

Healthcare Privatisation and Commercialisation in Ivory Coast

WHAT IMPACT ON THE RIGHT TO HEALTH?

Executive Summary





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This executive summary is based on a full report originally written in French by Dr. Stéphane Koffi Kouadjo and Amadou Dahou, from the non-profit organisation Mouvement Ivoirien des Droits Humains (MIDH) as part of an evidence-building project in support of public services undertaken by GI-ESCR, which has also directly contributed to the report. It is based on research conducted in Bouaké, Cocody and Yopougon, Ivory Coast. The full report is available through the following link: <https://gi-escr.org/fr/ressources/publications/privatisation-et-marchandisation-des-soins-de-sante-en-cote-divoire>

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Introduction

The increasing role of commercial actors in health systems worldwide can worsen inequalities in access to healthcare services, jeopardising the enjoyment of the highest attainable standard of physical and mental health (hereafter: right to health) enshrined in several international instruments, including the 1946 Constitution of the World Health Organization (WHO), the 1948 Universal Declaration of Human Rights (Art. 25), the 1966 International Covenant on Economic, Social and Cultural Rights (Art. 12) and the African Charter on Human and Peoples' Rights (Art. 16).

When healthcare is privatised, access to medical care, life-saving treatments, and a dignified life largely depend on socioeconomic status. A report by the Global Initiative for Economic, Social and Cultural Rights (GI-ESCR)¹ shows that inequalities and socio-economic barriers to accessing healthcare services in Nigeria are linked to the commercialisation and privatisation of the system. The same dynamic has been identified in Kenya and Uganda, in East Africa,² as well as in South Africa³. Additionally, the market logic of privatised services has infiltrated the public sector, where acts of commercialisation resulting in human rights violations have been reported.⁴

However, little research has been done on the privatisation and commercialisation of healthcare in Francophone West African countries. To fill this gap, GI-ESCR, together with the Mouvement Ivoirien des Droits Humains (MIDH), have researched the impacts of the marketisation of healthcare in the Ivory Coast, applying a human right lens. The report maps private healthcare actors in the District of Abidjan, it analyses the impact of private healthcare on the right to health, and highlights how commercialisation of healthcare affects human rights in both the public and private sectors.

The way through which healthcare services are provided and financed has massive impacts on the level of enjoyment of the right to health.⁵ As such, this report expands knowledge on the role of private actors in healthcare from a human rights perspective by collecting evidence in an understudied region. The research was conducted in French. This executive summary presents the key points of the full report, which is available in French only.



Methodology

The research was based on desk research and primary data collection. Desk research included analysis of academic articles as well as relevant legal and policy documents, primarily in French. Primary data were collected through semi-structured qualitative interviews, conducted in French. Interviews were recorded and transcribed. Every participant signed an informed consent form. 89 individuals in three localities were interviewed between September and October 2023:

- In Bouaké, 31 respondents, including 25 patients, 1 public hospital staff member, 2 representatives of civil society organisations, 3 community leaders.
- In Cocody, 29 respondents, including 25 patients, 1 private hospital manager, 1 CSO representative, 2 community leaders.
- In Yopougon, 29 respondents, including 22 patients, 1 public hospital manager, 1 public hospital staff member, 1 private hospital staff member, 1 CSO representative, 3 community leaders.



Top left: Meeting with the Department of Legal Affairs of the Ministry of Health - Bottom left: Interview in Bouaké. Photo by MIDH - Center: Interview in Cocody. Photo by MIDH - Right: Interview in Yopougon. Photo by MIDH.

Interviews were also conducted with 5 representatives of the Legal Affairs and Litigation Department of the Ministry of Health, Public Hygiene and Universal Health Coverage.

Legal Framework

The right to health is recognised in the Ivory Coast's legal system.

