



SOUTH AFRICAN PERMANENT MISSION GENEVA

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The Permanent Mission of the Republic of South Africa to the United Nations Office at Geneva and other International Organisations in Switzerland presents its compliments to the Office of the United Nations High Commissioner for Human Rights and has the honour to refer to the Joint Communiqué ref. AL ZAF 2/ 2024 dated 3 May 2024.

The Permanent Mission of the Republic of South Africa wishes to transmit the appended response from the Republic of South Africa.

The Permanent Mission of the Republic of South Africa to the United Nations Office at Geneva and other International Organisations in Switzerland avails itself of this opportunity to renew to the Office of the United Nations High Commissioner for Human Rights the assurances of its highest consideration.

Geneva, 02 July 2024



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REPUBLIC OF SOUTH AFRICA

SOUTH AFRICA'S RESPONSE TO THE UNITED NATIONS' HUMAN RIGHTS OFFICE OF THE HIGH COMMISSIONER (UNOHRC) SPECIAL PROCEDURES COMMITTEE'S JOINT COMMUNICATION BY THE SPECIAL RAPPORTEUR ON THE RIGHT OF EVERYONE TO THE ENJOYMENT OF THE HIGHEST ATTAINABLE STANDARD OF PHYSICAL AND MENTAL HEALTH; THE WORKING GROUP OF EXPERTS ON PEOPLE OF AFRICAN DESCENT; THE SPECIAL RAPPORTEUR ON EXTREME POVERTY AND HUMAN RIGHTS; THE SPECIAL RAPPORTEUR ON CONTEMPORARY FORMS OF RACISM, RACIAL DISCRIMINATION, XENOPHOBIA AND RELATED INTOLERANCE; THE SPECIAL RAPPORTEUR ON TORTURE AND OTHER CRUEL, INHUMAN OR DEGRADING TREATMENT OR PUNISHMENT; THE SPECIAL RAPPORTEUR ON VIOLENCE AGAINST WOMEN AND GIRLS, ITS CAUSES AND CONSEQUENCES; AND THE WORKING GROUP ON DISCRIMINATION AGAINST WOMEN AND GIRLS

Ref: AI ZAF 2/2024

June 2024

“As long as women are bound by poverty and as long as they are looked down upon, human rights will lack substance.”

Nelson Mandela

INTRODUCTION

- 1.1 This is South Africa's response to the United Nations Office of the High Commissioner Special Procedure's Joint Communication [Ref AL ZAF 2/2024] received from the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health; the Working Group of Experts on people of African descent; the Special Rapporteur on extreme poverty and human rights; the Special Rapporteur on contemporary forms of racism, racial discrimination, xenophobia and related intolerance; the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment; the Special Rapporteur on violence against women and girls, its causes and consequences; and the Working Group on discrimination against women and girls.
- 1.2 The Joint Communication concerns the alleged forced or coerced sterilization of HIV positive Black women from low socio-economic backgrounds, by health care professionals in public hospitals, located predominantly in Black and poor rural areas and townships in South Africa during the time where these women sought maternal health care.

SOUTH AFRICAN POLICY CONTEXT ON FORCED / COERCED STERILIZATION

- 1.3 In line with its constitutional imperative of equality, non-discrimination and non-sexism, South Africa seeks to promote a society in which sexual and reproductive health and rights are recognized and valued, and to ensure equitable and accessible sexual and reproductive health services to all South Africans. In this regard, a legislative and policy framework, as well as guidelines on implementation, exist in the country. These instruments guarantee that the rights of women and girls in all their diversity, and taking on board all forms of intersectionalities, is provided for, and protected¹.

¹ Department of Health, 2018, **SRHR: Fulfilling our Commitments** in its vision states that "All people in South Africa, irrespective of age, sex, ethnicity, gender identity or expression, sexual orientation, HIV status, disability, obesity, location, or any other factors, will have equitable and non-discriminatory access to sexual and reproductive health information, education, protection and quality

- 1.4 One of the sexual and reproductive rights of women and girls pertains to contraception. Among other contraceptive methods, sterilization is an important option for individuals and couples to control their fertility. Sterilization is one of the most widely used forms of contraception in the world, as in South Africa. When performed according to appropriate clinical standards with informed consent, sterilization methods such as tubal ligation, among others, are safe and effective means of permanently controlling fertility. Sterilization refers not just to interventions where the intention is to limit fertility – for example tubal ligation – but also to situations where loss of fertility is a secondary outcome.
- 1.5 South Africa enacted the Sterilization Act, no 44 of 1998, which provides explicitly for the right to sterilization; to determine the circumstances under which such sterilization may be performed and, in particular, the circumstances under which sterilization may be performed on persons incapable of consenting or incompetent to consent due to mental disability; and to provide for matters connected therewith. The promotion of this right is based on the non-derogable rights outlined in the Constitution in particular the rights to bodily and psychological integrity of persons which include the right to make decisions concerning reproduction and the right to security in and control over their bodies.
- 1.6 The Act also rests on the constitutional imperative that both women and men have the right to be informed of, and to have access to, safe, effective, affordable and acceptable methods of fertility regulation. Therefore, in order to restore, protect and promote the human dignity of persons, in particular those who are incapable of consenting or who are mentally disabled, the Act provides that decisions about sterilization are made in a manner that is responsible and considerate.
- 1.7 The Act therefore explicitly and categorically prohibits sterilizations without informed consent, meaning that it prohibits any forced, coerced or involuntary sterilization. Section 2 (2) of the Act states that: “A person capable of consenting may not be sterilized without his or her consent”.

