JOINT SUBMISSION TO THE SOUTH AFRICAN NATIONAL AIDS COUNCIL (SANAC) PLENARY 4 MARCH 2008[1]

Vulnerable groups: Refugees, asylum seekers, and undocumented persons -- 'The health situation of vulnerable groups in SA'[2]

The disruption of services and support systems caused by conflict or unrest in their home countries means that many refugees have limited information about HIV and AIDS, and they are often not familiar with local services or systems in South Africa. In addition, while their legal status guarantees the right to access HIV-related information and services on the same level as South Africans, barriers such as language, cultural traditions and xenophobia often preclude their ability to access these services. Therefore ***targeted programmes*** *are necessary to ensure that refugees and asylum seekers have access to information and services- including prevention, care, support and treatment- as an integrated component of the national response to HIV and AIDS."*

(Emphasis added, NSP, page 36)

I. Introduction

South Africa has become a primary destination for people from across the African continent who have been forced to leave their own countries to seek refuge and safety elsewhere. On a weekly basis, thousands of people from across Africa cross into SA to seek refuge from persecution, starvation and then also to get access to emergency medical services, maternal health services and access to chronic medication for HIV and/or TB. People come from many countries but mainly from the DRC, Ethiopia Angola, Sudan, Somalia, Malawi, Mozambique, Zimbabwe, Nigeria, Uganda, and Rwanda.

At present, the majority of people seeking refuge and assistance in SA through regular crossings of SA's borders are from DRC, Somalia and

[1] Joint Submission of: AIDS Law Project (ALP), Legal Resources Centre (LRC), Lawyers for Human Rights (LHR), Treatment Action Campaign (TAC), Consortium for Refugees and Migrants in South Africa (CoRMSA), Médecins Sans Frontières (MSF) SA, Forced Migration Studies Programme (WITS), People Against Suffering, Suppression, Oppression and Poverty (PASSOP), AIDS and Rights Alliance of Southern Africa (ARASA), Centre for Applied Legal Studies (CALS), Wits Law Clinic, Southern African HIV/AIDS Clinician's Society (SAHCS), South African Council of Churches (SACC), AIDS Consortium, Bowman Gilfillan Attorneys Pro Bono Department, Webber Wentzel Bowens Attorneys Pro Bono Department. For information about this report please correspond with Fatima Hassan (ALP) on hassanf@alp.org.za

[2] The right to enjoy the highest attainable standard of health is guaranteed by the *International Covenant on Economic Social and Cultural Rights* (ICESCR) section 227, *Convention on the Elimination of All Forms of Discrimination Against Women (*CEDAW) section 228, and the *African Commission on Human and People's Rights* (ACHPR) section 229. This right imposes an obligation on states to take necessary steps for the prevention, treatment and control of epidemic and other diseases".

Ethiopia.[3] However, it is estimated that Zimbabweans make up the majority of people irregularly crossing the borders of SA.

It is estimated that there are between 1 and 4 million Zimbabwean refugees in South Africa (SA) at present.[4] In 2007, it is estimated SA deported an average of more than 20 000 Zimbabweans per month.[5] Human Rights Watch (HRW) has documented[6] the severe health[7] and political crisis in Zimbabwe, which has led to thousands of people fleeing to SA.[8] According to human rights groups and AIDS organizations in Zimbabwe, the socio-economic situation is worsening particularly for people living with HIV/AIDS. People are struggling with services such as transport, the costs of accommodation, food insecurity and lack of basic health care services. Many people have also lost gainful employment due to companies and organisations closing down. User fees for health services have reportedly been reintroduced at the end of 2007 and due to inflation each visit can potentially cost in the region of ZW$10 million. While good health and a balanced diet are necessary for patients on ARVs, this has become almost impossible in Zimbabwe because of food insecurity and the loss of employment. This has forced many people to leave for neighbouring countries. It is important to note that HRW has estimated that the current HIV prevalence in Zimbabwe is 15% of the adult population.

