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CATALYZING WOMEN'S INVOLVEMENT IN POST-COVID-19 RECOVERY THROUGH AGRICULTURAL COOPERATIVES IN KENYA

Gender-Responsive Healthcare Financing through Agricultural Cooperatives in Kenya

Edith Kemunto, Kristin Swardh, Prof. Isaac K. Nyamongo and Dr. Cherie Enns

This project is funded under Women's health and economic empowerment for a COVID-19 Recovery that is Inclusive, Sustainable and Equitable (Women RISE), an initiative of Canada's International Development Research Centre, the Canadian Institutes of Health Research and the Social Sciences and Humanities Research Council.

THE COOPERATIVE UNIVERSITY OF KENYA
Ouala Cooperatives Daughter

UNIVERSITY OF THE FRASER VALLEY

Women RISE
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INTRODUCTION

Kenya's pursuit of Universal Health Coverage has encountered challenges, including inadequate resource distribution and utilization as well as geographical and socio-cultural barriers[1], despite the backing of key policy frameworks, such as Kenya's Vision 2030, the Kenya Health Policy 2014-2030, and the Kenya Health Financing Strategy 2020-2030[2]. Financing, in particular, has been a harrowing problem for communities due to the high costs associated with accessing and using available services. Kenya's aspiration, as stipulated in the Kenya Health Financing Strategy 2020-2030, is to "ensure adequacy, efficiency and fairness in the financing of health services in a manner that guarantees all Kenyans access to the essential high-quality health services that they require"[3]. Since independence, Kenya has made significant health financing reforms, including abolishing user fees in public hospitals and establishing government medical insurance coverage. Nevertheless, the National Health Insurance Fund (NHIF)—which until recently was the primary government insurance coverage—covered only 18% of Kenyans, and a combination of 32 other private health insurers collectively covered 1% of the Kenyan population. This means that most Kenyans cover their healthcare expenses out of pocket[4].

In 2023, four Universal Health Coverage (UHC) bills[5] have been signed that provide the legal and institutional framework for implementing Universal Health Coverage and aim to support Kenyan's access to improved healthcare[6]. However, the new health laws designed to finance the UHC plan have encountered criticism, with many expressing concerns over the affordability, accessibility and feasibility of the proposed framework.

Due to their localized operational framework, cooperatives have the potential to complement to UHC initiatives, where pooled member contributions can be allocated to cover cooperative members who fall sick[7]. Kenya has over 25,000 registered cooperatives comprised of more than 14 million members, which form the income source for 63% of the population[8]. Therefore, amidst Kenya's commitment to achieving UHC, cooperatives emerge as a relevant and impactful avenue for providing sustainable and gender-responsive healthcare financing. Moreover, a Cooperative-led Health Insurance Scheme (CHIS) alternative to conventional insurance plans can offer cost-effective choices given the priority of members' well-being instead of profit maximization for investors. Based on the research findings, we propose a CHIS as an accessible health solution that pools member resources and provides affordable coverage with an emphasis on community ownership, shared governance, non-profitability, social solidarity and local autonomy. Thus, CHIS is an opportunity to scale up and expand the role of cooperatives in addressing health challenges globally and influencing the global health landscape.

RESEARCH OVERVIEW

This policy brief is rooted in a two-year research project on Catalyzing Women's Involvement in Post-COVID-19 Recovery through Agricultural Cooperatives in Kenya (WINRACK), whose overall objective is to investigate factors that underly the impacts of COVID-19 on women's work, participation, and health in agricultural cooperatives. WINRACK is a collaboration between the Cooperative University of Kenya, the University of the Fraser Valley and the State Department of Co-operatives in Kenya.

The study employs a quasi-experimental design with treatment and comparison groups to test the influence of enablers at the cooperative and household level on the participation of women in agricultural cooperatives and access to health care. This brief draws insights from Board Members, Managers, and women in agricultural cooperatives across Kiambu, Kajiado, and Taita Taveta counties. Data collection involved surveys administered to 510 households, providing quantitative data. Qualitative data was gathered through County-Level Health Ideation Workshops in the same counties, involving 50 participants from nine agricultural cooperatives.

