

MINSA- CTCP-FNT AGREEMENT

AN EXPERIENCE OF INCIDENCE TO IMPROVE THE ACCESS TO HEALTH AND SOCIAL SECURITY OF THE SELF-EMPLOYED WORKERS OF NICARAGUA

INTRODUCTION

The purpose of this report is to describe the experience of the Confederation of Self-employed Workers of the National Front of Workers in Nicaragua, CTCP-FNT, in the Negotiation of an agreement framework that was issued with the Health Ministry, MINSA to offer some health services to their affiliate workers.

The proposal for this Agreement was presented in the middle of 2006, but only recently, in April of 2007 was it possible to get it approved by the Executive Branch. The Government, through its Health Minister, issued it for a period of five years.

The main objective of the agreement was to develop some special ways to contribute to offer a health service to CTCP affiliates, since all health care services in general had deteriorated drastically during the 17 years of neoliberal governments (1990-2006) due to the reduction of rights that were previously gained, and to the growing and systematic privatization of the health care services at different levels and expressions.

The report contains a first part that describes the context of the negotiations and the agents who played a part in the agreement (CTCP-FNT and the MINSA)

A second part describes the socio- political context of the negotiation with a description of the origin and contents of the Agreement and its re- orientation in the middle of its execution. The particulars, achievements and mistakes are examined.

1. CONTEXT

1.1 Negotiations

Negotiation took place during a period that covered the exercise of two politically different governments.

First, the agreement proposal was made during the government of Engineer Enrique Bolanos and presented in the middle of 2006 when the measurements for structural adjustment had reduced the social spending drastically, which caused an evident impact on public health care.

The neoliberal conception that inspired the Government had as a primary objective the privatization of public health.

This strategic conception of the Bolanos Government made the development of the negotiations difficult, since it was contradictory, within the public policy, to privatize and at the same time to provide specific guarantees to a sector. Due to this situation, negotiations to sign and implement the Agreement did not make progress during the previous governments to the FSLN.

The CTCP struggled for the issuing of the Agreement, but only achieved it after the end of the Bolanos Government, in January of 2007, when a new Government of popular orientation came and it initiated its implementation, working partially until 2009, when the policies for free Health and Education of the new government were developed and facilitated access for the sector to health care services.

An experience achieved by the Agreement and worthy of being highlighted, is the implementation of the Project of the MUS (Mutual Urban Health) responsible for the prevention of diseases and the promotion of healthy consumer habits and environmentally friendly issues.

In fact, during the first years of the Agreement, while the Sandinista Government was being installed and the health services did not operate completely, many of CTCP-FNT affiliates solved their health concerns through the MUS which consisted in direct support from a physician, priority

health assistance to affiliates in hospitals and health centers and the delivery of essential medications at low cost.

In addition, the CTCP-FNT managed to strengthen its capacity to influence the Institute of Social Security (INSS) by starting a pilot Project to incorporate its affiliates to the institution, which allowed them to obtain a retirement pension.

The CTCP improved its negotiation power with the Government authorities not only by proposing agreements and policies to improve working conditions of its affiliates, but also by demanding changes in the legislation and striving for the implementation of two laws that would support the Project from the MUS: the Framework Law for the Mutual Fund and the Law on Social Medication Dispensary (VSM).

The CTCP also reached agreements with other institutions, such as: the Mayor's Office of Managua, with the MUS with which it obtained coffins for the deceased affiliates; with the National Technological Institute (INATEC) with which it obtained scholarships for technical studies for its affiliates and their families; with the Municipal Corporation of Market Places of Managua (COMMEMA) with which it coordinated the development of cleaning days and preventive health in the market places, especially those in which the MUS was, with private clinics agreeing on preferential prices for exams and assistance not covered by the MINSa (Health Ministry); with the Nicaraguan Social Security Institute (INSS), with which a proposal of special insurance for independent workers was made; with the Ministry of Labor (MITRAB) with which the unions were legalized and hygiene certificates and work security were obtained.

1.2 MINISTRY OF HEALTH (MINSa)

Decree 1030, of April 1982, established the Organic Law of the Ministry of Health, where this office is defined as the lead organ in the entire health sector in the country. It is therefore responsible for proposing, executing, controlling and applying the policies of the State in the health area.

However, during the 17 years of neoliberal governments, the Decree was not complied with and the Health Ministry was led by the guidelines of the donor agencies that were part of the group defining the budget in the health sector through a five year plan.

With the new Sandinista Government in power, in January 2007, they did not continue with the implementation of this system, but instead the sector was guided by a main plan aimed to strengthen the whole health care model, inspired in the defined priorities as set in the National Plan for Human Development (2008)

In this plan Health is defined as the essential foundation of the government policies which is characterized by the principles of free cost, universality, solidarity:

*“MINSa, Ministry of Health, is a health system that assists the Nicaraguan people according to their needs and guarantees free and universal access to the health services, it promotes among its population, healthy practices and life styles that contribute to improve the quality of life and life expectancy and the national efforts to improve human development”.*¹

This meant that the spending in health rose considerably in the Budget, to almost two percentage points in the GDP (Gross domestic product) in 2008, as it can be seen in the following table.

National Budget	Health Spending as percentage of the GDP %
2005	12,2%

¹ National Plan for Human Development

2006	12.%
2008	14.1%
2010	14,7%

CODENI (2010)

There are still, however budget restrictions, imposed by the bilateral institutions, which limit medical attention for the Autonomous Regions of the Caribbean Area of the Country.

This budget increase has meant a significant development in the public health system in Nicaragua in the last years, in coverage as well as in hospital infrastructure and especially in the number of physicians and specialized physicians, as the director of the Health workers Federation (FETSALUD) explains:

“In the years of the Sandinista Government, it has quadrupled the health assistance to the population, has increased the infrastructure and the number of physicians and specialized care, with the Brigades it has been able to reach faraway places where this population never had access to health care. A series of special programs have been carried out such as “All with you” who brings health care to the disabled in the rural areas; in addition, the “Miracle Operation” has performed 100 thousand eye surgeries for low income people.”²

He added that the number of physicians had increased by 300 per year and by 150 specialized physicians yearly.