[3] Personal communication from CoRMSA 2008.
[4] Data from CoRMSA and PASSOP 2008.
[5] *United Nations High Commissioner for Refugees (UNHCR)* "Determined Zimbabweans flow into South Africa" 9 October 2007.
[6] HUMAN RIGHTS WATCH VOLUME 18, NO. 5(A) 16
[7] According to HRW 'many Zimbabweans face significant obstacles in accessing health services even where these are widely available. In the midst of high unemployment rates and a declining economy, the high cost of user fees for health services means that the majority of Zimbabweans who can no longer afford user fees are therefore unable to access treatment. Those living with HIV/AIDS find it even more difficult to cope with the extremely high costs of AIDS treatments, tests and hospitalizations'. See HUMAN RIGHTS WATCH VOLUME 18, NO. 5(A) 16
[8] According to HRW 'the impact of HIV/AIDS, harsh economic conditions, and reduced funding from international donors have all combined to severely strain the delivery of health services. The decline in the economy has led to a decrease in expenditure on health, key shortages of drugs and the emigration of medical personnel. The socio-economic and human rights situation in Zimbabwe has led three million mostly skilled professionals to leave the country since 2000. In the public health sector 56% and 32% of doctor and nurse positions respectively are vacant. High and rising expenses and inadequate foreign exchange have led to shortage of funding, drugs, and supplies. A number of doctors and health workers interviewed by HRW reported that they were frequent shortages of drugs in government run state hospitals. The high cost of user fees in state hospitals puts access to quality health services well beyond the reach of many Zimbabweans. Health user fees tripled in March 2006 in state hospitals. Fees for maternity care in public hospitals are also high at Z$7,500,000 (US$ 75). Private hospitals, doctors and clinics have also increased their fees. Private sector doctors' fees increased in April 2006 by 100%—the second increase in the year— to Z$5,700,000 (US$58). The private health sector is collapsing with many people switching to the already overburdened public sector. HUMAN RIGHTS WATCH VOLUME 18, NO. 5(A) 16.

International law prohibits South Africa from returning refugees to countries where their lives could be in danger, a process called *refoulement.*[9] South African law also assigns refugees the social, economic, and civil rights necessary to ensure a life of dignity.[10] These include the ability to engage in wage-earning employment, to obtain basic education and health care services, to access public relief and assistance, to be issued with identity papers, and to safeguard their freedom of movement. However, the South African government has been slammed for violating international and national laws[11], and failing to ratify crucial international conventions and treaties on the rights of migrants, thereby allowing documented and undocumented migrants to suffer widespread and continuous human rights abuses, according to the International Federation for Human Rights.[12] More recently it has been condemned for the raid and arrests on the Central Methodist Church in Johannesburg in January 2008, the arbitrary arrest and threatened deportation of mainly Malawians ironically seeking protection from the SAPS in February 2008 and a few days ago the arrest, inhumane treatment and threatened deportation of a woman and her child at Norwood police station – the father of the child is South African. [13]

30/31 January 2008: The SAPS raided the JHB Central Methodist Church, a sanctuary for approximately 1500 Zimbabwean refugees, in the middle of the night. Many were beaten, attacked with pepper spray, and otherwise intimidated by the police during the raid, and approximately 500 were arrested. The raid was claimed to have been in search of weapons, narcotics, and stolen goods, though none were recovered. The raid was reportedly conducted under a police warrant, but without the permission of a magistrate; at least 68 of the detainees were charged with violating South Africa's immigration law or with common robbery. Officers denied detainees access to sufficient food and water and people living with HIV/AIDS went without needed medication or treatment.

21 February 2008: hundreds of foreign nationals sought refuge at the Laudium Police Station on when the threat of violence against them in Itireleng, the informal settlement in which they had been living, escalated to fearful levels. When many failed to produce valid documents, they were arrested as illegal immigrants and placed in the Lindela for deportation. About 80 % of the refugees were from Malawi, while the others were from Zimbabwe, Somalia and

[9] Pursuant to International customary law.
[10] Refugees Act section 27(b).
[11] Many detainees also were made to pay bribes when charges were dropped and they were released in order to leave the detention center. After 4 days over 300 were released. 9 people who were still in detention were released after 16 days after an urgent application was brought to the JHB High Court. On ordering their release, Justice Sutherland apologized on behalf of the judiciary for the treatment of the applicants in the case and remarked that this case reminded him of the worst atrocities committed by the police during apartheid. The raid, arrests and conduct of the SAPS, and judiciary were condemned by groups in SA and internationally. It is unclear what the outcome of various investigations into the raid is.
[12] International Federation for Human Rights (IFHR*) "Surplus People? Undocumented and other vulnerable migrants in South Africa"*. http://www.fidh.org/IMG/pdf/za486a.pdf
[13] Human and legal rights groups have condemned both incidents.

Mozambique. While the refugees had been searching for protection and shelter from violence in the police station, they were instead met with further intimidation through arrest, in opposition to the spirit of the duties of the state under the Constitution.