1.8 Like any other contraceptive method, sterilization should only be provided with the full, free and informed consent of the individual. South Africa has appropriate legislation in place and is a state party to all the major international and regional human rights treaties prohibiting forced and / or coerced sterilization.

SOUTH AFRICA'S RESPONSE TO FORCED OR COERCED STERILISATION

1.9 South Africa states with firm conviction that forcing sterilization upon women diagnosed with HIV conflicts with all its constitutional imperatives on non-discrimination, equality, non-sexism, human dignity and freedom and security of the person. Also there is no policy in South Africa that would allow any woman to be forcefully sterilized for any reason without her consent. The State recognizes that this is a violation of their right to autonomy and the doctrine of informed consent.

1.10 Furthermore, this procedure violates the medical ethics principle of beneficence: that treatment must benefit the patient. South Africa does not support the perspective that HIV positive women should be coerced into sterilization, as the antiretroviral treatment has been shown to reduce risk of mother-to-child transmission to less than 2% in the country. In addition, South Africa has the largest antiretroviral treatment in the world.

1.11 However, South Africa acknowledges that despite this, there are unfortunately allegations of such practices emerging in the country, that people belonging to certain population groups, including people living with HIV, persons with disabilities, and transgender and intersex persons, allegedly continue to be sterilized without their full, free and informed consent. It has also been purported that other individuals may also be at risk of coercive sterilisation, such as persons with substance dependence.

1.12 This is unfortunately corroborated by the Investigative Report of the Commission for Gender Equality released in February 2020. The practice of this heinous crime may have been rife during the years of colonialism and Apartheid. Since democracy was attained in 1994, South Africa has been built on human rights, human dignity, non-racialism, non-discrimination and non-sexism.

1.13 South Africa has since 1994 strengthened its legal frameworks and policies to prevent the occurrences of such heinous and inhuman practices, one of which is forced and coerced sterilisation. It is therefore with consternation that South Africa acknowledges that the findings of the investigations by the Commission for Gender Equality indicates that such acts may be sporadically still occurring in the country. These acts remind us of the painful words of Nelson Mandela who said, “as long as women are bound by poverty and as long as they are looked down upon, human rights will lack substance”.

1.14 In response to the Report from the Commission for Gender Equality, the Government of South Africa acknowledged that the alleged failure to provide reproductive health information and to ensure the full, free and informed consent for sterilisation procedure for women living with HIV is a violation of their basic human rights, including the right to information; women’s right to determine the number and spacing of their children; the right to be free from inhumane and degrading treatment; and the right to private life. Furthermore, South Africa affirms that these allegations infer a manifestation of multiple discriminations on the ground of gender, race and geo-location bias.

1.15 In a Media Statement released in Pretoria, on 27 February 2020, upon the release of the Investigative Report of the Commission on Gender Equality on Alleged Forced Sterilisation of Women Living with HIV in South Africa, the then Minister in the Presidency Responsible for Women, Ms Maite Nkoana-Mashabane, expressed deep concern on the alleged human rights violations and reproductive injustices committed against women living with HIV. She stated that the country needed to do more to transform the health system so that it respects the dignity and sexual and reproductive rights of women living with HIV and called on the National Department of Health to facilitate the engagement with the complainants and where applicable, the alleged victims to be afforded appropriate redress. The Minister also applauded the women who have spoken out and joined many other voices that advocated for the reproductive rights of women, where choice matters and want to ensure that justice prevails, especially as South Africa grapples with the issue of the scourge of gender-based violence. She also issued a call for the

State to declare a moratorium on sterilisation of HIV-positive women whilst this matter is being resolved. A call to action must be made for the State to further investigate and sanction coercive and forced sterilisation. She also called upon medical professionals to protect and uphold the rights of all women including women living with HIV in South Africa.

1.16 The alleged experience(s) of these purported victims / survivors of forced or coerced sterilization clearly demonstrates the gendered nature of HIV related discrimination and prejudices by health care providers, even though South Africa has made tremendous progress on the prevention of mother-to-child transmission of HIV as well as the provision of HIV antiretroviral treatment. The fact that this alleged violations disproportionately affects poor Black African women living with HIV is clearly because of systemic gender inequality that disempowers these women. South Africa, furthermore, acknowledges that despite the strides it has made in transforming the poor health system it inherited from the Apartheid era, it has much more to do to completely transform the health system and achieve its outcomes of the provision of quality health care for all.