Through the law of General Health, the current government is implementing a Family and Community Health Model; MOSAFC that guarantees access to health services reducing the gaps of attention in the most socially excluded groups. This Health Model is focused on the health care to the community, where every family is privileged, especially the most vulnerable.

It approaches families with a broad preventive focus and with actions aimed at environment control. This model has benefited the CTCP-FNT affiliates regarding the basic health services.

1.3 Socio-political Context where the Agreement is negotiated

To provide a bit of history, in 1957, during the period of bonanza of the Government of President Luis Somoza, a social security ruling was issued for public and private workers, but it did not include self-employed workers, those who could join only in 1981.

During the Sandinista Popular Revolution (1979-1990) they proceeded to affiliate this important segment of the population, especially in the country side and they were covered with other rights not previously enjoyed like freedom of association.³

In a revolutionary context which brought favorable changes for the popular sectors, a Unique Health System was implemented, thanks to which the general population was taken care of in the public health centers and hospitals.

This was complemented with campaigns that incorporated the community, like massive participation of the people in programs and days dedicated to vaccination, malaria control, clean ups.

In this manner, child mortality was reduced from 321 per thousand to 57 per thousand and the life expectancy of the Nicaraguan people rose from 50 to 63 years of age.

² Interview to Andrés Zamora, 2012

The World Health Organization (WHO) declared Revolutionary Nicaragua a “Role Model Country in Health Care.”³

During the governments of neoliberals Violeta Chamorro, Arnaldo Aleman and Enrique Bolanos, complying with the policies of the International Monetary Fund, they privatized the basic services of the population including Health.

They opened private services zones, health centers in the national public hospitals.

The National Institute of Social Security (INSS) stopped rendering services using its own means. They put in place Pension and Medical Companies, which in practice meant the intervention of third parties of the health care system for their affiliates.

“Such government policy means that every class status would have its own health services.”⁴

This privatization extended to imports and medicine distribution, in which taxes were eliminated, but medicines had now to be paid for by the lowest income population. They even had to buy the materials to be used in surgeries in hospitals that were not completely privatized.

Orlando Núñez explains the first strong reduction in health spending:

*“In 1989, the Sandinista Government budgeted 135 million dollars for spending in the health system, this budget was reduced by Mrs. Violeta to 70 million dollars, that is to say she cut it in half, with an increasingly growing population and their ability to pay for medicines also much lower. In 1989, the Sandinista Government spent 60 million dollars in medications and Mrs. Violeta cut it down to 12 million that means, to less than one fourth.”*⁵

The revolutionary government spent an average of 63 dollars per capita in health care while the spending of the new government was reduced by approximately 12 dollars per capita towards 1995.

This is how Nicaragua came down in the index of the Human Development, descending from 60th place where the Sandinista Government had left it in 1990, to the 112th place in the year 2000.⁶

The CTCP-FNT was created in the year 2002, after twelve years of neoliberal policies implementation, and began to organize, little by little a great number of people who were working on their own on the streets.

At that time there are a lot of unemployed people due to the compaction of the State and the Army and to the demobilization of those who fought in the war and did not obtain the land they were promised.

If to this it was added the population which annually joins the work force and did not have any work alternatives either, it can be understood that there was a great mass of workers in self employment in survival conditions.

Massive unemployment was generated at the heart of the rural workers and the artisans, when they cut off credits to the small producers in the rural and urban areas.

Nicaragua is a country where the self-employed workers constitute the majority of the working population. More than 500.000 rural workers and artisans became unemployed semi-unemployed

³ CIERA 1987

⁴ Oscar René Vargas, 2009

⁵ Orlando Núñez, 2006

⁶ PNUD, 2000

or squatter poor overnight. Due to this situation, a lot of rural workers migrated to the city; many others migrated to Costa Rica and the United States.

It is estimated that in these 16 years of neoliberalism, the number of Nicaraguans who migrated abroad due to financial reasons was far greater than during the war in the 80's.⁷

The deterioration in the health care services was evident and the cost was being paid by the low income patient population.

In the year 2006 the health care workers, 21,0000, among doctors, nurses and aids affiliated to the FNT, got together to obtain salary increases and the elimination of the payment that the population has to make for the use of the private area in hospitals, as one of the directors explains:

“Health privatization was growing and it involved more aspects each time, the patients even had to take materials required to be used in their care in hospitals. The health workers put up a fight against this practice several times and even had some success like the closing of some private clinics and pharmacies, thanks to the various strikes that took place in 2006.”⁸

These were partial achievements and the great part of the population kept being excluded from the private health care, since they lacked the means to access it, which resulted in the incidence of a great number of illnesses.

The private public health system was kept until the end of 2006. In January 2007, the Sandinista Government of Unity and National Reconciliation and the FSLN returned to power after 17 years and new opportunities opened for the excluded sectors. The new Government immediately issued a decree for free health care services that the MINSAs offered.

“In the CTCP we knew that with the government change other conditions and opportunities would open for our sector, mainly in regards to the needs of basic services, since they had planned early in their government program, a rupture with the neoliberal policies, offering to go back to their policies in the mid 80's: Free health and education for the Nicaraguan family and thus to the working population.”⁹

The Sandinista Government designed its health policies and specific programs, in the framework of the restitution of the right established in the Constitution of free health services for all Nicaraguans.

2. THE AGREEMENT

In the year 2005, in the middle of the severity of the neoliberal policy applications and its negative impact on the popular sectors, the CTCP elaborated a framework agreement proposal for the Ministry of Health (MINSAs) for five years, with the primary purpose of making the State commit to the regulation, responsibility and functioning of the activities of the Urban Mutual in Health, facilitating access to health services, medical and hospital attention for all affiliates. In the Agreement Agenda there was also the making of a proposal on the coverage of an optional special social security to meet the demands of the self-employed workers.

