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Compartir

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Healthcare cooperatives and social medicine magazine

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Committed to Sustainable Development Goals

Health

Causes, answers and exercises for back pain

Interview

Mirai Chatterjee, founder of the Indian cooperative, Lok Swasthya SEWA

Lifestyle

Bassins de Lumières: the largest digital art centre in the world



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Committed to the future

The social medicine and healthcare cooperatives represented by the Fundació Espriu are not unfamiliar with the constant changes we are experiencing at present. **Transformation forms part of our DNA** since Dr. Josep Espriu backed an innovative new healthcare cooperative system as a method of guaranteeing access to health. Since then, it has been permanently evolving and the network of healthcare companies, led by the Asisa Group and the Assistència Group has become consolidated amongst the best in Spain.

Changes that always look to the future with a **positive view and a spirit of solidarity**. A constant transformation such as the new magazine, 'Compartir' ('Sharing' in English) that you are holding in your hands.

True to cooperative values and principles, in this issue of 'Compartir' we are showing the **commitment** of the Fundació Espriu to the Sustainable Development Goals set down in the United Nations **2020 Agenda**. It is the time for action and we are already on track. Because healthcare cooperatives are not only determining factors when thinking about health and well-being. They go way beyond a commitment to quality education, working in favour of gender equality and promoting economic growth. And on a daily basis, we are working on all these goals with a **sustainable** and environmentally-friendly model, as was always endorsed by Dr. Josep Espriu.

The future continues to be in our hands and **we are still in time** to achieve the Goals set down for 2030.

Healthcare cooperatives are not only determining factors when thinking about health and well-being

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Established in 1989, the Fundació Espriu integrates the entities practicing the cooperative healthcare model created by Dr. Josep Espriu: Autogestió Sanitària, Scias, Lavinia and Asisa, which make up the Assistència Group and ASISA Group.



Back pain

Everyone has suffered, either occasionally, or frequently, from back pain. In this issue's dossier, we explain the causes, symptoms and treatments for this widespread ailment all over our society with the aid of one of the top specialists, Dr. Francisco Kovacs, from the Back Unit at the Hospital HLA Universitario Moncloa and director of the Spanish Network of Back Pain Researchers.

by **Cristina Puig Soler**

Back pain has formed part of our species for time immemorial, but nowadays, the disability and cost on a worldwide scale has become much more significant. 90% of the population suffers or has suffered from back and neck pain at some point in their lives. In the large majority of cases, the cause lies in the poor functioning of the muscles, which is not surprising if we look at the increasingly sedentary lifestyle of both adults and children. And the forecasts are not very encouraging: "Over 70% of children do not reach the minimum recommendation of one hour of physical activity per day, meaning that it is likely that cases of back pain due to muscle problems will increase", Dr. Francisco Kovacs, one of the top researchers in the field of back and neck pain warns.

Regarding the adult population, all over the world, low back pain (affecting the lower part of the back) is already acknowledged as the main cause of disability, with this being understood as the impossibility of performing normal activity for medical reasons, along with neck pain in fourth place, as is shown in a recent study funded by the Melinda and Bill Gates Foundation.

RESEARCH IS ESSENTIAL

It is in the hands of the patients themselves to adopt a more active lifestyle in order to look after their backs. "We are not designed

to spend six or eight hours sitting down, therefore we must ensure that we carry out some physical activity during the working day," Dr. Kovacs recommends. But the struggle against back pain is also being fought in scientific research and clinical practice. Over the past few decades, there has been a real evolution in the knowledge of this field. Much of what doctors learnt at medical school is no longer valid. Without any doubt, scientific and technical developments are behind the drastic changes that have occurred when prescribing treatments. We just have to look back at some of the beliefs that have fallen by the wayside, such as the usefulness of complete bed rest, using a very hard mattress.

The progress reached thanks to scientific research shows very good news for those suffering from back pain, as this is allowing more precise and individualised treatments to be offered. In turn, a crucial lesson may be learnt for medical practice: everything must be carefully checked, even when it appears obvious. "It is worth it for the health of the patients," Dr. Kovacs concludes. ■

For further information:

El libro de la espalda. (Ed. Martínez Roca).
Author: Dr. Francisco Kovacs
www.espalda.org

DEBUNKED MYTHS

1 Rest. For years complete bed rest was recommended for episodes of back pain. Now, this treatment has been shown to be mistaken and counterproductive: it worsens the muscle tone and irrigation to the muscles, prolonging the pain and increasing the risk of it coming back in the future.

2 Painkillers. Until five years ago it was assumed that paracetamol was valid for treating low back pain. However, clinical trials have revealed that it is useless for this purpose, as affirmed by Dr. Kovacs. According to these trials, anti-inflammatory drugs such as ibuprofen (always with a medical prescription) can help with this pain.

3 Scoliosis. Clinical studies performed in recent years have refuted the belief that this type of curvature of the spine in children or young people increases the risk of back pain and must be operated on to prevent it. Actually, according to Dr. Kovacs, "in most cases idiopathic scoliosis is nothing more than a personal characteristic without any clinical significance."



How the back works

The back fulfils four basic functions: holding the body upright, allowing movement, contributing to keeping the centre of gravity stable at rest and in movement and protecting the spinal cord.

Vertebrae. These are the bones of the spine; we have a total of 33 and they are used as an anchoring point for the muscles. They are highly resistant: each bone fragment can bear a weight of 9 tonnes.

The cervical, thoracic and lumbar vertebrae are positioned on top of each other and held together by a system of ligaments and muscles.

The sacral and coccyx vertebrae are fused, respectively forming the sacrum and coccyx bones.

- 7 cervical
- 12 thoracic
- 5 lumbar

- 5 sacral
- 4 coccyx

Muscles. In ancient times it was believed that their role was limited to moving the spine. Today we know that they are also essential for generating the necessary tension for the spine to remain stable when it is still (like the rigging for a mast on a boat), and to maintain balance, compensating the variations in the centre of gravity that occur when we move. Any injury or overstrain can be very painful.

Ligaments. Along with the muscles, they act as cords that hold the bones that make up a joint.



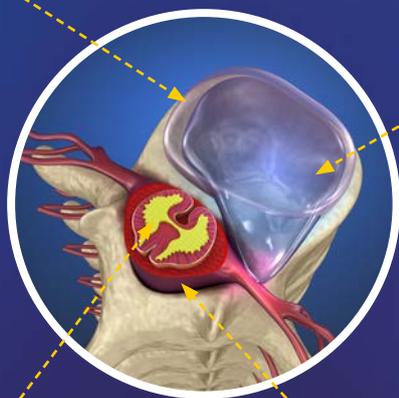
Intervertebral discs. There are 23 of these. They are found in between the cervical, thoracic and lumbar vertebrae and they act as a kind of shock absorber.

• **Nucleus pulposus.** The central part of the intervertebral disc has a gelatinous consistency.

- A healthy individual loses 2 cm of stature very day and recovers them at night. This occurs because when we have been standing or sitting for a long time the gelatin in the nucleus pulposus becomes shorter and becomes slightly deformed; on the other hand, when they are stretched, the compression on the disc is reduced.

- From the approximate age of 30 years onwards, we start losing stature. This is due to the fact that the nucleus pulposus becomes dehydrated and the disc loses height; a process, called disc degeneration or vertebral arthritis, which does not cause any pain.

• **Ring.** Fibrous disc covering that keeps the intervertebral disc in its place. When it breaks it causes a herniated or slipped disc.



Spinal cord.

It runs through the hole that the vertebra have at their centre.

Spinal canal.

It is formed by the juxtaposition of the holes that each vertebra has at their centre, the so-called medullar foramen.

Questions and their answers

We resolve questions about back care with help from the specialists at the Kovacs Back Unit.

Which type of mattress is best?

Quality clinical trials show that a medium mattress is the ideal. The mattress must be firm enough to remain flat and not lose its shape, as a hammock would. It must also be cushioned enough to adapt to the curves of the spine.

Is there an ideal pillow?

A pillow should help the cervical spine to be in line with the thoracic and lumbar spine, as it is when we are standing up. This is indicated by anatomical and laboratory studies in the absence of clinical trial showing the real effect. If you sleep on your back, you should do so with a relatively thin pillow that keeps the head in the same position as would be adopted if you were standing up. It is not advisable to sleep without a pillow, (as the neck would fall backwards), or with a very thick pillow (the neck would be bent). If you sleep on your side, you must do so in such a way that the pillow covers the distance from the shoulder to the neck, ensuring that the neck remains in line with the rest of the spine.

When should lumbar support belts be used?

Only in specific circumstances when we could not carry out any activity without using them (as could occur temporarily after a vertebral compression), or when we make an exceptionally intense effort (such as weightlifting). If they are used regularly they generate atrophy, loss of muscle tone and coordination. They should be used for as short a time as possible and only in exceptional circumstances.

Are cervical collars effective?

No. All the clinical trials carried out show that there is no sense behind treatment using cervical collars, even in patients who have had their necks operated on, since their use has not been shown to have any beneficial effect and they atrophy the muscles. This collar should not be confused with the immobilisation neck brace used when moving a person who has had an accident.

What is an NRT intervention?

Neuroflexotherapy consists in keeping some nerve fibres persistently stimulated which, when they have been activated are capable of counteracting the mechanisms that maintain the pain, inflammation and muscle contracture in subacute and chronic cases of neck and back pain. To maintain this persistent stimulation a surgical material is implanted on the surface (surgical staples) that is extracted after 90 days. The intervention takes place in the outpatients department and does not require anaesthesia and it is indicated for patients where the pain has lasted for 14 days or more and reaches 3 or above on a scale where "0" means "absence of pain" and 10 "the most intense pain imaginable."

Dr. Francisco Kovacs, director of REIDE

“Bad muscle condition is the most important risk for suffering from back pain”

by **Cristina Puig Soler**



Dr. Francisco Kovacs is the Spanish researcher with the most scientific production on the subject of back and neck pain. He finished his studies in medicine at the age of 19 and he received his doctorate *summa cum laude* at the age of twenty-two. Currently, he directs the Spanish Researchers Network in Back Pain (REIDE) from the Back Unit at the Madrid Hospital HLA Universitario Moncloa. He takes the call from ‘Compartir’ by WhatsApp from the other side of the Atlantic.

Why do we get back pain?

