

MIGRANTS & REFUGEES: HEALTH ACCESS

The rights of non-nationals to access the South African healthcare system is a complex matter. Laws and policies clash. Medical staff are left confused, and the implementation of laws and policies differs. Meanwhile, the South African healthcare system struggles to provide sufficient medical care to any person, regardless of their nationality or status. Visit our page to find out more about migrant and refugee access to healthcare.

HOW IS THE SOUTH AFRICAN PUBLIC HEALTH SYSTEM STRUCTURED?

The South African public health system is, in simple terms, structured as follows:



CLINICS

Clinics treat common health needs, known as 'primary health care'. There are different types of clinics such as mobile and satellite clinics. Clinics refer patients to hospital if needed.



COMMUNITY HEALTH CENTRES

Community Health Centres are larger clinics and they usually have doctors as well as nurses. Community Health Centres refer some patients to hospital if needed.



HOSPITALS

Hospitals are for surgery, emergency treatment and serious illness that cannot be treated at the Clinic. Unless it is an emergency, a patient can only access a hospital if they are referred.

WHAT DOES THE LAW SAY?

The Johannesburg Migrant Health Forum has developed a useful, printable [poster](#) on this topic.



THE CONSTITUTION OF SOUTH AFRICA

The Constitution states that all people in South Africa, regardless of status or nationality, have the right to have access to health care services, and that 'no one' may be refused emergency medical treatment.



THE NATIONAL HEALTH ACT

This Act confirms that all people in South Africa can access primary health care at clinics and community health centers. Pregnant or breast-feeding women and children under the age of six are entitled to free health care services at any level.



THE REFUGEES ACT

Refugees in South Africa have the same right to access healthcare as South African citizens, as set out in the Constitution. This right is also considered to include asylum-seekers.



DEPARTMENT OF HEALTH CIRCULAR

This circular confirmed that refugees and asylum seekers, with or without permits, can access the same basic health care services as South African citizens - including treatment for HIV.



THE IMMIGRATION ACT

The laws above are clear on refugees and migrants' rights to access health care. The Immigration Act is different: it states that staff at clinics and hospitals must find out the legal status of patients before providing care (except in an emergency).

IN TERMS OF THE LAW, WHAT HEALTHCARE SERVICES CAN I ACCESS?

The information below is in terms of the law only; practices might differ, and interpretation of these laws is not always the same in reality. Provincially, the Department of Health publish circulars that can contradict the national law.

SEE THE KEY, BELOW, FOR DEFINITIONS!



FREE SERVICES



EMERGENCY HEALTHCARE



PRIMARY HEALTHCARE



HOSPITAL TREATMENT



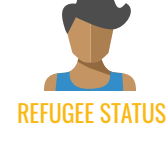
SPECIALIZED TREATMENT



SOUTH AFRICAN CITIZEN



ASYLUM-SEEKER PERMIT



REFUGEE STATUS



TEMPORARY RESIDENCY PERMIT



PERMANENT RESIDENCY PERMIT



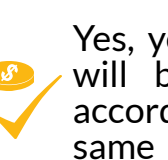
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UNDOCUMENTED (NOT FROM SADC REGION)



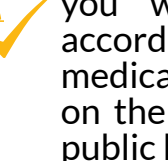
STATELESS



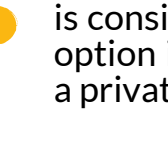
Yes, you can access this service, and it is free of charge.



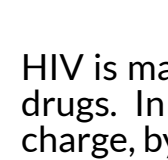
Yes, you can access this service. You will be charged. This bill will be according to your income. This is the same 'means-test' applied to South African citizens.



Yes, you can access this service. You will be charged at the highest rate of hospital fees.



Yes, you can access this service, but you will be placed in a 'queue' according to your condition and medical needs. This is also dependent on the resources available within the public healthcare system.



This service could be denied, unless it is considered an emergency; the other option is to consider this treatment at a private hospital.