The negotiation began in the middle of the year 2006 with the government of Bolanos and in April 2007 the Agreement was signed with the Sandinista Government of Unity and National Reconciliation

⁷ Orlando Núñez, 2006

⁸ Interview with Andrés Zamora leader of the Federation of Health Workers, 2012

⁹ Marvin Marengo, 2012

During this time from 2006 to 2007, the CTCP had planned for a team of leaders to do the promoting and organizing among their workers demanding access to these services and the signing of the agreement.

2.1 The Agreement's Origin: Urban Health Mutual

Given the need of the affiliates to access medical care, the CTCP in its earliest years, 2003-2005, along with other excluded sectors, such as rural workers, supported mutual organization with the objective of guaranteeing access to health services and social security in this sector. In this context, the MUS (Urban Health Mutual) was created as an instrument to fight for access to health services for the independent or self employed workers.

The CTCP organized the MUS thanks to organizing political support from the National Front of Workers FNT, financial aid from the Fund for the Development Cooperation (FOS-Belgium) and Socialist Mutual in Belgium.

The National Front of Workers FNT was born on the 28th of April, 1990, as a Sandinista union organization that emerged from a conflict transition situation between the moment of the election defeat and advance of the neoliberals. It has about 200,000 affiliates and has national coverage, joining together Central unions, Confederation, Federations in the commercial and production areas of services.¹⁰

The FOS-Belgium is the non-profit organization from the socialist international solidarity organizations of the Flemish community in Belgium, that has been working with the least privileged sectors, especially in preventive health in places where the majority of problems are found.

*“Since It was clear for us that the neoliberals deny the responsibility of the State to the poor, from the beginning we set forward a co responsibility between the self-employed organized workers and the government health institution (MINSAL), therefore we made available the MUS structure, which was used to render primary health services to our workers, to articulate together with the MINSAL and together work toward this goal. The MUS is an alternative in the face of the lack of social protection”.*¹¹

In Nicaragua the mutual societies were born between 1935 and 1950 through the initiative of the workers' organizations to have a common fund for funeral expenses, materials and work tools. Based on this experience, disappeared over the years, in the middle of the 90's, the Health Mutuals emerged in the country side, and later in the cities, with the support of the FOS.

In 2011 these organizations established the AMUN (Association of Mutual organizations of Nicaragua)

¹⁰ The organizations that make up the FNT are: The Central of Health Workers,(FETSALUD), The General Confederation of Education Workers of Nicaragua (CGTEN-ANDEN), The Confederation National Union of State Employees(UNE), The Confederation of the Workers Union Joe Benito Escobar (CST-JBE), Union Federation of University Workers (FESITUN), Federation of College Professors of Higher Education (FEDPES),Confederation of Union of Independent workers (CTP-FNT),Federation of workers of the Agro-industry, Confederation of National workers of the Sea, Lacustre, and related and related See web page of FNT

¹¹ Interview with Adrián Martínez, CTCP General Secretary

According to Martinez, by then there were in Nicaragua 12 health mutual nationwide to take care of more than 30,000 people which has meant a lot of benefits for the more vulnerable workers.

For a monthly fee of 50 cordobas¹² they can access a package of services that includes health services, laboratory exams, medications, etc. It is also the way for self-employed workers to access social security.

The self-employed workers are people who in their work encounter in a great number of physical risks and due to this situation the CTCP-FNT identified the MUS as a vehicle to the prevention of these risks.

The law under the Mutual System of Nicaragua, Law N.703, ART 3.1 approved in January of 2010, defined the mutuels

“As a way of organization based on the solidarity between its members, to face the risks of life, which is not possible to undertake individually, sharing benefits and responsibilities among the affiliates.”

“The Mutual are non-profit associations and inspired in the principles of solidarity, management autonomy, equality and democratic participation, with the purpose of helping each other.”¹³

However, it is necessary to consider, that the Mutuels, in the urban areas, as well as in rural areas, in Nicaragua do not intend to substitute for the Ministry of Health or the INSS, but instead to present a complementary project to the policies and programs of these institutions. The INNS is the institution that leads them.

The MUS from the CTCP-FNT was created in May, 2003 and began its operations in the neighborhood of Ciudad Jardin in Managua.

In 2006, it moved its facilities to the Market Place Israel Lewites in the city and they organized the Mutual Committee; one in District II, another in District III and the other one in the neighborhood of Ciudad Sandino.

Since 2003 they functioned *de facto* and recently obtained legal representation on April 25th 2007. They have a National Mutual Assembly and an Executive Board of Directors to follow up on their work. They are financed with the funds provided by its affiliates and the support of the national and international cooperation, to promote its activities.¹⁴

The MUS was achieved thanks to the fight of the CTCP-FNT for the State's acknowledgment of all the mutual organizations in Managua, especially those located in District II and III, where they had around 1,000 mutual affiliated members to the CTCP. Also thanks to their insistence on the signing of the Agreement. A comment follows in this regards:

“What inspired the signing of the Agreement was the possibility of getting prioritized attention in the medical consultations, medications delivery, and laboratory exams. This allowed the workers to reduce the waiting time and take advantage of the time for work”.¹⁵

¹² Currently it is the equivalent of a little over two dollars

¹³ FOS 2012

¹⁴ Interview with a Manuel Reyes, 2012

¹⁵ Interview with Adrián Martínez, CTCP General Secretary

At the beginning, the MUS was conceived mainly as a clinical attention program, with medical services facilities to respond to the health needs of a sector of people who required the assistance. Later on they added a social dispenser for medications.

In summary, the mutual affiliates would receive a service package made up of: medical attention, essential medications, laboratory exams, funeral assistance, health training, maternity, subsidies for common illnesses and minor surgeries.