28 February 2008: A young Zimbabwean women was arrested and denied access to her 5-month-old baby, whom she was exclusively breastfeeding. She was allowed to breastfeed the baby only twice on the day of her arrest, and the baby was not permitted to stay with her in the mixed cell of men and women. A policeman commented about Zimbabweans 'renting babies' in order to get out of jail and that she didn't have a 'human right' to breastfeed. She was released on 29 January purportedly to be deported. Legal organisations in JHB ate attempting to get access to her and to prevent the deportation.

II. Legal & Policy Background

1. Legal Obligations

The Constitution and the Refugee Act 130 of 1998 (Refugee Act) guarantee and recognise the right of 'everyone' to access health care thus including refugees, asylum seekers and undocumented persons.[14] The right of detainees to receive medical treatment is also contained in section 35(2)(e) of the Constitution. The right to enjoy the highest attainable standard of health is also guaranteed by international law.[15] This right imposes an obligation on states such as SA to take necessary steps for the prevention, treatment and control of the epidemic and other diseases. In meeting this obligation, states should ensure that appropriate goods, services and information for the prevention and treatment of STDs, including HIV/AIDS, are available and accessible to all those living in its country.

2. HIV and AIDS and STI National Strategic Plan for South Africa (2007 - 2011)

SANAC has recognized and included protections for vulnerable groups through the *HIV and AIDS and STI National Strategic Plan for South Africa (2007 – 2011)* (NSP) by outlining the right to access HIV prevention, treatment and support services[16] (see pages 32 and 56 in particular). Likewise, *Priority Area 4* of the NSP encompasses 'human rights' and 'access to justice'. *Goal 16* – in particular Goals 16.3 and 16.4 - is aimed at ensuring

[14] Constitution of the Republic of South Africa (Constitution) section 27; Refugee Act section 27(g)

[15] See *International Covenant on Economic Social and Cultural Rights* (ICESCR) section 227, *Convention on the Elimination of All Forms of Discrimination Against Women (*CEDAW) section 228, and the *African Commission on Human and People's Rights* (ACHPR) section 229.

[16] We note in particular pages 36 and 60 of the NSP, which recognises the higher risk of infection for HIV amongst refugee *populations* and the principal need to ensure equality and non-discrimination against marginalised groups, including refugees and asylum seekers.

'public knowledge of and adherence to the legal and policy provision'.[17] The NSP specifically identifies refugees, asylum seekers and foreign migrants as marginalised groups necessitating proper policy interventions for HIV prevention, treatment, and support. [18] It is therefore critical that SANAC plays a supporting role in understanding the situation of vulnerable groups and the challenges in overcoming obstacles to the goals and key priority areas of the NSP.

We have found that our protective legal framework is not being applied uniformly. Public hospitals, clinics and other institutions appear to be unilaterally creating policies which deny refugees access to health care services, violate existing legal and human rights obligations, and undermine the objectives of the NSP.

3. ART and Revenue Directives of the National Department of Health

In line with legal and policy obligations, the National Department of Health (NDoH) released ART and Revenue Directives in April and September 2007, respectively.[19] The directives clarify that refugees and asylum seekers – with or without a permit – shall be exempt from paying for services related to the provision of diagnostic services as well as antiretroviral (ARV) medicines.[20] This is particularly appropriate given the right that patients have to access antiretroviral treatment (ART) and the challenges that refugees and asylum seekers face in accessing documentation from the Department of Home Affairs (DHA) within a reasonable time period.[21] However, we have found that the Directives need to be properly communicated to health care workers, senior public health officials, particularly the CEOs of clinics and hospitals.

---

[17] *HIV and AIDS and STI National Strategic Plan 2007 – 2011*, p119.
[18] *HIV and AIDS and STI National Strategic Plan 2007 – 2011*, p56, 60.
[19] **BI/429/***ART* 20 April 2007 and **BI 4/29 REFUG/ASYL 8 2007** 19 September 2007.
[20] **BI/429/***ART* 20 April 2007 and **BI 4/29 REFUG/ASYL 8 2007** 19 September 2007.
[21] In terms of SA law, Section 23 of the Immigration Act provides that the DG may issue an asylum transit permit to those seeking refuge in South Africa. The Refugee Regulations, which bind all immigration officers and police officers states that those claiming to seek asylum must be granted an asylum transit, permit lasting 14 days. **Section 22** of the *Refugees Act* allows the applicant to be granted a temporary asylum-seeker permit pending the outcome of the application. The Section 22 permit must be renewed every one to three months at an RRO, until refugee status is granted. **Section 34** of the *Immigration Act* provides that "illegal foreigners" may not be held for a period exceeding 30 days without a court warrant, which may extend the detention for a maximum of 90 days on "good and reasonable grounds". The section also provides that such persons shall be notified in writing of a decision to deport and of their right to appeal this decision. **Section 33** of the *Bill of Rights (Constitution)* gives all persons the right to just administrative action: "Everyone has the right to administrative action that is lawful, reasonable and procedurally fair and everyone whose rights have been adversely affected by administrative action has the right to be given written reasons."