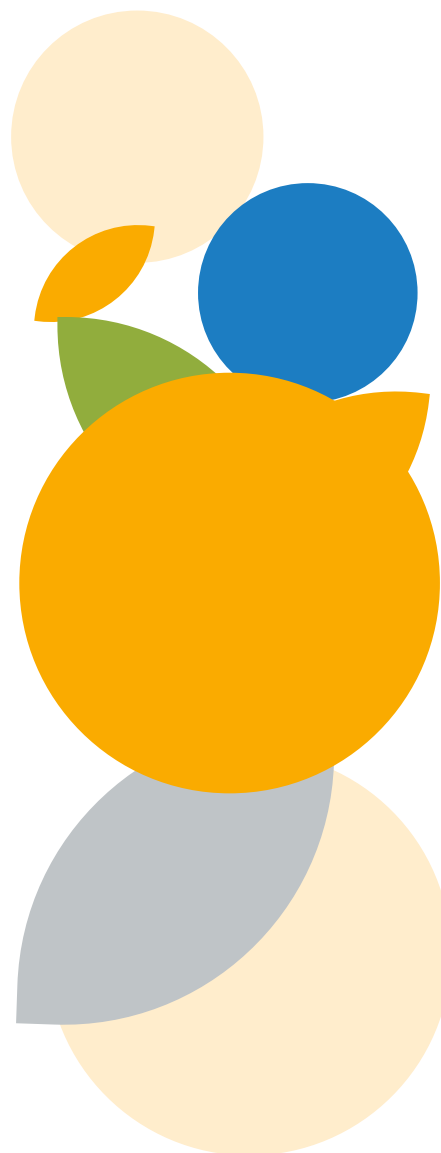
The International Covenant on Economic, Social and Cultural Rights (ICESCR) was ratified by the country in March 1992. Article 12 enshrines the right to the highest attainable standard of physical and mental health (right to health).⁶ The Committee on Economic, Social and Cultural Rights (CESCR), which monitors the ICESCR's implementation, has also clarified that the right to health includes an entitlement to universal health-care services that are geographically and financially accessible, of good quality, and adequately available.⁷ 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".⁸

These principles also apply when private actors, including commercial ones, deliver or finance healthcare.⁹ For instance, the United Nations Guiding Principles on Business and Human Rights¹⁰ 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.¹¹

The Ivory Coast is also a signatory to the African Charter on Human and Peoples' Rights, which affirms the right to health. Article 16 upholds that "States Parties to the present Charter shall take the necessary measures to protect the health of their people and to ensure that they receive medical attention when they are sick".¹² 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,¹³ 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".¹⁴

Article 9 of its Constitution (2016) states that "every person has the right to access healthcare services". Besides, several Acts and Executive Instruments were issued to govern aspects of the health sector. The relevant ones are:

- Code of Medical Ethics Act no. 62-248 of 31 July 1962¹⁵
- Executive Instrument no. 96-877 of 25 October 1996 on the classification, definition and organisation of private health facilities¹⁶
- Executive Instrument no. 96-878 of 25 October 1996 on the conditions of authorisation and registration of health professions in the private sector¹⁷
- Ivory Coast's Public Health Policy Orientation Act no. 2019-677 of 23 July 2019¹⁸
- Healthcare Reform Act no. 2019-678 of 23 July 2019¹⁹



Findings

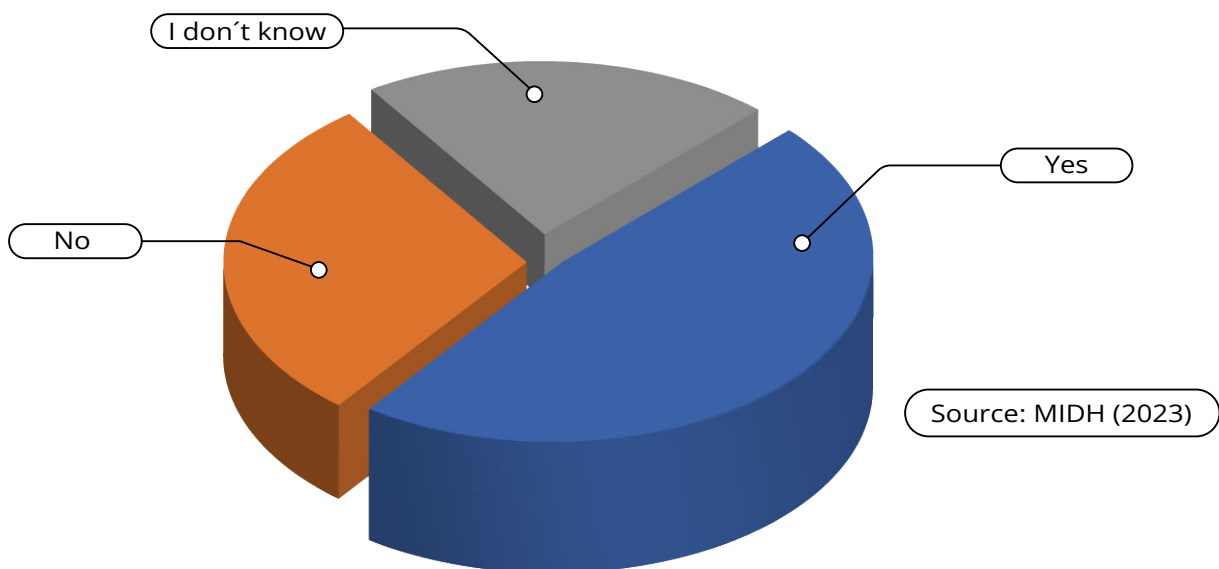
A. An overwhelming number of unauthorised private health centres

