# Compendium of United Nations Human Rights Treaty Bodies' Statements on Private Actors in Healthcare

Synthesis paper – version 4 – Latest revision June 2021

This compendium gathers United Nations human rights treaty bodies' concluding observations related to private involvement in healthcare over 2006-2020. Concluding observations are remarks and recommendations issued by treaty bodies after their periodic review of States' efforts regarding the implementation of their human rights obligations. Concluding observations are quasi-legal interpretations of how the human rights obligations of a State should be interpreted and applied. The concerns and recommendations issued by the treaty bodies contribute to ongoing work to elaborate a human rights impact assessment framework for private actors in health services.

United Nations human rights treaty bodies have increasingly engaged with the role of private actors in healthcare. In particular, the Committee on Economic, Social and Cultural Rights (CESCR), the Committee on the Rights of the Child (CRC), the Committee on the Rights of Persons with Disabilities (CRPD), the Committee on the Elimination of Discrimination Against Women (CEDAW) as well as the Committee against Torture (CAT) have all addressed this topic, especially regarding marginalised groups. Private healthcare actors comprise private insurance providers, commercial pharmaceutical companies as well as entities involved in managing, financing or delivering healthcare services.

Some cross-cutting normative elements emerge from this practice, as outlined below.

## States must assess the impact of any healthcare privatisation and ensure that it does not impede the realisation of the right to health:

- "Ensure that the policy of **the privatization of health**, education and other services does not deprive women of continuous access to good quality basic services.[1]
- "Review the probable effects of its plans **to privatize portions** of the national health-care system on the most disadvantaged and marginalized sectors of society".[2]
- "It calls upon the State party to **balance the roles of public and private health providers** in order to maximize resources and the reach of health services. It calls upon the State party to **monitor the privatization of health care and its impact on the health of poor women** and provide such information in its next periodic report."[3]

[1] CEDAW, Concluding observations of the combined seventh and eight periodic reports of Hungary, CEDAW/C/HUN/CO/7-8 (26 March 2013).
[2] CESCR, Concluding observations on report submitted by Croatia, E/C.12/1/Add.73 (5 December 2001).
[3] CEDAW 'Concluding observations on the combined second and third reports of India' (2 February 2007).

- "The Committee calls upon the State party: (...) to ensure that the **privatization of the health sector** and the devolution to the provinces of the main health competence do not reduce further the **already limited health services accessible to women**."[4]
- "The Committee recommends that the State party (...) **ensure that privatization of the health system does not impede the enjoyment of the right to health,** in particular for the disadvantaged and marginalized individuals and groups."[5]

**States must monitor and regulate private healthcare providers:**

- "(...) the Committee recommends that the State party: (...) Establish a systematic monitoring mechanism **for private care institutions**, with a view to ensuring compliance with minimum quality standards."[6]
- "The Committee recommends that the State party (...) take measures to improve accessible health-care services for children with disabilities, including sexual and reproductive health, (...) **require private service providers to implement universal design** of equipment and accessible information to children with disabilities in the health system."[7]
- "The Committee **recommends** that the State party ensure that **no unauthorized medical practitioners** may practice medicine in the State party."[8]

**Public-private partnerships are questionable in the light of the obligations to use resources effectively:**

- "Review whether the practice of **contracting out** the delivery of basic services to private actors constitutes an **optimal use of available resources.**"[9]

**States must ensure that private health insurance does not impinge on access to healthcare:**

- "(...) The Committee recommends that the State party take all the measures necessary to improve, in both qualitative and quantitative terms, its public health-care services (...) introducing a common waiting list for treatment in publicly funded hospitals **for privately and publicly insured patients** (...)."[10]
- "The Committee also urges the State party to ensure that **private insurance providers** do not deny access to schemes operated by them nor impose unreasonable eligibility conditions, with a view to ensuring the right to equal, adequate, affordable and accessible health care to all."[11]