III. Reports and Observations

1. Health conditions when queuing for documentation

Thousands of people queue on a daily basis outside DHA-run Refugee Reception Offices (RROs) around the country. Given the large number of people who approach the RROs for service and the low numbers of people being assisted by these offices, many are forced to wait outside the offices for extended periods before being issued with documentation to regularise their stay in SA. This documentation is a critical key to accessing services including health care in SA.

Many people who queue are from various countries in Africa. However, we expect that the situation for Zimbabwean refugees will worsen in the upcoming month because of the Zimbabwean elections due to be held in March 2008. Already, we are getting reports of high numbers of Zimbabweans crossing into SA.

In *Cape Town*, asylum seekers queue at a 'pick up' point to be collected by a bus that then takes them to the RRO on Barrack Street in the CBD. The 'pick up' point is situated outside the public works building commonly called 'Customs House' at the Foreshore. Those waiting in the 'official queue' to apply for asylum are in conditions which are completely inhuman:

a. Over a thousand people are sleeping in the open on the pavement – they are not allowed to sleep inside the perimeter of the parking lot;
b. There is no running water and no suitable shelter to protect against the rain and wind;
c. There are only 3 portable toilets, of which only one works;
d. Those queuing include parents with infants, pregnant women, elderly and sick people.
e. The continued arbitrary arrests of persons who are not South African all over the country and the recent well-publicised raid at the Central Methodist Mission in JHB has made many people justifiably afraid of being arrested by the SAPS for not being in possession of the correct

documentation. For this reason, hundreds of people refuse to leave the queue / waiting point.

f. While the *Adonis Musati Project* feeds people in the queue every second day they have only been able to feed about a third of the people there because of limited resources. Here it should be noted people do not want to leave their place in the queue at all for fear of losing their place.
g. Because there is no provision for a humanitarian permit under the Immigration Act, people have to either apply for an asylum permit or a work permit – and the latter is unaffordable for most refugees. This gap creates an unnecessary burden on the asylum permit system.
h. These circumstances have led to reports of the increasing occurrence of bribery and corruption.

At the Marabastad refugee reception centre in *Pretoria*, the situation is not much different. Marabastad has proven one of the worst in terms of providing access to documentation for asylum seekers.[22]

For people who wait in queues and who are affected by any ill health or chronic medical condition, the denial of documentation as well as exposure to the elements and the ongoing security risk of waiting outside these RRO's pose even greater threats.

2. Discrimination

Research conducted in greater Johannesburg metropolitan area indicates that refugees and asylum seekers in need of ART face several challenges in accessing treatment through the public sector.[23] These include the charging of excessive fees to refugees and asylum seekers, lack of knowledge or

[22] A recent article in *The Star* described the area outside the office as "Home Affairs' own slum". Some of the people attempting to apply for asylum have been waiting for months outside the office, as they are justifiably fearful of being arrested if they move away from the building. Security threats also threaten those waiting, as gang members are a regular presence and source of intimidation.

[23] Vearey, J. and Palmary, I. (2007) Assessing non-citizen access to antiretroviral therapy in Johannesburg, Forced Migration Studies Programme, University of the Witwatersrand.

ability to enforce their rights to health care, and denial of care on the basis of lacking proper South African identification. [24]

Even if patients get initial access through the public health care system, when their CD4 counts reach the point where initiation of ARV treatment is medically indicated, instead of referring patients to an appropriate ARV treatment site as is legally required, local government clinics increasingly refer refugees, asylum seekers and other non-citizens out of the public sector and directly into the already overburdened and under-resourced non-governmental sector (NGO) in order to access ART.[25] The resulting parallel provision of ART through both the public and NGO health sectors fails to integrate treatment routes for patients without reasonable justifications and violates the objectives of the NSP and the NDoH's policy directives.