The Ivorian healthcare system includes a large number of private healthcare providers – over 3,000 in 2021 – resulting in 40% of healthcare being privately delivered.²⁰ Worryingly, 92% of private health centres operate illegally.²¹ During field data collection, respondents said that one in three private health centres do not display their licence, and 22% said that they did not know whether these centres had one.

The fact that many appear to operate without an authorisation from the Ministry of Health raises serious concerns about the risk that private hospitals pose to the lives and safety of citizens.

On 6 December 2023, the Ministry of Health, Public Hygiene and Universal Health Coverage (the Ministry of Health) ordered the closure of 1,022 illegal private health centres outside of Abidjan,²² despite that its initial plan was to only legalise 500 unauthorised private health centres, instead of penalising them.²³

Figure 1: Do Health Centres show their Registration Certificate?



B. Failure of the State to provide and finance quality affordable healthcare for all

Ivory Coast does not adequately finance its health sector. It does not allocate at least 15% of its budget to health in line with its commitment in the framework of the Abuja Declaration.²⁴ According to the World Bank, Ivory Coast allocated 6.66% of its budget to health in 2020.²⁵ Additionally, Ivory Coast's domestic general government health expenditure only amounted to 1.37% of its GDP in 2020²⁶ whereas the World Health Organization (WHO) encourages States to allocate at least 5 to 6% of their GDP to healthcare in order to ensure universal health coverage²⁷.

This explains why private actors deliver 40% of healthcare provision, as mentioned earlier.

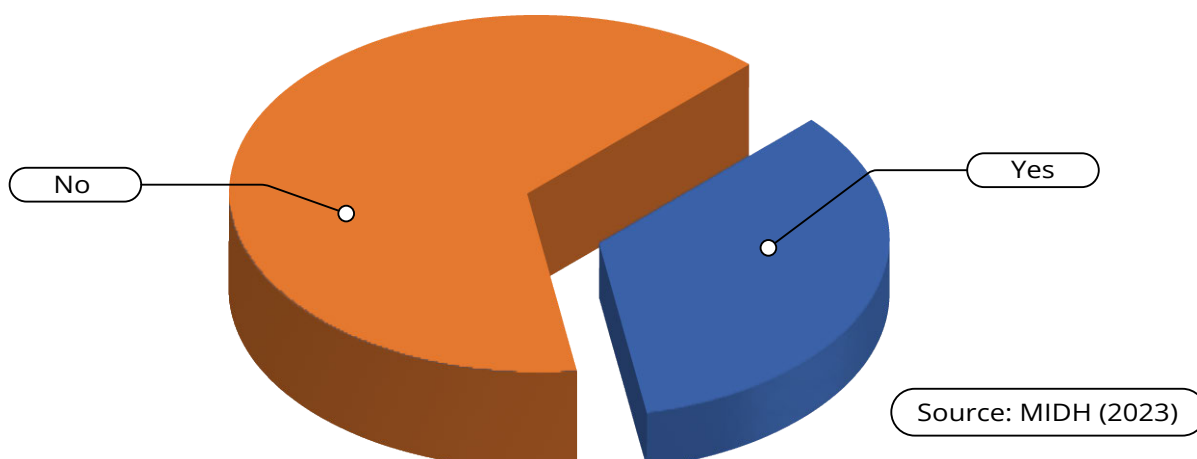
C. Privatisation of healthcare contributes to discrimination

Privatisation of healthcare in Ivory Coast leads to discrimination against persons with disabilities, women, and people with scarce resources, breaching Article 2 of the African Charter on Human and Peoples' Rights, which prohibits all forms of discrimination based on sex, fortune, or other status that prevent the enjoyment by all of their economic, social and cultural rights.

