GARBAGE CLINICAL INSURANCE (GCI)

By: dr. Gamal Albinsaid

Indonesia is classified by the World Bank as a lower-middle-income country. Until now, "limited resource" has become the cliché of poor health service for the poor. Although household health insurance population coverage rates have increased in the last decade or so almost 85 percent of the population still remains without any coverage. Recent estimates indicate that about 18 percent of its population continues to live below US$ 1 a day, and about half lives below US$ 2 a day. Households spend about 2.1 percent of their total consumption on health, ranging from about 1.6 percent for the poorest decile and 3.5 percent for the richest, which is relatively low compared to other countries with similar income levels.

This is exacerbated by low management system of municipal solid waste, which has been linked to premature deaths, serious illness, and diminished quality of life. Households provided with government-run waste management services are forced to pay a monthly collection fee as little as about $1.10 and as much as $3.20. Endeavors that are arranged by the government and private sectors toward enhancing the quality of public health and municipal solid waste can have significant impacts if they are accompanied by individual and community awareness. If it is organized, the community can mobilize its own resources to obtain the services they need.

I believe that health is a fundamental human right. However, in reality many people cannot get health access because they do not have sufficient money and the cost for medication is expensive. Indonesia has a huge problem regarding access to healthcare. Many people cannot get access to health care due to financial factors. For example, the true story of a 3-year-old girl, Khaerunissa, that happened June 5, 2005. She was the daughter of a 38-year-old scavenger, Supriyono, who only earned 10,000 every day. She got diarrhea, but she could not get access to health services due to unaffordable health cost. Finally, she died because of diarrhea. In responding to this heart-breaking social phenomenon, then we started to think how we could create health financing model which permitted all people to get health access. Garbage is the best solution because almost every day every house produces garbage which is not used, so that all citizens can join our program. For instance, an urban area like Malang, where this program has been developed, produces more than 55.000 tons of solid waste everyday, but only 50-60 percent is collected.
This motivates us to develop garbage insurance scheme as health financing that we call Garbage Clinical Insurance. Garbage Clinical Insurance (GCI) is a micro health insurance program which uses garbage as a financial resource. With this program, the community pays clinical services by using garbage in an insurance scheme. This can make the community mobilize their own unused resources to improve health access and break down barriers between health facilities and community members. We open doors to health access.

The main principle of Garbage Clinical Insurance is organizing communities to create sustainable financing from their own resources in order to improve the access and the quality of public health program from the promotive, preventive, curative and rehabilitative aspects. On the other side, it becomes an incentive for the community to start a proper waste management and waste entrepreneurship from household level. To a certain extent, it also contributes to local sanitation improvement. Garbage Clinical Insurance increases garbage value exponentially, so Garbage Clinical Insurance empowers every individual to mobilize overlooked resources and take an active role in managing health financing. We change the perception and habits of the community towards garbage with new innovative system of garbage insurance scheme. We promote health investments with garbage.

Practically, in general, residents must pay fee to government to dispose of their garbage, but we offer residents to submit their garbage worth 10,000 IDR to us. It is then is used to cover their health care in a holistic manner, cover the patient's treatment (curative), make health care quality improvement programs (health promotion), prevent illness (preventive), and provide rehabilitative health care, such as free treatment, in-clinic counseling, laboratory check, etc.
Funds in starting our clinic are achieved in various ways, ranging from using private funds, cooperation with landowners, making arrangements with the owner who has the spirit of social entrepreneur, and making arrangements with the stock system.

In health insurance, it’s only 10-15 percent of the members of the insurance would be sick and use health facilities every month. If we assume, the number of insurers in the clinic is 1,000 people with regular waste dues worth 10,000 IDR every month, clinic will get revenue 10,000,000 IDR. While the expenditure required of 15 percent from 1,000 members is 150 people and the cost of treatment every person is 30,000, the clinic will expenses 4,500,000 IDR. So there are still 5,500,000 IDR which is could be used for the development of garbage insurance scheme and improve public health.

Table 1. Overview of the results in Members

<table>
<thead>
<tr>
<th>Number</th>
<th>Members</th>
<th>Inorganic Waste</th>
<th>Financial Conversion (IDR)</th>
<th>Total (IDR)</th>
<th>Dues (IDR)</th>
<th>Savings (IDR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mrs. J</td>
<td>3 Kg</td>
<td>11.000</td>
<td>11.000</td>
<td>10.000</td>
<td>1.000</td>
</tr>
<tr>
<td>2</td>
<td>Mrs. H</td>
<td>2.5 Kg</td>
<td>10.000</td>
<td>10.000</td>
<td>10.000</td>
<td>0</td>
</tr>
<tr>
<td>3</td>
<td>Mrs. P</td>
<td>3.5 Kg</td>
<td>12.000</td>
<td>12.000</td>
<td>10.000</td>
<td>2.000</td>
</tr>
<tr>
<td>4</td>
<td>Mrs. D</td>
<td>3 Kg</td>
<td>9.000</td>
<td>9.000</td>
<td>10.000</td>
<td>4.000</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td></td>
<td></td>
<td>47.000</td>
<td>40.000</td>
<td>7.000</td>
</tr>
<tr>
<td></td>
<td>The average per person per month</td>
<td></td>
<td>11.750</td>
<td>10.000</td>
<td>1.750</td>
<td></td>
</tr>
</tbody>
</table>

