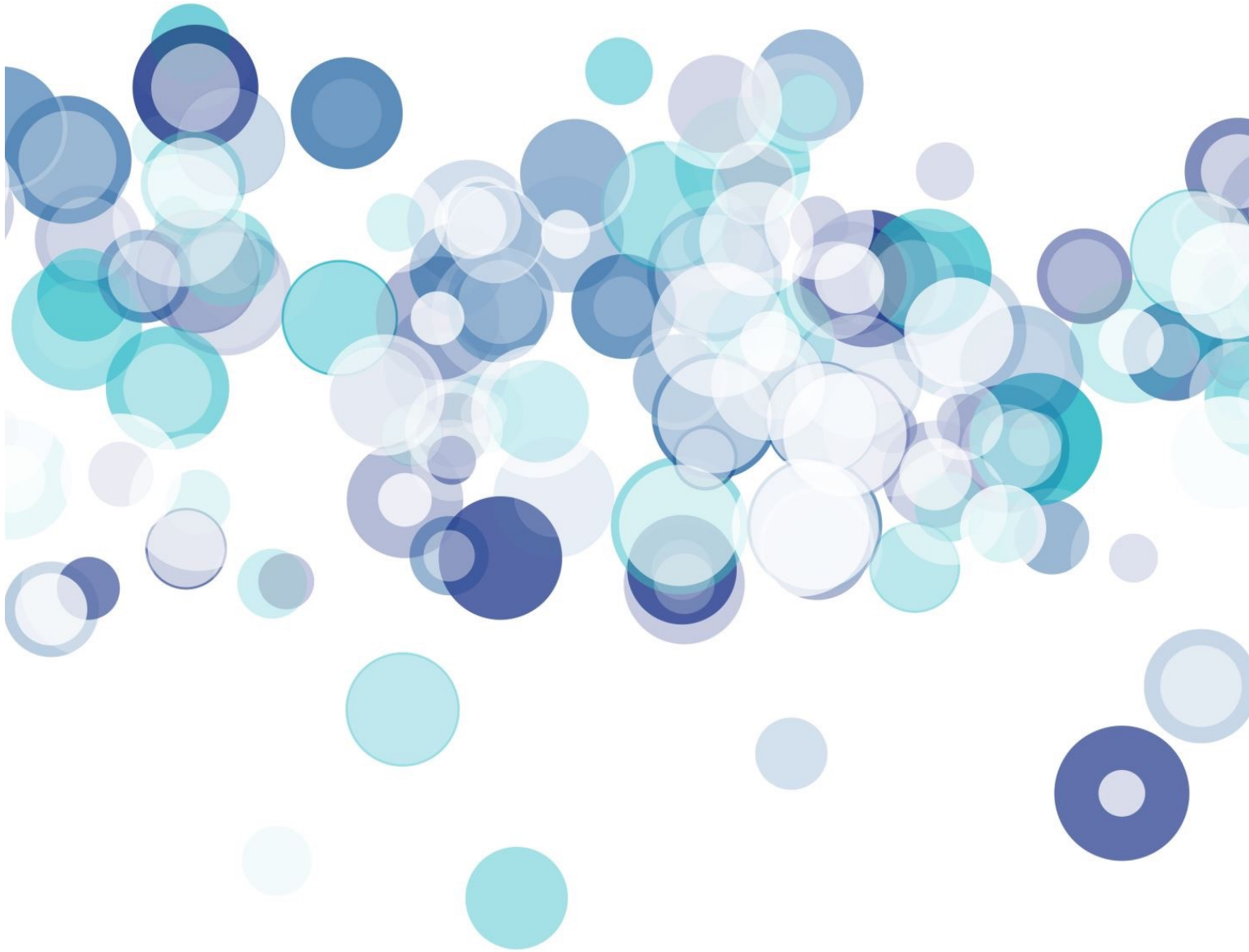
Training on the Right to Health and Human Rights: Learning Session for Advocacy in Kenya and Beyond (Day 2)



Training organised for the East African Center for Human Rights (EACHRights)

The Problem of Commercialisation in Healthcare and Advocacy Spaces

Held by Dr. Rossella De Falco, Ph.D. LL.M., Programme Officer on the Right to Health at the Global Initiative for Economic, Social and Cultural Rights

