UN Committee on the Rights of Child

Day of Discussion on

THE PRIVATE SECTOR AS SERVICE PROVIDER AND ITS ROLE IN IMPLEMENTING CHILD RIGHTS

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Submission by

Save the Children UK

SAVE THE CHILDREN UK SUBMISSION TO THE COMMITTEE ON THE RIGHTS OF THE CHILD THEME DAY 2002 (Friday 20 September 2002, Palais Wilson, Geneva)

Discussion theme: 'The Private Sector as Service Provider and Its Role in Implementing Child Rights'

Save the Children UK warmly welcomes the opportunity offered by the Committee on the Rights of the Child to discuss the issue of the private sector as service provider. Through its operations in over 70 countries across the world, Save the Children UK has extensive experience of the importance of quality service provision for the realisation of children's rights.

Increased private sector involvement in the provision of services has raised serious concerns in this respect, and Save the Children UK's submission aims to bring some of these concerns to the attention of the Committee on the Rights of the Child. The submission does not purport to be an overview of the arguments for and against private sector involvement, but a statement of specific concerns in relation to children's rights. We hope that this will enable the Committee in its turn to raise the concerns with states parties to the Convention on the Rights of the Child (CRC).

Definitions: 'private sector' and other non-state actors

In its outline of the theme day, the Committee Secretariat notes that the term 'private sector' is meant to encompass "businesses, non-governmental organisations and other private associations, both for profit and non-profit". We acknowledge that the term can be used in this way, and we draw evidence where appropriate in our submission from the activities of non-profit as well as for-profit bodies.

However, it is crucially important to distinguish between the activities of the for-profit and non-profit sectors in the delivery and financing of services. For this reason we will take the term 'private sector' to signify its more usual referent, namely the for-profit sector only, and this will be the primary focus of our submission. For the sake of precision we will use the generic term 'non-state actors' when referring to the for-profit and non-profit sectors together, and we will make clear when we are referring to the non-profit sector alone. We recommend that the Committee take similar steps to avoid any potential confusion.

Equally, Save the Children UK acknowledges that there is considerable variation in the mode of involvement of non-state actors. Services are delivered and financed in a multitude of different ways across the world, with non-state actors sometimes involved as independent providers outside the state system, sometimes as providers within the state system, sometimes as agents of service delivery and sometimes as sources of finance and management. While the present submission aims to raise broad concerns which apply across these different scenarios, the consequences of their involvement will depend on the precise nature of the relationship between state and non-state actors in each case.

It will be noted from the text of the submission below that Save the Children UK has adopted a broad understanding of the range of services relevant to children's rights, rather than attempting to restrict the scope of this discussion through a narrow definition. While much of the focus below is on basic services such as health, education and water provision, the Committee on the Rights of the Child should ensure that its future examination of this issue relates more broadly to all other services of importance to children, including (but not exclusively) adoption services, fostering services, children's homes, young offenders' institutions, prisons, asylum seeker detention centres and any other private sector institutions in which children are held.

Child rights, the private sector and the duties of the state

The central operational principle underlying human rights treaties is that states parties voluntarily assume obligations to ensure that human rights are guaranteed to all. This means that states are the ultimate guarantors of human rights and, in the case of the CRC, children's rights. That a state chooses to promote or permit the involvement of non-state actors in the provision of services in no way alters this prior consideration – whatever responsibilities other bodies may or may not be deemed to bear towards the realisation of human rights.

For the purposes of this submission, it is presumed that readers will be familiar with the basic rights to life, health, education and physical integrity enshrined in the CRC. The duty of all states to "respect and ensure" these rights is stipulated in CRC Art. 2.1. In particular, the obligation to "ensure" carries with it the state's responsibility to take positive steps to guarantee that the involvement of non-state actors in no way compromises any child's enjoyment of his or her rights.

In relation to the involvement of the private sector in the provision of services, this overriding responsibility of the state is substantiated through four central principles of the CRC:

- **non-discrimination:** Art. 2.1 of the CRC stipulates: "States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status." This principle prohibits discrimination on the basis of the ability to pay for essential services.

- **best interest:** Art. 3.1 of the CRC stipulates: "In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration." Together with Art. 2.1, this means that the increased involvement of the private sector in the provision of services must be measured in relation to whether it promotes or compromises the best interests of all children.