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[4] CEDAW 'Concluding observations on the fourth periodic report of Pakistan' CEDAW/C/PAK/CO/4 (27 March 2013).
[5] CESCR 'Concluding observations on Poland' E/C.12/POL/CO/5 (2 December 2009).
[6] CRC 'Concluding observations on the combined second to fourth periodic reports of Brazil' CRC/C/BRA/CO/2-4 (30 October 2015).
[7] CRC 'Concluding observations on the combined fifth and sixth periodic reports of Costa Rica' CRC/C/CRI/CO/5-6 (4 March 2020).
[8] CESCR 'Concluding observations on the initial report of Togo' E/C.12/TGO/CO/1 (3 June 2013).
[9] CESCR 'Concluding observations on the second periodic report of Lebanon' E/C.12/LBN/CO/2 (24 October 2016).
[10] CESCR 'Concluding observations on the third periodic report of Ireland' E/C.12/IRL/CO/3 (8 July 2015).
[11] CESCR 'Concluding observations on the second periodic report of the Czech Republic' E/C.12/CZE/CO/2 (23 June 2014).

**States must address disparities between public and private healthcare systems, improving the quality of public healthcare services:**

- The Committee recommends that the State party: (...) address the **large disparities between the public and private health-care systems**, as well as between rural and urban areas, by securing a sufficient number of medical professionals, improving medical equipment and expanding the range and **improving the quality of public health-care services.**"[12]

## Methodology

The concluding observations were retrieved from the Universal Human Rights Index, a freely accessible database of U.N. human rights bodies' standards maintained by the U.N. Office of the High Commissioner for Human Rights. The database currently covers the period 2006-2020. A research was run for 5 UN Treaty bodies, using "right to health" and "sexual & reproductive health and rights" as filters. Key words used were: "privat*", "commercial*, "market*" and "commodif*". Last search was conducted on 15 June 2021.

The concluding observations found were then manually reviewed and kept in the database if they met the following criteria:

- They explicitly analyse the role of private actors in healthcare. This role may be diverse, including insurance and pharmaceutical provision and direct provision of health care;
- They raise issue related explicitly to the right to health.

Concluding observations related to regressive forms of public healthcare financing, public spending levels, or ancillary health services, such as childcare, were not included in the research, unless explicitly linked to private involvement. Concluding observations on the underlying determinants of health not included due to their broad range. This resulted in the selection of the following 44 Concluding Observations.

The original data are available here.

[12] CESCR 'Concluding observations on the initial report of South Africa' E/C.12/ZAF/CO/1 (29 November 2018).

| STATE | BODY AND DOCUMENT | KEY EXTRACTS |
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| **Bahrain** | CRC, Concluding observations,<br>CRC/C/15/Add.175, 11 March 2002,<br>available at: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRC%2FC%2F15%2FAdd.175&Lang=en | 13. While noting information provided by the delegation with respect to increased investments in the health and education sectors, the Committee is concerned about the **increasing trends towards the privatization of these sectors and the potentially negative consequences this may have on the enjoyment of economic, social and cultural rights** by all children in Bahrain. |
| **Bulgaria** | CESCR,<br>Concluding observations, E/C.12/1/Add.37,<br>8 December 1999, available at: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=E%2FC.12%2F1%2FAdd.37&Lang=en | 6. The Committee notes with satisfaction that despite **the privatization of health services**, medicines will continue to be distributed free of charge to the disadvantaged groups of society, and that **mental health services will remain public.** |
| **Brazil** | CRC, Concluding Observations, CRC/C/BRA/CO/2-4,<br>30 October 2015, available at: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRC/C/BRA/CO/2-4&Lang=En | 46. In this regard, the Committee recommends that the State party: (…):<br><br>(c) Establish a systematic monitoring mechanism **for private care institutions**, with a view to ensuring compliance with minimum quality standards. |
| **Cabo Verde** | CESCR,<br>Concluding observations, E/C.12/CPV/CO/1,<br>27 November 2018, available at: https://tbinternet.ohchr.org/_layouts/15/treatybodye | 57. The Committee recommends that the State party: (…)<br><br>(b) **Monitor public and private health facilities for accessibility** on a regular basis and adapt them to the needs of persons with disabilities, and ensure that **information is made accessible** to persons with a visual impairment. |