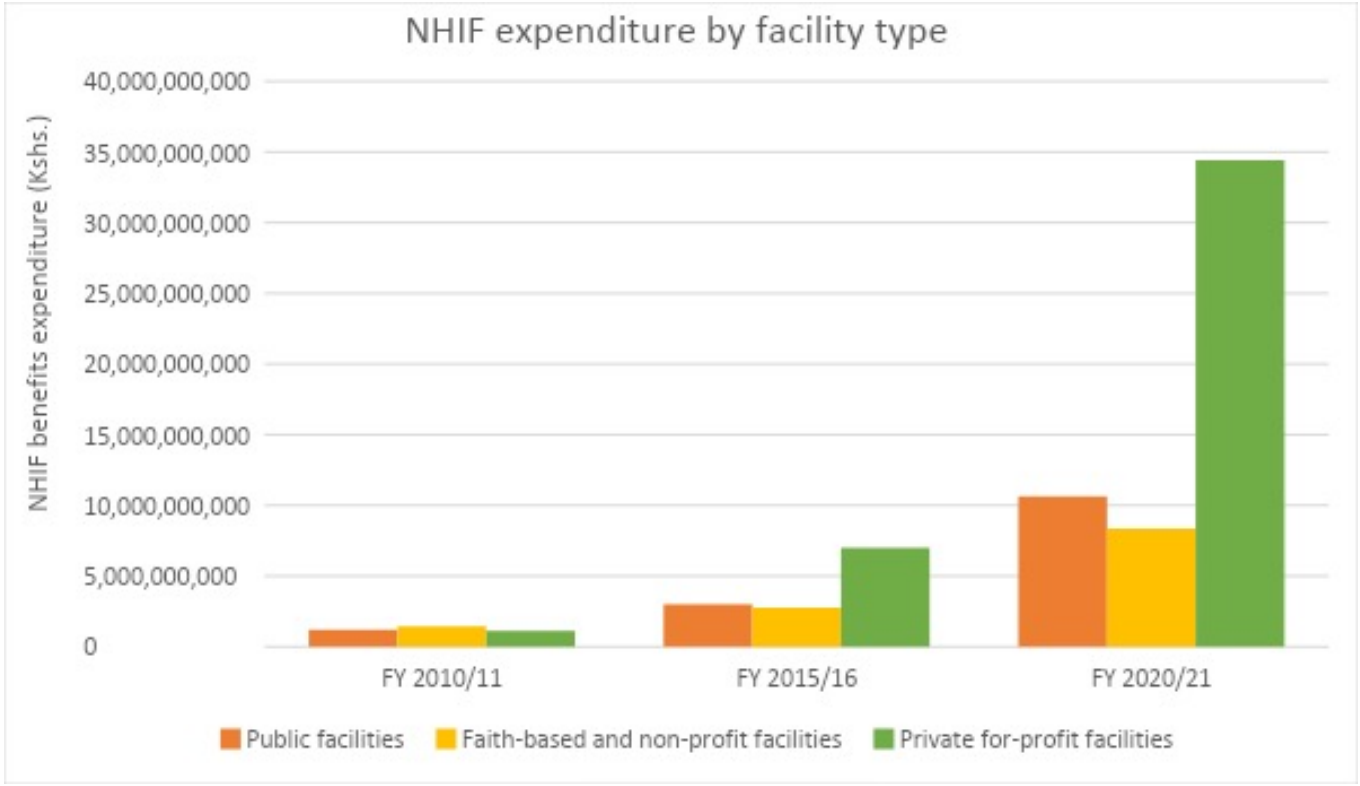
11 and 12 August 2022

Summary of Examples of Privatisation in Healthcare and Their Impact

- PPPs in healthcare: a failing model that don't deliver its promises? See Oxfam Lesotho case study
- For-profit actors in healthcare: the problem of overcharging for services, unnecessary treatments due to profit-motive, lack of referral to the appropriate level of care, lack of regulation and monitoring, lack of quality, problem of unregistered facility, problem of quality of care proportional to the ability to pay. See SATHI case study in India, GI-ESCR reports on Kenya and Nigeria, NYU/Hakijami report on Kenya.
- The problem of national health insurance schemes programmes in countries like Kenya or Nigeria (not in countries with single-payer/NHS) that might prefer private over public providers. See article from Privatisation & Human Rights' Project; report by Oxfam
- How International Financial Institutions, donors and other global development actors encourage privatisation in healthcare.
- Medicines & Intellectual Property Barriers. Several Initiatives, including People's Vaccine Alliance.