1. Access by persons with disabilities

The graph below shows that 64.7% of private health centres are not accessible to persons with disabilities, because, for example, they lack ramps or lifts. This is a serious violation of their right to health. In such private health centres, persons with disabilities have virtually no mobility.

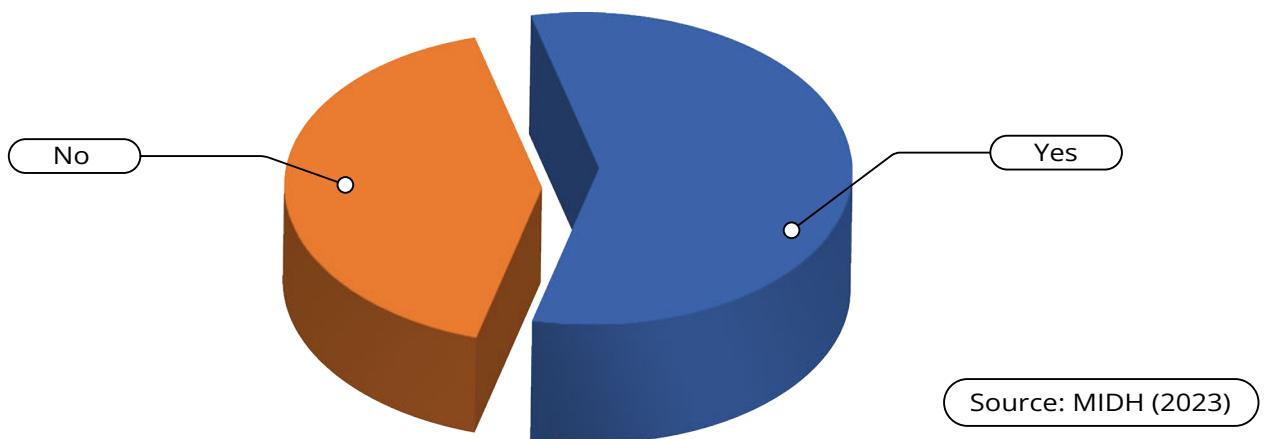
Figure 2: Do Health Centres have Wheelchairs Ramps?



2. Discrimination against women

A significant number of private health centres (42.3%) lack separate toilets for men and women. Sustainable Development Goal 6 calls for universal access to sanitation services. In particular, it emphasises that special efforts are required to meet the needs of women and girls. However, the research shows that women and girls continue to suffer disproportionately from inadequate sanitation infrastructure.

Figure 3: Do Health Centres have Separate Sanitary Facilities for Men and Women?



3. Socio-economic discrimination

During field data collection, a minority of respondents (31.1%) declared that they went to private health centres because of their perceived high-quality. However, interviewed patients expressed that the quality varies according to the ability to pay. As one interviewee put it:

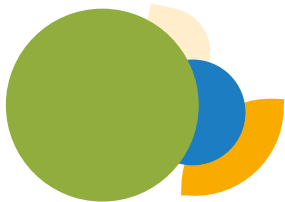
“Patients are treated well because they pay a lot to access health care.”²⁸

In fact, the quality of medical equipment varies according to the size and prestige of the private hospital concerned. In the areas studied, patients attended high-, intermediate- or low-standard private health centres. In these categories of private hospital, the quality of service and care reflect patients’ budgets. This means that healthcare delivery is fragmented, and that its quality depends on the patient’s socio-economic status.²⁹



Left: High-standard private clinic in high-end area, Les Oliviers, Cocody. Right: Low-standard private health center in a slum within Cocody. Photos by MIDH.