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| **Chile** | CRC,<br><br>Concluding Observations, CRC/C/CHL/CO/4-5,<br><br>30 October 2015, available at: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRC/C/CHL/CO/4-5&Lang=En | 58. The Committee is still concerned about the lack of an integral system of health care for all children up to age 18, **the difference in quality between public and private health-care services**, the increased medication of children diagnosed with attention deficit hyperactivity disorder (ADHD) and both the undernourishment and obesity levels among children. |
| **Chile** | CEDAW, Concluding Observations, CEDAW/C/CHL/CO/7,<br><br>9 March 2018, available at: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CEDAW/C/CHL/CO/7&Lang=En | 39. In line with its general recommendation No. 24 on women and health, the Committee recommends that the State party:<br><br>(b) Apply strict justification requirements to prevent the blanket use of conscientious objection by doctors refusing to perform abortions, in particular in cases of teenage pregnancy, and ensure that such measures also apply to **medical personnel in private clinics;** |
| **Costa Rica** | CRC, Concluding observations, CRC/C/CRI/CO/5-6, 4 March 2020, available at: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fCRI%2fCO%2f5-6&Lang=en | 35. (…) the Committee recommends that the State party: (…)<br><br>(f) Take measures to improve accessible health-care services for children with disabilities, including sexual and reproductive health, allocate financial resources to reinforce accessibility to medical infrastructure, and **require private service providers to implement universal design** of equipment and accessible information to children with disabilities in the health system. |
| **Croatia** | CESCR, Concluding observations, E/C.12/1/Add.73,<br><br>5 December 2001, available at: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=E/C.12/1/Add.73&Lang=En | 34. The Committee recommends that the State party carefully review the probable effects of its plans **to privatize portions of the national health-care system** on the most disadvantaged and marginalized sectors of society, including, in particular, the unemployed and underemployed, the homeless and those living in poverty. |

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| **Cyprus** | CEDAW, Concluding Observations,<br><br>CEDAW/C/CYP/CO/8, 25 July 2018, available at: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CEDAW/C/CYP/CO/8&Lang=En | 40. The Committee (...) is concerned about:<br><br>(c) The lack of clear regulations and protocols to ensure the effective implementation of the new law on abortion, the insufficient availability of abortion services in public hospitals and **the high cost of such services in private clinics,** the lack of pre- and post-abortion counselling services in public and **private hospitals** and the lack of training for health-care providers on the application of the new law.<br><br>41. The Committee (...) recommends (...):<br><br>(c) Fully apply the law decriminalizing abortion, including through the adoption of **clear regulations and protocols**, provide regular training to health-care providers on the law's application and adopt procedures to guarantee access to abortion services and pre- and post-abortion counselling services **in public and private hospitals.** |
| **Czechia** | CESCR,<br><br>Concluding Observations,<br><br>E/C.12/CZE/CO/2, 23 June 2014, available at: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=E/C.12/CZE/CO/2&Lang=En | 15. (...) The Committee is further concerned at reports that **migrants** have been refused enrolment **in private health insurance schemes** or **asked to pay prohibitive premiums**, in contravention of the provisions of the Covenant and the State party's Anti-Discrimination Act (art. 9) (...) The Committee also urges the State party to ensure that **private insurance providers** do not deny access to schemes operated by them nor impose unreasonable eligibility conditions, with a view to ensuring the right to equal, adequate, affordable and accessible health care to all. |
| **Egypt** | CESCR, Concluding observations, E/C.12/EGY/CO/2-4,<br><br>13 December 2013, available at: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=E/C.12/EGY/CO/2-4&Lang=En | 21. The Committee is concerned that health-care expenditure as a percentage of the budget of the State party has declined significantly; resulting in a fragmented and **increasingly privatized health-care system.** It is also concerned that **this results** in a large percentage of the population, particularly those in vulnerable situations, being excluded from health insurance and deprived of access to health facilities, goods and services (...). |