The MUS received technical assistance, training and consultancy in issues of health and social security from the “*Socialista Mutua*”’s experience and from other mutual systems in the world. The MUS Project was developed with the participation of the Nicaraguan State through the Ministry of Health (MINSAs), the Social Security (INSS), the Ministry of Work (MITRAB), the municipal Mayor’s Offices, and of the allied organizations such as the Federation of Health Workers (FETSALUD). With these organizations the CTCP-FNT signs agreements of cooperation.

2.2 Contents of the Agreement and two Laws accompanying it

2.3 The Agreement included the following:

- Medical provision to support the functioning of the mutual.
- Use of the facilities in the health centers and in the general level as well, transfer to national and international health systems, and preventive and healing activities for the self-employed workers affiliated to the Mutual
- Integration of the mutual committees to the health councils in each district or wherever they exist, to actively participate in the diverse special health days and fairs in collaboration with the MINSAs
- Training in community health issues and disclosure on hygiene of the working and community environment.
- Medical attention and equipment for the staff from MINSAs assigned to the MUS to provide primary attention, and to provide complementary attention to the members of the mutual in the assigned health centers, also, to guarantee specialized attention in hospitals
- Registration and estimates of the affiliates

Adrián Martínez, General Secretary of the CTCP, explains that the CTCP planned to develop this proposal of agreement in such period to bring legitimacy to its contents, and with the purpose of making the State commit to bringing about the regulation, responsibility, and the proper functioning of the activities within the Mutual organizations.

It also promoted the development of two law proposals:

“We were faced with the need to back a legal frame to legitimate the figure of Mutual Organizations in Nicaragua and this is how we took on the task of promoting two laws that are complementary to each other, they are: The framework Mutual Law and the Law on Social Medication Dispensary (VSM) that would also serve us as the foundation for the Agreement.”¹⁶

For the CTCP, the health services are considered as part of a sub-system of a special social security defined in a general fashion in the framework Law of the Mutual System in Nicaragua, Law N.703, which was proposed and negotiated by the CTCP in the National Assembly for its approval, which was achieved in January 2010.

The same happened with the Law of Social Medication Dispensary (VSM), Law N. 721, issued in May of 2010, with which they intended to facilitate the access and consumption of quality generic medication at low cost to the population and in the case of the CTCP-FNT, it favored its affiliates through the Urban Health Mutual.

¹⁶ Manuel Reyes, CTCP, 2012

For the approval of these laws, the CTCP-FNT performed a strong job of influence and lobbied the Board of Directors of the National Assembly, with the leaders of the parties and the independent deputies and had several meetings with the member of the Economic Commission of the Parliament.

In the 1990's about 600 Social Medication Dispensaries¹⁷ emerged, as a response to the reduction in the provision of free essential medication by the Ministry of Health to the more vulnerable sectors of the population.

This was how the Ministry of Health managed to locate Nicaragua among the 30 countries worldwide with the lowest budget for purchase of medication.

40% of the population did not have access to essential medications.

The Social Medication Dispensary (VSM) offered between 50 and 150 essential drugs at low cost and in the places hardest to access by the population. Private pharmacies continued to offer a variety of more than 5,000 drugs at high prices.

“The approval of these two laws happened due to the effort of the union and civil organizations; therefore this was the beginning of an important stage for the promotion of health and access to essential medications, which should result in the approval of their respective regulation.”¹⁸

This fight of the CCTP was the continuation of the struggle to get the Executive Power to issue the Agreement we are now commenting on, and the laws have meant great progress.

However, the regulation of these laws has not been elaborated yet, nor have they been approved, and despite the functioning *de facto* of the facilities for the dispensaries of the drugs, these achievements will only be consolidated when the legislative process comes to an end.

It is up to the Executive and the National Assembly to define and approve these Regulations. Nonetheless, the CTCP along with other popular organizations interested in the Mutual System, the Municipalities Association AMUN, the organization that have mutuals in the country side, like the Association of Rural workers, ATC, the National Union of Agriculture and Cattle, UNSG, are lobbying to get these regulations to be elaborated.

In addition, to the institutional alliances, financial resources are needed to carry on the studies that would allow the elaboration of these regulations; however, this task is on the legislative agenda for the new presidential period of the Sandinista Government.

2.4 The Agreement negotiation

In the process of negotiation of this agreement, three people participated directly on behalf of the CTCP, led by its General Secretary Adrian Martinez, and two of its directors: Manuel Reyes and Marvin Marengo.

The decision on who would make up the team to represent the CTCP-FNT in the negotiation of the Agreement was made at a higher level-the National Executive Committee in consensus with the General Assembly in the CTCP-FNT.

¹⁷ Ventas It is the name of the dispensary for drugs in Nicaragua

¹⁸ FOS, 2012

In the period previous to the taking of Power of the Sandinista Government, on behalf of the MINSA, the current Minister of Health, Mrs. Margarita Guardian and her assistant were involved.

For the signing of the Agreement with the Sandinista Government, the CTCP-FNT coordinates with a commission from the MINSA that included the Health Minister at that time, Mrs. Maritza Cuan, her Vice Minister Dr. Guillermo Gonzalez and the General Secretary, doctor Enrique Beteta.

The period of negotiation took place, from the middle of the year 2006 until April of 2007, when they signed the Agreement. It was a negotiation that took place in two periods of politically different governments.

During the period of the government of Engineer Enrique Bolanos this negotiation was extended, it spent months in conversations and work meetings, but making no progress, this is how a member of the Negotiating Committee, Marvin Marengo explains it:

‘There was a hostile mood, the scheduled meetings were canceled and you could never arrive at consensus. Those of us who negotiated the Agreement of behalf of the CTCT were moved from one place to the other, it was obvious to notice the limited will of the mentioned government officials to sign an agreement with the workers.’¹⁹

During the negotiation about 70 meetings took place with different government officials at diverse levels in the health system, ministers and general secretaries from MINSA, and also with local government officials, with the directors of the health centers of Managua, the representatives of the District health Councils, the Neighborhood Committees.

There were also meetings with organizations considered as allies by the CTCP who supported the Agreement, as was the case of the FOS-Belgium. The CTCP met with all the mutual committees, the directors of the market place organization, especially the ones where the MUS was located.