A COOPERATIVE-LED HEALTH INSURANCE SCHEME (CHIS)

Access to affordable and quality healthcare is a fundamental right that should be accessible to all individuals, regardless of their socioeconomic status. However, our research reveals that healthcare financing and access remain problematic, especially in rural communities and informal sectors, where agriculture is dominant. This calls for a comprehensive policy approach to ensure equitable healthcare provision. The study findings support the continued relevance and significance of a CHIS as a viable inclusion to the government's initiatives. Based on our research, we outline the key considerations that a design of a CHIS must include: affordability, awareness and flexible, comprehensive coverage based on individual circumstances. We outline the willingness of participants to enroll, and end with a discussion of key recommendations and policy implications for a CHIS.

KEY FINDINGS

- 36.1% of participants indicated non-subscription to healthcare schemes.
- Key barriers to healthcare included lack of constant income, high insurance premiums, accessibility and lack of awareness.
- 91.8% of women-headed households identifying lack of constant income as a barrier.
- Proposed solutions included providing insurance coverage for members, establishing an emergency medical fund ("welfare kitty"), conducting health outreach initiatives and collaborating with external stakeholders (government, NGOs, county governments, financial institutions).
- 89.8% of the total participants expressed their willingness to subscribe to a healthcare scheme initiated by their agricultural cooperative.

Affordability and Awareness of Health Insurance

Affordability remains a key factor for health insurance uptake and retention in Kenya. Recent reports suggest that 43% of Kenyans are unable to access primary healthcare due to low socioeconomic status[9]. Eight out of ten Kenyans (83%) who reported having health insurance were using

NHIF; however, NHIF reports a low retention rate, with about six out of every ten Kenyans (57%) not renewing their subscriptions in subsequent years[10]. The situation is worse for informal sector workers, where only 14% are renewed[11].

Our quantitative findings show 36.1% non-subscription to healthcare schemes, with 52.9% citing income inconsistency and 25.2% citing high insurance premiums. Women-headed households (WHH) were significantly affected, with 91.8% citing income instability[12]. This is consistent with qualitative data from the county-level health ideation workshops, which identified financial constraints as a key barrier to health insurance uptake. The high cost of living as a cause of the lack of funds highlighted how the economy affects people's ability to pay for healthcare:

The major problem that we identified in our cooperative is lack of funds … we discussed the various issues that bring about these problems, and the first issue was about the high cost of living. So high cost of living has made people to lack funds to access health care. So, there was another issue where some of the members have no or little income, then there was an issue where women are highly affected by lack of funds because they are the ones that take care of the whole family. And some of these women have children living with disabilities and these children, they really require special care ***(Kiambu Dairy Cooperative Member).***

The first thing that can hinder one of us or one of our members is the economy or finances (uchumi ama fedha). When we lack finances, then we cannot get treatment because we need money so that we can go to the hospital. So if you lack money, you lack treatment ***(Kajiado Tomato Cooperative Member).***

Despite various efforts by the government to make quality healthcare accessible to all, there is a general lack of awareness or education on current offerings. Despite the 2020 Universal Health Coverage (UHC) pilot program being rolled out in Isiolo, Kisumu, Nyeri and Machakos counties, a majority (69%) of Kenyans were not aware of UHC[13].

Flexible and Comprehensive Healthcare Coverage

Although the government insurance scheme, NHIF, was highly subsidized, comprehensive family planning and sexual reproductive health options were not adequately covered, sometimes with women paying out of pocket for services that should be covered[14]. Kenyan women also reported that their husbands were the principal cardholders, or in some regions, always considered the principal members of NHIF, leaving many women without access to the card or the card number[15]. The Social Health Insurance Bill[16] intends to expand healthcare coverage by listing all Kenyans under the Social Health Insurance Fund. Still, it remains unclear how contributions from the informal sector—agriculture included—would be made.

Qualitative data from the research captured perspectives on the shortcomings of existing insurance mechanisms. For example, a Taita Taveta Dairy Cooperative Member spoke about gaps in the design of insurance schemes that affect older individuals: "This insurance often does help younger people, but as we grow older, even if you were contributing something to insurance, you will not get help using this

insurance cover." A participant emphasized the paradox where farmers prioritize insurance for their cows, vehicles, and lands but overlook coverage for themselves:

Most of our farmers have insured their cows, they have insured their vehicles, they have insured their lands but they have not insured themselves. When they are milking, they may be injured by the cows. When transporting milk, they might fall with their motorbikes and all that … the NHIF card just pays for the medical bills. But if your leg breaks and then you are discharged from the hospital, you will then need to survive. You need to think, where you will get the resources to enable you to do that? ***(Kiambu Dairy Cooperative Member).***

Willingness to Participate in a Cooperative-led Health Insurance Scheme (CHIS)

Our research found that a CHIS was frequently proposed in response to identified challenges. The suggestions of a CHIS and establishing a "welfare kitty" for emergency medical expenses reflect an apparent demand for cooperative-driven healthcare initiatives addressing financial gaps. In communities with limited healthcare infrastructure, members proposed cooperatives can fill gaps in service delivery by organizing medical camps or mobile clinics to benefit women or other vulnerable members who might otherwise have limited access to care.