| El Salvador | CESCR, Concluding observations, E/C.12/SLV/CO/2, 27 June 2007, available at: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=E%2FC.12%2FSLV%2FCO%2F2&Lang=en | 24. The Committee considers that the budget allocated for the health sector is insufficient in order to provide adequate coverage for the population, in particular for vulnerable groups. It notes that **access to health services is limited owing to the lack of financial means** allocated by the State party to the public sector, and by the **preference for a private-sector approach to the management, financing and provision of services**, to the detriment of those who are unable to pay for such services. |
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| Guatemala | CESCR, Concluding Observations, E/C.12/GTM/CO/3, 9 December 2014, available at: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=E/C.12/GTM/CO/3 | 22. The Committee finds it regrettable that the health budget is insufficient to provide adequate coverage for the entire population, **thereby favouring the private provision of health-care services** (art. 12). |
| Hungary | CEDAW, Concluding observations, CEDAW/C/HUN/CO/7-8, 26 March 2013, available at: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CEDAW/C/HUN/CO/7-8&Lang=En | 8. (…) The Committee also notes **the widespread privatization of health**, education and other social services in the State party and is **concerned that this may hinder the enjoyment of rights** under the Convention.<br><br>9. The Committee urges the State party to (…):<br><br>(d) Ensure that the **policy of the privatization of health, education and other services does not deprive women of continuous access to good quality basic services** in the field of economic, social and cultural rights. |
| India | CRC, Concluding observations, CRC/C/IND/CO/3-4, 7 July 2014, available at: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRC/C/IND/CO/3-4&Lang=En | 63. The Committee notes the various policies and programmes in place in the State party to improve children's health and their access to health services. However, it is deeply concerned about the persistence of disparities in the quality of and access to health services between urban and rural areas as well as the **State party's increasing reliance on the private sector to provide health services**. It is also concerned about the **high cost of health services for the population** and the **lack of regulation of the quality of services provided**. |

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| | | 64.The Committee recommends that the State party:<br><br>(a) Strengthen its efforts to address, as a matter of urgency, the **existing disparities in access to and quality of health services**, including by **establishing partnerships with the private sector so as to increase access to, and affordability of, health services** and by **regulating the services that they provide**; (…). |
| **India** | CESCR, Concluding observations, E/C.12/IND/CO/5,<br><br>8 August 2008, available at: [https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=E/C.12/IND/CO/5&Lang=En](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=E/C.12/IND/CO/5&Lang=En) | 38. The Committee notes with concern that the universal health-care scheme in the State party falls short of providing for universal coverage, excluding a considerable portion of the population. The Committee is also concerned that the **quality and the availability of the health services provided under the scheme have been adversely affected by the large-scale privatization** of the health service in the State party, impacting in particular on the poorest sections of the population.<br><br>78. The Committee recommends that the State party **substantially increase funds allocated to public health** and to provide additional incentives in order to prevent further loss of medical professionals from the public health services. The Committee also urges the State party to take all necessary measures **to ensure universal access to affordable primary health care.** The Committee also requests the State party to provide information on the **measures to regulate the private health-care sector.** |
| **India** | CEDAW,<br><br>Concluding observations, CEDAW/C/IND/CO/3,<br><br>2 February 2007, available at: [https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CEDAW%2FC%2FIND%2FCO%2F3&Lang=en](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CEDAW%2FC%2FIND%2FCO%2F3&Lang=en) | 40. In addition, the Committee is concerned that **the privatization of health services has an adverse impact on women's capacity to access such services**.<br><br>41. It calls upon the State party to **balance the roles of public and private health providers** in order to maximize resources and the reach of health services. It calls upon the State party to **monitor the privatization of health care and its impact on the health of poor women** and provide such information in its next periodic report. |
| **Italy** | CEDAW, | 41. The Committee is concerned about: |