In 1 out of every 100 patients, the pain is due to a systemic disease, that is to say, it appears in the back, but it has another origin. Examples of this are some types of infection, cancer, aneurisms and referred pain of a gynaecological or digestive origin. On the other hand, 4 out of every 100 cases of pain are due to a structural condition, the most frequent being some specific cases of slipped discs and spinal stenosis. In the remaining 95%, a pain of a “non-specific” origin is diagnosed, caused by the soft tissues, such as muscles, tendons and ligaments.

Should we worry if we have a herniated or slipped disc?

Many healthy people have herniated discs that do not cause any problems for their backs if they do not compress or chemically irritate a nerve root. Around 30% of the healthy population has herniated discs that show no importance.

How should you act regarding problematic herniated discs?

Only 4% of herniated discs that compress a nerve root end up needing surgery. The need to operate is determined by the evolution of the pain irradiated to the leg, in the case of herniated lumbar discs, or the arm in the case of herniated cervical discs. If the irradiated pain is very intense and lasts for over six weeks, it is worth operating. Surgery shortens the length of time of the irradiated pain, but it has no effect on the back or neck pain and it also has no preventive result. In the remaining 96% of herniated discs that cause irradiated pain or loss of strength, most people recover in the same way, with conservative treatment.

What happens if we have a spinal stenosis?

In this condition, the channel through which the spinal cord runs or the holes through which the nerve roots leave the spinal

cord get narrower, which starts to happen in people over the age of 60 years in 60% of the population. However, stenosis in itself is not important if it does not compress the nerve root or the spinal cord. When this does happen, it is a disease and when it is progressive or limiting and resists the conservative treatment, surgery has been shown to be effective.

Why do 95% of patients with “non-specific” pain get back pain?

Essentially, because the muscles are not working properly. This starts up a neurological mechanism that can explain that the pain, inflammation or contracture are perpetuated and become chronic, although the cause that initially triggered them has disappeared. When the pain remains for over three months it tends to become self-perpetuating.

Is this the reason that early diagnosis is so essential?

Of course. Doctors are obsessed with the idea that no patient with back pain due to a systematic disease can slip through our net, as although they only represent 1% of patients, some of these diseases are serious and diagnosing them in time can change their lives or even save them.



What steps does the doctor follow to prepare a diagnosis?

The foundation of diagnosis for back pain is clinical questioning and physical examination. It is a mistake to request complementary medical tests, such as an MRI scan or an x-ray, without first having physically examined the patient. It is only worth requesting an additional test if, as a result of the clinical questioning and the physical examination, information is derived that suggests either the pain is due to a disease that does not originate in the back or there could be a neurological compression that might be subsidiary to surgery. The fact of prescribing an MRI scan when it is not clinically indicated increases the risk of the patient being operated on without this being necessary by 800%.

What cases of back pain require urgent medical care?

The only urgent case is Cauda Equine Syndrome, where the end of the spinal cord is either strongly compressed or it does not receive enough blood. This syndrome occurs in 1 out of every 700,000 patients.

What proven factors increase the risk of suffering from cervical, thoracic or lumbar pain?

The most important risk is bad muscle condition. Following this are vibrations that affect the entire body, as happens to people handling tractors or helicopters and in jobs that involve the frequent handling of important loads in flexion and extension, rotation or extreme postures.

Conversely, what has been shown to not increase the risk of pain?

Contrary to what doctors have thought for a long time, being overweight by 4 or 5kg; the number of hours we spend sitting down (although not a sedentary lifestyle), and postural hygiene have been shown to have a non-existent or insignificant effect.

The future of medicine for back pain involves individualisation?

Many studies have been carried out to determine the individualised prognosis of each patient. The idea is that each person can introduce their personal and clinical characteristics and the radiological tests and treatments received on a programme that allows the probability they have of improving to be indicated and, in terms of the treatment applied, discovering how this likelihood would change in each case. In fact, if you access the web site www.pronosticodolorlumbar.es you can already do this.

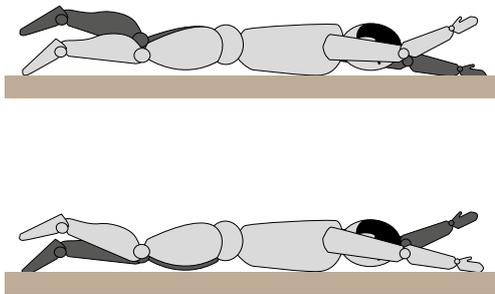
Is today's technology an ally for our health?

Without any doubt. Modern medicine's current capacity for computation and analysis is incredible. Using the data that healthcare generates every day to fine-tune and perfect the treatment and allow it to be individualised in each patient is the route along which all medicine is going to evolve. ■

■ **The foundation of diagnosis for back pain is clinical questioning and physical examination. It is a mistake to request complementary medical tests without first having physically examined the patient**

Six simple exercises for looking after your back

Exercise routines are useful to develop muscle strength, resistance or elasticity and to prevent and treat chronic back pain. Doctors from the Kovacs Back Unit at the Hospital HLA Universitario Moncloa, explain to us, step by step, some of the exercises included on a routine that is specially indicated for people with thoracic-lumbar pain, the most frequent pain amongst the population.

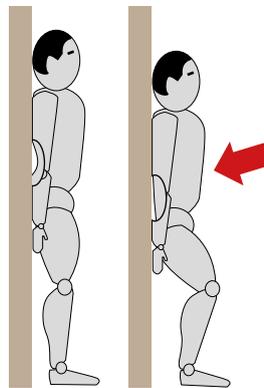


1

Raising opposite arm and leg

Lie face down with your arms out in front of you. From this posture, raise your right arm, your head and your left leg, slightly bent backwards. At the same time, keep the other arm and leg lying flat on the floor. After a fraction of a second, lower the raised limbs and repeat the movement until completing half of the series. After this, change sides to complete the series.

Don't forget... bend the leg you are lifting slightly, lift your head each time and do one side first and then the other.

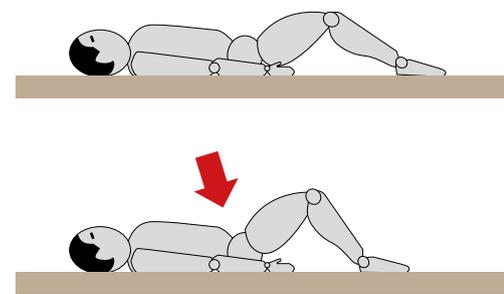


2

Standing pelvic tilt

Put your buttocks and shoulders against the wall with the lower back area forming an arc. From this position, make a movement consisting of making the lower back area touch the wall. To do this, tilt the pelvis (contract the stomach) pulling your buttocks upwards and forwards. Once the spine is resting up against the wall, hold the position for around 5 seconds. Then return to the starting position and repeat the movement until finishing the series.

It's normal... to lift your heels and support yourself on the tips of your toes or to bend your knees slightly.



3

Lying down pelvic tilt

Lie face up with your knees bent and your feet flat on the floor. Most of your back must be touching the floor, except for the lower back area, which must be arched. The exercise consists of making the spine touch the floor. To do this you must tilt your pelvis. Hold the position with the lower back area against the floor for around 5 seconds. Then return to the starting position and repeat the movement until finishing the series.

Remember... Contracting the abdominal muscles is what should "drag" the buttocks upwards.

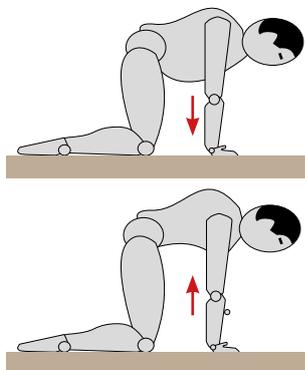
Take into account

■ **Suitability.** Anyone can do this routine, as it is made up of exercises designed for people who have a very low physical level or who suffer from chronic pain. However, if an exercise triggers pain or increases the pain being suffered, stop it and consult your doctor or physiotherapist.

■ **Frequency.** We can start to carry out the first sessions twice a week, not on consecutive days and progressively, as our physical fitness improves, increase these sessions to four or five days a week.

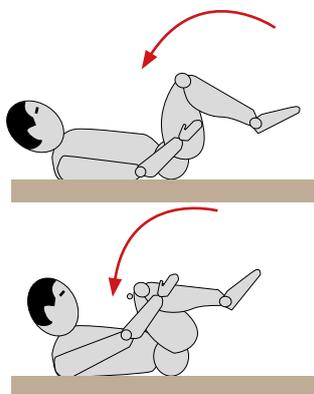
■ **Repetitions.** It is recommended to do each exercise in the routine for a minimum of 2 series of 10 repetitions each, resting between each series for a period that is less than the amount of time taken to do the series.

■ **What do I do if I have any pain?** You should not do anything that triggers the pain or increases its intensity, but until you reach this level you should do all that you can. In acute crises (acute pain from 0 to 15 days), exercise is contraindicated. People with chronic pain (which they have had for more than 3 months), can do exercise except when they are suffering from a very acute crisis, when they should take relative rest, avoiding doing anything that increases the pain.



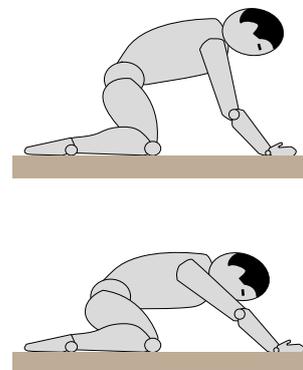
4 Transverse abdominal exercise
Get down onto your hands and knees, with your knees and hands flat on the floor. Your back should be straight, horizontal, without being arched up or down and the abdomen muscles should be relaxed, in such a way that your tummy 'drops down'. Without arching your back, contract your abdominal muscles to pull your tummy in. Hold this position for 4 or 5 seconds and relax. Repeat the movement until completing the series.

Don't forget... Pull your tummy in fast and intensely and keep it as close to your back as possible during the contraction.



5 Knee embrace
Lie face up, with your knees bent and your feet flat on the floor. Your arms should be stretched out alongside your body. From this position, bend your neck forwards as if trying to look at your navel, raise your knees towards your chest and hold them with the hand on the same side or embrace them with both hands. Hold the position for a few seconds. Press your knees slightly against your chest (if it is not painful to do so). Then slowly return to the starting position and remain there for a few seconds.

