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Access to Healthcare in Côte d'Ivoire: A Participatory-Action Research

EXECUTIVE SUMMARY

Right to Health

Access to Healthcare in Côte d'Ivoire: A Participatory-Action Research. Executive Summary.

This executive summary was written by Rossella De Falco, Programme Officer on the Right to Health at GI-ESCR, and Aya Douabou, Programme Officer - Africa at GI-ESCR. It was reviewed by Magdalena Sepúlveda Carmona, Executive Director at GI-ESCR and José Antonio Guevara Bermúdez, Deputy Director at GI-ESCR. It was reviewed by Robert Archer.

This executive summary presents the results implemented and written in French by Diarrassouba Moussa Daouda, Dr. Stéphane Koffi Kouadjo and Amadou Dahou, from the non-profit organisation Mouvement Ivoirien des Droits Humains (MIDH), with support from GI-ESCR. The report is based on Participatory-Action-Research (PAR) methods and was conducted with communities in Gagnoa, Ivory Coast. This publication is a summary of that report, which is available through the following link: https://giescr.org/fr/ressources/publications/acces-aux-soins-de-sante-en-cote-divoire-une-recherche-action-participative

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Introduction

The right to health is well-protected in the Ivory Coast, as part of its national, regional, and international human rights obligations.[1] Nevertheless, numerous challenges impede the realisation of health rights. In 2021, the under-five mortality rate was as high as 75 per 1,000 live births, slightly above the Sub-Saharan Africa average.[2] Deadly epidemics, including HIV/AIDS, tuberculosis, and malaria, are also frequent.[3] In marginalised urban and rural areas, the public health situation is even worse.[4]

To improve this scenario, it is essential to ensure that everyone has access to healthcare services, which are a fundamental component of the right to the highest attainable standard of physical and mental health. However, the country's healthcare system is starved of resources. Health spending as a proportion of Gross Domestic Product (GDP) in Ivory Coast was as low as 3.72%. In 2020, only one-third of its healthcare was fee-based.[5]

While urgent, little research has been done to understand how marginalised populations access healthcare in the country. To improve understanding of these issues, in 2023, the Mouvement Ivoirien des Droits Humains (MIDH) and the Global Initiative for Economic, Social and Cultural Rights (GI-ESCR) worked with local communities to collect information on access to healthcare services in Gagnoa, a city of 724,498 inhabitants situated in the Gôh region, in the Centre-West of Ivory Coast.[6]

This executive summary presents the research project's main findings. The aims were to to evaluate the strengths and weaknesses of the Ivorian healthcare systems in realising the right to health. In particular, the research asks whether healthcare services in Gagnoa are of good quality, available and accessible to everyone; and to empower local communities in the understanding that people are in a better position to claim health services more effectively when they know they have a right to them. The full report is available in French.[7]

Methodology

The aim was to gather information that could be used to achieve social change, and therefore adopted a participatory-action research (PAR) approach. Participatory approaches can empower local communities who experience human rights violations because they involve affected individuals directly in the research process.

PAR bring community members, researchers, and activists together to examine a problem and find ways to resolve it.[8] Applicable to a variety of fields and contexts, PAR privileges the active involvement of individuals who bring lived experience to a research problem: they generate new knowledge, learn from the research process, and can act on the findings to improve their lives.[9] Relative to other social research models, PAR values experiential knowledge and focuses on benefits to participating communities.[10]

The PAR in Gagnoa ran between July and December 2023. GI-ESCR organised an initial training on participatory methods for MIDH staff in July. At the beginning of August, MIDH Gagnoa started working with the community to frame research questions and agree on action-oriented goals. In parallel, to ensure that different perspectives were taken into account, MIDH consulted representatives of 14 civil society organisations in Gagnoa, including women's rights organisations, trade unions, youth movements and faith-based associations. The project's research questions were framed during these exchanges.

Data collection was organised in collaboration with the affected communities. Over the first two weeks of October 2023, two members of the community and two researchers from MIDH used interviews to gather primary data on access to healthcare services in Gagnoa. They interviewed 30 patients, 10 community leaders, and 8 healthcare professionals with different levels of responsibility. The research team also visited seven health facilities, of which four were public and three, private. Members of the community were regularly consulted while the data was analysed between October and December 2023.

Legal framework: the right to health in the Ivory Coast

The project used the international human rights law framework as a basis to understand problems related to accessing healthcare services. These legal standards are well-established in the Ivory Coast.

