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HEALTH-SOUTH AFRICA: Refugees Denied Access to Health Care

By Kristin Palitza

DURBAN, Jul 1 2008 (IPS) - Refugees and migrants do not have adequate access to health care services in South Africa, aid organisations and NGOs say. This is particularly detrimental for those who are HIV-positive and in need of continuous antiretroviral (ARV) medication: interrupted treatment can mean illness, development of drug-resistance and ultimately death.
"Displacement carries huge risks for people with chronic illnesses of not being able to access the medication they need," explains Treatment Action Campaign (TAC) spokesperson Nathan Geffen. "But so far (refugees and migrants) have received poor support from the national Department of Health."

Adherence is absolutely crucial for those who are on ARVs, and treatment interruption can have serious health implications and ultimately threaten the patient's life. "Disruption of treatment can cause the viral load to go up and CD4 count (which measures the number of T-helper cells in a person's body) to go down over a reasonably short period of time," explains Geffen.

South African NGOs like TAC – a national activist organisation founded by HIV-positive activist Zackie Achmat in 1998, which lobbies for better access to ARV treatment – have recorded cases where HIV-positive immigrants have started ARV treatment in their home countries but were unable to continue with their regimen because they were unlawfully refused treatment in South African clinics.

Since 1998, refugees have the same rights to access health services as South African citizens, but despite this, many are not able to exercise those rights. "By law refugees have access to healthcare services in South Africa, but in reality they are facing difficulties accessing those," says Office of the United Nations High Commissioner for Refugees (UNHCR) senior regional HIV and public health coordinator Gloria Peutras.

The UNHCR has observed cases where foreign nationals have been refused treatment in clinics by nurses and doctors who are not aware of the law, she explains. "Our staff has reported cases where health workers displayed xenophobic attitudes and preferred to give treatment to South Africans only," says Peutras.

Médécins Sans Frontières (MSF) has made similar observations. "We have noted that refugees have not been given correct treatment at clinics," says MSF programmes director Jonathan Whittall. "We have witnessed discrimination against treating foreigners versus South African citizen in clinics, and often, MSF personnel will have to accompany refugees to clinics to ensure they are given medical attention."
Eric, a 33-year-old refugee from Burundi, confirms that xenophobic attitudes are widespread among South African health care personnel: "We are treated with contempt, are made to stand in the back of the queue or ignored. And in the end, many of us are sent home without any medication."

Immigrants find themselves pushed to the back of a line that is also failing South African citizens. According to TAC, about half a million HIV-positive South Africans – who with a CD4 count below 200 qualify for treatment – are currently on the waiting list; South Africa's health department insists the number was much lower, at about 30,000 patients.

Refugees who feel discriminated against or who lack documentation, transportation and financial resources may decide not to seek healthcare services even though they are in need of medical attention.

"Out of fear of deportation, many refugees and illegal immigrants are in hiding and choose not to seek healthcare. Even those with legal refugee status remain afraid (of the South African authorities)," says Whittall.

MSF therefore brings health services to migrants, rather than expecting migrants to come to them. The organisation provides mobile, primary healthcare to refugees and migrants in camps and other shelters. It also offers to treat illegal immigrants anonymously so that they can seek help without fear of being deported.

What makes the health situation of refugees and migrants worse is that they often have to survive in inadequate living conditions – like overcrowding, poor nutrition, insufficient ventilation, lack of sanitation and little access to

clean water – that pose health risks and expose them to diseases such as tuberculosis, which has a particularly negative impact on the health of a HIV-positive person.

"Currently in South Africa, refugees' constitutional rights to health care, food and shelter are compromised. Thousands live crowded together with very little space," says Geffen. Such conditions pose a "huge health threat" and make it difficult to contain epidemic outbreaks, he told IPS. "The risk of tuberculosis and other infectious diseases is acute."

Another difficulty is that refugees have generally had little exposure to information on HIV and AIDS both in their home countries and in South Africa – as a result of illiteracy, lack of access to information and language barriers.

"There is no targeted information on HIV and AIDS in multiple languages available in South Africa," says Whittall. "Lack of access to condoms further exposes migrants to HIV infection."

Moreover, conflict disrupts educational systems and social programmes, robbing children and adults of opportunities for HIV education. "People in conflict settings are often isolated and don't have the level of awareness [about HIV] that you see in non-conflict-affected populations," notes Susan Purdin, senior technical adviser for reproductive health at the International Rescue Committee (IRC) in the 2008 World Disaster Report, which was released last week by the International Federation of Red Cross and Red Crescent Societies.

This lack of knowledge puts populations at particular risk when fleeing from areas of low to high HIV prevalence countries, such as South Africa.

Displacement also increases vulnerability to HIV because refugees and migrants, especially women and girls, are exposed to rape, sexual violence and abuse. Loss of livelihoods may lead some to engage in higher-risk sexual activities, including sex work, the report further states.

MSF has noted a number of cases where female refugees were ambushed and raped immediately after crossing the border between Zimbabwe and South Africa in the last few months.

"We came across a young girl who was raped after crossing the border in Musina, for example. She went to the local clinic after the rape but was sent away. MSF found her five days later, but by then it was too late to provide her with post-exposure prophylaxis," says Whittall. Post-exposure prophylaxis decreases the risk of HIV infection if administered within 72 hours after the exposure to the virus.

Aid organisations expect the South African government to swiftly put strategies into place that assist refugees and migrants to access health care services. "The first step government needs to take is making sure that all refugees get legal status and stop deportation so that they can fearlessly seek help," says Whittall.

"We also need standardised treatment protocols within the entire Southern African Development Community region so that there are comprehensive guidelines on treatment of refugees that fit within the South African national treatment plan," he further explains.