GAMAL ALBINSaida

By Ashoka Indonesia

Despite the government launching several models of health financing, poor people still remain uncovered while health costs continue to increase. Gamal is creating micro health insurance with a small premium that can be paid with garbage. The insurance service is beyond curative, but also gives health education, prevention and rehabilitation: a holistic health care insurance for poor people.

The New Idea

Gamal is creating the first micro health insurance paid by garbage. While health costs per-capita increase every year, poor populations continue to receive less than $2 income per day. With limited resources, health care insurance has never been a priority. Gamal is changing how the health system is financed by redefining garbage, produced by any household, as a resource for greater access to health care.

By capitalizing household waste for garbage collection and putting the funds toward health insurance, he is opening up access to high quality healthcare for those who haven’t been able to afford it. The organizing principle in his micro health insurance is to create a link amongst the disconnected existing schemes: waste management, health insurance, and health care. In this way, he manages to take something previously considered useless and transform it into health insurance, while drawing the link between improved sanitation and a healthy environment.

Members of Gamal’s program put the proceeds of their weekly garbage collection to meet a premium of IDR 10,000. Once the premium is met, the Garbage Clinical Insurance is applied in existing health clinics, where the member can receive premier treatment, diagnoses, medicine, and laboratory check-ups. The clinic is supported by professional doctors and nurses and also provides health education/promotion programs as well as preventive and rehabilitative programs as part of the holistic health care.

Gamal is not only changing people’s health seeking behavior, he is also changing perceptions on household waste. As recycled products are priced higher than raw waste, garbage insurance has also triggered the community to create a small business out of recycling. The
habits and values towards individual and household waste management have changed as people learn how to sort their waste from organic and non-organic and add value to each by composting or upcycling them.

To expand the impact, Gamal is preparing the replication on this model in eight cities. On the national level, Garbage Clinical Insurance is preparing to attach itself to the national health insurance scheme (BPJS) to broaden access for all.

The Problem

Indonesia is classified by the World Bank as a lower-middle-income country. Recent estimates indicate that about 18 percent of population continues to live below US$1 a day, and about half lives below $2 a day. From that income, poor households spent 1.6 percent on health.

In January 2014, the government launched a different type of public insurance, but millions of poor people are still left uncovered. The procedures are complicated and residents without legal identification can’t access this insurance. The newest national public insurance launched in 2014 with the premium IDR 25,000, which is also higher than the average poor people’s income.

Although household health insurance coverage has increased in the last decade or so – from 15 percent in 1995 to more than 40 percent in 2010 – almost 60 percent of the population still remains without any coverage. In the national development budget for health, the government puts less than 3% yearly to cover health services, far lower than the WHO’s international standard of 5% of the national budget. And although the government is aware that environment and health are closely related to each other, there is no connection between health service provider and waste management systems. These institutions work only within their respective programs.

The health issue is exacerbated by minimal understanding and indifferent attitudes of people towards improving their health and environment. Each person in Indonesia produces an average of 1.5 kilograms waste a day and poor habits on how to deal with personal waste have caused environmental problems as well impacting health. While in middle income neighborhoods households prefer to spend around $1.10 to $3.20 to pay for trash collection services by the local authority, in slum areas, people continue to live with their waste.
The Strategy

Gamal is creating micro health insurance to open access to high quality health care for communities by trading waste for healthcare, thereby also improving sanitation and promoting a healthy environment. Gamal recognized garbage as a new source to access health care, as with good waste management, the garbage has economic value. And garbage is produced by any person, so can become a valuable source for poor communities to get access to health care. The community trades their waste weekly and gets an insurance premium of IDR 10.000 as the incentive to cover their health care in a holistic manner, covering the patient premier treatment (curative), making health care quality improvement programs (promotive), preventing illness (preventive) and rehabilitative aspects, such as free treatment, in-clinic counseling, home visits, and laboratory checks.

Gamal established Garbage Clinical Insurance in one neighborhood in 2010. Without a good system both in insurance and garbage collecting, his first attempt died after six months. But the same year, he started to build it again and designed a better system. He has three divisions for GCI: garbage collecting for waste management, health services/care, and financing through insurance.

Every Saturday afternoon, community will come to clinic and deliver their waste that will be collected by the garbage collecting division and paid a standard market price by Garbage Collector. The team will note how much garbage is collected and accumulate the numbers monthly - IDR 10.000 goes to the premium and any extra money goes into savings. Gamal and team will sell the garbage to Garbage Collector and get money for the insurance.

Since it is only once a week garbage collecting, the premium sometimes is not achieved because households can’t keep their waste for a week, especially for organic waste. Another obstacle is the price of garbage per-kilogram that is a one party standard and too low to achieve the premium. Gamal’s solutions are to increase garbage collection from one to three times a week and do up-cycling to increase value of the garbage, in cooperation with a person appointed by the neighborhood to pick up garbage daily. The member first must sort the garbage into organic and non-organic one.

Gamal is also developing worm farming to make a fertilizer for organic waste by applying a composting method, with added value of up to IDR 7000 per-kilogram, while the price for raw organic waste is around IDR 1500. For fertilizer, Gamal cooperates with the
fertilizer salesman pivot system. For non-organic waste (paper, cans, bottles, plastic), Gamal works together with his member community to make a recycled product so they don’t need to trade the garbage for insurance but pay the premium with the product. The price of recycled products is much higher than raw garbage so the community will have more money for their savings too. In this way, Gamal is not only changing perception and habits of the community toward garbage with the insurance scheme but is also opening up the opportunity for them to become waste entrepreneurs with the recycling program.