- **survival and development:** As stipulated in Art. 6.2 of the CRC, "States Parties shall ensure to the maximum extent possible the survival and development of the child." As with the principle of best interest, this means that all actions taken by states parties affecting key service sectors such as health, water and education must work towards the maximum possible realisation of children's survival and development, and must in no way compromise any child's enjoyment of those rights.

- **participation:** The principle of participation encompasses a range of civil and political rights in the CRC, in particular the right to access information (Art. 17), freedom of expression (Art. 13) and freedom of association and peaceful assembly (Art. 15). Art. 12.1 stipulates: "States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child." This includes the obligation to consult children on the effects and conditions of private sector involvement in the provision of services. It also includes the right of children to information in relation to the provision of services, and to enjoy access to mechanisms for complaint and redress where they exist.

In addition, specific articles of the CRC make particular demands upon states parties in relation to individual service sectors. Through Art. 28.1 of the CRC, all states parties undertake to make primary education "compulsory and available free to all". The right to education, in all its forms and levels, has been interpreted by other treaty bodies as including states' obligation to ensure accessibility, affordability, acceptability and adaptability of education (see, for example, CESCR General Comment No. 13; also UNESCO's Convention Against Discrimination in Education). These interpretations require states parties to monitor the involvement of the private sector in the provision of education so

as to identify and take measures to redress any *de facto* discrimination and exclusion as a result of their involvement.

Similarly, CESCR General Comment No. 14 interprets the right to health to include obligations to respect, protect and fulfil each of the "essential features" of availability, accessibility, acceptability and adaptability of the right. As well as identifying "the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health", Art. 24.1 of the CRC further underlines the inalienability of the right and the principle of non-discrimination: "States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services."

As described below in this submission, the very involvement of the private sector in the provision of certain services may of itself compromise children's access to basic rights in respect of equity, capacity and quality – both in the services provided by the private sector and more generally in service systems as a whole. Where the private sector is involved in service provision, however, states have a duty to regulate private sector service providers so as to ensure the protection of children's rights. The CRC includes the duty to regulate private institutions that care for children (Art. 3.3), to protect children from violence or abuse while in care (Art. 19), to protect children from economic exploitation and hazardous work (Art. 32) and while in detention (Arts. 37 and 40). States are thereby bound to ensure, for example, the humane treatment of children held in immigration detention centres or prisons which are run by private companies.

Case law has confirmed that a state does not free itself from its obligations under human rights treaties by delegating functions to non-state actors. In *Costello-Roberts v. United Kingdom*, for instance, the European Court of Human Rights ruled that a state "could not absolve itself of responsibility by delegating its obligations to private bodies or individuals." Not only is the state responsible for taking the necessary measures to ensure the rights of all, it is also responsible for punishing violations, including those perpetrated by non-state actors. In this respect, the "pivotal technical right which must be implemented as a precondition of the enjoyment of basic liberties" (Robertson 1999) is the right to an effective remedy, as stipulated in Art. 8 of the UDHR and Art. 2.3.a of the ICCPR. Children must be assured this right of remedy in respect of the involvement of non-state actors in service provision.

Nothing in the above should be construed as detracting from the responsibility which non-state actors also bear for respecting human rights. In particular, Save the Children UK supports the development by the UN Sub-Commission on the Promotion and Protection of Human Rights of its Draft Human Rights Principles and Responsibilities for Transnational Corporations and Other Business Enterprises. While noting that states have the primary responsibility for upholding human rights, the draft principles confirm that: "Within their respective spheres of activity and influence, transnational corporations and other business enterprises have the obligation to respect, ensure respect for, prevent abuses of, and promote human rights recognised in international as well as national law." (Art. A.1)

In addition, Save the Children UK calls on the private sector to pay full respect to existing UN standards as they apply to companies. This applies equally in the case of industry-specific standards such as the WHO International Code on Marketing of Breastmilk Substitutes and the WHO Ethical Criteria for Medicinal Drug Promotion, and in the case of cross-sectoral codes such as the ILO Declaration on Fundamental Principles and Rights at Work or ILO Convention 182 on the Worst Forms of Child Labour.