Privatisation & NHIF in Kenya

- ‘New data on NHIF expenditure shows how payment to the private sector has skyrocketed. Between 2010 and 2021, NHIF payouts to the for-profit private healthcare sector rose **more than 30-fold**, vastly outstripping increases for public facilities (8.8 times). In 2011, 32% of total NHIF spending on benefits went to public facilities and 30% to private for-profits. Just 10 years later, payouts to for-profits had soared to 64%, while just 20% went to public facilities.’ From here




OXFAM BRIEFING NOTE 7 APRIL 2014

A rural health clinic in Masianokeng, outside the capital Maseru, 2014. It takes more than three hours to travel to the nearest health facility for 25 per cent of people in Lesotho's rural areas. Photo: Sophie Freeman/Oxfam

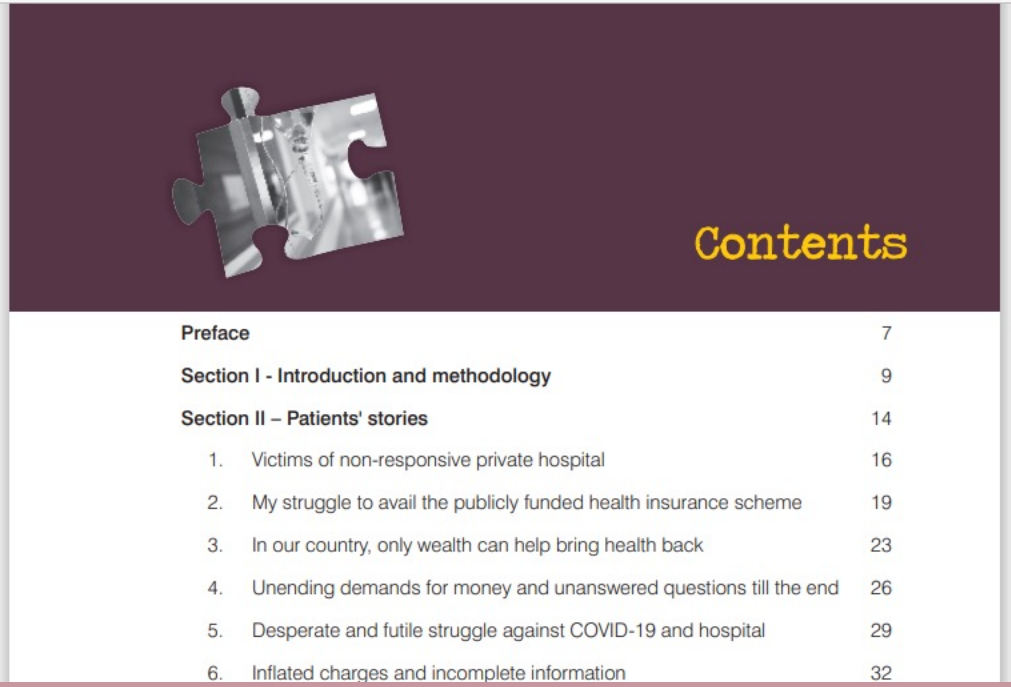
A DANGEROUS DIVERSION

Will the IFC's flagship health PPP bankrupt Lesotho's Ministry of Health?

The Queen 'Mamohato Memorial Hospital was built to replace Lesotho's old main public hospital under a public–private partnership (PPP) – the first of its kind in a low-income country. The PPP signed in 2009 was

Lesotho PPP case study

- An 18-year contract costing half of the budget of the Lesotho Ministry of Health failing to deliver on goals of equality and health outcomes



The case of India

- SATHI and experience of COVID-19 patients during the COVID-19 pandemic
- Inflated charges, issues with health insurance scheme, medical negligence, detention in hospitals over unpaid medical bill

Consortium against the commercialisation of healthcare

Members:

- Global Initiative for Economic, Social and Cultural Rights
- Global Justice Now
- International Commission of Jurists
- ISER
- OXFAM
- People's Health Movement (PHM) Europe/Kenya
- PSI
- Privatisation & Human Rights Project
- SATHI
- SID
- STOPAIDS
- Viva Salud
- Wemos

Shared vision on public healthcare systems

We demand:

- Universal public health systems that are in line with international human rights law are accessible available, acceptable and of the highest possible quality; non-discriminatory, including all prohibited grounds; accountable and participatory.
- Universal public health systems that are funded through progressive taxation, and States must raise the maximum possible available resources to meet the highest attainable level of health.
- That all healthcare work should be in well paid, good quality jobs with rights protected through secure contracts and unionisation.
- Rights-aligned universal public systems include mental and physical care, as well as primary, secondary and tertiary care.

Other CSOs networks

- Kampala Initiative on decolonising aid and global health
- Geneva Global Health Hub
- PHM
- COPASAH
- ESCR-net CAWG

Power Analysis – Key Actors to Pressure

World Bank	World Bank-IFC	IMF	World Health Organisation	Global Fund to fight TB, AIDS and Malaria
Ministries of Health	Ministries of Finance	Corporations	Health Workers Unions	Health Workers Associations
Media	Governanments at all governance levels	Civil Society Organisations	Grassroot movements	Healthcare workers
Community health workers and community health volunteers	Faith-based associations			