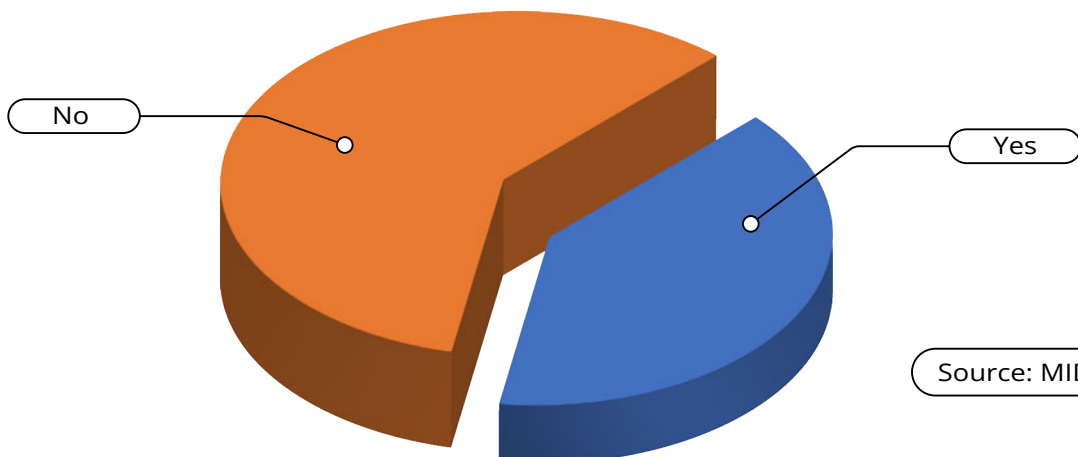
“When you are poor, you are not treated”.³⁰



59.6% of respondents reported that not everyone has access to private healthcare services. In their view, going to a private health centre implies having the financial means to pay for care and services. For example, a patient in the Nimbo district of Bouaké said:

“If you don’t have money, you shouldn’t even go there; they won’t look after you.”³¹

Figure 6: Is Private Health Provision Affordable for Everyone, including those who are Disadvantaged?



Source: MIDH (2023)

D. Commercialisation of healthcare

1. In the private sector

In private health centres, patients pay before being treated. This is contrary to medical ethics, which specify the standards practitioners must comply with under the 2021 Ivorian Medical Association Act.³²

Some respondents said that, during consultations, staff in private hospitals often demanded a deposit before providing care or services. For example:“

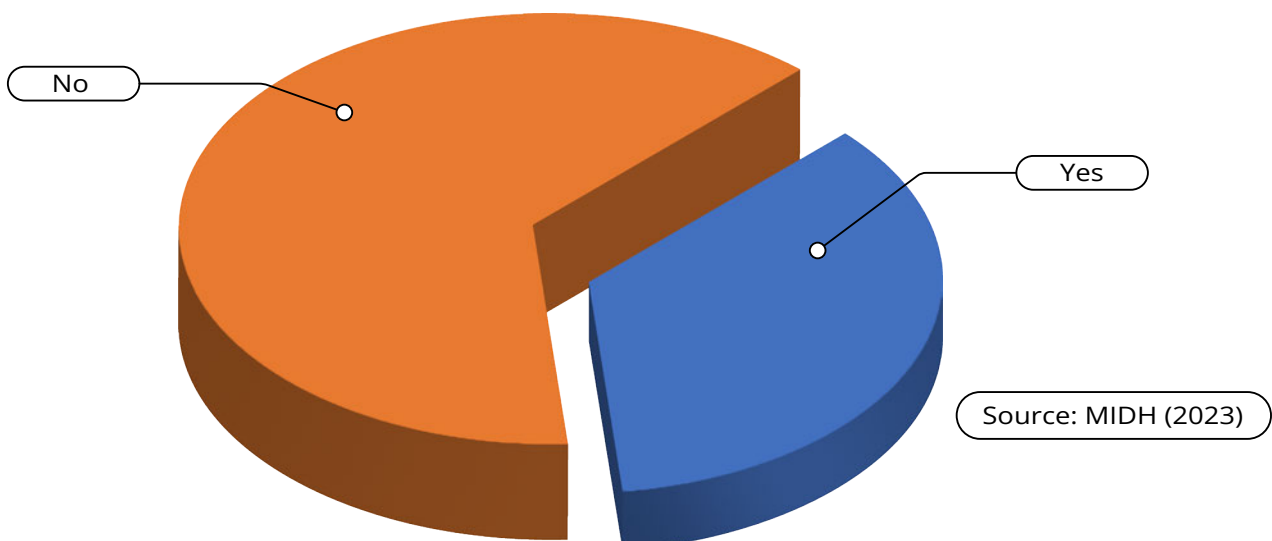
“We had to put down a collateral deposit of 150,000 FCFA [USD 250] first before they treated my sister.”