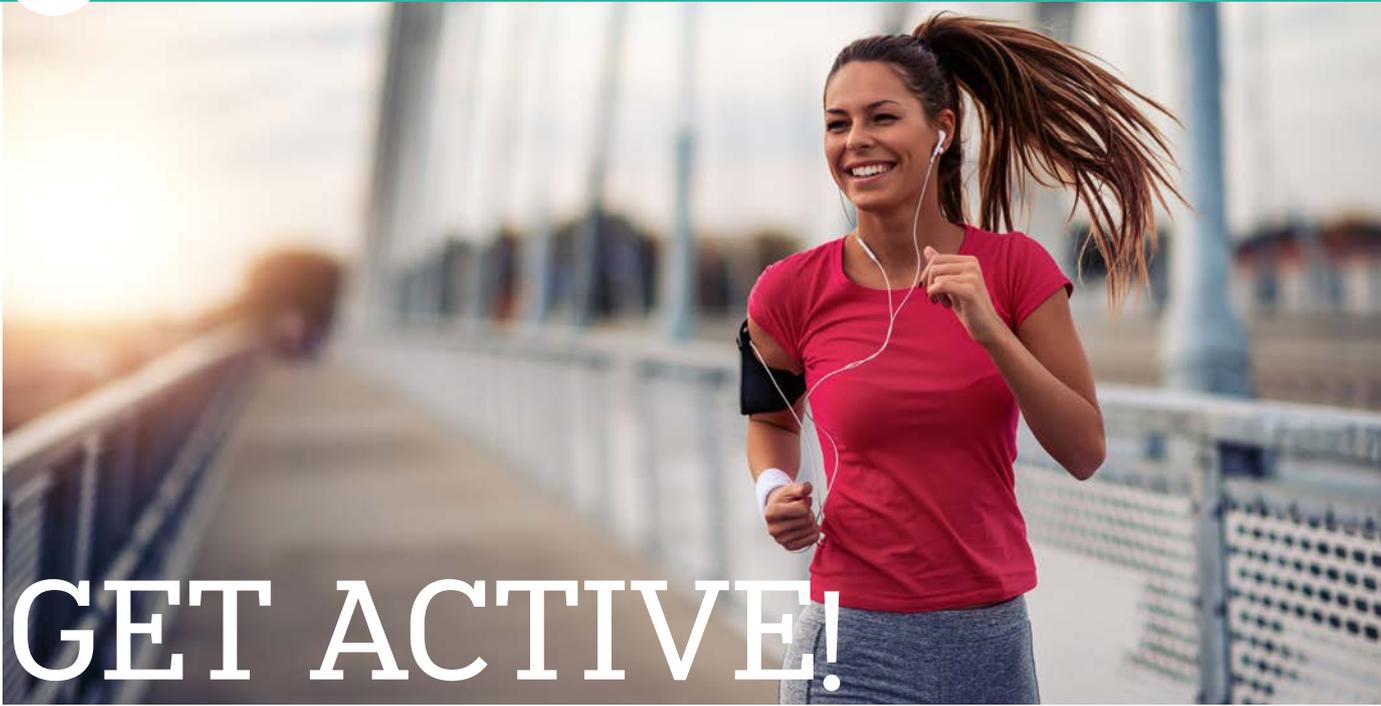
Ideal for...relaxing the lower back muscles.



6 The cat
Get down on your hands and knees, with your knees and hands flat on the floor, you arms vertical and your back straight, horizontal. From this posture, curve your back as far as possible, arching forwards and curving upwards and sit back onto your heels. Return to the starting position and repeat the movement until completing the series.

Ideal for... relaxing the muscles closest to the vertebrae.

Fuente: www.espalda.org



GET ACTIVE!

Physical exercise decreases the risk of suffering from back pain. Additionally, maintaining as much activity as possible when the pain appears shortens the amount of time it is suffered and reduces the risk of it being repeated. In other words, get moving!

“It is better to do a little sport than nothing at all”, doctors from the Kovacs Back Unit at the Hospital HLA Universitario Moncloa affirm. It is essential to keep your muscles in good condition and able to protect your back. Additionally, “the right exercise, carried out correctly has a positive influence on symptoms such as pain, inflammation and muscle contracture,” they explain. Their advice is listed below.

AEROBIC CARDIOVASCULAR EXERCISE

Just walking 30 minutes or 1 hour a day is very positive for health in general and specifically for your back. “Walking, swimming or using an exercise bicycle or an elliptical exercise machine generate aerobic cardiovascular work that will make your heart pump blood to all the tissues, among them, the ones in your back.”

BE CAREFUL WITH PADDLE TENNIS

Some physical activities, due to their characteristics, can involve a risk for your back. Sports such as squash, tennis, paddle tennis or basketball require a complementary gymnastic effort because, although it is beneficial to play them, at times they ge-

nerate asymmetries, overloads or sudden efforts that require the muscles to be prepared in order to be able to carry them out without becoming overloaded.

SWIMMING: IS IT AS PERFECT AS PEOPLE SAY?

Swimming is good due to its intrinsic characteristics, but not as much as the myth tells us. If we swim in an unsuitable way or we don't know how to swim, we can overload our backs and shoulders, without forgetting that there are people who don't know how to swim, don't like it or have problems with water. In short, “Swimming is as recommendable as going to the gym or doing exercise routines.”

AT COMPETITION LEVEL

Competitions are not made for body health or for back health. “Scientific studies coincide in showing that back pain is more frequent amongst top level sports men and women in any sport. At this level, the goal does not involve healthy exercise, but rather winning at the expense of taking the body to its limits and this is where the injuries occur. Also, some sports generate muscular asymmetries that require specific exercise to compensate for them.”

3 keys

1 Adapt the physical exercise to your routine according to your possibilities, characteristics, age and illnesses (whether they affect your spine or not). To do this, consult your doctor or other health professionals, such as physiotherapists. But at all ages, any exercise is better than none.

2 Be constant and exercise at least 2 or 3 times a week. Regular exercise is much more effective than doing something now and again or when you think your back is going to hurt.

3 If you feel any pain, stop. Any exercise focused on the spine that causes pain when doing it means that either you are doing it incorrectly or it is not the right time to be doing it.



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Mirai Chatterjee,

Founder of the Indian cooperative Lok Swasthya SEWA

“People told us that they could not pull themselves out of poverty without basic medical care”

Doctor Mirai Chatterjee explains to 'Compartir' how she managed to turn her health cooperative into a wide-reaching, solid movement that inspires other healthcare organisations all over the world.

by **Sergio Escartín**

In 1984, Mirai Chatterjee had already realized that the health problems involved in certain jobs would require the creation of a medical care cooperative to successfully promote the cooperative model for working methods, something that today we take for granted. Its beginnings in India were not easy, but the model ended up being successful and since then it has improved the working and healthcare conditions affecting millions of women in India.

What are your memories of the early stages?

The public health system at the beginning of the 1980s was virtually non-existent, therefore it was both a complete challenge and at the same time, an experiment. Developing a healthcare cooperative was so unheard of that the cooperative registrar took two years to formally register us. At the same time, we instructed local women, our SEWA members, to become healthcare workers in their urban and rural communities, to give primary health care, including low cost medicines, from door to door for the local population. Since then we have become a financially viable healthcare cooperative,

administered by and belonging to the health workers themselves.

What was SEWA's initial goal?

We realised that the medical care system did not sufficiently cover the needs of the mass Indian work force, particularly for women. The members of SEWA told us that they could not pull themselves free from their poverty without basic medical care, to keep themselves healthy and productive, as well as avoiding high healthcare expenses. Therefore, SEWA started a campaign for health education and awareness called Know your body, which centred on how to remain healthy. This led to a complete primary healthcare programme in the community, which in turn, became a healthcare cooperative called Lok Swasthya SEWA or popular health cooperative. The aim of SEWA is to organise women for full employment and self-sufficiency. Full employment means the safety of work and income, food safety and social security. The latter includes medical care, childcare, pensions, insurance and housing with basic services.

How did you manage to build such a wide-reaching, strong organization?



In 1972 the founder of SEWA Ela Bhatt understood the importance and the power of organising people on a local scale for a social change towards a society based on inclusion, justice and equality, particularly for women in a patriarchal society like India. Therefore, we helped women create their own local organisations where they are users, owners and managers or leaders.

Which was the most complicated part?

Without any doubt, the most complicated part was organising the women and helping them to develop the unit, the solidarity and the sisterhood. This is the keystone of all our work. It was the first



La entrevista completa a Mirai Chatterjee en la web de la Fundación Espriu





Who is



Mirai Chatterjee

She is the social security coordinator for the Indian Self-Employed Workers Association (SEWA), a trade union created in 1972 and that today groups together 18 million workers from the unofficial economy in India. For 30 years, Doctor Mirai Chatterjee has been in charge of SEWA's Health Insurance and Child Care programmes. This association provides a comprehensive support for poor women who work for themselves. Chatterjee has centred her efforts on increasing the bargaining power, the economic opportunities, healthcare safety, legal representation and organisational skills of Indian women. The results of her work have been spectacular, achieving improvements that are so important that her model has been copied with similar initiatives all over the world.

and most difficult step forward in a country with so many divisions and differences: caste, class, religion, race, language and geography. Another complicated part was the creation of sustainable organisations based on the membership.

Would it have been possible to achieve this success without relying on community action?

Community action, or what we call organisation in SEWA, is the first basic step. We could not have moved forward without it. This is a slow, constant process of bringing hearts and heads together, starting with the needs and concerns of the members who are the heart and soul of SEWA.

How did you manage to make the Indian government apply health programmes developed by SEWA?

We have always sought out laws and policies in favour of the poor and women and looking at things from the workers' viewpoint. From the very start, we were committed to the local healthcare authorities and we presented the concerns and needs related to the health of our members to the local, national and state authorities. They were taken before our government and we also took them to an international scale: to the WHO, to the ILO and to the ICA. With this constant dialogue with the public health system in India, the autho-

rities realised that we had some programmes, such as workers' maternity benefits or low cost pharmacies, which could be applied nationally. We also championed the idea that the first line health workers were women locally. Today, these women are called Asha and they are the basic pillars of our public health system in India.

What do you think is the key to healthcare cooperatives regarding your impressive results?