Nonetheless, in respect of the provision of services and children's rights as enshrined in the CRC, ultimate responsibility rests with the states parties which have voluntarily assumed their obligations under it. The Committee on the Rights of the Child must therefore hold states responsible for the impacts of private sector involvement in the provision of basic services. The following sections examine these impacts and their consequences for children's rights.

Impact of private sector provision of services on children's rights

Involvement of the private sector in the provision of services raises three main issues in relation to children's rights: (a) equity of access, especially (though not exclusively) for the poorest children; (b) the capacity of service systems as a whole; and (c) quality of service, both in the systems generally and in the services provided by the private sector itself. This section presents an outline of the concerns in each of these three areas.

Equity

Private sector service providers are characterised by the commercial nature of their operations and their need for profit. This includes the charging of user fees to consumers. Where charges for services are directly passed on to the consumer – whether by the private or public sectors – the impact on children's rights has in general been markedly negative. Many of the poorest children have been denied access to their basic rights, while others have been forced into poverty as a result of having to pay for access.

The introduction of user fees in health, for example, is widely accepted to have been disastrous, forcing many families and their children into a 'medical poverty trap'. This means that many poorer families must watch their children suffer or die as a result of not being able to afford medical care – as in Kyrgyzstan, for example, where over half of all those referred to hospital are unable to go there because of lack of available funds (Whitehead et al. 2001). Alternatively, families are forced to sell off essential assets such as land or livestock in order to pay for the care needed, or secure high-interest loans from money lenders and sink into often unpayable debt. Debts and deprivation incurred as a result of meeting medical expenses have been singled out as one of the leading causes of poverty in several countries, including Vietnam, Cambodia, China and Bangladesh (Save the Children 2002a).

It should be noted that this threat pertains even in situations where there are fully functioning safety nets to protect the poor. The USA's Medicaid system, for example, provides health insurance for the poorest families, but excludes a further 44 million people (including 10 million children) who are above the poverty threshold and exist without medical insurance. As a result, medical expenses are behind almost half of all personal bankruptcies filed in the USA (Sullivan et al. 2000).

In education, the requirement to pay fees can make the difference between a child's attendance at school or their removal from the education system. Families make significant sacrifices in order to keep children at school, but poor households in particular are often forced to withdraw at least some of their children in the face of costs they cannot meet. Since girls are frequently withdrawn before boys, this directly contributes to continued gender inequity in education. As confirmed by a new study of the cost of education in Sri Lanka, Nepal, Bangladesh, Zambia, Uganda and Kenya:

> *The withdrawal of children from school as a response to increased costs or reduced household income remains a common strategy response.* (DFID 2002)

Conversely, when fees are not charged, the demand for education is released and in many cases becomes instantly visible. In Malawi, where fee increases in the 1980s had led to large numbers of children being withdrawn from education, the abolition of charges in 1994 saw a 50 per cent rise in primary enrolment almost overnight. Uganda abolished school fees in 1996 and experienced an increase in enrolment from 3.1 million to 5.3 million pupils (Vandemoortele 2000, GCE 2002).

In the case of water, too, the privatisation of public services has seen dramatic rises in rates charged to domestic customers in countries across the world (Lobina and Hall 1999). Poor children are most vulnerable in the face of these increased charges. Poorer families risk not being able to pay higher rates, in which case many will be forced to collect water from untreated sources instead of from safe water supplies. This compromises children's right to health, exposing many of the poorest to serious risk of dysentery and other water-borne diseases.

While substantial increases in charges are a characteristic feature of private sector involvement in water provision, it should be noted that the equity problems of user fees across all services apply to charges levied by the public sector as well as by private companies. Indeed, poor families often choose private over public service providers because the total costs involved in accessing services from the public sector can be greater – especially if travel to distant public facilities requires both expense and loss of income, or if (as often) the private provider offers more flexible terms of payment, such as credit or payment in kind.

There are, indeed, many acknowledged problems with public services in countries where underinvestment has left systems on the verge of collapse (Simms et al. 2001). Yet increased involvement of the private sector threatens to exacerbate rather than solve these problems. Private services can cater for the rich and those families which are prepared to risk long-term poverty in order to pay for them, but they can also exclude the poorest members of society. In this respect they may fail to deliver the central equity demand of a child rights agenda: that all children without discrimination should have access to their basic rights.