Table 2. Illustration 4 Months Insurance
Financially, the program is supported by the community through the trading of waste. With this program, community gives their garbage to the clinic regularly. Afterwards, the collected garbage is processed into health fund. We make money from waste entrepreneurship. First of all, organic waste is processed to be fertilizer by applying composting method. Secondly, inorganic waste, such as paper, cans, bottles, plastic is reused and recycled. We also conduct others specific waste processing and entrepreneurship.
Garbage Clinical Insurance’s main stakeholders are scavengers (waste collector), community members, mothers’ groups, and healthworkers. The insurance system with garbage gives broad access to the community because almost every day, every house produces garbage that is not used, so this means that all citizens can join the program. The active roles and participation of individuals and communities will determine the success of this Garbage Clinical Insurance. However, their roles must not be separated from health workers’ endeavors to build health awareness and knowledge.

The program has been replicated in a lot of cities in Indonesia. Every Garbage Clinical Insurance has achieved approximately 200-700 members with membership cards system. In the future, Garbage Clinical Insurance will aim at replicating its program in other places to enhance and spread its usefulness in broader zones. GCI has support replications in other region, such as 17 government agency, 21 University, 18 NGO and company.
Physicians run this program on Monday to Saturday. In order to increase the program sustainability, human resources in GCI are recruited from all clusters of health workers, such as, doctors, midwives, nurses, pharmacists, dentists, and health volunteers. All of the programs that are paid with garbage from the community independently make GCI have sustainability in financing and have long-term effect.

Figure 4. Health Service by physicians and nurses

So far, there are a number of groups with similar waste collection initiatives, which trade the waste with an amount of money or goods. There are also a number of insurance schemes in operation. However, we are the only focused effort to combine both approaches - exchanging (and managing) waste into micro insurance and health service. Our distinctive characteristics are: 1) using garbage as a source of financing, 2) applying holistic health system, namely health promotion, prevention of illness, treatment for the sick, and rehabilitation after illness. 3) social entrepreneurship, 4) broad access, micro insurance system with this garbage has broad access to the community, 5) community independent financing.

Currently, although standard clinics concentrate their efforts on treating the sick people, GCI applies a holistic health system that allows residents to use funds from their garbage production to seek out preventive care in addition to curative or rehabilitative care. For example, GCI also conducts creative health education and promotion in specific topics
Regarding health promotion about geriatric diseases for elderly people, healthy pregnancy, childbirth, and the importance of breast feeding for pregnant and lactating mothers, reproductive health for adolescents, clean and healthy lifestyle for kindergarten children. Furthermore, GCI creates and distributes a health book, holds a nutrition consultation service, conducts home visits, laboratory studies for patients with chronic diseases, and prepares ambulances for communities. GCI has also developed telemedicine to provide individuals with health counseling by telephone for free. All of these programs are paid with garbage from the community.

![Figure 5. Geriatric Health promotion and education program](image)

In empowering a communal organization, GCI has three steps, namely, building the system, stabilizing, and establishing independence. We always focus on these steps because we have a principle that every program which wants to achieve big implications should have the power of sustainability. To build sustainability, we must build a sustainable financing system, service system, quality control, and prepare resources. The hardest challenge we face is the community participation because this micro insurance system needs a lot of members to maintain it. Advocating to the leader in the community and community organization approach, which is a strengthening both cultural and structural schemes, is the solution for this problem.

Our team focuses on the stage of development in GCI into massive duplication and takes a scientific approach for this new garbage insurance scheme by creating new programs in other regions (initiation), ensuring the power of sustainability (stabilization), and society independencing (independence). In developing this product, we have applied scientific aspects and conducted research in order to make the referral program a role model or a reliable innovative micro-insurance.
Given that the goals of public health, which in principle is to gather public potentials or resources that exist in the society itself to the efforts for promotive, preventive, curative, and rehabilitative and to be able to manage the health resources independently, it should be clear that one of our focuses is to establish the independence of the program. The main focus of this insurance program is to collect garbage public resources. Garbage Clinical Insurance is independently and sustainably maintained by community organization.

Garbage Clinical Insurance (GCI) is a prototype of micro health insurance system with funding through the garbage insurance scheme which can be replicated in other regions and can be adopted as government program to expand its usefulness.