Health is not something to be given up. We have seen that in a country as large and diverse as ours, the planning, implementation and monitoring of all the health actions and programmes must be controlled by the local population. And how better to do this than through the women's health cooperative? The people are the users, owners and managers. They are also democratically chosen for the cooperative board and therefore, they also manage it. They can decide which are their health concerns and what to do about them, how to access the public health services and how to develop their own services to fill the existing gaps.

What should be improved in the world of healthcare cooperatives?

We still have a great deal to learn from other cooperatives. Our experience shows that in this way we can build viable cooperatives that take unknown routes and innovative health actions, such as administering low cost pharmacies, producing Ayurvedic medicines or our mental health services. I think that cooperatives are still not well understood and health cooperatives even less so. We need to reach the WHO and other countries more actively to show the impact of health cooperatives and how this can lead people towards universal medical care. ■

The HLA Group improves its quality and reputation in the healthcare field

The commitment made by the ASISA Group to develop its own healthcare network puts the Hospital HLA Universitario Moncloa amongst the best in Spain



The doctors
 Carlos Zarco, Medical Director of HLA Moncloa; Benito García-Legaz, Director of HLA; María Desamparados Marco Lattu, Medical Director of HLA San Carlos; Yolanda Paules, Quality Manager of HLA Perpetuo Socorro and Dr. Francisco Martí, Medical Director of HLA Inmaculada, collected their awards.

In recent years, the ASISA Group has been committed to the development and consolidation of its own healthcare network, led by the HLA Hospital Group, as a hub point of its healthcare model that allows it to guarantee maximum quality when looking after its insurance holders and patients, maximising the efficiency of its management and at the same time, differentiating itself from its competitors. And all this effort has paid off, since several of its hospitals and medical centres have received different quality accreditations and have improved their classification on the reference rankings in the healthca-

re field. Amongst them, for the first time, the Hospital HLA Universitario Moncloa has been ranked amongst the top Spanish private hospitals with the best reputation, according to data from the sixth edition of the Healthcare Reputation Monitor (MRS) prepared by the consultancy company, Merco.

AWARDS AND CERTIFICATES

Alongside Merco's recognition, the Hospital Universitario HLA Moncloa has renewed its EFQM500+ of Excellence (European Foundation for Quality Management) stamp and it received the "Top-20 2019" award in the *Nerve Clinic Area*. ■



Diario Médico rewards the 'Training in medical ethics' initiative by the ASISA Group

The initiative by the ASISA Group, *Training in medical ethics* received one of the awards from Diario Médico for the *Best Healthcare Ideas 2019*. These awards acknowledge the work of the professionals, institutions and companies that contribute to improving medicine and healthcare.

The award-winning project, promoted by ASISA-Lavinia's Bioethics and Healthcare Law Committee, attempts to bring bioethics closer to clinical practice. To do this, all the members of ASISA's medical teams and the professionals from the HLA Hospital Group (a total of almost 12,000 people), are sent a practical case containing bioethical conflicts in order to guide the medical staff when having to resolve this type of case.

Diario Médico awarded the prizes at a gala where the ASISA Group was represented by Dr. Antonia Solvas, secretary of the Governing Council of ASISA-Lavinia and delegate in Barcelona and Dr. María Tormo, Head of Planning and Development at ASISA and chairwoman of ASISA-Lavinia's Bioethics and Healthcare Law Committee. ■

Brief news

● **Transmural Biotech**, the biotechnology company with a majority participation by ASISA, has become a reference point for healthcare innovation worldwide after being chosen by the North American magazine *Technology Innovators* from among the 20 most innovative companies in the world in the healthcare technology field.

● **Otoaudio** the company from the ASISA Group specialised in audiology and hearing aids, has started its expansion in Spain with the opening of three new clinics in Madrid, Alicante and Murcia in recent months, as well as a hearing assessment centre in Madrid, which are added to the clinic in Jerez de la Frontera.

The first clinic in the United Arab Emirates



● **The dental network** belonging to the ASISA Group and the investment group, Faisal Holding in the United Arab Emirates has opened the first True Smile Works clinic in Dubai. The opening of the clinic, equipped with six consulting rooms, was attended by the chairman of the ASISA Group, Dr. Francisco Ivorra, who emphasised that “True Smile Works is the first international chain of Spanish dental clinics in the Arab Emirates, which means a revolution on this market” and he advanced that the goal is to “open another ten clinics.” ■

Fundación ASISA awards the prizes and fellowships of its university chairs

● **Fundación ASISA** awarded the prizes and fellowships of the university chairs that the company holds with the Universidad Autónoma de Madrid (UAM), the Universidad Europea and the Universidad de Lerida in the areas of Healthcare Management and Health, Health Sciences and Education and Quality of Life, respectively. With these acknowledgements, ASISA intends to promote research and collaborate in the training of different professionals and in the development of innovative projects that allow both knowledge and healthcare management to be improved.

BETTER HEALTHCARE JOBS

In the 2019 edition, the Prize for the *Best Doctoral Thesis of the UAM-ASISA University Chair*, which reached its 15th edition, acknowledged the *Study of the hospital disease burden associated with malignant neoplasm and*



carcinoma in the anogenital area in Spain”, carried out by Dr. Noelia López Malpartida.

Regarding the *Mejor Trabajo sobre Gestión Sanitaria y Economía de la Salud (Best Work on Healthcare Management and Health Economics)*, published in specialised magazines, this was granted to the work *Cost-effectiveness of Carotid Surgery*, signed by doctors Sandra Vicente Jiménez, Pilar Carrasco, Gil Rodríguez, Manuel Doblas, Antonio Orgaz, Angel Flores, Manuel Maynar, José A. González-Fajardo and Juan Fontcuberta. This research was published in the magazine *Annals of Vascular Surgery*. ■

● **The jury panel** for the ASISA-UAM awards along with the prize-winners, several executives from ASISA and Dr. Jaime Siegrist, the speaker at the award-giving ceremony.

M. Àngels Font, the new chairwoman of SCIAS

She takes the position over from M. Teresa Basurte, who has been the cooperative's leader since 2007

SCIAS, the organisation formed by the policy holders of Assistència Sanitària and owner of the Hospital de Barcelona, renewed the members of its governing board at its general ordinary assembly held on the 15th of June. In addition to the re-election of Antonio Pineda and Rosa Sota as work associates, Francesc Ayala, Patricia Cabré, Jesús Ferrer and Antonio Figueras were incorporated as consumer associates and Xavier Gasch was re-elected. In accordance with the articles of association, at the subsequent meeting of the new governing board its members unanimously elected M. Àngels Font as the board's chairwoman.

A policy holder of Assistència Sanitària and member of SCIAS since 1996, Font developed her professional career in the financial sector, with responsibilities in the internal organisation of the company, specifically in the human resources area. In the cooperative field, she has formed part of SCIAS' cooperative team; she has held different posi-

Ms. Font took the floor at the General Assembly of SCIAS, held in June (right), and during the Christmas dinner of the companies belonging to the Assistència Group she thanked her work associates for her election as chairwoman (below).



tions on the governing board since 2009 and she also forms part of the governing board of Coopconsum (Federación de Cooperativas de Consumidores y Usuarios de Cataluña/Federation of Consumer and User Cooperatives of Catalonia).

After her election, Font wished to acknowledge the important work carried out by her predecessors in the position and she took on the commitment to continue working “with eagerness and a sense of responsibility”, in “a unique organisation”, to guarantee the best health-care and the values of excellence represented by SCIAS. ■

Brief news

Assistència Sanitària, the main sponsor of the professional sportsmen belonging to FC Barcelona

The basketball, handball, indoor football and roller hockey sections will display the Assistència Sanitària logotype until June, 2024

Assistència Sanitària's commitment to health and sport has been made patently obvious throughout its history. And now, after 15 years of working alongside FC Barcelona, Assistència Sanitària and the Barcelona football club have extended their sponsorship agreement until June, 2024. Using the slogan 'Unidos por la excelencia/Joined by excellence', Assistència Sanitària has become the main sponsor of the professional sections of basketball, handball, indoor football and roller hockey and they will display the company's logotype on the front of their shirts for the next five seasons.

With this new agreement, Assistència Sanitària obtains the rights of association and image, publicity and promotion rights and hospitality rights, amongst others, for both

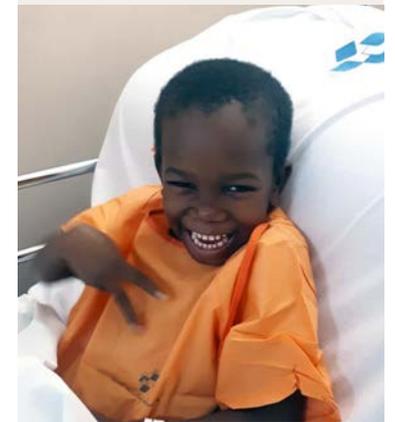


the professional sections and the Palau Blaugrana space, as well as in the football area and in the Camp Nou stadium.

This alliance means that Assistència Sanitària and FC Barcelona are strengthening the common path that they initiated in 2004 with the aim of consolidating the club's multi-sport positioning, which has always valued the quality of the care in all its medical centres, as well as in the Hospital de Barcelona, whenever medical practice has been required. ■

El Dr. Ignacio Orce, chairman of Assistència Sanitària was entrusted with presenting the agreement along with the president of FC Barcelona, Josep Maria Bartomeu.

● **Karabulai Fati.** In December, this young patient, from Guinea-Bissau was operated on in Barcelona thanks to the collaboration between Assistència Sanitària, the Hospital de Barcelona and the NGO Infancia Solidaria, which helps the lives of children from developing countries to be improved by providing them with operations that are not possible in their countries of origin.



● **Research.** True to its commitment to continuous improvement, research and quality, Assistència Sanitària, through its fertility centre, Gravida, has signed an agreement with the VHIR, the foundation from the Hospital Universitario Vall d'Hebron, to reinforce the research in the assisted reproduction area. The team directed by Dr. Jaume Alijotas will receive an initial endowment of 45,000 € for the research project 'Anto-immune and alo-immune alterations in infertility.'



Refurbishment of the surgical area of the Hospital de Barcelona

The Hospital de Barcelona has completed the complete refurbishment of the surgical area, incorporating the most advanced equipment and technology to the hospital's 14 operating theatres. The general spaces, corridors and administrative areas have also been refurbished to adapt them to the needs of the healthcare personnel. ■



The Fundación Espriu, the second network worldwide of healthcare cooperatives

The World Cooperative Monitor 2019 report gives a positive assessment to the invoicing volume of the organisations that make up the Fundación Espriu

The work of the Fundación Espriu and the organisations that form it continue to receive eulogies and acknowledgements. The latest of these comes from the World Cooperative Monitor 2019 Report, the only one that includes annual quantitative data about cooperative companies on an international scale, which considered that the organisations that form the Fundación Espriu make up the second network of healthcare cooperatives in the world according to invoicing volume.