Article 9 of its Constitution (2016) states that "every person has the right to access healthcare services". Ivory Coast also signed and ratified the International Covenant on Economic, Social and Cultural Rights (ICESCR) in March 1992. Article 12 enshrines the right to the highest attainable standard of physical and mental health (right to health).[11] The Committee on Economic, Social and Cultural Rights (CESCR), which monitors the ICESCR's implementation, has also clarified that the right to health includes an entitlement to universal healthcare services that are geographically and financially accessible, of good quality, and adequately available.[12] Governments at all levels have a legal obligation to ensure that "disadvantaged individuals and communities enjoy, in practice, the same access as those who are more advantaged".[13]

These principles also apply when non-State actors deliver or finance healthcare. For instance, the United Nations Guiding Principles on Business and Human Rights[14] underline that States have a duty to respect, protect and fulfil human rights when third parties (such as commercial hospitals, clinics, and pharmaceutical companies) are involved.[15]

At regional level, the Ivory Coast is a signatory to the African Charter on Human and People's Rights (ACHPR), which affirms the right to health. Article 16 upholds that "States Parties shall take the necessary measures to protect their people's health and ensure that they receive medical attention when they are sick".[16] In its General Comment 7 on State Obligations Under the African Charter on Human and Peoples' Rights in the Context of Private Provision of Social Services,[17] the African Commission on Human and Peoples' Rights (ACHPR) has noted that "many commercial actors have pursued profit-seeking strategies that make services [including healthcare] more inaccessible to large segments of the population" and that "increasingly commercial interests in Africa are transforming social services into private commodities".[18]

Findings

This project made four interconnected findings.

First, Ivoriens in Gagnoa most frequently pay for healthcare services they receive by making direct, out-of-pocket payments. This is the most regressive form of healthcare financing, because it does not redistribute resources and does not pre-pool healthcare expenditure.[19] As a result, it shifts the burden of healthcare financing from the State to the individual, impacting low-income groups the most. Although the government introduced a national healthcare insurance scheme (Couverture Maladie Universelle) in 2019, which became mandatory in 2022, the scheme has not yet been implemented in practice.[20] Only 57% of interviewees declared that they regularly pay their health insurance subscription and 87% said that private healthcare companies do not accept the health insurance card as a means of payment.

Even in public facilities, where the national health insurance card is normally accepted, interviewees described a process of validation that is so complex, long and fragmented that direct payments are often easier.[21] Corruption is a further obstacle: interviewees reported that both public and private health establishments engage in corrupt practices (enabling people to skip waiting lists, for example). These reports suggest that official statistics underestimate the scale of direct payments for healthcare.

Second, the research confirmed that public healthcare provision can play a positive role in advancing the right to health. Patients who were interviewed said that, compared to private clinics, public healthcare facilities provide cheaper and better specialised medical care. Patients also said that they attend public health facilities regularly (every three months) but visited private health centres sporadically. Public facilities also offer a wider range of treatments, including rehabilitative and prevention services, whereas most private clinics offer complementary diagnostic services. Notwithstanding their potential, public healthcare services are insufficient, under sourced, understaffed, and lack equipment. Though they are the only medical institutions that offer life-saving services, many are far from where users live (more than 30 minutes on foot). Especially in emergencies, this can add significantly to users' costs,

because ambulances are normally paid in cash.

Third, private healthcare provision is fragmented, of varying quality and does not always comply with regulations. Only the better-off can afford the few registered private providers. Informal, unregistered, private providers offering cheap and unsafe medical care are widespread. Many do not exhibit their prices or an official registration plaque, making it difficult for patients to understand where they are seeking healthcare.

Fourth, patients who are harmed by their treatment or receive services of poor quality cannot easily obtain accountability or redress. During the research, it emerged that this is partly due to lack of knowledge. Many people are not aware that healthcare is a right that can be claimed and demanded. This finding led the team to establish a permanent monitoring committee on human rights violations in the health sector. Its composition, objectives and operation are described below.

Time to act: establishing a community-led monitoring committee

In consultation with the community, the research team agreed to establish a community-led monitoring committee on the right to health and access to healthcare services in Gagnoa. It will address the accountability gap identified in the previous section.

On 19 December 2023, the 12 members of the monitoring committee received training on the PAR process and its various advocacy phases. Participants were first trained in stakeholder identification; awareness and mobilisation workshops; participatory data collection and analysis; strategic planning; design and implementation of pilot interventions; evaluation; documentation and presentation of findings; feedback and dialogue and final report validation and advocacy.