“We pay first before being seen by the doctor”.

2. In the public sector

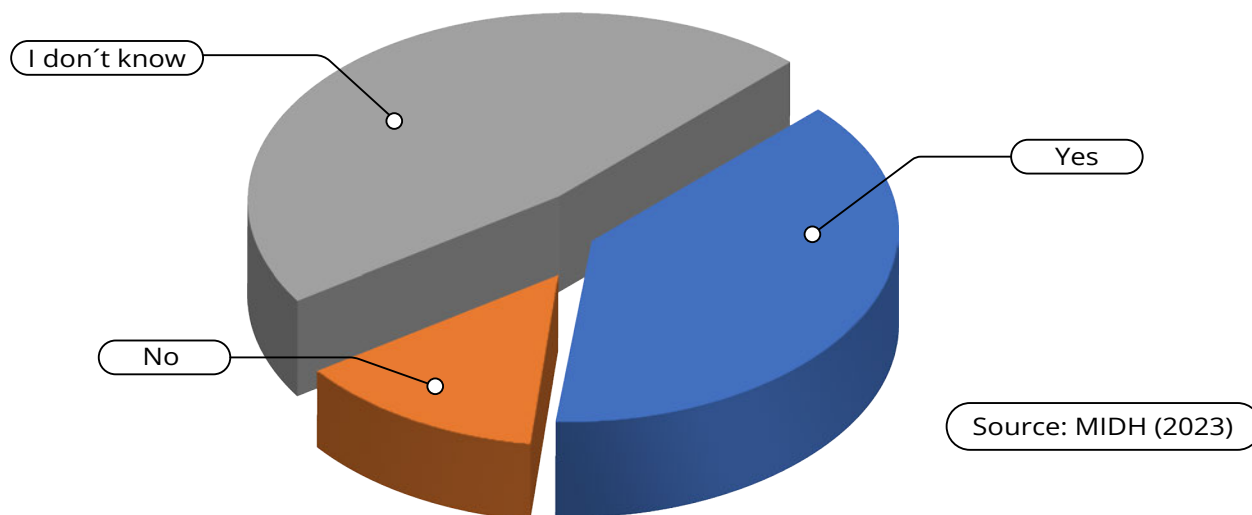
The majority of respondents (64.2%) stated that public hospitals do not display all the costs of healthcare services (see Figure 4). This is a requirement for both transparency and to tackle corruption. Patients must be informed of the costs of the services they require, and each facility must display the costs of healthcare services. These measures make it possible to prevent corruption.

Figure 4: Do public health institutions display their fees and costs?



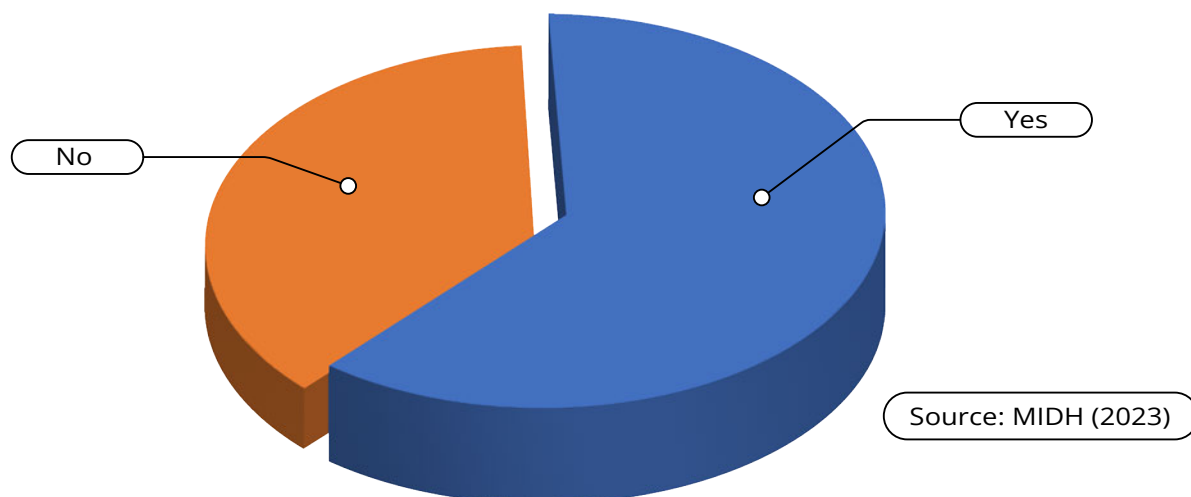
Furthermore, health centres that display their costs do not always apply them consistently. More than half of respondents found it concerning.