The document, prepared by the European Institute of Research into Cooperatives and Social Companies (Euricse) and the International Cooperative Alliance, analyses the performance of the 300 largest cooperative organisations in the world and makes a sectorial classification based on the financial data from 2017, a classification where the Fundación Espriu holds second place behind the American company,



Download
The World Cooperative Monitor 2019 report may be downloaded here.



Health Partners. In this ranking, which orders all the cooperatives without differentiating them by their sector of activity, the Fundación Espriu has risen a place compared to last year, reaching position 192 on the list.

The Monitor also includes a classification taking into account the relationship between each company's business volume and the GDP per capita of its country of reference. This data allows the economic contribution and the positive impact that it generates in its country to be valued, at the same time as helping to value the size of the company in its national context.

The report is completed with an analysis of the contribution of the largest cooperative companies to inclusive and sustainable economic growth, to productive employment and to decent work, components of the Sustainable Development Goal 8 on the United Nations 2030 Agenda. ■

Brief news

● **Social Economy companies**, such as Asisa or Assistència Sanitària have an added socio-economic impact that is inherent to the differential behaviour that mark out their principles and values. The study *Analysis of the socio-economic impact of the values and principles of the Social Economy in Spain*, quantifies the company's profits in 6,229 million euros per year, as well as identifying inclusive job creation as one of the main features of the success of this business model.

● **The book**, *La Economía Social en el Mediterráneo (Social Economy in the Mediterranean)* is a broad compendium of the capacities, the dimension and the potential of the Social Economy through opinions by representatives of the Spanish Government, European institutions and international organisations and business leaders. Dr. Carlos Zarco, General Manager for the Fundación Espriu contributed to its publication with the chapter 'The health cooperative movement in Spain and the world.'



The Fundación Espriu took part in the Global Forum on Health Promotion

Carlos Zarco, General Manager of the Fundación Espriu, presented the advantages of cooperative companies in the health sector at the WHO headquarters

The Fundación Espriu, represented by its General Manager, Carlos Zarco, took part in the Global Forum on Health Promotion that was held in November at the head offices of the World Health Organisation in Geneva. The Forum, co-organised by the WHO and Alliance for Health Promotion, debated the general topic: *Health promotion: the critical route to achieving Universal Health Coverage*.

During his intervention, Dr. Zarco celebrated the recent political statement approved by the United Nations Assembly regarding Universal Health Coverage and he presented the advantages of cooperative companies in the health sector. “Cooperatives are an efficient business model that can be a highly suitable organisational instrument to move forward

Dr Carlos Zarco, during his presentation at the head offices of the WHO in Geneva to talk about health cooperatives



the recommendations made in the UN’s political statement in specific actions that improve the population’s health cover,” Zarco explained, who is also the chairman of the International Health Cooperatives Organisation (IHCO).

At the forum held in Geneva, the General Assistant Director of

the WHO, Dr. Zsuzsanna Jakab and the Assistant Director of the WHO for Universal Health Cover, Dr. Naoko Yamamoto took part, along with other executives from the WHO, representatives of governments, civil society and different international organisations. ■



Healthcare cooperatives

The United Nations Assembly (UN) recognises the important role that cooperatives may play in extending access to healthcare and it recommends governments to support this sustainable business model that directly contributes to universal healthcare cover. For this reason, the UN has decided to include a motion on the agenda related to the role of the cooperatives in social development, where it emphasises how for over almost two centuries this business model has been participating in healthcare provision using very diverse methods. The document mentions the Fundación Espriu as “a strategic alliance of cooperatives formed by professionals and users that manage hospitals, insurance companies and a network of complementary companies.” ■

17 goals for people and the planet

The United Nations has launched the decade of action to promote the Sustainable Development Goals and to meet the commitments agreed upon for the year 2030.

by **Pilar Maurell**



This is the decade of action and results. Five years ago, all the Member States of the United Nations launched an ambitious plan to achieve 17 Sustainable Development Goals (SDG) as part of the 2030 Agenda.

Each goal has specific objectives that must be reached over the next 10 years. The first is an end to poverty, followed by zero hunger. Guaranteeing health, well-being and quality education; achieving gender equality, clean water and sanitation are other SDGs proposed by the Members States in the agreement of September, 2015.

But five years on, the UN considers that, in spite of the progress made, this is not enough and if we continue along these lines, the Goals will not be reached within the planned time limit. The world is not on the way to eliminating

poverty over the next 10 years and 55% of the world population still has no access to social protection.

Additionally, the number of people suffering from hunger has increased, as reported by the UN Goal 3, guaranteeing a healthy life and promoting well-being of everyone at all ages has been improved, but the 4th goal that is attempting to achieve a fair, inclusive education has not been attained. Regarding climate action, the average world temperature in 2018 is approximately 1°C higher than the pre-industrial base line and the natural environment is deteriorating at an alarming rate, according to the latest UN report in 2019, which denounces that the last four years have been the hottest on record and a million species of plants and animals are in danger of extinction.





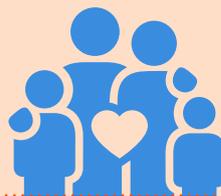
» The latest report denounces that for some Goals the situation has worsened and it is asking all the countries to step up their efforts to meet the goals marked out within the planned deadline of a decade.

For all these reasons and to speed up the change, at the Summit on the SDGs in September, 2019, the world leaders requested a decade of action and results to reach the Goals on the planned date, 2030.

COMMITMENT

But the States are not the only ones that have to get to work. The large international corporations, the small and medium-sized companies in all the sectors and each of us are all responsible for reaching these goals. They know this at the Fundación Espriu, which brings together the cooperative companies Assistència Sanitària and Asisa. From the very beginning, the Fundación Espriu has been committed to the SDGs and they already form part of the principles and values that make up the foundation's DNA. ■

The second network in the world of healthcare cooperatives



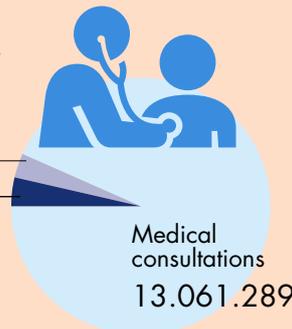
2,552,115

people cared for

Hospital emergencies attended at their own centres

540.295

Surgical operations
418.709



Professional cooperative members

15.478

Consumer cooperative members
165.832



Data from 2018



“Although we are concerned about SDG3, our work has repercussions on the other goals”

The Fundación Espriu is the second network in the world of healthcare cooperatives and it upholds its founder’s international vocation.

Healthcare cooperativism can help to reach some of the Sustainable Development Goals and the Fundación Espriu has already been working on them for some time now. Doctor Josep Espriu was the world ambassador for healthcare cooperativism and the Fundación Espriu, the second network in the world of healthcare cooperatives according to the World Cooperative Monitor 2019, has maintained his legacy over all these years. Doctor Carlos Zarco is the General Manager of the Fundación Espriu, the Medical Director of the Hospital Universitario HLA Moncloa and he presides over the International Health Cooperative Organisation, IHCO. He explains that the Fundación Espriu works alongside the United Nations to detect in which SDGs healthcare cooperativism may have the greatest impact. “There are people who criticise them because they believe that they are wishes rather than

goals. In some countries they have become more fashionable. We saw that we had an important capacity to make an impact on some of the SDGs, from the point of view of the Fundación Espriu and healthcare cooperativism’s representation.”

With over two and a half million policy holders and almost 166,000 consumer cooperative members, the Fundación Espriu represents a social medicine and a healthcare cooperativism that are essential in the organisation and dialogue amongst the most important elements of the medicine: the healthcare users and the healthcare professionals. Carlos Zarco acknowledges that there are some SDGs that a priori are not thought about from the sector, but where they have an indirect influence. “A cooperative of doctors that is fighting for decent work, for bringing an end to the middlemen between doctors and patients, basically is concerned with the SDG3, on health and well-being”, but it also works to improve the fifth goal to encourage gender equality, SDG8 for decent work and SDG10, which attempts to reduce inequalities. “Although we are thinking about SDG3, in reality, our work has repercussions on the other goals,” he adds.

Additionally, according to the study *Analysis of the socio-econo-*

mic impact of the values and principles of the Social Economy in Spain, prepared by Abay Analistas under the management of Cepes, the Social Economy brings in 6,229 million euros per year in benefits to society; 3,930 million euros per year in wages for groups that are difficult to employ and 1,770 million euros per year in savings for the Public Administrations. Due to its importance, healthcare cooperativism has been put on the UN’s agenda, which acknowledges the important role played by the cooperatives in extending access to healthcare and it recommends governments to support this sustainable business model that makes a direct contribution to universal healthcare cover.

INDICATORS

The Manager of the Fundación Espriu is convinced that some of the goals can be achieved within the time limit and one of the most important advantages is that “finally, a date has been set.” Additionally, “these goals start to have indicators and targets on different scenarios. In the area of international cooperativism, they are working on indicators for each of the sectors with the aim of seeing the progress,” which opens up the path to achieving them. ■

» “We saw that we had an important capacity to have repercussions on some of the SDGs, from the point of view of the Fundación Espriu and healthcare cooperativism’s representation.”

3 GOOD HEALTH AND WELL-BEING



Guaranteeing a healthy life and promoting universal well-being



Family photograph of the Oncology Team at the Hospital de Barcelona

Data

- Every day **17,000** less children die than in **1990**, but at present over five million children die every year before reaching their **5th** birthdays.
- The **maternal mortality rate** in developing regions is 14 times greater than in developed regions.
- Since the year 2000, **vaccines** against measles have prevented almost 15.6 million deaths.

The Actions

The **Espru Fundació**n gives healthcare cover to over 2.5 million people and it carries out 14 million healthcare actions per year (surgical operations, consultations and emergencies.)

It **promotes** scientific advances in benefit of health. Such as the Collaboration Agreement with the Instituto del Vall d'Hebron, amongst many others.