Capacity

It is too often assumed that private sector involvement in services will release state capacity and hence make more effective use of scarce public funds. Yet evidence shows that increased private sector involvement can have a negative impact on the capacity of public service systems, particularly in the long term. In many countries an expanding private sector will draw personnel away from the public sector and exacerbate shortages of trained and qualified staff, precisely as witnessed in Thailand's health system, for example, during the 1980s and 1990s (Sitthi-amorn et al. 2001). Often it is the most skilled staff who make the move to the private sector, lowering the overall quality as well as quantity of personnel in the public system.

In addition, increased involvement of the private sector in some services undermines the capacity of the public sector by drawing away those customers which offer the highest possibility of financial return. In the case of health care and medical insurance, 'cream skimming' of the wealthiest and healthiest patients by the private sector undermines the very ability of public health systems to sustain themselves financially, as it denies the basic principles of cross-subsidisation and risk pooling by which the healthy support the ill, the young the old and the rich the poor:

> *Experience in the USA and more recently in Latin America is that the viability of public and voluntary hospitals and health services is threatened when they have to compete with commercial providers for per-person public funds, private insurance, and copayments. Typically, the public sector has been left to bear the risk for more vulnerable populations but with diminished risk pools (or pooled funding) to finance care.* (Price et al. 1999)

The WTO Secretariat acknowledges the problems which cream skimming can bring in the health sector (WTO 1998). Even the World Bank, one of the foremost promoters of increased private sector involvement in services, admits that their policy brings major risks for poorer families' access to basic services in general:

> *New entrants may focus on the most profitable market segments ('cream skimming'), such as urban areas, where the cost of service provision may be lower and incomes higher. Privatization could mean the end of government support. The result is that… prices for low income households may actually increase and/or availability decline.* (World Bank 2001)

Competition from the private sector offers the most obvious challenge to public services. In the case of health, even joint public-private initiatives based on donations or price discounts have revealed their own shortcomings, distorting national health strategies and diverting funds towards non-priority areas, as well as hindering the development of national health systems as a whole (Heaton 2001).

However, it is important to recognise that NGOs and other non-profit organisations providing basic services may also undermine the public system if they compete with it through developing parallel systems of service provision. The majority of NGOs would see their role as filling gaps in state provision until the state is able to take on that responsibility. For this reason, many NGOs deliberately work with the poorest and most marginalised communities, and in this sense they are clearly different from the private sector and its search for profit. However, where public service workers prefer to work in the NGO sector rather than the state system, they can deprive the public sector of key personnel. In some circumstances this can lead to the fragmentation of the overall system in much the same way as the private sector does.

By contrast, Cambodia provides a positive example of how NGO service providers may be integrated within a state health system. Following a series of organisational and financial reforms from 1996, the government of Cambodia contracted health care provision to a number of foreign NGOs according to two main systems: 'contracting out' and 'contracting in'. Under the former, NGOs were given more independent control over health care services in their mandated area, while under the latter the NGOs worked more closely within the government system (Feenstra 2001).

In both cases, the engagement of NGOs brought an impressive increase in the number of consultations held at the public health centres. However, when agreeing on the new phase of the health financing project in Cambodia in March 2002, the Asian Development Bank and the government of Cambodia decided upon a contracting system through which NGOs would be more integrated within the public system rather than working outside it. While there are often genuine and acknowledged difficulties in the process of integrating NGO and public sector service systems, the long-term sustainability benefits of this approach were seen to outweigh the problems of transition.

One other way in which the increased involvement of the private sector can threaten the capacity of the public sector is through undermining public support for public services. When sections of the population turn to the private sector for services, they typically withdraw their political support for services delivered by the public sector, as the services are no longer relevant to their needs. Research in the UK, for example, has shown that people with private medical insurance are less likely to support increases in public health expenditure than those who rely on the public sector for their health care (Brook et al. 1998).

As well as its impact on the capacity of services systems as a whole, there are also direct capacity concerns in relation to the involvement of the private sector in financing of services. These have been forcefully raised in connection with the UK government's increasing use of the Private Finance Initiative (PFI) in schools, hospitals and other public services, where the cost of borrowing from private capital markets places an increased strain on public budgets. Studies across a range of PFI projects have raised serious concern that the capacity of those services is being downgraded in order to meet private capital repayments (Pollock et al. 2001). In such cases, it is questionable that the involvement of the private sector as financing agent will be in the best interests of the child as required by the CRC. The Committee on the Rights of the Child should monitor this aspect of private sector involvement in all countries where it is a relevant issue.