Figure 5: Are the Displayed Costs Applied Consistently?



When asked whether patients always receive receipts during consultations, 62% of respondents said they did. Even if this figure is high, it still raises concerns. To manage health services transparently, public health centres must issue a receipt for every treatment or service they provide.

Figure 6: Do Public Health Providers always Provide Invoices?



Healthcare service price list in a community hospital of Yopougon. Photo by MIDH.



With respect to invoicing of medical certificates, 34.5% of respondents said that they directly paid the doctor for this service.

Some public health facilities also refuse to treat patients in emergencies if they lack financial resources. 27.3% of respondents said this was the case. This might signal a potential violation of the rights to health and to life. Article 15 of the Healthcare Reform Act provides that no patient can access a public health facility without completing administrative and financial formalities except in emergency cases³³.

The commercialisation of healthcare in the private and in the public sectors might negatively impact human rights, resulting in potential infringement of regional and international human rights standards. General Comment 7 on State obligations under the African Charter on Human and Peoples' Rights in the context of private provision,³⁴ for example, stresses the public, non-commercial nature of social services, including healthcare, because the provision of social services is an essential precondition for the enjoyment of human rights.



Conclusion

The Ivorian healthcare system is underfunded. Public healthcare services are not enough to fulfil the demand for healthcare, resulting in widespread inequalities and discrimination based on socioeconomic status. Women and disabled individuals are the ones that suffer the most.

At the same time, the weakness of the public healthcare system creates a breeding ground for illegal private health centres. While we commend the Ivorian Ministry of Health for ordering the closure of 1,022 illegal hospitals, it is worth furthering the reflection on the root-causes of this situation and addressing them in a sustainable manner with a view to strengthening quality public healthcare provision for all and strictly monitoring and regulating private actors in healthcare. This will ensure the realisation of everyone's right to health.

Finally, the research documented that healthcare commercialisation coupled with non-transparent practices in the public and private sectors deepen economic inequalities. In particular, the research exposes the mechanisms through which commercialisation fosters discrimination against the less privileged, who cannot afford expensive private medical care, thus posing serious risks of human rights violations.

This study was a pilot project 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. It is necessary to continue filling in the knowledge gap by gathering data on healthcare commercialisation and interpreting them from a human rights perspective. Access to healthcare is a human right and there is a need for increased awareness in the Francophone space for individuals to start holding the State and private actors accountable.

MIDH in front of a community health center in Yopougon. Photo by MIDH.



Key recommendations to the Government of Ivory Coast

1. Enhance domestic revenue through fair and progressive taxation³⁵ to increase the size of the national budget and invest adequately in public services.
2. Strengthen quality public healthcare provision by increasing public funding for health to:
 - a. At least 5% of GDP, in line with guidelines stated in WHO's World Health Report.³⁶
 - b. At least 15% of the national budget, pursuant to the Abuja Declaration.³⁷
3. Strengthen accountability mechanisms for, and the regulation of, private healthcare service providers in law and in practice.
4. Take steps to raise awareness on the consequences of discriminatory practices in health centres, including in private settings.
5. Take steps to reverse healthcare commercialisation in public hospitals by enforcing transparency and accountability mechanisms.
6. Clarify where payments for services and care in public health centres should be made.

Field data collection in a hospital in Yopougon.
Photo by MIDH



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