They then looked at the following aspects of advocacy: problem identification; advocacy strategy development; partnership building; resource mobilisation; communication and awareness raising; lobbying and direct advocacy; monitoring and evaluation; impact assessment. This workshop took an interactive method, allowing participants to contribute directly.

Overall, the training assisted the Monitoring Committee to clarify its mandate. It will monitor access to healthcare in Gagnoa and report back to MIDH on potential human rights violations. GI-ESCR plans to support its work through 2024. All twelve members of the Committee belong to communities that participated in the research. The monitoring committee is made of 8 men and 4 women. Their positions or affiliations are:

- A representative of the federation of women-led associations.
- A member of the private healthcare workers' union.
- The head of assemblymen of the city of Gagnoa.
- An Imam in the city of Gagnoa.
- A pastor in the city of Gagnoa.
- A representative of the NGO Santé
- A representative of the Organisation of Active Women of the Ivory Coast.
- The Head of village chiefs.
- A youth leader.
- A member of the National Human Rights Commission.
- 2 representatives of MIDH.

Conclusions

The project has helped local communities to understand the challenges they face in accessing healthcare services. At the same time, by sharing their lived experience, the communities greatly enriched the understanding of the researchers.

The project's findings echo those of larger studies undertaken by GI-ESCR in Kenya, Nigeria, and Uganda,[22] as well as another recent study by MIDH and GI-ESCR in Ivory Coast.[23] As in other low-income countries of Sub-Saharan Africa, the project found that public healthcare services are insufficient and underfunded. At the same time, registered private medical services are available only to the better-off; and most private clinics require direct payments, the most regressive form of healthcare financing. Therefore, strengthening universal public healthcare services is the best available route to realise the right to health to all.

Cote d'Ivoire's social healthcare insurance scheme, which is one way to pre-pool funds for healthcare, can serve as a tool for making healthcare financing more progressive and sustainable, if implemented in line with international human rights principles. For the moment, however, both patients and healthcare facilities experience problems in using it. Its procedures are complicated and the public lacks guidance.[24]

As a result, access to healthcare services remains very skewed: social status largely determines whether people have access to good quality care. The better off can afford to seek treatment abroad or pay for care. Those belonging to the lowest income quintiles face multiple challenges. In addition to cost, there is widespread discrimination based on education and social status. People who cannot pay for an ambulance or who live far from the nearest clinic find it difficult to reach medical facilities.

This research was a pilot study in an underexplored area. In Francophone West Africa, little research has been done on the right to health, and systemic studies of healthcare systems are rarer still. In cities such as Gagnoa, few people are aware that healthcare is a right. This project, which will be continued by the monitoring committee it established, is a first step towards deepening public recognition that healthcare is a fundamental human right.

The current situation is not immutable. To change it, the State must be at the centre of public financing, as well as the governance and provision of medical services, in line with international human rights law.

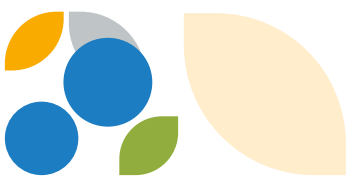
Policy Recommendations

To the Ministry of Health of Ivory Coast *(Ministère de la santé, de l'hygiène publique et de la couverture maladie universelle)*

- Ensure that all healthcare providers are strictly monitored and regulated at the national, county and local levels; ensure that all local health establishments, including private ones, operate in conformity with Ivory Coast's obligations under international human rights law.
- Take measures to limit direct payment for healthcare, for instance by providing a core package of free healthcare services targeted at marginalised populations.
- Guarantee healthcare workers good working conditions and salaries.
- Expand public healthcare services; allocate 15% of the national budget to health, in accordance with the target set in the Abuja Declaration.[25]
- Take measures to monitor the quality of healthcare. For example, ensuring that facilities do not use medicines or drugs that are beyond their expiry date; that equipment is of the highest quality; and that hygiene and sanitation procedures are respected by public and private facilities.
- Take measures to ensure that all private healthcare providers are registered, monitored, and regulated in accordance with the standards set out in General Comment 7 of the African Commission on Human and Peoples' Rights.

To the National Health Insurance Fund (Caisse Nationale de l'Assurance Maladie - CNAM)

- Undertake a dissemination campaign to ensure that patients, healthcare providers and the wider public in Gagnoa are aware of the benefits of registering and using the health insurance card.
- Expand the package of health benefits covered by the card.
- Take steps to expedite the delivery of health insurance cards to new subscribers.
- Ensure that public health facilities accept health insurance cards.
- Take all necessary measures to ensure that the health insurance card is free of charge for people with chronic health conditions; and actively reach out to this population.



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