The Fundació Espru **promotes** healthy living habits, such as Asisa's dissemination campaigns about the importance of sleep #Duerme1HoraMás (Sleep 1 Hour More) and through the HLA blog.

Healthcare cooperativism is essential for many regions in the world. "In Spain, it might be a complementary system that helps the public health system, but in many parts of the world it is an alternative to any kind of healthcare," Carlos Zarco warns. "In many countries there is no kind of healthcare and healthcare cooperativism can be a third route, in between public and private healthcare." Accordingly, Doctor Zarco underscores experiences such as Unimed in Brazil, founded using a model based on Lavinia and Autogestió Sanitària, which form part of the Fundació Espru, a cooperative of doctors that serves over 20 million people.

Accordingly, the Fundació Espru works closely with inter-

national organisms to take its experience to other countries. "We are working with the International Labour Organisation and the International Health Cooperatives Organisation (IHCO), along with the Swiss Agency for Development and Cooperation, on a platform which gives access to all our experience," Zarco explains. On the same platform there will be different legislations and the best practices for all those who consider that cooperativism is a good system for their country or social environment, "and we will put them in contact with support organisms." "In Serbia, for example, there is a group of doctors who want to start up a health cooperative law and in this context, our mission is to promote and support it." ■



Committed to inclusive, fair and quality education

The Fundación Espriu has been working on this goal for many years and many hospitals belonging to ASISA are universities. The insurance company has also reached agreements with different universities and a network of university chairs has been created to promote the dissemination of the knowledge, innovation and technological transfer. In 2018, it signed a collaboration agreement with the UNESCO Chair in Bioethics, aimed at working together in the medical ethics field.

They also annually give study fellowships for healthcare professionals who wish to extend their studies. Last year, there were over 470 applications for the Assitència Sanitària fellowships. The endowment distributed out amongst the 32 students who obtained the fellowship was 31,588 euros, making up a total of 310,000 euros accumulated since the academic year 2008-9, when the programme was created.

The cooperative company is also seeking the excellence of all their professionals by programming medical

seminars with different specialities throughout the year and putting the spotlight on subjects with particular scientific relevance. In 2019, Assitència Sanitària held three seminars: the first one on Pregnancy Pathology, with the participation of over a hundred specialists in gynaecology and neonatology. This was followed by another on Orthopaedic Surgery and Traumatology and the third seminar was on End of Life Care.

COLLABORATION WITH ACNUR

Aware of the need to promote quality education in under-developed and conflict-torn countries, Assitència Sanitària collaborates with the United Nations agencies for refugees (ACNUR and UNRWA) and the Generalitat de Catalunya, bringing healthcare cover to students from Syria, Palestine and Pakistan who will continue their studies in Spanish universities. Through Assitència Sanitària in 2018, due to this initiative 18 students could enrol in different Catalan universities to be able to continue their studies that had been cut short by wars. ■

Data

- Enrolment in primary education in developing countries has reached **91%**, but **57** million school-age children still do not attend school.
- **750** million adults are still illiterate. Two thirds of these are women.
- Over half of the schools in Sub-Saharan Africa have no access to drinking water services or installations for hand washing.



Achieving equality between the genders and empowering all women and girls

Spain is a reference country regarding legislation for gender equality with the Organic Law 3/2007, of the 22nd of March, for the effective equality of men and women. For many years, the Fundación Espriu has been committed to equality, with specific plans in all its centres. It also applies work and family

conciliation policies for its workers and collaborators, 75.5% of whom are women. The cooperative Scias, specifically, “has an internal regime regulation for the work members that contains internal regulations regarding labour relations, which contemplate steps aimed at promoting gender equality, non-discrimination and conciliation of the working

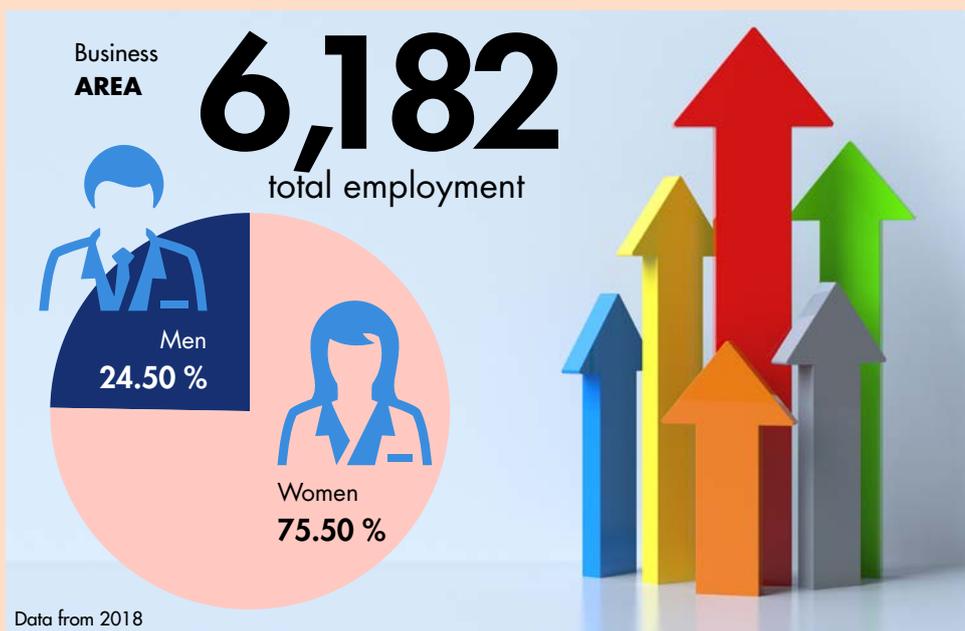
and personal lives of the worker members,” the manager of Scias and of the Hospital de Barcelona, Daniel Ramia explains.

Gender equality continues to be an outstanding issue. The UN denounces that the gender wage gap is 23% and it affirms that if steps are not taken, almost 70 years will be needed to reach wage equality. ■

8 DECENT WORK AND ECONOMIC GROWTH



Promoting sustained, inclusive and sustainable economic growth



Cooperativism and quality work

Healthcare cooperativism is present in the health systems of 76 countries.

Social Economy has a business fabric that generates over **10% of the GDP**.

The Social Economy in Spain is formed by 42,140 companies and organisations and it generates over 2 million direct and indirect jobs.

Data

- In **2017**, the world unemployment rate was **5.6%**, compared to **6.4%** in the year **2000**.
- Throughout the world, in 2016, **61%** of workers had non-regulated jobs.
- **470** million jobs are needed throughout the world for those who are joining the work market for the first time.

Over 6,200 professionals work directly with the different entities of the Fundación Espriu, which has a permanent employment rate of 82% (above the national average which is 73%), according to the latest data from Eurostat. Quality employment is also one of the goals of SDG8.

The Fundación Espriu was acknowledged as the third largest business group of the so-called Social Economy in Spain – due to its invoicing of 1,742 million euros, and it held the first position in the ranking of *Relevant Companies in the Social Economy 2018* by CEPES, within the socio-healthcare area. Also, according to CEPES, the social Economy has created 3,100 new companies over the last two years and in total, it gives work to over 2.2 million people all over Spain, in-

cluding direct and indirect jobs within the sector.

Additionally, the Fundación Espriu works every day to achieve the SDG8, not only in Spain, but all over the world. An example of this is shown by activities such as the International Cooperatives Day that last year focused on this goal, putting an emphasis on the cooperative model for the healthcare area. A model based on the rule of ‘one person, one vote’ and on the consensus of putting people ahead of economic capital.

“Cooperatives make a sustainable social medicine model possible, on the one hand, allowing top quality care to be provided to patients and on the other, fair conditions for the health professionals to be able to exercise their vocation,” sources from the Fundación underscore. ■

12 RESPONSIBLE CONSUMPTION AND PRODUCTION



13 CLIMATE ACTION



Fighting against climate change and opting for sustainable consumption



The new lighting at the Hospital de Barcelona meets energy efficiency requirements.

Data

- If the world population were to reach **9,600** million in **2050**, the equivalent of almost three planets would be needed to provide the natural resources necessary to maintain our current lifestyle.
- As of April, **2018**, **175** Parties have ratified the Paris Agreement and **168** Parties have communicated their first nationally determined contributions to the United Nations Framework Convention on the Climate Change Secretariat.

The SDG12 on sustainable production and consumption is at the base of the circular and social economy, as is the SDG13, which refers to climate action. Cooperativism has been working for decades to make its model sustainable and here, Dr. Josep Espriu was a pioneer.

Today, the Fundació Espriu is maintaining his legacy and taking it a step further. As Medical Director of the Hospital Universitario HLA Moncloa, Dr. Carlos Zarco affirms that the hospitals are deeply involved in these SDGs. “In our case, for over twenty years,” he emphasises. “It is a need that arises due to the waste considered to be hazardous, as is the case of different types of drugs that must be processed responsibly.”

For this foundation, managing waste and reducing consumption is in its DNA. “We want to limit the hospital’s impact in any area and regarding the environment, we have a very demanding regulation.” The

idea is to use common sense, Dr. Zarco concludes and it is easy because “it already forms part of our hospital’s culture. Day by day we try to minimise any environmental impact that the hospital might have.”

Also “the Governing Board of SCIAS, the owner cooperative of the Hospital de Barcelona, has encouraged policies aimed at protecting the environment and responsible energy production and consumption, particularly centred on improvements in energy efficiency and in waste management, using a social responsibility viewpoint” its Director Daniel Ramia points out, recalling: “In this sector, energy

consumption has a specific importance on the operating account, in such a way that energy efficiency contributes to an improvement in profitability.” For this reason, at the Hospital de Barcelona, they have incorporated elements such as automatic lighting, times and values for the air conditioning that are adapted to recommendations or consuming machinery with adapted operating times.

SUSTAINABLE HOSPITALS

With regard to waste management, Daniel Ramia emphasises the replacement of plastic water bottles in the staff dining room by osmosis fountains or the implantation of suction systems in the operating theatres that reduce waste from group III. To decrease paper consumption, electric hand driers have been installed, internal communications and documentation have been digitalised along with the computerisation of medical orders and pharmacological prescriptions. ■

17 PARTNERSHIPS FOR THE GOALS



Revitalising the World Alliance for Sustainable Development



Dr. Carlos Zarco, General Manager of the Fundación Espriu, during his intervention at the Moscow International Cooperative Forum

Data

- Official aid for development was placed at **135.2** billion dollars in **2014**, the highest level ever reached.
- 79%** of imports from developing countries enter developed countries without paying taxes.