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| | Concluding observations:<br>CEDAW/C/ITA/CO/7,<br>24 July 2017, available at: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CEDAW/C/ITA/CO/7&Lang=En | (a) **The reduction in public funds allocated to health care and the partial privatization of the sector,** which is having a detrimental impact on the health of women, in particular those belonging to disadvantaged and marginalized group. |
| **Ireland** | CESCR.<br>Concluding Observations,<br>E/C.12/IRL/CO/3,<br>8 July 2015, available at: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=E/C.12/IRL/CO/3&Lang=En | 28. The Committee is concerned at the overall deterioration of health services due to significant budget cuts (…), in particular, the:<br><br>(a) Widening disparities between people with and those without **private health insurance** in accessing medical services. (…)<br><br>(…) The Committee recommends that the State party take all the measures necessary to improve, in both qualitative and quantitative terms, its public health-care services (…) introducing **a common waiting list for treatment in publicly funded hospitals for privately and publicly insured patients** (…). |
| **Jordan** | CRPD,<br>Concluding observations: CRPD/C/JOR/CO/1,<br>15 May 2017, available at: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRPD/C/JOR/CO/1&Lang=En | 47. The Committee notes with concern the restrictions imposed on persons with disabilities, in particular those with psychosocial or neurological disabilities, to **subscribe to private health insurance.** It is also concerned that health-care professionals lack training on the human rights of persons with disabilities, particularly those with intellectual and/or psychosocial disabilities.<br><br>48. In line with article 25 of the Convention and Sustainable Development Goal 3, the Committee recommends that the State party:<br><br>(a) Enact legislation explicitly recognizing the right of **persons with disabilities to enjoy all private health insurance services** covered by private insurance companies on an equal basis with others; |

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| Kenya | CAT, Concluding observations, CAT/C/KEN/CO/2,<br><br>19 June 2013, available at: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CAT/C/KEN/CO/2&Lang=En | 27. The Committee welcomes the waiver on maternity fees in public hospitals but remains concerned about ill-treatment of women who seek access to reproductive health services, in particular the ongoing practice of **post-delivery detention of women unable to pay their medical bills, including in private health facilities.** The Committee is further concerned by occurrences of forced and coerced sterilization of HIV positive women and women with disabilities (arts. 2, 12 and 16).<br><br>(...) The Committee urges the State party to strengthen its efforts to end the practice of forcible detention of post-delivery mothers for non-payment of fees, including in **private health facilities.** |
| Kuwait | CPRD, Concluding observations, CRPD/C/KWT/CO/1,<br><br>18 October 2019, available at: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRPD%2fC%2fKWT%2fCO%2f1&Lang=en | 48. The Committee is concerned about:<br><br>(a) Insufficient access to quality and affordable health-care services for Bidoon and non-Kuwaiti children and adults with disabilities, who are therefore obliged to seek **private health care** at their own expense; |
| Lebanon | CEDAW,<br><br>Concluding observations, CEDAW/C/LBN/CO/4-5,<br><br>24 November 2015, available at: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CEDAW/C/LBN/CO/4-5&Lang=En | 41. The Committee… is also concerned about **the insufficient monitoring of private health-care providers,** which are the majority providers of specialized health services for women.<br><br>42. The Committee recommends that the State party (...) **take measures to adequately monitor the performance of private health-care providers** (...) |
| Lebanon | CESCR, Concluding observations, E/C.12/LBN/CO/2, 24 October 2016, available at: https://tbinternet.ohchr.org/_layouts/15/treatybodye | 10. The Committee is concerned that, as no public budget has been adopted since 2005, the budgeting process lacks democratic approval and oversight and that the current sectoral allocations no longer correspond to the needs and priorities in the State party. The Committee also notes that **a considerable part of the public budget for health and** |