Cooperatives facilitate global healthcare accessibility for approximately 100 million households across 76 countries, including over 3,300 health cooperatives, resulting in a collective turnover of over 15 billion USD[17]. In Kenya, the CIC group launched "CoopCare" as micro health insurance for cooperatives in an effort to integrate cooperatives into the county's healthcare landscape[18]. Despite the current absence of active health cooperatives or cooperative-led health packages or programming in Kenya, there is a potential for successful implementation of social and financial frameworks for CHIS, demonstrated in comparable contexts (detailed in Appendix 1). Moreover, the relevance of agricultural cooperatives extends to the context of health. For example, Fairtrade-certified cooperatives in Kenya encourage farmers to make decisions together and collectively decide how to use the Fairtrade Premium—a fixed extra sum of money added to the selling price—to invest in activities that meet farmers' needs[19]. This exemplifies the broader impact of cooperatives on community well-being and the options for financing health initiatives.

89.8% of participants expressed willingness to join a healthcare plan by the agricultural cooperatives,

94.1% of respondents would recommend a cooperative health insurance scheme to others.

The willingness of the participant groups across counties to subscribe to a healthcare scheme initiated by their agricultural cooperative is a promising indicator of the potential success of such initiatives to overcome barriers and improve access to healthcare. Cooperatives can capitalize on this enthusiasm by creating and promoting healthcare financing options catering to their members' needs and financial constraints. Strategic engagement in cooperative health initiatives has the potential to reduce national health budget ex-

penditures, thereby facilitating the reallocation of resources to address the needs of the broader Kenyan demographic who lack financial means.

We are looking for partners who are going to collaborate with us in our goals. We are looking for ways to meet the government, NGOs and the county government because for us we deal with even the non-members of the cooperative ***(Kajiado Tomato Cooperative Member).***

We could start that program, then formulation of that product … like NHIF. How can our product get to that farmer without conflicting with NHIF terms and other covers? Secondly, we can sell the product to the member. Some members might ask if, for example, 'I have NHIF cover how will it help me?' So, have noticed there is a challenge there and it is required that members to share their opinions in formulation of the programs ***(Taita Taveta Dairy Cooperative Member).***

KEY RECOMMENDATIONS AND POLICY IMPLICATIONS

The International Labour Organisation (ILO) endorses cooperatives as a model for integrating vulnerable groups, including rural women, under ILO Recommendation No. 193[20]. Cooperatives conserve employment and economic stability through voluntary formation and shared capital contributions[21]. In informal or self-employment contexts, cooperatives are useful for collective negotiations, as shown in various African settings[22]. Cooperatives can provide access to improved wages, working conditions and benefits, particularly impacting women (including women living with disabilities, disease or illness) who may have barriers to accessing the labour market[23]. With an approach to care that follows principles of inclusion and autonomy, cooperatives also address beneficiaries' physical, mental, social and emotional needs, which stem from democratic inclusion and respect for all stakeholders' contributions (See Appendix 2: Literature Synthesis Table).

The impact of the cooperative movement in Kenya is substantial, with over 25,000 registered entities representing more than 14 million members[24]. These cooperatives, serving as a direct or indirect source of income for 63% of Kenyans[25], have successfully mobilized significant savings. As of 2022, Kenya had 7,898 agricultural societies, with most cooperatives (2,854) being multi-produce, 689 dairy cooperatives and 688 in the coffee sector[26]. Therefore, an opportunity exists to scale up and expand the role of cooperatives in addressing health challenges globally and influencing the global health landscape.

Based on our research, we propose the following key recommendations and policy implications for a CHIS:

Regulatory Framework	Establish county-level regulatory frameworks for cooperative-led health insurance to align with national health regulations and place emphasis on the health of women and vulnerable groups. Since cooperatives and health are governed at the county level, county governments can lead the creation and adoption of these frameworks with government support (financial assistance, regulatory guidance, and policy) to ensure the success and sustainability of initiatives.