If we don't do it all together, we will fail. This was the UN's message when launching the SDG17. They warn that urgent action is needed to mobilise, redirect and unblock the transforming power of thousands of millions of euros of private resources to meet the sustainable development goals. The healthcare cooperative model of the Fundación Espriu has had a great impact and its experiences led to the creation of the International Health Cooperatives Organisation, IHCO, which is currently led by Dr. Carlos Zarco as its chairman.

From the very beginning, the Fundación Espriu has had an international vocation. From Barcelona, Doctor Espriu expanded his model to the rest of Spain and to Europe. "We continue to demonstrate that his idea was the most suitable," Doctor Carlos Zarco states and for this reason the Funda-

ción Espriu is working to take healthcare cooperativism around the world.

INTERNATIONAL VOCATION

"We have an excellent relationship with the World Health Organisation and last year we were present at some seminars in Geneva to see how cooperatives can help to achieve the SDGs," Zarco recalls. "We are working for healthcare cooperativism to be recognised internationally and we are highly satisfied that it has been put on the UN's agenda." And the fact is that the 74th Assembly of the United Nations, held in November, 2019 included a motion related to the role of cooperatives in social development and the Fundación Espriu was expressly mentioned.

A successful sustainable development programme requires alliances between governments, the private sector and civil society according

to the United Nations. Here lies the Fundación Espriu's international importance and its leadership in the International Health Cooperatives Organisation, IHCO, which Dr. Zarco has presided over since 2017. "It is one of our outstanding issues. I have held this position for three years and I have travelled all over the world. The knowledge and respect that the Fundación Espriu has around the world is not known in Spain. Internationally, nobody would think about dealing with healthcare cooperativism without talking to us, one of the central pillars of the social economy. The 2019 World Cooperative Monitor report acknowledges us as the second network of healthcare cooperatives in the world by invoicing volume. Our aim is to spread the news about healthcare cooperativism so that it can grow all over the world. ■

48h. in MARRAKESH

Bewitching, photogenic and chaotic, the red city is our nearest destination for exotic journeys and perfect for a weekend break. This year it is the African Cultural Capital 2020, so we should keep an eye on the cultural programme and the special events, many of them linked to artists from the African continent.

by **Neus Duran**



An exotic welcome

Warm, sweet-scented air hits travellers as they get off the plane, welcoming them to Africa. The best way to start soaking up the atmosphere of Marrakesh is to go its nerve centre, Jamaa el Fna. The famous square, to which you will return time and again during your stay in the city, is full of snake charmers, fortune tellers and acrobats. At nightfall, you can hear the drums of the street musicians, and many open air restaurants are set up in the square. Tajines, couscous and all kinds of spicy soups, brochettes and some delicious fruit juices are the best option for your first dinner in the city.



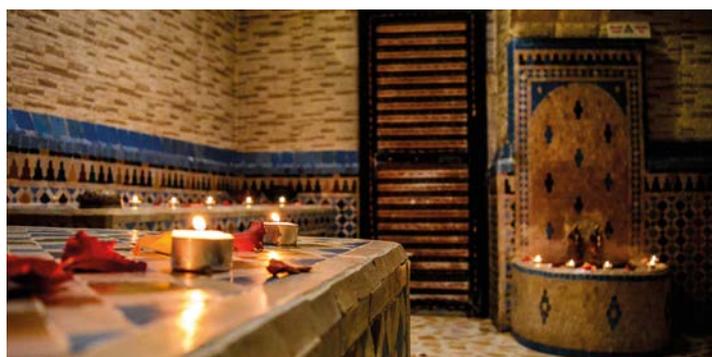
Charming accommodations

When choosing accommodation, there are options for every kind of traveller. One choice is one of the cosy, charming 'riads' in the Medina, the city surrounded by adobe walls; or you can opt for one of the much larger, international luxury resorts, located outside the walls. Three perfect choices are the Riad Enija, the old residence of King Kaid, in the heart of the Medina; the Palais Namaskar, with views of the Atlas mountains, a 5-star luxury complex belonging to PY Hotels & Resorts, with little palaces and private swimming pools; or the Raddison Blue Carré Eden, on the important shopping street, Mohamed V.



A morning of culture and souks

After breakfasting on Moroccan pancakes with jam or honey and a cup of tea, we can start our Saturday morning with a tour around the most interesting monuments in the old town. Amongst these is the Ben Youssef Madrasa, with 130 cells housing up to 900 students and the Bahía Palace, the harem for the 28 wives and concubines of Abu Bou Ahmed, a black slave who became a vizier. The 16th century Saadian Tombs, decorated with mosaics are also worth a visit. To the north of the square the souks are located, devoted to ointments, musical instruments, jewellery or carpets. You have to be ready to haggle.



A gastronomic feast

Hand-painted ceilings, lavish decoration, live lute and guitar music and an authentic gastronomic experience await travellers in the historic 'La Maison Arabe.' With a combination of French, Moroccan and Asian dishes, the restaurant also offers cooking workshops.



An afternoon at the Turkish baths

Why not spend your afternoon enjoying a Turkish bath? There are reasonably priced, tourist baths, such as the Hammam Ziani or luxury baths, such as Hammam SPA Mille & Une Nuits. To end the day, lamb roasted with couscous and amazing views in the restaurant and sky bar, Le Salama.

In the square Jamaa el Fna

musicians, henna tattoo artists and snake charmers meet up. Dusk is the best time to enjoy the atmosphere. There is nothing better for relaxing than letting yourself be pampered in a Turkish bath, such as the Hammam SOPA Mille & Une Nuits.

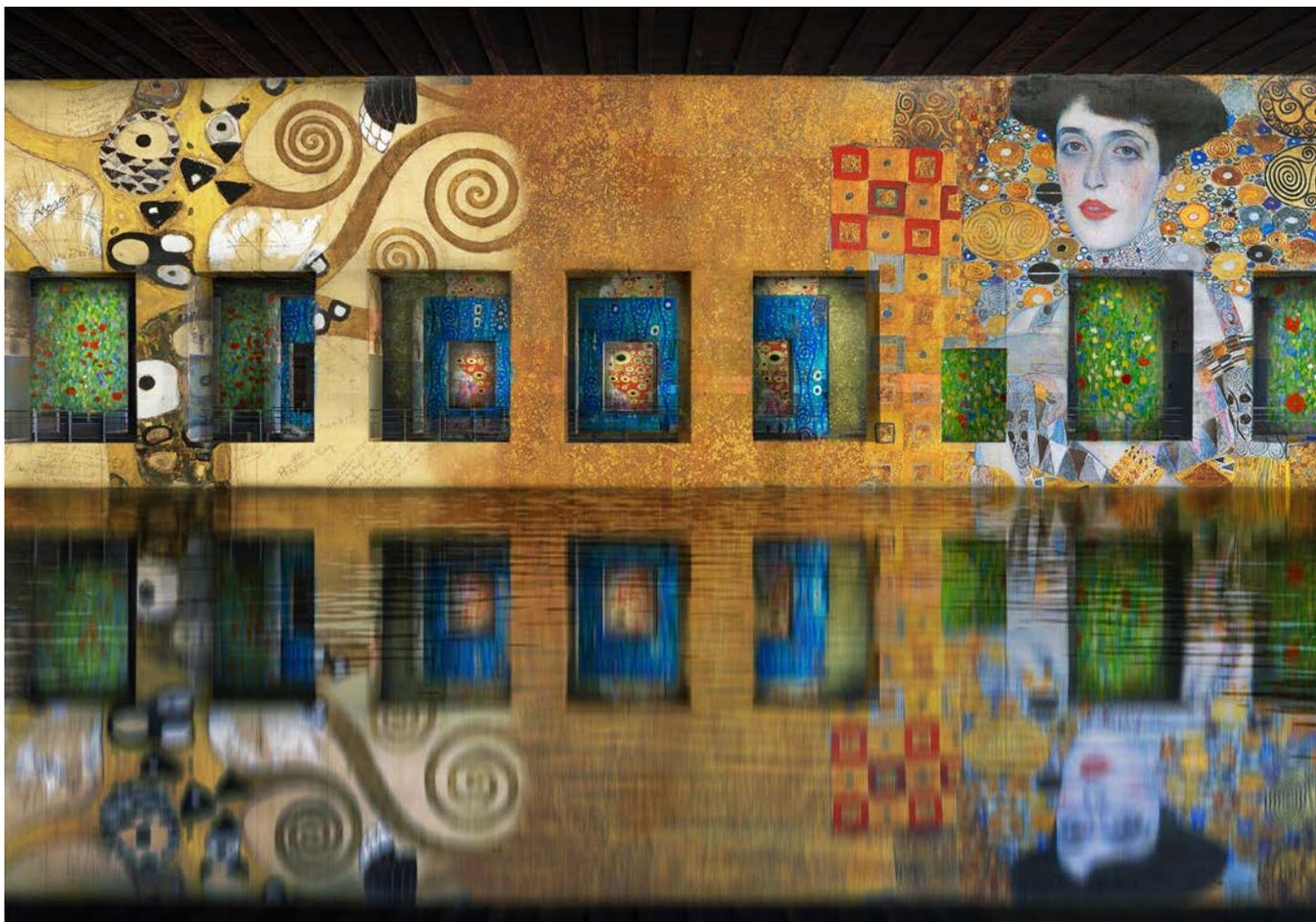


Amongst palm trees and design

The third day you can change the bustling Medina for the other attractions of the city in calmer surroundings. For example, you can start the day by travelling around the Palmeral with its over 100,000 palm trees, either by quad or camel, or wandering around the Menara Gardens, surrounded by thousands of olive trees. To end your break, you must visit the Majorelle Gardens, where Yves Saint Laurent, the adopted son of Marrakech, once lived. The famous fashion designer now also has a museum devoted to his creations with 4,000m² housing some of his most spectacular designs.

TOTAL IMMERSION

by Sergio Escartín



Bassins de Lumières: the largest digital art centre in the world

Culturespaces has converted a Second World War submarine base located in Bordeaux into a gigantic centre that will house immersive exhibitions, projecting art 360° on the walls and the water of these historic steel bunkers.