Budgetary excuses for denying access to ARVs are also frequently cited in the case of refugees and asylum seekers. Health care workers are also known to claim that a facility does not have the budget to look after 'additional' patients who happen to be non-South African.[26]

If donor-sponsored community treatment programmes are unable to address the demand for health services of non-citizens then patients who are living with HIV and/or TB are unable to access timely treatment. This will lead to further public health problems including unnecessary suffering and death and contribute to the further spread of TB.

3. Health problems at Detention Centres

[24] Cape Times February 22, 2008. "Asylum seeker 'refused ARVs'". For instance, and often cited reason for denying patients access to health services, including ART services, is that the patient is not in possession of a green bar-coded South African identity booklet or in some cases, for simply 'being foreign'. Communication from health service organisations working in Johannesburg and Cape Town.

[25] Information from the Cape Town Refugee Centre (CTRC) shows that even in medical emergencies, refugees are not assisted unless an organisation such as CTRC arranges for individuals to be treated at private or non-governmental health facilities as the public health care system is, or the staff at public facilities, are unwilling to accept refugees for treatment at public facilities.

[26] The Johannesburg general Hospital has cited a limited budget as the reason for its refusal to treat patients without the requisite documents. Vearey, J. and Palmary, I. (2007) Assessing non-citizen access to antiretroviral therapy in Johannesburg, Forced Migration Studies Programme, University of the Witwatersrand. In addition, we have recently received reports that at public sector clinics in Johannesburg, even where patients have the requisite documentation issued by the DHA, unless a patient is accompanied by an NGO representative or brings a referral letter signed by an NGO, he/she will not be assisted. Many health care workers are also reported to question and interrogate people about their motives for seeking refuge in SA. This is problematic because patients who are vulnerable and ill face the additional burden of having to justify their stay in SA.

There are 5 detention centres in SA.[27] We focus on two because for us they represent the most serious public health problems for refugees, asylum seekers and undocumented persons in SA and the most egregious forms of human rights abuse. At the outset, we wish to place on record that in our view 'detention centres' in SA failed to conform to international human rights standards. The existence and/or conditions of detention at detention centres in SA are in our view inconsistent with the protections guaranteed by our Constitution, especially *inter alia* the rights to dignity, privacy, fair administrative justice, access to legal services, equality and access to health care services.

a. *Lindela Repatriation Centre* (Lindela)

SA does not have an independent body that monitors deportations from detention camps. Thus, at present, independent monitoring of detention conditions at Lindela is not taking place.[28] Human rights advocates have denounced the conditions at the facility since its opening in 1998.[29] Daily, there are reports of hundreds of people being arbitrarily deported from Lindela back to their country of origin – including places that are internationally recognized as disaster areas, engaged in on-going civil conflict, and/or politically repressive. Access to the facility by the lawyers and doctors of those detained is frequently denied by the administration.[30]

The conditions at detention centres such as Lindela are worrying from a public health perspective. The implications of overcrowding, poor sanitary conditions, lack of regular access and visits by health care workers and/or observers and the clear limited capacity of Lindela and other detention centres to provide health services itself results in serious public health problems for SA including an immediate and on-going risk of TB.

b. *Musina Hall* (the Limpopo detention centre)

[27] PE- EC, Rosettenville - JHB, Lindela - JHB, Musina - Limpopo, Durban-KZN.

[28] The SA Human Rights Commission (SAHRC) was doing inspections for a time but no longer monitors Lindela on an on-going basis because of an apparent lack of capacity. We have no knowledge when it last conducted an unannounced visit.

[29] It has been reported by human rights organisations that where people are detained in a single overcrowded room, at times gas canisters are thrown in by officials in the employ of Lindela to prevent challenges to their authority. Also, because Lindela is not permitted to detain minors and pregnant women–pregnant women and women with children are sent to prison instead for deportation purposes.

[30] Even when access is accomplished, it is generally the result of lengthy negotiations.

The health structures of the Vhembe district in Limpopo have historically been insufficient to respond to the health needs of its resident population. However, no additional resources have been invested to respond to the new and specific needs created by the influx of people from Zimbabwe, furthering the strain on the public health care system. Police patrol and controls have been reinforced in the Musina area.

Often the majority of non-nationals in Limpopo are denied services because of the lack of requisite documentation. When the SAPS in Limpopo arrest undocumented migrants, they are taken to the Musina Hall. They are then reportedly kept in inhumane detention conditions in the makeshift detention centre for deportation purposes. We believe that they are not being brought before a court, as is their legal right before any deportation proceedings can commence/continue.