These meetings were generally called by the assigned commission by the CTCP-FNT.

The meetings were conducted by different actors: like a minister or official from the MINSA, the representatives of a commission of the CTCO or the general secretaries of the Federations of the CTCP.

When meetings took place in the CTCP, the one in charge on taking notes, was the secretary of minutes and agreements of the Confederation, but the follow up to these agreements was done by the commission assigned for the negotiation.

The topics discussed in those meetings were, among others:

- The need to understand what a health mutual is, its values and functioning
- What “complementary” means in health
- Why it is important to be organized to improve health
- Healthy habits with nutrition and the environment
- Laws on Mutual organizations and the VSM
- Awareness on generic drugs
- Leadership on political advocacy and community health
- How to visualize the work of the Mutuels, beyond the MUS, community health fairs
- Community Health
- Training in topics from the Mutual Organization.
- Functioning of the Mutual Committees.

¹⁹ Interview with Marvin Marengo, leader of the CTCP, 2012

There were other key actors participating in this negotiation process, as Adrian Martinez explains:

*“In the Agreement negotiation the officials from the Mayor’s office in Managua, also participated as also did the representatives from the INSS, the Planning Ministry of the Presidency, through the Minister of Finance. This came about because there was a debate on whether the signature of the Agreement meant asking for a greater budget from the State to support the activities, but at the end the same budget to work was maintained. For the State the Agreement meant only a greater effort to prioritize medical attention for the self-employed workers.”*²⁰

What the CTCP was looking for was to access the services that were given from the state structure with health care staff paid by the State, but that because of the privatization, had tariffs that were not affordable for the working population.

While the negotiation was taking place, the CTCP kept in touch with the base organizations informing them of what was happening. Through the general secretaries of the federation informed their union bases.

In addition to the above mentioned, there were other meetings. For instance, with the Municipal Council of Managua and with the hospital and health centers directors to keep them informed on the activities of the CTCP and the contents of the Agreement. These meetings were organized by the Mutual committees and the general secretaries of the district union councils of the CTCP. There were meetings also with the union members and with organizations aligned with the interests of the workers as the Federation of Health Workers.

*“There were all kinds of meetings, we even had training workshops to make the contents of the Agreement applicable, with private clinics and others, to avoid jealousy of competition and we worked in technical teams to present a good product. We discussed what the best conditions to make the Agreement were.”*²¹

Those who were in favor of signing the Agreement with the new government were: MINSA (The lady Minister, the vice Minister and General Secretary), representatives from the INSS), the municipality, the FOS, and FNT. Those who opposed the signing of the Agreement were the temporary medical clinics, in general private medicine.²²

All this experience negotiating the Agreement helped the CTCP to establish connections with officials from the MINSA, those who, when consulted for the approval of the Mutual Law, were already aware and ready to give support.

After 2006 in the government of Enrique Bolanos, the CTCP led the approval for the Mutual Law.

In other words, the Agreement negotiations helped the CTCP get the approval of the above discussed laws.

However, the approval of the Agreement itself was obtained when its essence was lost, since the new Government brought along a health program for the more vulnerable population, which was much more complete and vast.

In this context, it was no longer necessary to have a specific agreement with the CTCP. This is why some aspects of the agreement were eliminated, such as the fact of having a physician to permanently take care of the workers in the organization.

2.4 Agreement Re-orientation

²⁰ Interview with Adrián Martínez, CTCP General Secretary and negotiation leader 2012

²¹ Interview Manuel Reyes, member of the Negotiating Commission on behalf of the workers

²² Interviews with several leaders CTCP

When the CTCP conceptualized the Agreement in 2006, there was a government like the one of Enrique Bolanos and the agreement was passed in 2007 with the Sandinista government, radically different from the previous government.

In this fashion, to some extent, the contents of the Agreement did not correspond to the new political context. The question was why the CTCP did not adjust these contents of the agreement to the new political context in which it was signed.

Adrián Martínez explains it this way:

“We knew in the CTCP that the free costs for these services, plus the other social policies offered by the new government of the FSLN, were going to need some time to be implemented; for this reason we did not propose any changes in the agreement and we shared this with the new government who was not opposed either and passed it as it was originally proposed, for what they intended at that time was to alleviate the critical situation of the workers regarding their health care.”²³

In 2009, as a result of the government social policies progress, the object of the agreement was exceeded.

As seen above, the policy of the Health Ministry and the Sandinista Government was to increase the hospital infrastructure, the number of physicians and the quality of the public services that today are free of charge.

In addition, the assistance for the affiliates in the INSS improved radically.

In this new context, the CTCP proposed changes for the Mutual's MUS work, and steps have been taken to change the approach on the contents of the agreement-from a health care of assistance to a preventive approach.-

“The agreement, which first concentrated on health care, is re- oriented towards preventive health, and its program on preventive health, the motivation for healthy life and consumer habits and environmental friendliness, as well as proposals that allow the security services coverage for the self-employed workers. In this manner there is a complementary aspect to that health strategy of the government.”²⁴

Under this new orientation, we trained leaders from the CTCP and technical personnel in health legislation, social security and medication delivery.

In addition and in coordination with the MINSA, we enabled and made aware a great number of mutual affiliates in the promotion and prevention of health, in healthy life styles and environmental friendliness and in gender awareness.

We also ran workshops to bring awareness to the affiliates from the diverse unions in regards to the hygiene, health, healthy consumer habits, prevention of illnesses particularly those sexually transmitted, self care, domestic violence etc.

2.5 Achievements and failures of the Agreement

²³ Interview with Adrián Martínez, 2012

²⁴ Interview with Marvin Marengo, 2012

Among the achievements of the agreement there were: the restitution of the health rights through prioritized medical care, a permanent physician for a year in the MUS, providing assistance to the affiliates, and the sale of generic medication at low costs.