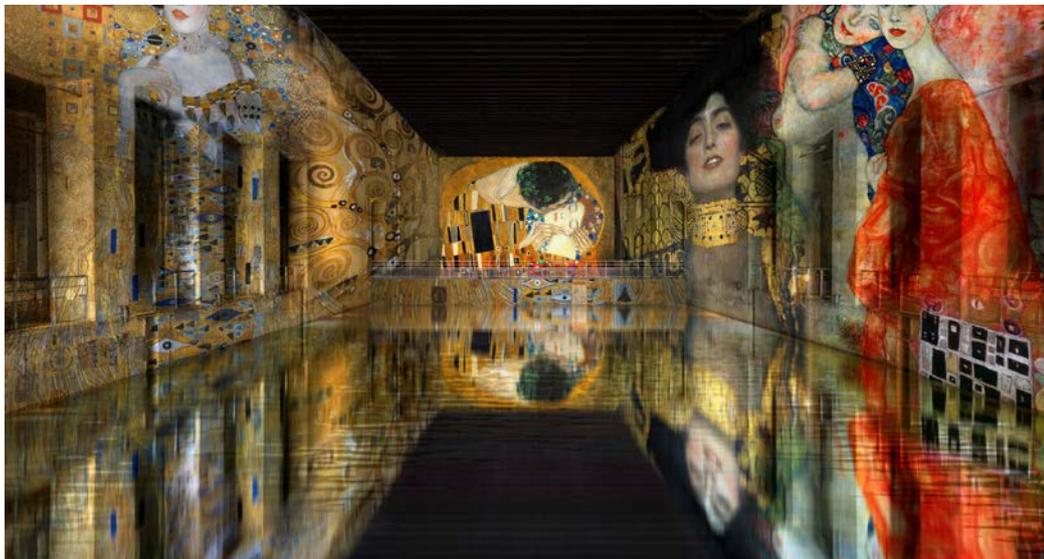
A submarine base, four water tanks, 90 video projectors and 80 loudspeakers. These are the four basic ingredients of Bassins de Lumières, the largest digital art centre in the world that will open

its doors in Bordeaux on the 17th of April. The company Culturespaces has restored and refurbished these German-built bunkers, turning them into a unique setting that allows people to be submerged in

a surprising artistic experience. Bassins de Lumières will present monumental, immersive digital exhibitions, projecting the works on the centre's gigantic architecture and its water tanks. The tour is carried out on walkways raised up over the water and along the piers, adding a new dimension to the experience.

To start with, Klimt and Klee

The first visitors who walk along the platforms around these tanks will be able to enjoy a wide variety of exhibitions. The main one will be



The big brother

Bassins de Lumières represents three times the surface area of Carrières de Lumières (an old limestone quarry) in Baux-de-Provence and five times the surface area of the Atelier del Lumières (an old foundry) in Paris. Both centres are the younger brothers and are already renowned members of the Culturespace and museum family that are essential in the development of immersive digital art exhibitions.

The figures for the Bassins de Lumières

- ⊙ 4 ponds, measuring 110 m long by 22 m wide and 12 m high.
- ⊙ 13,000 m² of total surface area.
- ⊙ 12,000 of projection surface area.
- ⊙ 3,000 m² of itinerary surface area.
- ⊙ 90 video projectors and 80 loudspeakers.

devoted to Viennese painting, reflecting the work of Gustav Klimt and his successors through portraits, landscapes, nudes, colours and gold. All of this in XXL format, inviting spectators to get right inside the works, accompanied by music and where creations such as the famous work, The Kiss will not be missing.

The walls will also reflect another immersive exhibition devoted to the coloured, abstract works by the artist Paul Klee. The tour pays tribute to the German's pictorial genres and music manages to invol-

ve visitors from the very beginning, causing a special connection.

Projections on the water

In addition to the main basins, six new spaces have been created at the centre to offer all kinds of artistic expressions. Therefore, the so-called 'Cube', with 220 square metres and a height of 8 metres, will concentrate on contemporary art created by digital artists. Visitors will be able to discover a new creation by the digital studio Ouchhh, specialised in graphic design, movement design and digital projections. For

Gustav Klimt, gold and colours.

The photographs are simulations of what the exhibition within the Bassins de Lumières devoted to Klimt will be like. Photos: Culturespaces

their creations, Ouchhh uses artificial intelligence and questions the act of artistic creation. The Cisterne space will use its 155 square metres to explain the links between the original works and the ones that are shown in the immersive exhibitions; whilst the Large Water Lily area will be used to project images on the water. There will also be a museum, a teaching space where the immersive exhibition can be understood better, a balcony, a stage and some seating areas from which to contemplate the works from different points of view. ■

A BLUE MIND

The latest trend in the search for well-being proposes getting closer to water

In addition to being the healthiest drink in the world, getting close to water helps the brain to expel toxins, strengthens our relationship with nature and brings calmness and serenity.

Well-being and stress are two opposing concepts that go hand in hand in our everyday lives. We are all seeking a physical and mental state that gives satisfaction and tranquillity, but without realising it, the stressful rate at which we live moves us further away from our goal. In order to try to reach this optimum, healthy state, today we opt for all kinds of techniques, treatments and habits. The latest preference is the so-called 'Blue Mind' theory, derived from the

well-being trend leaning towards nature, breathing and the senses. Mainly inspired by the book 'Blue Mind' by Wallace J Nichols and Ted Talk, this trend defends the idea of a peaceful, serene state associated with water. In addition to its healthy physical and natural capacities, water helps the brain to expel toxins and make our hormones stable and balanced. Therefore, in order to have a 'blue mind', you must be close to water: swimming, surfing, sailing or just sitting next to a lake or an ocean. This action, added to the blue colour of the water, which brings tranquillity and serenity, is a new ingredient on the rise that helps to reduce the stress in our lives. ■

DISCONNECTION

Book

La era de la humanidad / The era of mankind

Deusto Collection

How should we prepare ourselves for the imminent expansion of artificial intelligence and robotics? How will the digital revolution that we are experiencing affect us in the future? With a long term view, avoiding catastrophism, Marc Vidal opts for a future where human beings will be able to take advantage of these transformations in order to live better.



Series

Messiah (Season 1)

Netflix



A CIA agent is investigating a charismatic individual who suddenly starts to preach in the desert, inspiring a spiritual movement at the same times as he is destabilising politics. A thriller based on a fictitious story, which slides between religion and suspense.

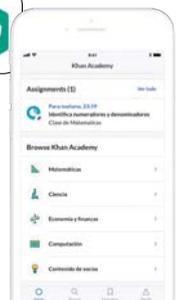
App

Khan Academy

iOS and

Android

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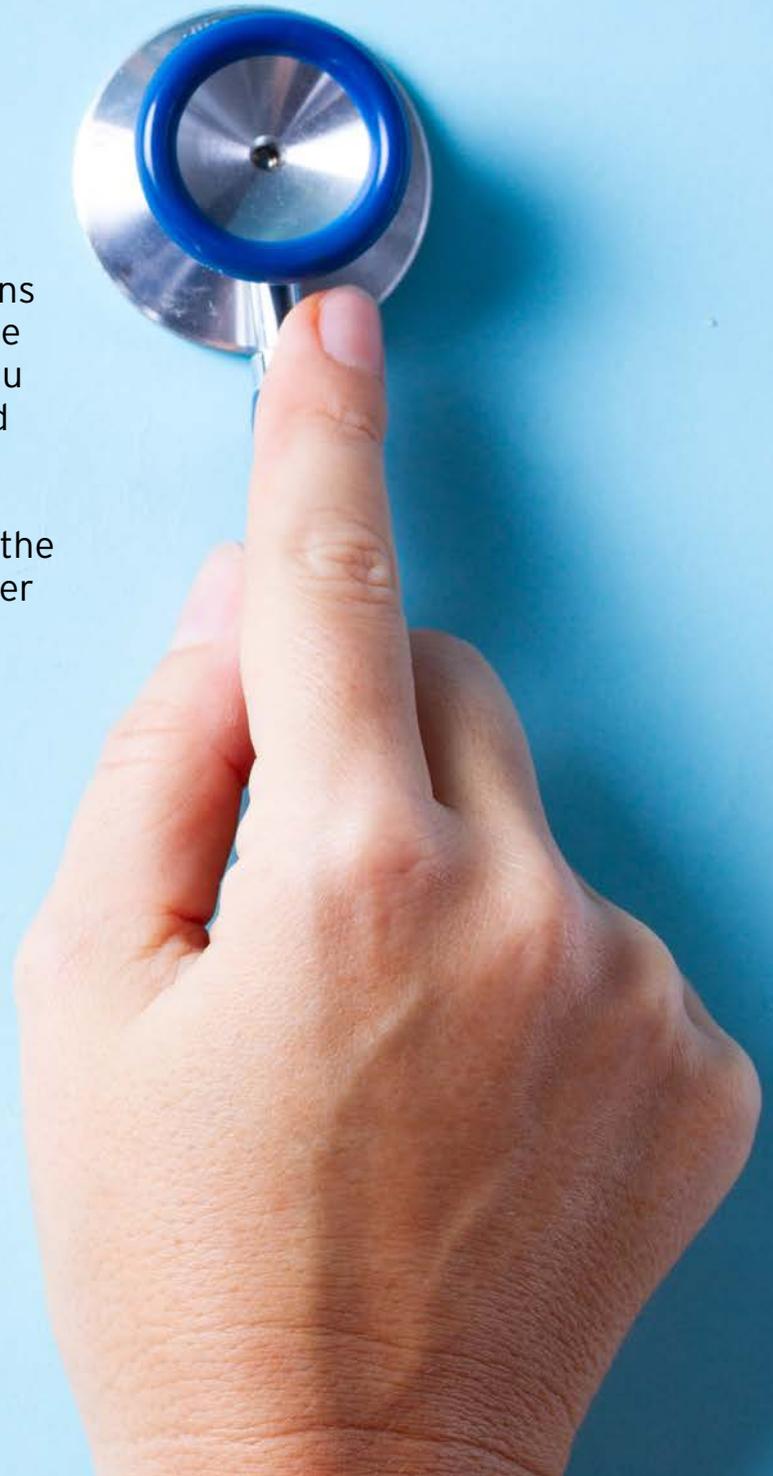
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SCIAS

ASISA

The organisations
that make up the
Fundación Espriu
form the second
largest network
of healthcare
cooperatives in the
world by turnover
volume



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