



# MSF South Africa submission on NHI

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## Our Reach

On any given day, MSF has . . .

 **67,000**  
volunteers and staff

 from **120** countries  
working in **70** countries

 with more than **430**  
project locations

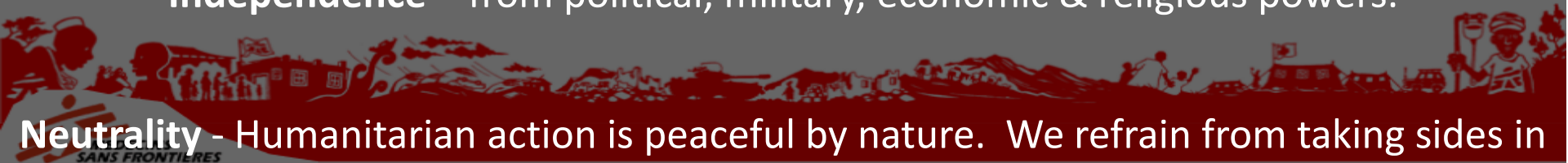
# About MSF

**Our mission is to provide medical relief** to the victims of war, disease, and natural or man-made disaster, without regard to race, religion, or political affiliation.

**Impartiality** - Actively seeking out the most vulnerable & assisting populations regardless of their race, religion, political affiliation etc.

**Independence** – from political, military, economic & religious powers.

**Neutrality** - Humanitarian action is peaceful by nature. We refrain from taking sides in a conflict



# The need

All across the world, **men, women, and children caught in crisis** are in need of urgent medical attention.

These most vulnerable people are disproportionately **affected by conflict, natural disasters and epidemics.**

Speaking out – **denouncing violations of humanitarian law**

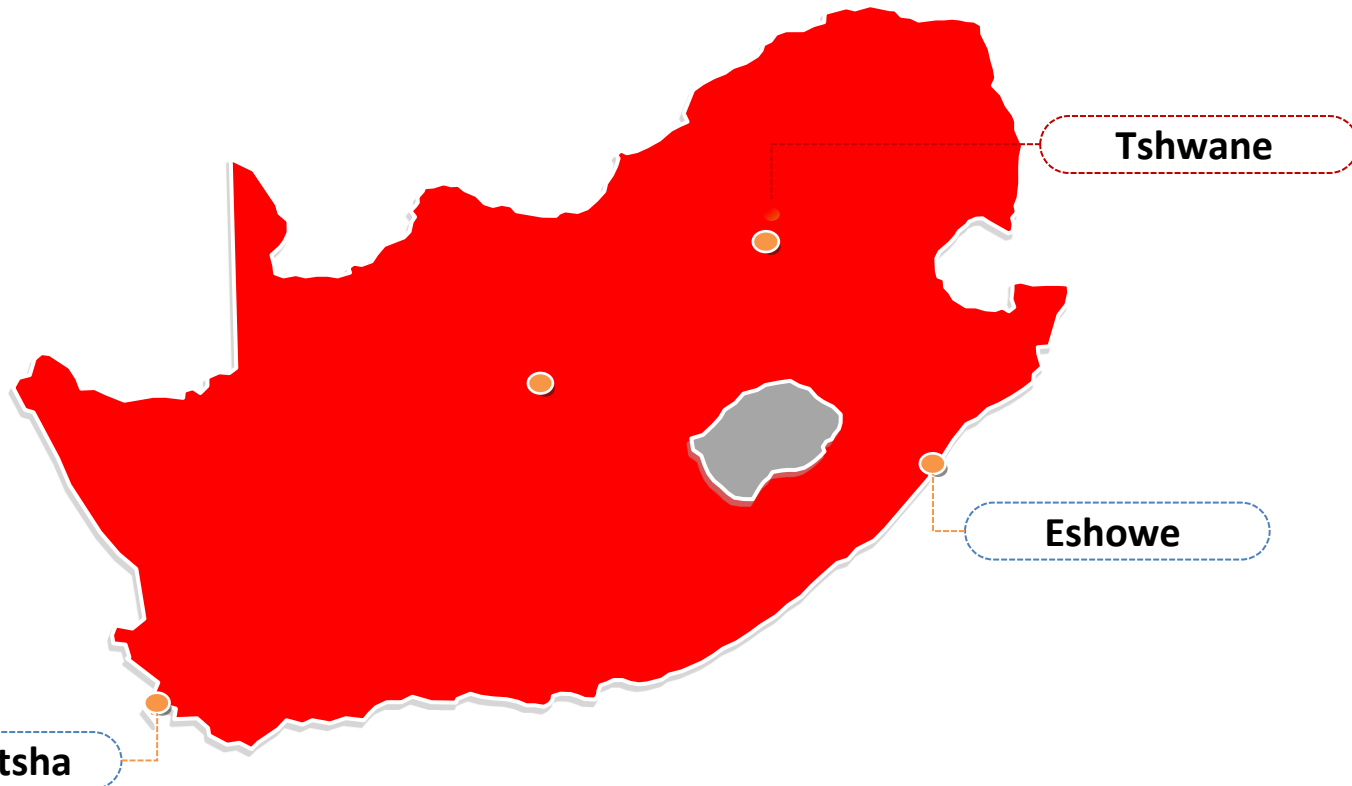
“We are not sure that speaking out will save the population, but we know that silence kills!”