The agreement was also essential for the approval of the proposal for the Framework law for the Mutual organizations in Nicaragua and the Law of Social dispensary of Medications.

The agreement, as a political expression, reflects the good level of advocacy, of dialogue, of negotiation and consensus that the CTCP had and still keeps with the government.

This strengthened the CTCP, allowing them to sign other agreements such as:

- With the INSS on the inclusion of workers for the social security
- With the municipalities to avoid evictions of workers from their places of work
- With IRTRAMA, to regulate transportation with the federations' of inter-urban selective transport
- With the Rural Bank CARUNA to achieve financing for the federations

It is important to point out that in 2007, when the Agreement was signed, there was a coming together of forces favorable to the social sectors, a government with popular orientation in favor of the workers, 30 union deputies in the National Assembly and an organized model advantageous for the CTCP of socio-political unions, with a conception that goes beyond the simple relation Employer-Employee, and that includes the self-employed, the communities, etc.

According to the union leader, during the neoliberal governments, this type of agreement would have been impossible to reach:

"In the context of the neoliberal government, this Agreement would have been signed only under conditions of strong pressure (Mobilization). It is probable that the neoliberal Government would have never passed it. These governments do not implement State policies in favor of the least favored population but almost always in the frame of a policy oriented to charity or assistance organizations. The Agreements is exceeded by the policy of restitution of rights of the Sandinista Government."²⁵

The leader highlighted that the importance that this Agreement has at the level of the FNT, resides in that it is the first Agreement of the kind subscribed to the State. This was a great lesson for the rest of the union organizations grouped in the FNT.

Regarding its implementations, there were some mistakes.

For instance:

- It wasn't possible to reach an agreement at national level
- It did not integrate a broad preventive work in the MUS from the start
- There are some regulations missing from the two laws accompanying it
- The self sustainability at the MUS is still lacking
- There is some suspicion on the consumption of the generic drugs, as they are associated with poor quality medications

It also needs to be pointed out here, the limited experience of the staff at MUS in relation to the functioning of the public health services, plus the complexity derived from the transition period of a restrictive, privatized and excluding health policy towards one of free cost and the broadening of services to all population.

²⁵ Interview with José Ángel Bermúdez, leader of the FNT

“At the time we set out to make this agreement we had the expectations of breaking the limitations that the context of a privatized health imposed on us, but the political change and the new policies that favored the workers, leaves the reach of the agreement with no validity, as with the new government we aim for something bigger”.

26

CONCLUSIONS

The Agreement between the MINSA and the CTCP-FNT, organization of self-employed workers was discussed during the Government of Enrique Bolanos and the organization put up a strong fight to achieve it.

The agreement was essential for the more unprotected workers, given the growing privatization of the public health.

The contents of the Agreement reflect the situation that at that juncture (2005-2009) faced the street workers sector and self-employed of Nicaragua, along with the general poor population: 17 years of aggressive neoliberal policies of State reduction through the privatization of services like health, education, housing, energy, transportation, communications, social security, citizen safety, etc. situation that prevented or made it difficult, in the case of health, to access medical consultations, laboratory exams, medication and hospitalization, for the poorest sector.

The agreement aimed to provide access to the services that were rendered from the state health structure with staff paid for by the State, but that because of the privatization had tariffs not affordable for the poor population.

The Agreement was finalized on April 2012 and the CTCP-FNT does not have plans to renew it because its objectives were already reached, since the Sandinista State took care of the public medical attention in a holistic way.

The Agreement is very *sui generis*, it can be said that it corresponds to one very peculiar implementation for it does not represent a model as such that can be used by other organizations.

However, the experience has left some important lessons that could be useful to other street workers organizations that struggle and claim for state mechanisms of collective negotiation in their respective countries and that lack Popular Governments.

One of the most important lessons from this experience is that for one union or social organization that does not have strong alliances with other organizations to back them in the making of proposal, incidence, leadership, initiatives like this one, they will have very few possibilities of following through in the context of conservative governments.

With progressive governments that are committed with social policies, the process is easier, but it is essential to be cautious of the difficulties that will be there always when you apply what has been agreed on, it may be because of the resilience of the officials to work in terms of new concepts, or it may be because of the slow speed of the bureaucratic structures of the institutions to apply the agreements. Also the lack of financing on the part of the State limited the reach of the process.

The CTCP does not expect to renew the Agreement in 2012, for it is clear now that in the social security services coverage for the self-employed workers regarding health, is part of what should be taken care of by the MINSA as a government institution, but not in the framework of an agreement such as the one that was analyzed here, because its reach is very limited and in part it is already covered with the policy of free health from the government.

²⁶Interview with Adrián Martínez, 2012

In this new context, for the CTCP the health services are considered as part of a subsystem of a special social security, defined in general terms in the Framework Law for the Mutual System in Nicaragua, which will be implemented based on that stipulated on its regulation, which is in process of elaboration to be submitted for approval later in the National Assembly.

Something similar happens with the Law of Social Dispensary of Medication (VMS), which intends to facilitate access and use of quality generic drugs at low cost to the population; this is the MINSA's responsibility, but it is also part of the health services included within the subsystem of special social security for the self-employed workers, therefore, there is no need for a particular agreement, since it will be implemented after the approval of the regulation.

The CTCP-FNT continues its broad work of advocacy with the MINSA, INSS, the Ministry of work (MITRAB), local government (Mayor's office) and other institutions, to define the contents of the regulations for these laws and for the gradual and progressive implementation of the special social security of the self-employed workers, since the workers should not wait for everything to come automatically from the government, even if they are very progressive.

With the MINSA it would be necessary to agree on the mechanisms of complementarity with the MUS so that the CTCP-FNT is articulated in every aspect referring to preventive health and the promotion of healthy consumption and life styles that are environmentally friendly; social control in the quality of health services, promotion of the responsible use of medications, promotion of natural and generic medication, as well as the early prevention of cancer, and pregnancy in youngsters and teenagers.