Community Engagement	Drive health insurance participation and community wellness through cooperatives by implementing community awareness and engagement initiatives. Targeted strategies in continuous training and health outreach initiatives can enhance members' understanding of health insurance and community wellness using cooperative principles. Specifically, focus on women in community outreach, considering cultural nuances and addressing the intersectionality of their experiences, including socioeconomic status, ethnicity, and age.
Financial Incentives	Incentivize individual and cooperative participation in health insurance schemes by exploring tax breaks or subsidies. Design plans with comprehensive coverage and customized options, incorporating differential rates, such as maternal and child health subsidies.

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APPENDIX 1:

Cooperative-Led Health Packages and Programming as Models

Location	Cooperative Name	Framework
Uganda	HealthParners	HealthParners provides health services for over 50,000 people, mainly in rural areas, with 31 health providers supporting 50,000 members across 14 cooperatives and pre-cooperatives.
Rwanda	Tubusezere Cooperative	The Tubusezere Cooperative has provided care and treatment for women living with HIV and AIDS since 2012; uniquely, services are provided for women who trade sex for income by women who formerly worked in the sector.
Lesotho	Village Health Workers Cooperative	Village Health Workers Cooperative aims to enhance and sustain village health by delivering basic primary health care services to all individuals within their designated villages through a savings and credit scheme.
Zimbabwe	Zimbabwe National Association of Housing Cooperatives (ZINAHCO)	ZINACHO establishes cooperative housing for persons living with HIV and AIDS with the support of NGOs and CBOs, including international organizations. ZINAHCO membership reaches 190 primary housing cooperatives across five districts, representing approximately 10,000 individual members. The services provided include safe shelter for persons living with HIV and AIDS, as well as support groups, knowledge and information training and capacity-building programmes.
Philippines	Cooperative Health Management Federation (CHMF)	A cooperative-owned federation offering health insurance policies for 197 cooperative organizations covering 60,000 people. The standard insurance plan is much more affordable than those from private competitors due to their primary goal of serving members, not maximizing profits for investors.
Chile	Semercoop	User-owned health insurance with its network of health services that reinvests all its resources to provide the best possible protection through complementary health plans: provide bonuses and discounts on outpatient and hospital medical benefits, tests and medications, without excluding coverage based on age, gender or pre-existing conditions.
Brazil	Unimed do Brasil	Unimed is one of the largest in the world, with 105,000 affiliated physicians, 386 branches and more than 18 million users. Unimed operates as a Brazilian medical work cooperative and health insurance provider and has a revenue of USD 572 Million. Brazil has a strong legal framework to support the work of cooperatives.

Spain	The Espriu Foundation	Although the national health system provides universal coverage in Spain, approximately 30% of health expenditure is private. The Espriu Foundation (a non-profit disseminating cooperative healthcare management) serves more than 2.3 million people, close to 4.8% of the Spanish population.
Spain	HLA Hospital Group	The HLA Hospital Group combines 15 hospitals, 35 specialist units and 30 medical centres owned by the Lavinia Cooperative. The hospital holding company has a turnover of more than 364 million Euros annually and employs over 7,000 professionals. Their work started in the 1980s when a group of doctors from the Lavinia Cooperative decided to acquire clinical facilities.
Japan	HeW Coop	Japan's Federation of Health Cooperatives (HeW Coop) is made up of 111 health and welfare member-owned organizations, which bring together 2.92 million members. Federation's cooperatives manage 75 hospitals, 337 primary health care centres, 70 dentistry offices, 28 nursing care homes and 210 helper stations, generating 37,437 jobs. They also target the needs of elderly populations and have helped innovate medical practices in rural areas.
Italy	Confcooperative Sanità	Italian health cooperatives tend to involve a plurality of stakeholders, including volunteers, in their governing bodies and are, hence, distinguished by a strong local anchorage while being well integrated into the Italian healthcare system. Confcooperative Sanità represents 11,000 cooperatives active in the healthcare sector in Italy, with a turnover of close to 15.3 billion euros and directly employing 368,000, mainly long-term workers, most of whom are women.
Italy	Spazio Aperto Servizi	The cooperative brings together care workers, beneficiaries, and Board members to provide mental health services to persons with mental and developmental health needs in Milan and surrounding areas. The cooperative services approximately 600 children and youth, 1,300 families and 500 people with disabilities or autism. Paid care workers and a programme coordinator work closely with psychologists, providing intensive short-term services. The cooperative also recruits volunteers to assist in the facilities.
Australia	Ballarat and District Aboriginal Co-operative (BADAC)	BADAC delivers health, social, welfare and community development programs for Aboriginal peoples in their community. The Co-operative focuses on prevention and early intervention through a client-centered approach to ensure that members are personally engaging in developing and nurturing their futures. Services offered include a medical clinic, kinship care, aged care, drug and alcohol rehabilitation support, and a social and emotional well-being program.