MSF Nobel Peace Prize speech, 1999





# MSF in South Africa



# Preliminary considerations

- Globally, UNHCR estimates that there are 82.4 million people worldwide who are displaced;
- There are over 26 million refugees around the world;
- There are a further 4.1 million asylum-seekers, people whose claim for refugee status has not yet been determined;
- Lower-income nations host 85% of the world's refugees;
- The SA government, bound by Bill of Rights in SA, as further interpreted by SA's Constitutional Court's decisions (in addition to the judiciary at large) in relation to the National Health Act and the Refugee Act, has a clear obligation of health service delivery towards any and all individuals that reside within its territory;
- Despite these legal assurances, there are numerous daily reports of migrant struggles to access the health system, even for critical health needs.



# Specific submissions on the Bill

Two principle considerations:

- Chapter 2 – exclusion of asylum-seekers and undocumented migrants
- Registration of users of the Health Fund;





## Chapter 2: submission

- In Chapter 2: Access to health care services – population coverage 4(2), asylum-seeker or ‘illegal’ foreigner, is entitled only to (a) emergency medical services; and services for notifiable conditions of public health concern;
  - Ends up reducing access to health care for a critical population
- Memorandum on objects of the NHI Bill 1.2 state that aim of the coverage is to provide “South Africans” with a) access to neede health care of sufficient quality to be effective; and b) financial protection from the costs of health care.
  - Restrictive language applies only to South Africans it would appear;



# MSF concerns on Chapter 2

- Memorandum of objects refers only to South Africans and the Bill itself limits coverage in Chapter 2;
- Also contradicts the Covenant on Economic, Social and Cultural Rights (1966)
- WHO global action plan to promote health of refugees and migrants, preventing inequities and public health considerations of host populations
- Excluding a part of the population from health care services is not only negative for the individuals concerned but can also have negative public health consequences for the society overall.



# MSF concerns on registration of users of the fund

- Relating to population coverage 4(2):

*“Person seeking health care services from an accredited health care service provider or health establishment must be registered as a user of the Fund as provided for in section 5, and must present proof of such registration to the health care service provider or health establishment in order to secure the health service benefits to which he or she is entitled.”*

According to section 5(5) the individual must provide his or her biometrics and other such information including fingerprints, photographs, proof of habitual place of residence and (a) identity card as defined in Identification Act 1997; (b) an original birth certificate; or (c ) a refugee identity card in terms of the Refugee Act.



# MSF concerns on registration of users of the fund

- This poses a barrier for access to care for those individuals who are not documented and may require medical treatment; may well deter them from seeking medical treatment at all;
- May see the registration process as a way to collect information on their migrant status and share these with deportation authorities;
- MSF urges that registration process must have the necessary safeguards in place to ensure confidentiality of patient data, including documentation status, guaranteeing no third party stakeholders such as immigration authorities are able to access the information. Health care service providers – public or private – should not be expected to play the role of immigration authorities, as it further erodes the trust between patients and health care professionals.



# Conclusion

- The Bill would appear to create financial barriers for vulnerable migrants and prevent those who need healthcare from accessing it.
- This can force already vulnerable families into making impossible choices between healthcare, food or housing;
- Language barriers and access to information also impeded access to health care;
  - Limiting access to services for a part of the population prohibits achievement of Universal Health Coverage
  - Health care should be provided on the basis of need and not conditioned upon residence status;
- MSF therefore recommends rectifying any and all clauses that limit access to services provided by NHI for any and all vulnerable groups within South Africa, highlighting that specifically for asylum seekers, and undocumented migrants.



# Thank you. Siyabonga.