The agreement already fulfilled its objective because the State has taken responsibility for Medical attention at no cost. What remain is the Urban Mutual of Health (MUS) promoting the prevention of illnesses, healthy life and consumer habits, and environmentally friendly practices; as well as in the formulation and negotiation with the Nicaraguan Institute of Social Security (INSS), of a Special Social Security for the self-employed workers.

The Sandinista Government has begun a second period that ends in 2017. Currently, in the Assembly there is an important majority of Sandinista deputies, 63 out of 92. Many of them come from union organizations.

All of these indicate that workers have very good political conditions to succeed in the fight for their demands; however it is clear in the analyzed experience, that nothing can replace the workers' organization and their perseverance in the fight for their objectives of transforming society toward more just ways.

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4 Interviewed People

Leaders of the street vendors/hawkers organizations

- Federation of Street Lights: General Secretary: Flor de María Avellan
- Federation of Market places: General Secretary: Sandra Flores
- Federation of Odd Jobs: General Secretary: Manuel Reyes

Members of the street vendors/hawkers organizations:

- María Teresa Sánchez, member of the Federation of Market places
- Marcia Marchena, member of the Federation of Odd Jobs
- Socorro Navarrete, hawker from the National Assembly

Representatives of the other parts of the collective negotiations

- Adrián Martínez, General Secretary CTCP-FNT
- Marvin Marengo, Secretary of the Organization CTCP
- Dr.Enrique Beteta (General Secretary MINSAs)

Representatives from other organizations and institutions that supported the negotiations.

Roger Cruz (official) FOS –Belgium in Nicaragua: Fund for the Cooperation for Development

-José Angel Bermúdez, Executive Secretary FNT



8.

Gobierno de Reconciliación y Unidad Nacional

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Managua, 23 de julio del 2007
REF: DMS-DGC-2246-07-07

Mr.
Adrian Martinez Rodriguez
General Secretary
Confederation of Self-employed Workers

Cordial greetings,
I am attaching an original document duly signed by the Health Minister Doctor Maritza Cuan, of the Cooperation Agreement between the Ministry of Health and the Confederation of Self-employed Workers, to develop the Program Health Mutual of Self-employed Workers.
My kind regards to you,

CENTRO IDI RMATOLOGIA
Dr. fa"cis<o Jo~ GOMEZ urcuyo
COH Po It. RECIBIDH.
FECHA:

Ora. Oayra G tierrez Cruz
Minister Assistant

Atentamente,

Cc: Dr. Alejandro Solis / Generak Director of Planning and
Development/ Archives

FIRMA:



ASISTENTE
MINISTRA DE SALUD

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CENTRO NACIONAL DE RADIOTERAPIA
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RECIBIDO
Por: Marlene Segovia
Fecha: 23/07/07 Hora: 1:59 Pm



Ministerio de Salud

COOPERATION AGREEMENT BETWEEN THE HEALTH MINISTRY AND THE CONFEDERATION OF SELF-EMPLOYED WORKERS TO DEVELOP THE PROGRAM HEALTH MUTUAL OF SELF-EMPLOYED WORKERS..

We: Doctor. Juana Maritza Cuan Machado, Minister of Health, acting on behalf of and in representation of the Health Minister, herein called MINSAL and Mr. Adrian Martinez Rodriguez, President of the Health of Self-employed Workers, acting on behalf of and in representation of the mentioned Confederation, herein called "TPCP".

CONSIDERING

That article 59 of the Political Constitution establishes: "Nicaraguan people have equal rights to Health. The State will establish the basic conditions for health promotion, protection, recovery and rehabilitation. The State will have the responsibility to direct and organize the programs, services and health activities and to promote the popular participation in its defense. Citizens have the obligation to abide by the sanitary measures that are determined

II

That articles 46, 49, 50, 61, 64, 65, 82 Y 105, of the Political la Constitution of Nicaragua also establish fundamental and inalienable rights for Nicaraguan citizens and that the State has an inescapable responsibility to guarantee such rights.

9.

III

That Law No.423 "Health General Law" in its art. 4 establishes that it falls to the Ministry of Health, as governing authority in the sector, to coordinate, organize, supervise, inspect, control, regulate, and monitor health activities, without prejudice of the functions it should exercise in respect of the institutions that make up the health sector in accordance with that dictated in the special legal ruling.

That the improvement of the population's living conditions, should be guaranteed through the harmonious articulation between the State and civil society, who should abide by moral commands of solidarity and by legal disposition that guarantee the sustainability of the common welfare programs based on universal mutual principles of solidarity, organization, unity, equality and democratic participation of the people.

That when people organize themselves in different ways, with the purpose of giving solutions to the problems generated by the contingencies of life and work, they become agents of transformation and changes for their own development: through organized processes that should have financial contribution and the active and committed participation of the State

That the CTCP organizes alternative programs through the form of Mutual organizations of Health to be developed along with the Ministry of Health and that this would result in providing medical care in all stages (preventive, healing, environmental and work) to improve the quality of life of its members.



Adrian Martinez Rodriguez

10.

Therefore,

To establish the present Agreement of Cooperation, which will operate in accordance with the following

To establish mechanisms in coordination and cooperation between the Health Ministry and the Mutual Health Program of the Confederation of Self-employed Workers in order to generate impact in providing health care in all its stages (preventive, healing, environmental and work) in favor of integral health of the organized workers in the Mutual, their family nucleus and the environment, that for diverse reasons/or social, financial or cultural circumstances, require the humane and solidarity support of the Health Institutions and the Civil Society.