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| | xternal/Download.aspx?symbolno=E/C.12/LBN/CO/2&Lang=En | **education is spent on contracts for the delivery of services by private schools and private medical facilities** (art. 2 (1)).<br><br>11. The Committee calls on the State party to overcome the political obstacles to engaging in a regular budgetary process so as to ensure accountability and adequate allocations to priority needs and sectors. The Committee also recommends that the State party **review whether the practice of contracting out the delivery of basic services to private actors constitutes an optimal use of available resources** to ensuring Covenant rights without discrimination. |
| **Lebanon** | CRC, Concluding observations, CRC/C/15/Add.169,<br><br>21 March 2002, available at: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRC%2FC%2F15%2FAdd.169&Lang=en | 42. [...] The Committee is deeply concerned that children do not enjoy equal access to quality health care owing to the **high cost of health care** and the failure of insurance schemes to provide full coverage, and in part to the **domination of the health sector by the private sector** and **significant differences between the quality of the care provided by the public versus the private sector**. |
| **Macedonia** | CESCR, Concluding observations, E/C.12/MKD/CO/2-4,<br><br>15 July 2016, available at: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=E%2fC.12%2fMKD%2fCO%2f2-4&Lang=en | 47. It [the Committee] is also concerned that some **private health-service providers charge fees for services that should be provided free of charge,** as stipulated by the licensing agreements under which they operate (art. 12).<br><br>48. It [the Committee] urges the State party to **put an immediate end to the practice of illegally charging fees and to monitor the compliance of private health-service providers with the licensing agreements under which they operate.** |
| **Mauritania** | CESCR, Concluding Observations, E.C.12/MRT/CO/1,<br><br>10 December 2012, available at: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?sy | 26. The Committee is concerned at **the inadequate monitoring and control** exercised by the State party over **the functioning of private medical service providers** as well as the pricing and the quality of medical supplies on the market. The Committee is also concerned at the absence of adequate laws regulating the practice of traditional medicine (art. 12). The Committee urges the State party to take appropriate measures for the effective enforcement of |

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| | mbolno=E/C.12/MRT/CO/1&Lang=En | existing laws applicable to health care in **the private sector** as well as to the pricing and quality of medical supplies on the market. |
| **Mongolia** | CEDAW, Concluding observations, A/56/38(SUPP),<br><br>29 January 2001, available at: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=A%2F56%2F38(SUPP)&Lang=en | 267. The Committee expresses its deep concern at the **negative impact of privatization on women's access to adequate health care and education**.<br><br>268. The Committee calls upon the Government to ensure that these services are not reduced and that, in particular, **the areas of health and education do not suffer as a result of privatization**. |
| **Pakistan** | CEDAW,<br><br>Concluding observations, CEDAW/C/PAK/CO/4,<br><br>27 March 2013, available at: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CEDAW%2FC%2FPAK%2FCO%2F4&Lang=en | 31. The Committee is concerned about the high maternal mortality rate in the State party, women's lack of adequate access to family planning services, including contraceptives, restrictive abortion laws and the large number of women resorting to unsafe abortions, as well as the lack of adequate post-abortion care services. It is further concerned at the **wide privatization of the health system** and the **inadequate budget allocated to the health sector,** in particular with regard to sexual and reproductive health-care services, especially in rural remote areas.<br><br>32. The Committee calls upon the State party:<br><br>(e) To ensure that the **privatization of the health sector and the devolution to the provinces of the main health competence do not reduce further the already limited health services accessible to women.** |
| **Pakistan** | CESCR, Concluding observations,<br><br>E/C.12/PAK/CO/1,<br><br>20 July 2017, available at: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?sy | 75. The Committee is concerned at the very low level of public funding allocated to the health sector; the insufficient coverage of the National Health Insurance Programme; and the weak public health system that has led to **the heavy reliance on private health services.** |

