

UPDATE

Complaint to the South African Human Rights Commission by the South African Non-Communicable Diseases Alliance

Aisosa Jennifer Omoruyi

The South African Non-Communicable Diseases Alliance (SANEDA), an alliance of registered non-communicable diseases (NCDs) advocacy organisations, has lodged a complaint with the South African Human Rights Commission (SAHRC).

The complaint alleges, among other things, a failure to make NCDs a priority given the burden of disease and the needs of People living with NCDs+ (PLWNCDS); weak NCDs data collection, surveillance, and monitoring; failure to evaluate and implement NCDs policies at all levels; and failure to provide resources and services for the prevention and control of NCDs. This has led to a failure to substantively manage NCD-related risk factors in the population as well as the health-care needs of PLWNCDS.

Flowing from this, the complaint alleges a violation of several rights protected in the Bill of Rights of the Constitution of South Africa including equality (section 9), dignity (section 10), the right to life (section 11); health care, food, water, and social security (section 27), environment (section 24(a)), the rights of children (section 28), access to information (section 32), and just administrative action (section 33).

Also highlighted in the complaint is that the emphasis on population-wide behavioural changes to curb 'lifestyle diseases' stigmatises PLWNCDS as responsible for their

illness rather than focusing attention on structural and social factors that influence disease burden and on the role of government in disease prevention and control.

This complaint seeks to hold the whole of government to account for not dealing fairly and equitably with PLWNCDS and for giving less importance to NCDs than to communicable diseases. For instance, the National Development Plan (NDP) 2030 and its revisions have placed priority on communicable diseases and the National Health Insurance rather than NCDs, despite their being a fast-growing burden in South Africa and overtaking communicable diseases. Similarly, the Medium-Term Strategic Framework (2019–2024) has no budget for NCD prevention and control.

This trend features in other policies, both at national and provincial level, and has placed PLWNCDS, especially the already vulnerable and marginalised, in a dire situation.

The complaint thus seeks to have NCDs made a priority in the NDP and other relevant policies. Given the current

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threat which NCDs pose in South Africa, particularly in the context of the COVID-19 pandemic, the importance of renewed attention to NCDs prevention and control cannot be overemphasised.


In the same vein, the complaint seeks coherence in and implementation of policies aimed at NCDs prevention and control, both of which are currently lacking. These failures result in inequitable access to essential treatment, rehabilitation, and palliative care at all stages, especially for the poor and vulnerable. In this regard, the government must be compelled to ensure equitable access to the entire continuum of care without financial hardship.

The outcome of this complaint should result in health equity for PLWNCDS and making NCD prevention and control a national priority. This includes access to essential health services for chronic NCDs without financial hardship. To achieve this, the complaint maintains that NCDs should be included in all plans and policies related to achieving the SDG of universal health coverage as well as to bringing about the National Health Insurance.

Another important matter raised in the complaint relates to adopting a comprehensive description of NCDs, including mental health and disability through the life course. Achieving health equity as such would require this to be reflected accordingly in all policies relating to NCD prevention and control.

This is an important case at a time in South Africa when many of those living with NCDs have limited access to adequate health care services for the management of chronic illnesses yet are also threatened by COVID-19 due to their risk of serious complication and death from the disease. It will be important for this case to be given speedy attention by the SAHRC, as an unreasonable delay will defeat the urgency which the NCDs problem in South Africa requires and leave PLWNCDS in an even more vulnerable situation than they are already.

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 **The outcome of this complaint should result in health equity for PLWNCDS and making NCD prevention and control a national priority.**

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