1. To guarantee the organization of the Health Mutual which will undertake activities that promote integral health of the TPCP, its family nucleus and the environment
 11. To provide its members with Mutual identification cards that will identify them in the Health Units to receive medical care
 - 2-To receive Education in Health according to the programs that the Mutual organizes based on the norms of the MINSAs for Education and Health Promotion
 - 3-To support the mobilization of the MINSAs staff for the execution of controlling and other monitoring activities that emerge for the individual medical care and the hygienic control at the place of work of the Mutual organization
 4. *To organize the Mutual Members to actively participate in the Health Days organized by the Ministry of Health to prevent and control the immune -preventable diseases.*
 5. To promote and perform alongside other State, Government, Local and External Cooperation Organizations and Institutions, the participation in the Days of Health that the MINSAs regularly holds.
 7. To support information dissemination about the programs that the MUS develops aimed at the hygiene of the work and community environment
 8. To guarantee the infrastructure (appropriate facility for primary medical attention) and Equipment necessary (see annexes) for the MINSAs staff assigned to the Mutual (physician and Nursing Staff) to be able to provide primary health care to the members of the Mutual and other workers who work on the site.
 9. To provide according to the regulations and applications of the MINSAs, statistics of the services productions that are performed by the MINSAs staff from the Health Mutual
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1. To support the development of the Health Mutual initiative of the Self-employed Workers with the purpose of improving the quality of life this group of the population who do not have the financial capacity to obtain an affiliation to the INSS and who have not had timely access to health services.
 2. To appoint for the Health Mutual 1(One) General Physician with his/her corresponding fees from MINSAs fiscal payroll, who being part of the Services Net of the Health Ministry will develop primary health care programs according to the regulation of functioning from the Ministry of Health
 - 3.~ To organize a flowchart of assistance along with the Mutual and the MINSAs to guarantee the complementary care of the members of the Mutual in Health Centers, that correspond according to sector organization. Consultation with Medical Specialties that the Health Center provides: laboratory exams, dental, physical therapy, Basic Medication on prioritized programs (CPN-AIN [antenatal care and integrated management of childhood illness], chronic) and the general population.



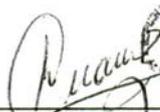
4. To organize the Referral and Counter Referral System for attention at second level along with the Mutual and Hospital of National Reference, to guarantee secondary attention of the Mutual members: consultation with Specialties, in surgery that the hospital provides, laboratory exams, Imaging, physical therapy, Basic medication and hospitalization.
5. To present before the corresponding authorities the transfer and the medical care abroad, of patients who are Mutual Members with cases of special medical attention where ways of solving the situation do not exist in the country.
6. To provide available teaching material (flip charts, videos and others) to the Health Mutual so that the Mutual members receive Education in Health for the promotion of a Healthy life, Disease prevention and control and the environment.
7. To provide support with the Hygiene and Epidemiology staff to perform focused control in cases of mandatory notification reported by the Health Mutual.
8. To provide the assigned physician to support the Health Mutual with Medical Registration Formats from MINSA for the report on provision of services: Medical Statistics Sheet, Vaccination cards, MINSA prescription forms, Pre-natal care cards, Integrated Child Care Control Cards and chronic patients identification cards.
9. To perform clinical laboratory analysis and other required analysis requested by the assigned physician in the Mutual to fulfill the requirements of control of the TPCP food handlers.
10. To issue Health Certificates for each TPCP Mutual member who has fulfilled the studies and exams required for food handlers as requested by the physician of the Mutual.



Amor
3

1. The Health Mutual through the medical staff that would be assigned by the Minister of Health, will perform the necessary and sufficient primary activities to guarantee integrated family attention to the TPCP members organized in the Mutual; this includes education in health, healthy life style promotion, Health prevention,, healing care at the first level, work and family environment control and community hygiene activities with the active and organized participation of the TPCP members.
 2. The Health Mutual will conduct Hygiene and Vector Control Days in coordination with the local MINSA with the active participation of Mutual members to achieve and maintain a clean working place that guarantees the occupational safety of the workers and protects the environment.
 3. The physician from the MINSA assigned to the Health Mutual will promote and guarantee that the members of the TPCP whether or not they belong to the Mutual, who in their work activities perform food handling, abide by the medical required analysis and revisions mandate by the Hygiene Department of Food of the MINSA so that they issue the Health Certificate according to the regulation..
 4. The Health Mutual will guarantee the necessary material to preserve the Infrastructure "Frio Net" (Cold Network) of the Mutual during medical attention
 5. The reference Health Center will coordinate with the Health Mutual in the planning of Hygiene and Cleaning Day, vector control and environmental Days.
- 12.

The present Agreement of Cooperation will have a duration of five years and will be in effect at the moment of the signing; it can be modified through an addendum or abolished in which case one of the parties will notify the other in writing with 30 days in advance.



**MINISTRA
DE SALUD**
Dra. Maritza Cuan Machado
Ministra de Salud

11--J
**5 . Adrian Martin
residente Mutua
Confederaci6n
Trabajadores Por
Cuen**

13.

Furniture

- 1 desk
- 3 desk chairs
- Chairs in the waiting room
- Lamp
- Waste Basket
- Stainless steel for healing procedures

Equipment

- 1 gynecological stretcher
- 1 adult scale with height measurements
- 1 oto-ophthalmoscope
- 1 Pinard stethoscope
- 1 Lamp
- 1 minor surgery equipment.
- 1healing and Stitch removal equipment
- 1 IUD insertion equipment
- 1 ORS preparation equipment
- 1 child scale
- 1 Nebulizer
- 1 BG meter
- 1 adult Stethoscope
- 1 infant scale
- 1 Taylor reflex hammer
- 1 Adult aneroid tensiometer
- 1 Child aneroid tensiometer
- 1 self key
- 1 Electrocardiograph
- 1 biological refrigerator
- 1Containers for materials (cotton, tongue depressors, etc)
- Big, medium and small steel vaginal specula
- Oral and rectal thermometers



Amate

16.

There are 2 rooms

1 room 3 meters long by 2.65 meters wide for medical consultation

Concrete and wood walls painted with oil paint and tile floor

Temperature control with air conditioned

Room with natural and artificial light with a tube lamp

Sink

Hand-washing material and materials for place hygiene and clean up

1 Waiting room 4.65 meters long by 1.15 wide

With chairs for waiting

With 1 television set and VHS for health talks to the patients

A Cold water dispenser



Amorim