Each member of Garbage Clinical Insurance gets access to a clinic twice a month for premier treatment. The premium does not yet cover surgery or hospitalized treatment because they are too expensive to be covered. The first clinic that Gamal built is Griya Sehat in 2010, located in a middle income neighborhood. From his evaluation, the program didn’t work well in this kind of area, as families are able to pay for their own health care. But the clinic still survived because of non-member patients. Now, Gamal is promoting the Garbage Clinical Insurance for housemaids and drivers in this kind of neighborhood. There are three doctors and nurse at this clinic. They are work three hours a day and paid professionally according to the standard in Malang.

To expand the impact, Gamal works with four other private clinics in Malang. He pays IDR 15,000 per member who comes to the clinic for premier treatment; it also covers the medicine that is prescribed. According to Gading Clinic in Bumi Ayu, a densely populated neighborhood, the garbage insurance helps them to survive. Previously, there were only five patients per day. But since partnering with Garbage Clinical Insurance, patient numbers are increasing by 10 to 15 per day. The insurance makes health care affordable for the community and also more profitable for this clinic than government public insurance. In the national public insurance scheme, each clinic will get claim IDR 8 million monthly with the calculation IDR 8,000 for 1000 members of community. It didn’t include the real numbers of patients, with the target that each clinic will do health promotion and preventive programs if they want to get a margin from the fixed national insurance claim. According to the Gading Clinic doctor, that would be difficult for them to do. In Garbage Clinical Insurance cooperation, the private clinic would not need to do promotion and prevention program because the organization will do the programs.
By limiting access to healthcare to twice a month, Gamal is also targeting health education, promotion and prevention that work well. Gamal and team are doing public health promotion per week at the same time garbage is collected. The team promotes sanitation health and personal hygiene. They also promote the treatment of geriatric diseases for elderly people, pregnancy health, childbirth, breast feeding, reproductive health for adolescents, and healthy lifestyle for kindergarten children. They create and distribute a health book, hold nutrition consultation services, and conduct home visits and laboratory studies for patients with chronic diseases. If they find dengue in one community, the team will do fogging to stop the disease from spreading. GCI also developed telemedicine to provide individuals with health counseling by telephone.

Garbage Clinical Insurance aim to replicating its program in other places to enhance and spread its usefulness in broader zones. Today, He has support replications in other region, such as 17 government agency, 21 University, 18 NGO and company. But this is not enough for him. Frankly, he is not satisfied yet with what he did. His goal is not only create breakthrough program, but also how to make it more effective and efficient. Through those program, he hope to accomplish problem in my own country and Indonesia could possess better human resources quality.

To expand the impact nationally, Garbage Clinical Insurance is now in the process of replicating and attaching to Government Public Health Insurance (BPJS), which has a premium of IDR 25,000 monthly. To be able to pay the premium, Gamal emphasizes the strategy of recycling products to add value. The aim to attach GCI to national insurance is also to open access to surgery and hospitalized services for GCI members.

The Person

Gamal Albinsaid was born the third of four siblings. His father once dreamt of being a doctor but since it was too expensive, he gave up the dream and became a merchant. His business of buying and selling cars grew fast and two of Gamal’s brothers followed their father’s path.

Gamal always was the smartest one in the family, also at the top of the class. But in the third grade of elementary school, his ranking dropped from 3 to 41 because of severe asthma that almost took his life. Since then, all he ever wanted was to be a doctor to save more children from
asthma and other diseases. He became more focused on his studies and was accepted to the best schools in Malang, and public university as a medical student.

Although he comes from a middle class family and soon became a doctor, his mother is always the inspiration to keep his feet on the ground and eyes on the community surrounds him. His mother came from a poor family, and she reminds him to always try to help the poor. So even though he is so passionate about research, enjoying his time in the laboratory and becoming an exemplary student, he managed to be active in social activism and organizations at University of Brawijaya. He independently paid his own college fees since semester 5 with the prizes he won from research competitions.

Moved by the news of a 3 year old girl who died of diarrhea because her father, a scavenger who only earned IDR 10,000 or less than $1, could not take her to get health services, Gamal entered a project proposal, Garbage Clinical Insurance, for a competition in 2010. He wanted to realize the proposal because he believed it could help many poor families access health care. Although his first attempt failed, he continued to iterate on his idea. In the same year, he also established a philanthropy community “Jangan Bersedih” (Don’t Be Sad), a solidarity movement to help renal failure patients to get free dialysis. It did not work well and he decided to focus more on his Garbage Clinical Insurance.

His family disapproved of his venture because they wanted him to be become a doctor or invest in his family business. But Gamal believes a doctor should do more than just wait in 3x4 meters space for a patient and do curative treatment. Doctors and other health-workers are responsible for keeping the community healthy by promoting health education and doing prevention. So he chose to get a Master Degree in Biomedical rather than neurosurgery to be more logical, creative and innovative to do holistic health care (promotive, preventive, curative and rehabilitative). He is spreading his idealism by establishing Garbage Clinical Insurance as corporate in 2013 to grab not only medical students but also those concerned with public health in general to create and innovate a program to promote health care. Garbage Clinical Insurance has become a major project, as all the members of Garbage Clinical Insurance can contribute to expand the impact of GCI.