Canada	Y Owl's Maclure Cooperative Centre	The cooperative offers personal care and support services to persons living with developmental disabilities. The cooperative's central mission is to promote a person's right to become a fully participating member of their community. Under this mission, the cooperative provides services to over 300 clients, offering a broad range of services which fall into thematic program areas (employment, life skills, transition support, etc.).

APPENDIX 2:
Literature Synthesis Table

Citation	Location	Details of Healthcare Intervention	Conclusion and Recommendations
Albejaidi, F. (2018). Emerging role of cooperative health insurance in achieving health system goals under Saudi Vision - 2030. *Journal of Biology, Agriculture and Healthcare, 8*(2), 1-8.	Saudi Arabia	- As a part of the National Transformation Program (NTP), 2020, the Ministry of Health proposed to increase the private share of health spending through alternative financing and delivery mechanisms. - With Cooperative Health Insurance (CHI) implementation, health insurance coverage significantly improved (4.80 million in 2008 to 12.07 million in 2016).	- CHI provides comprehensive health coverage to a significant segment of workers in the private sector. - CHI led to a reduction in out-of-pocket payments for families.
Bai, C.-E. and Wu, B. (2014) Health insurance and consumption: evidence from China's new cooperative medical scheme. *Journal of Comparative Economics, 42,* 450-469.	China	- Health insurance coverage under the New Cooperative Medical Scheme (NCMS) increases nonmedical-related consumption by 5.6%. - The insurance effect increases with the generosity of insurance coverage at the county hospitals.	- The NCMS is often criticized for limited coverage, but it substantially stimulates consumption, and the magnitude is much higher than the premium. - NCMS is more effective than cash transfers because the marginal propensity to consume is considerably smaller than 1 in rural areas.

Cheng, L., Liu, H., Zhang, Y., Shen, K., & Zeng, Y. (2015). The impact of health insurance on health outcomes and spending of the elderly: Evidence from China's new cooperative medical scheme. *Health Economics, 24*(6), 672–691.	China	- Longitudinal study. - NCMS has significantly improved the elderly enrollees' daily living and cognitive function activities but has not led to better self-assessed general health status.	- Elderly participants are more likely to get adequate medical services when sick. - Low-income seniors benefit more from NCMS participation in terms of health outcomes and perceived access to health care, suggesting that the NCMS helps reduce health inequalities among the rural elderly.
Craddock, T. & Vayid, N. (2004). *Health care co-operatives in Canada.* Co-operatives Secretariat, Government of Canada.	Canada	- Co-operatives Secretariat supported health care programs to develop practices that could be shared with policymakers and other organizations exploring innovative solutions to health challenges. - The Co-operative Development Initiative established a 15-million-dollar budget for five years.	- Citizens can support their health care and the health of their communities using a client-centred, holistic, and interdisciplinary approach to health care. - Compared with private practice models, the co-op model generates lower per capita health care costs. - Initiatives were successful through coordinating federal policies on co-ops and supporting the minister responsible for co-ops.
Sundaram-Stukel, R. & Deller, S. (2009). Farmer health insurance cooperatives: An innovative solution for other Americans? *Choices, 24*(4).	United States	- Farmers' Health Cooperative of Wisconsin (FHCW) for group insurance. - Farmers are an at-risk group due to farming occupational hazards, typically enter the market individually and face limited access to healthcare in remote rural areas. - FHCW offers six plans for differential rates across members based on needs.	- Collective bargaining can improve plan choice and standardize coverage, giving consumers a better value at competitive rates. - Through FHCW, farmers had access to a 24-hour nurse line, preventive care, a choice among plans, maternity care, mental health support and freedom to choose from different health care providers (many for the first time). - Government intervention will be needed to keep the cooperative viable.