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| **Poland** | CESCR,<br><br>Concluding observations,<br><br>E/C.12/POL/CO/5,<br><br>2 December 2009, available at: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=E%2FC.12%2FPOL%2FCO%2F5&Lang=en | 29. The Committee notes with concern the **continuous decrease in public spending on health and the negative consequences thereof on the enjoyment of right to health.** The Committee is also concerned that **the gradual privatization of health care risks making it less accessible and affordable** (art. 12). The Committee recommends that the State party **increase its budget allocation for health** in order to meet the growing number of emerging health-care issues in the country and **ensure that privatization of the health system does not impede the enjoyment of the right to health,** in particular for the disadvantaged and marginalized individuals and groups. |
| **Poland** | CRPD,<br><br>Concluding observations, CRPD/C/POL/CO/1,<br><br>29 October 2018, available at: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRPD%2fC%2fPOL%2fCO%2f1&Lang=en | 23. The Committee is concerned about: (...)<br><br>(c) **The lack of independent monitoring** of **public and private care and mental-health facilities**;<br><br>24. The Committee recommends that the State party: (...)<br><br>(d) Develop **monitoring mechanisms** for **public and private care and mental-health facilities.**<br><br>30. The Committee is concerned about (...) reports of so-called "conversion therapy" being conducted by **public and private health entities** on lesbian, gay, bisexual and transgender plus persons without their consent, and based upon the presumed psychosocial impairment of the person. |
| **Republic of Korea** | CESCR,<br><br>Concluding observations,<br><br>E/C.12/KOR/CO/3,<br><br>17 December 2009, available at: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?sy | 22. The Committee is concerned that the rapid pace of economic growth — of unprecedented proportions in Asia — that has turned the country into the twelfth-largest economy has not been matched by greater fulfilment of economic, social and cultural rights, in particular for the most disadvantaged and marginalized individuals and groups. [...] The Committee is therefore **concerned at inadequate public social expenditure and the high level of privatization of social services, including health care**, education, water and electricity supplies, which has led to greater difficulties in the access and use of such services by |

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| | mbolno=E%2FC.12%2FKOR%2FCO%2F3&Lang=en | the most disadvantaged and marginalized individuals and groups.<br><br>30. The Committee is concerned that, despite the medical benefit programme, **disadvantaged and marginalized individuals do not have adequate access to medical services in privately run hospitals, which constitute 90 per cent of all hospitals.** The Committee is also concerned that the national health insurance scheme only covers around 65 per cent of total medical expenses and that, as a result, out-of-pocket payments are substantial (art. 12). The Committee urges the State party to **increase expenditure for health care** and to **take all appropriate measures to ensure universal access to health care, at prices that are affordable to everyone,** and draws the attention of the State party to its general comment No. 14 (2000) on the right to the highest attainable standard of physical and mental health. |
| **Republic of Korea** | CESCR, Concluding Observations, E/C.12/KOR/CO/4,<br><br>19 October 2017, available at: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=E/C.12/KOR/CO/4&Lang=En | 44. While noting the plan of the State party to expand the coverage of national health insurance, the Committee is concerned that its restrictive coverage leads to a heavy financial burden on households through out-of-pocket medical expenses and **expensive private insurance premiums**.<br><br>45. In the context of the **highly privatised health system,** the Committee urges the State party to ensure the adequacy of the coverage of national health insurance so that health care is affordable, especially for disadvantaged and marginalised groups. |
| **Sri Lanka** | CESCR, Concluding observations,<br><br>E/C.12/LKA/CO/5<br><br>4 August 2017, available at: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=E%2fC.12%2fLKA%2fCO%2f5&Lang=en | 57. The Committee is concerned that the public health-care system is characterized by a **very low and decreasing expenditure as a percentage of GDP**, regional disparities in health-care infrastructure, long waiting lists for specialist care, high out-of-pocket health expenses, high prices of medicines and **expensive private medical care**. |