FREE SERVICES

Health services for pregnant / breast-feeding women and children under age of 7. Free services also includes: termination of pregnancy, services required in terms of the criminal procedure act, services at psychiatric units and those people with certain infectious diseases, including HIV & TB.

EMERGENCY HEALTHCARE

For example, if you are in a bad accident, or need urgent medical care.

PRIMARY HEALTHCARE

Treatment of minor injuries, non-serious illnesses.

HOSPITAL TREATMENT

Treatment of illnesses that clinics cannot attend to, operations and surgery.

SPECIALIZED TREATMENT

Treatment of illnesses for which resources are very limited, such as kidney dialysis. This does NOT include organ transplants.

WHO CAN ACCESS TREATMENT FOR TB / HIV?

HIV is managed with Antiretroviral Therapy (ART). TB is treated with different drugs. In South Africa, both ART and TB treatment are accessible, free of charge, by everyone in South Africa, whatever their documentation status is. This is confirmed in a [Department of Health Circular](#).



WHAT IS MEDICAL XENOPHOBIA?



Although this is not an official term, some researchers have found that 'medical xenophobia' exists in some healthcare facilities. Remember that there are several reasons why people might have trouble in accessing healthcare: the system is struggling to keep up with everyone's needs, and staff are over-stretched. Accessing healthcare can be difficult for South Africans, too. However, if healthcare is wrongfully denied to you on the grounds of your nationality, this could be considered as medical xenophobia. See the question below on who to contact.

HOW DO WE RESPOND TO CONTROVERSIAL CLAIMS ABOUT MIGRANTS USING THE HEALTHCARE SYSTEM?

Some public leaders have blamed 'foreign nationals' for the overcrowding of South Africa's hospitals. Several academics and organizations have condemned this. In summary, the 4 main points to remember are:

1. ONLY 3-4% OF THE POPULATION IS FOREIGN BORN

At a national level, only 3-4% of people in South Africa are from outside of the country. We assume, therefore, that only 3-4% of patients at healthcare facilities in South Africa are foreign. This is not a high percentage. And...

2. NON-SOUTH AFRICANS PAY FOR HOSPITAL FEES JUST LIKE SOUTH AFRICANS DO

Non-South Africans pay for their healthcare services just as South Africans do. Non-South Africans are either subject to the same means-test hospital fees, or they are subject to the highest fees (if undocumented and not from SADC).

3. MIGRANTS ARE TYPICALLY HEALTHY

Researchers term this the 'healthy migrant effect'. The majority of migrants in South Africa move for reasons of employment, studies, or because there is a war in their country. Very few come to South Africa just for health reasons. To travel long distances, you have to be in good health.

4. THE PROBLEM IS GOVERNMENTAL PLANNING! IN THE FUTURE, INTERNAL AND CROSS-BORDER MIGRATION MUST BE CONSIDERED WHEN PLANNING HEALTHCARE BUDGETS!

In the SADC region, the majority of 'migrants' are internal migrants - i.e. people who settle in other parts of their own country. Cross-border migrants are a minority. The South African government must plan healthcare provisions with internal migration predictions in mind.

WHAT DO I DO IF I AM WRONGFULLY DENIED TREATMENT?

I HAVE MORE QUESTIONS. WHO CAN I ASK?

You can contact one of the following organisations for advice:

Sonke Gender Justice

www.genderjustice.org.za

SECTION27

www.section27.org.za

Lawyers for Human Rights

www.lhr.org.za

Legal Resources Centre

www.lrc.org.za

The Scalabrini Centre of Cape Town

www.scalabrini.org.za

Office of Health Ombud

www.healthombud.org.za

Johannesburg Migrant Health Forum

www.mahpsa.org/johannesburg-migrant-health-forum-jhb-mhf/



WWW.SCALABRINI.ORG.ZA



WWW.GENDERJUSTICE.ORG.ZA