challenges facing ICA-Africa member countries and other African countries in the way of SDG 3 achievement according to the 2018 Africa sustainable development implementation status.

ACKNOWLEDGING the potential of health cooperatives and that cooperatives have a unique and significant role to play in promotion of good health and well-being in Africa and the need to partner governments, private sector, civil society and other cooperative development actors in Africa;

HONOURING the efforts made by governments, civil society, private sector, cooperatives and development partners in training, implementing and promoting programmes aimed at engaging more cooperatives to achieve SDG 3 in Africa;

COMMITTED to encouraging all stakeholders to redouble their efforts to work towards realizing the Sustainable Development Goal 3: “Good Health and Well-being”, as well as the Africa Agenda 2063 that calls for “A Prosperous Africa Based on Inclusive Growth and Sustainable Development”;

DO HEREBY CALL UPON:

1. Member countries to establish a baseline of existing health cooperatives and move beyond assessing the status of health cooperatives to establishment of assessment tools to measure the progress;
2. Governments to go beyond the usual policy making and develop strategies for implementation of policies as well as involve other actors such as civil society and cooperatives in policy formulation and implementation towards promotion of good health and well-being. There is need to create an enabling environment for health

cooperatives to function and achieve potential. This includes long-term vision, policy and legislative coherence; policy and institutional setting; support institutions and infrastructure; offer diverse services (market-oriented services); linkages and coordination mechanisms;

3. Member countries to invest in regulatory environment models that promote the establishment of health, wellbeing and insurance cooperatives
4. ICA-Africa to give direction and facilitate exchange programmes where member countries will identify areas of potential collaboration and partnership with health cooperatives in Africa and Europe, America, Asia Pacific etc. This will help design and test new health and wellbeing products/services for cooperative members and the general public;
5. ICA-Africa to establish an Incubation Fund for cooperatives to develop models that will contribute towards the SDG's achievement;

ICA-Africa Members adopted the Abuja declaration and its measurement criteria with emphasis on new emerging cooperatives such as housing, health and wellbeing and other service cooperatives to be included; while desegregating further the measure criteria.

Annex 2: Country Progress Reports and Presentation

<https://drive.google.com/open?id=1r0pYRNGErHU5rnCj3Lrrf439v5kleTqj>

Annex 3: Photos:

<https://www.dropbox.com/s/arsfql1mdfsainq/6TCAMCCO%20photos%202019.zip?dl=0>

Annex 4: Participants List:

https://drive.google.com/open?id=1iUjhPyYqUf7cF_BqzdCdQ3BkF6YPiu5V

<https://drive.google.com/open?id=1Hc3dMAluODXJs2hUoYy3MYFaASaMdedJ>

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