Quality

As noted above, the quality as well as the capacity of public service systems risks being undermined by the increased involvement of the private sector. However, the quality of service provided by the private sector itself can raise issues in relation to child rights. While private sector service providers often provide a high quality of service to those who can afford it, in many other cases the low quality of their service directly threatens the survival and development of the child.

The quality of education provided by the private sector in several countries falls far short of what is required to deliver children's rights. In countries such as Pakistan and India, for example, families may perceive private schools to be superior to those in the public sector, but Save the Children UK's

experience shows there is wide variation in the quality of education provided. While established private schools catering to the wealthiest children may offer high standards of education, the new generation of private schools which cater to poorer children in urban and rural areas commonly employ a high proportion of untrained teachers and offer a poor service (Save the Children 2002b).

Quality of private sector health care is another acknowledged problem in many countries, often as a direct result of the conflict of interest between commercial pressures and public health goals. Concerns that profit-led health care is excessively focused on curative rather than preventive measures are familiar and longstanding, as are fears of over-prescription and unnecessary treatment undertaken for financial motives. Many private sector health facilities in industrialised countries have seen a reduction in quality as a result of cost-cutting, such as through a substitution of casual for skilled labour amongst nursing and ancillary staff.

In the USA, where the health care market has become increasingly competitive over time, health maintenance organisations (HMOs) have responded by pressurising doctors to withhold treatment from their patients. By means of performance-related pay mechanisms linking their incomes directly to the clinical costs they incur, doctors are encouraged to refer the lowest possible number of patients to specialists or to hospitals. Bonuses are awarded to those who minimise such expenditure, while doctors who generate above-average costs risk expulsion by the HMO (Kuttner 1998).

In developing countries, commercial pressures can lead to similar profit maximisation strategies. One study of private clinics in Malaysia revealed that many fail to assess new clients properly in their provision of family planning services, with cervical screening undertaken only if requested. Conversely, private practitioners in Egypt have been found to be less likely than public sector workers to administer (inexpensive) oral rehydration solution and more likely to prescribe antidiarrhoeal drugs, even though the latter are contraindicated in the country's national programme (Swan and Zwi 1997).

In many countries the quality of private health care provision is dangerously low. One survey of private practitioners in Cambodia found that over half of all consultations were 'potentially hazardous' when assessed against national WHO-based treatment protocols. The threat to children's survival is underlined when one notes that over 60 per cent of the consultations on child diarrhoea were potentially hazardous (Rose et al. 2002).

In water, too, the rising prices which are a characteristic of privatisation have often been accompanied by falling quality. In 1995 Puerto Rico contracted management of its water authority to Vivendi, one of the world's largest multinational water corporations. Four years later, an official report condemned the contract for failing on all fronts, with many customers complaining that their water supply had failed – although they still regularly received their bills on time. Similar problems have been recorded in several other countries. In the aforementioned case of Tucuman, Argentina, water tariffs doubled but the Vivendi subsidiary failed to deliver the planned investment programme and the water went brown (Lobina and Hall 1999).

Regulation of private sector providers in the best interests of children

Wherever they are involved in the provision of services, private sector providers must be subject to strong and effective regulation if children's rights are not to be compromised. There is consensus on the need for such regulation, but equally it is acknowledged that many developing countries do not have the capacity required to regulate private sector service providers effectively. Often this is because the private sector has increased its role in the provision of services spontaneously rather than as a result of government planning, and far beyond the capacity of state control.

The importance of effective regulation (including regular monitoring) is well understood in basic services such as health and education. From the point of view of children's rights, it is equally important across a wide range of other service sectors which have seen increased involvement of the private sector in recent years. In particular, there needs to be close regulation of private adoption

services, fostering services, children's homes, young offenders' institutions, prisons, asylum seeker detention centres and any other private sector institutions in which children are held.

In cases where regulation of private sector providers is ineffective, there is substantial potential for child rights to be violated. Yet even where there are strong regulatory systems in place, private sector involvement in the provision of services can still lead to fragmentation of systems and a decline in the quality of service provision. In the context of private medical insurance, for instance:

> *[E]vidence from countries where private insurers compete indicates that, even with strong regulatory systems, greater competition among health insurers segments and destabilizes the market and undermines the ability to build larger, more equitable risk pools that spread costs between rich and poor, healthy and sick.* (Lipson 2001)

In view of all the above considerations, the Committee on the Rights of the Child should require states to demonstrate that the involvement of the private sector in service provision in their country is not undermining child rights.