Lenore, M., Esim, S., Maybud, S., Horicuhi, S. (2016). *Providing Care through Cooperatives: Survey and Interview Findings.* International Labour Office Gender, Equality and Diversity Branch.	International	- Mapping care provision through cooperatives to assess the global landscape from a gender, equality and diversity framework.	- Cooperatives are emerging as innovative care providers, particularly without viable public or private options. - Cooperatives generate access to better terms and conditions of work in the care sector (e.g., access to benefits, more bargaining power, regularized hours) – especially for female employees. - Compared to public, private and even non-profit care providers, cooperatives provide care in distinct and preferred ways: privileging equitable inclusion and democratic decision-making (stakeholders have a voice in services provided and the operations of the care provision enterprise). - Cooperatives in the care sector face various challenges: limited access to capital and start-up revenues and a lack of cooperative know-how and knowledge gaps across the care sector. - Opportunities to overcome challenges: sharing information, developing focused training initiatives, and building strategic alliances and partnerships across the care chain and cooperative movement.

Kaneva, M., Gerry, C. J., Avxentiev, N., & Baidin, V. (2019). Attitudes to reform: Could a cooperative health insurance scheme work in Russia? *International Journal of Health Care Finance and Economics, 19*(3/4), 371–394.	Russia	- Determining the population's willingness to pay for cooperative health insurance. - The study found that cognitive bias is important: overestimating the benefits leads to additional purchases, while underestimating lowers the demand.	- The introduction of a supplementary cooperative health insurance scheme could increase the accessibility of healthcare, lower the tendency for informal payments and incentivize the personal maintenance of good health. - Adverse benefits relate to a new source of funding for public healthcare.
Long, Q., Zhang, T., Xu, L., Tang, S., & Hemminki, E. (2010). Utilization of maternal health care in western rural China under a new rural health insurance system (New Co-operative Medical System). *Tropical Medicine & International Health, 15*(10), 1210–1217.	China	- Investigated maternal health care utilization in western rural China and its relation to income before and after introducing the NCMS. - Between 2002 and 2007, "no pre-natal visits" decreased from 25% to 12%; facility-based delivery increased from 45% to 80%; and differences in using pre-natal and delivery care between the income groups narrowed.	- The rural poor still faced substantial payment for facility-based delivery, although NCMS participation reduced the out-of-pocket expenditure on average.
Nayar, K. R., & Razum, O. (2003). Health co-operatives: Review of international experiences. *Croatian Medical Journal, 44*(5), 568–575.	China and India	- Systematic review of existing cooperative structures.	- Health co-operatives are a "third option" for meeting the healthcare needs of populations in developing countries in the context of health sector reforms. - Co-operatives tend to become dysfunctional when state support is withdrawn. - Specific regulations are needed in contexts with lower and/or less regular incomes and families with larger dependants to establish the minimum number of members for such schemes to be operationally viable.

Nzowa, P. G., Nandonde, F. A., & Seimu, S. M. L. (2022). Moderation effects of co-operative institutions' capabilities on the relationship between health insurance literacy and participation in health insurance among co-operative members in Tanzania. *Decision (Calcutta), 49*(4), 381–394.	Tanzania	- The study used institutional theory to examine the connection between health insurance literacy (HIL) and participation in health insurance among cooperative members.	- HIL significantly influenced participation in Ushirika Afya health insurance. - Implementing awareness programs, ongoing training for increased HIL, and initiatives like comprehensive management training for strong cooperative institutional capabilities.
Ranabhat, C. L., Kim, C.-B., Singh, D. R., & Park, M. B. (2017). A comparative study on outcome of government and co-operative community-based health insurance in Nepal. *Frontiers in Public Health, 5*, 250–250.	Nepal	- Comparing Government and Co-Operative Community-Based Health Insurance (CBHI).	- Healthcare utilization rates: Government 107% and Co-op CBHI 137% - Inclusiveness was higher for the government group. - Discounts negotiated with the hospitals for treatment were significantly higher for co-ops. - Reaching a hospital was significantly faster for co-ops. - CBHI through co-ops would be a better model.
United Nations. (2018). *Healthcare cooperatives: A reliable enterprise model for health and wellbeing.* United Nations.	International	- Review of the cooperative's ability to bring together health professionals and users to reconcile misalignments between healthcare supply and demand. - Outlines "User Cooperatives," which manage their own care services in response to a lack of public health provision, difficulties in accessing private healthcare, or a failure to care for certain groups.	- Cooperatives prioritize addressing the needs of specific stakeholder groups or the community at large toward improving the accessibility of health services for population groups who would otherwise be excluded.

Endnotes

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