Legal organisations however have been denied access to the Musina Hall by the SAPS. This is extremely worrying given the abuse of non-national farm workers in the area reported by Human Rights Watch (HRW) and the abuse that takes place among those who cross the border without the requisite documentation. We are concerned that detainees in need of essential medical treatment are not given access to it.[31] The NSP envisages collaboration with NGO's where exceptional needs arise around TB, HIV or gender violence yet the Limpopo provincial health department is effectively blocking such collaboration and undermining the NSP. We are concerned that detainees in need of essential medical treatment are not given access to it.

Finally, we are concerned that the Musina Hall is inadequate for the sheer numbers of people being detained there (approximately 500 people on any day), and that it has little or no toilets, bathing facilities, shelter or food -- contributing to greater public heath problems. Its very existence is subject to Constitutional challenge. Since we do not have any/regularised access to

[31] In particular, the municipal health authorities in Musina require medical humanitarian organisations to be officially authorised by the National Department of Health. By doing so, it is delaying and blocking urgent and immediate access to health services for refugees and asylum seekers.

Musina Hall it is difficult to provide any further facts about the health and other conditions to SANAC.

4. Conditions near Musina

Large numbers of Zimbabwean migrants are remaining in the rural areas close to the border, trying to find work as cheap labor in Musina townships and or in farms. This is extremely worrying given the abuse of non-national farm workers in the area reported by Human Rights Watch (HRW) and the abuse that takes place among those cross the border without the requisite documentation. An exploratory mission to determine the conditions of Zimbabwean refugees along the border, near the town of Musina was done prior to the Zimbabwean presidential elections in 2002.[32] The findings, particularly focused on children, reveal the conditions and fear of Zimbabwean asylum seekers living in South Africa.

Photos from this mission can be found in *Appendix A*. The uncertainty of their living conditions and legal status opened them up to exploitation by employers, police, and governmental officials alike. The report documents children living in scrap yards, employers refusing to pay Zimbabwean workers, and women and girls being forced to use sex as a way to bribe officials to allow them to cross the border, avoid deportation, or as a source of income. The camps in which they live, particularly in the former mining area of 'Rwanda', has only shacks, but few taps and no toilets. Even the healthiest of people would be challenged to try to remain healthy in this environment.

IV. RECOMMENDATIONS FOR ACTION BY SANAC PLENARY

Based on the above, it is recommended the SANAC Plenary take the following actions to respond to the needs of a whole class of vulnerable groups including refugees, asylum seekers and undocumented persons:

[32] Report is available upon request.

Materials, communication, information and implementation plans

1. SANAC should develop and disseminate materials on the rights of marginalised groups – here refugees, asylum seekers, undocumented persons and immigrants. This is in line with Goal 16.3 of the NSP. [33]
2. In line with Goal 16.3, a concerted education and awareness campaign is necessary among all health care workers so that they are able to fully appreciate the inhumane and dangerous conditions that refugees and asylum seekers face in their country of origin and the reasons why they have sought refuge in SA.
    a. In this respect an implementation plan with timeframes and responsible agencies should be developed clearly demarcating municipal, local, provincial and national responsibilities and obligations.

Investigations

3. SANAC should consider how to respond to the legal and health needs of refugees and asylum seekers. SANAC should commission an investigation into the health conditions at Lindela, Musina Hall, the queuing conditions at Custom House and Marabastad as well as the Refugee Reception Offices in Durban and Port Elizabeth, and informal settlements by refugees and asylum seekers near the border with Zimbabwe.
    a. These investigations should be done in conjunction with the SAHRC.
    b. SANAC should table its recommendations at its second 2008 plenary.

Access to health and legal services

4. SANAC should request the NDoH and Treasury to provide details of budgetary allocations for marginalised groups such as refugees and asylum seekers pursuant to the NDoH ART and Revenue Directives.

[33] In 2007 UNHCR and the SAHCS jointly issued *Clinical Guidelines on ARV therapy management for displaced populations*. Available at www.sahcs.org.za

5. SANAC should also liaise with service providers for information as to which public health care facilities are denying access to vulnerable groups such as refugees and asylum seekers.
6. SANAC should request all provincial governments and in particular, the Limpopo provincial government, to ensure that detainees around the country have immediate and unhindered access to legal and medical services, especially at Lindela, JHB, Musina Hall and other detention centres in KZN and Port Elizabeth.

Ends