International co-operation

Responsibility for the protection and promotion of child rights does not stop at national borders. Art. 4 of the CRC calls on states parties to undertake measures towards the realisation of child rights "to the maximum extent of their available resources", but also within the framework of international co-operation, where needed. International co-operation for development and the realisation of human rights is an obligation of all states under Arts. 55 and 56 of the UN Charter.

The requirement to collaborate in order to realise child rights worldwide can also be found in specific articles of the CRC, such as Art. 24.4 (right to health) and Art. 28.3 (right to education). It obliges states parties to promote children's rights not only within their own borders but also as donors in other countries, providing sufficient funds for all children to gain access to quality services. Just as states cannot escape their obligations to their own children through delegating services to the private sector, so donors are not freed from their funding obligations through efforts to promote privatisation as an alternative to aid.

The Committee on the Rights of the Child has already raised the issue of donor commitment to children's rights in its concluding observations to states parties' reports on their implementation of the CRC. For example, it commended Sweden (CRC/C/15/Add.101) for reaching and surpassing the UN aid target of 0.7 per cent of GNP, while urging countries such as Australia (CRC/C/15/Add.79) and Germany (CRC/C/15/Add.43) to make more progress in their efforts to reach that target. In addition, the Committee has specifically suggested to Austria (CRC/C/15/Add.98) that it consider allocating a fixed percentage of its international development co-operation budget to programmes for children.

However, states' commitment to children's rights should not be restricted to official development assistance alone. It is equally important to ensure that the agreements and policies which states formulate in international fora do not compromise children's rights. The Committee on the Rights of the Child should require states parties to demonstrate that their promotion of increased private sector involvement in service provision is compatible with their obligations under the CRC. States which target their own aid towards private sector service providers or which promote the increased involvement of the private sector in service provision through international institutions such as the World Bank, IMF and WTO should be required to show that those policies are in the best interests of all children (Save the Children 2002a).

Recommendations

In light of the considerations outlined above, Save the Children UK would like to recommend that the Committee on the Rights of the Child pose the following questions to states in the context of their reports on implementation of the CRC:

- What evidence can states provide to show that they are supporting the effective functioning of quality public service systems in their country to the maximum extent possible?

- What child rights impact assessments have been carried out to ensure that the principles of non-discrimination, best interest, survival and development and participation are being upheld in relation to equity, capacity and quality of services?

- What evidence can states offer to show that there is effective regulation of private sector service providers against internationally recognised standards through active and regular monitoring of private schools, hospitals, clinics, water services, adoption services, fostering services, children's homes, young offenders' institutions, prisons, asylum seeker detention centres and any other private sector institutions in which children are held?

- What right of remedy is provided for children or their families to challenge private sector service providers which may have violated their rights? Similarly, what right of remedy is provided for children or their families to challenge their own government on the charge that private sector involvement in service provision violates their rights?

- What evidence can states provide to show that they are supporting the effective functioning of quality public service systems in other countries? In addition, what evidence can they provide to show that international policies on increasing private sector service provision are in the best interest of the child?

Where states parties are unable through lack of capacity to guarantee children's rights in respect of the above questions, Save the Children encourages the Committee on the Rights of the Child to call on UN agencies such as UNICEF, UNDP, WHO and UNESCO to provide technical assistance and expertise in order to build the necessary capacity in the countries concerned.

Save the Children UK also encourages NGOs and other civil society organisations to register any concerns they may have that private sector involvement in services has compromised children's rights in a given country. Civil society is encouraged to do this through the mechanism of complementary reports to the Committee on the Rights of the Child, in the context of countries' regular reports to the Committee on their implementation of the CRC.

Finally, Save the Children UK would like to recommend that the Committee on the Rights of the Child call upon the newly appointed UN Special Rapporteur on the Right to Health to undertake a special investigation into the impact of private sector involvement in health services on human rights, including children's rights. As outlined in this submission, such an investigation would need to examine not only the private sector services themselves, but also the impact of those services on systems as a whole.

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