| Sri Lanka | CRC,<br><br>Concluding observations, CRC/C/LKA/CO/5-6,<br><br>2 March 2018, available at: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fLKA%2fCO%2f5-6&Lang=en | 30. While noting with appreciation the **provision of free health care to all citizens**, the Committee, with reference to its general comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health, recommends that the State party:<br><br>(b) **Combat high out-of-pocket health expenses, high prices of medicines and expensive private medical care**, with a view to ensuring that each child has equal access to quality public health care. |
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| South Africa | CESCR,<br><br>Concluding Observations, E/C.12/ZAF/CO/1,<br><br>29 November 2018, available at: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=E%2fC.12%2fZAF%2fCO%2f1&Lang=en | 63. While noting that the State party aims to achieve universal health-care coverage through the adoption of the National Health Insurance Bill, the Committee is concerned at **the large disparities between the public and private health-care systems**, **with the public system at a disadvantage** in relation to the number of medical professionals, medical equipment and medical expenditure, as well as between rural and urban areas in registering with the National Health Insurance Fund and accessing health-care services (…).<br><br>64. The Committee recommends that the State party:<br><br>(b) Address the large disparities between the public and private health-care systems, as well as between rural and urban areas, by securing a sufficient number of medical professionals, improving medical equipment and expanding the range and improving the quality of public health-care services, particularly in the primary and community health-care sectors and in rural areas; |
| Togo | CESCR,<br><br>Concluding Observations,<br><br>E/C.12/TGO/CO/1,<br><br>3 June 2013, available at: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=E/C.12/TGO/CO/1 | 30. The Committee is concerned by the proliferation of **unauthorized private medical practitioners** and the illegal market for pharmaceutical products, the quality of which cannot be guaranteed. The Committee **recommends** that the State party ensure that **no unauthorized medical practitioners** may practice medicine in the State party. |

| Ukraine | CESCR, Concluding Observations, E/C.12/UKR/CO/7, 2 April 2020, available at: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=E/C.12/UKR/CO/7&Lang=En | 42. It notes with concern the lack of information provided **on the privatization of certain opioid substitution therapy programmes** and the authorities' oversight of these programmes (art. 12).<br>43. The Committee also encourages the State party to continue its effort to expand harm reduction programmes, particularly in prisons, and **ensure the quality** and **adequacy** of **the privatized opioid substitution therapy programmes**. |
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| Vietnam | CESCR, Concluding observations, E/C.12/VNM/CO/2-4, 15 December 2014, available at: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=E/C.12/VNM/CO/2-4&Lang=En | 22. The Committee is concerned that, in spite of the progress achieved in expanding enrolment in health insurance, its low coverage among workers in the informal economy as well as the co-payment requirement impedes access to health care among disadvantaged and marginalized groups. The Committee notes also with concern the limited availability of quality health-care services, particularly in remote areas. Additionally, the Committee is concerned at the health protection divide in the society and at the **adverse impact of privatization on the affordability of health care.**<br><br>The Committee recommends that the State party: (...)<br><br>(b) Ensure that health insurance co-payments remain affordable for all, including socially disadvantaged groups, and expand the list of prescribed medicines under the insurance scheme so as to limit out-of-pocket payments;<br><br>(c) Invest in the improvement of the quality of health - care services in community health centres and district hospitals. |

## About GI-ESCR

The Global Initiative for Economic, Social and Cultural Rights (GI-ESCR) is an international non-governmental human rights advocacy organisation. Together with partners around the world, GI-ESCR works to end social, economic and gender injustice using a human rights approach.

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