1.17 An involuntary sterilization violates several human rights and is recognized as a form of gender-based violence. On this basis, South Africa recognizes that it is the role of the state to investigate and prosecute proven cases of involuntary sterilizations, especially when section 9 of the Constitution of south Africa is read in conjunction with sub-sections 2 and 4 of the Sterilization Act, no 44 of 1998, and the common law crime of assault as relevant. It is also critical to recognize the complexity of consent-acquiring practices in the context of reproductive health care and to consider criminal liability of different health care providers in relation to refusal to consent, coercion and signed consent forms. These issues need increased consideration because, to date, no health care provider has been held criminally liable in South Africa for treatment without consent and there is no reported case law demonstrating how to apply criminal law principles to this area of concern.

1.18 However, the lack of prosecution thus far as alluded to above, should not be construed to mean that the Government is unconcerned about the challenges that

face the women of South Africa. The South African Government does not condone these reported actions and where people, including medical practitioners, have engaged in unlawful conduct, such as forced and coerced sterilization of women, the Government will ensure that those responsible are held to account through all legal means, including through the criminal justice system where it is warranted. It is for this reason that the Government of South Africa adopted a myriad of laws and policies; administrative; and other measures and mechanisms, to hold perpetrators of human rights violations and crimes accountable for their actions.

1.19 One of the measures adopted was the establishment of the Office of the Health Ombudsman as an independent body established in terms of the National Health Amendment Act of 2013 and is located within the Office of Health Standards Compliance (OHSC). The Office is assisted by persons designated and seconded by the OHSC with the concurrence of the Ombud and reports to and is accountable to the Minister of Health. Professor Malegapuru William Makgoba was appointed by the Minister of Health as the first Health Ombud in South Africa since 1st June 2016 for a non-renewable term of seven years. The Health Ombudsman has a statutory mandate and the requisite expertise to investigate health related complaints.

SOUTH AFRICA'S RESPONSE TO THE JOINT COMMUNICATION REQUESTS

1.20 The Human Rights Council requested clarity from the Joint Committee on all the cases brought to its attention. The Joint Communication has therefore requested South Africa's observations on issues outlined in the Joint Communication as listed below:

- Information on the health care services, including psychological support provided to HIV positive women who have been victims of forced or coerced sterilization
- Information concerning the initiatives taken by the National Department of Health to negotiate appropriate redress and compensation with HIV positive women who have been victims of forced or coerced sterilization

- Provide information on the measures taken by the state to implement the recommendations issued in the South African Commission on Gender Equality's Report
- Provide information on the implementation of South Africa's obligations to investigate promptly and impartially all allegations of forced sterilization, unequivocally recognized at international human rights law as torture, and measures taken to provide appropriate rehabilitation to victims and survivors, pursuant to the Convention against Torture and other cruel, inhuman or Degrading Treatment or Punishment and the International Covenant on Civil and Political rights
- Provide information on any progress, measures and actions taken by the Independent Committee to Accelerate Implementation of Redress to Complainants of Forced Sterilization and the Minister of Health to address the above allegations and provide redress to victims, including through the implementation of the South African Commission for Gender Equality report
- Provide information on any support or funding provided to civil society organization working on this issue in the country.

1.21 In the paragraphs that follow, South Africa outlines a detailed response to the issues raised in the Joint Communication. The Commission for Gender Equality (CGE) issued an "Investigation Report on the Alleged Forced Sterilization of Women living with HIV/AIDS in South Africa" on 24 February 2024 citing the National Department of Health and the provincial Departments of Health as respondents, especially to the 12 recommendations and sub-recommendations outlined in the report which obligates the health departments to action for redress to the 24 confirmed list of names of complainants submitted by the CGE along with the CGE Investigative Report in February 2020.

1.22 The National Department of Health has responded to most of the recommendations of the CGE. However, there are two recommendations - 12.4 and 12.9 - which still needed to be finalized to which are stated as follows:

- 12.4 The National Department of Health, upon receipt of the Report must facilitate dialogue between themselves and the complainants for them to find ways of providing redress to the complainants
- 12.9 the Department of Health must ensure that their filing systems, both manual and electronic are standardized for ease of coordination. Feedback to the latter must be provided within 3 months from the date of this report.

1.23 The National Department of Health has been able to achieve the following to date:

1.23.1 Appointment of the Ministerial Committee (Independent Committee to Accelerate Implementation of Redress to Complainants of Forced Sterilization by the Minister of Health, on 25 November 2020, to action the recommendations

1.23.2 Engagement with the complainants to action the recommendations

1.23.3 The sign off for the Maternal and Newborn Health Policy in 2021

1.23.4 The updating of manual patient records i.e. Maternity Case Record in 2021 with the accompanying updated Perioperative Booklet with the updated consent form translated into 11 different languages for use in maternity settings for obstetric and gynecological procedures. Page 10 of Perioperative Booklet has a tick sheet for all counselling requirements specifically for the tubal ligation procedure.

1.23.5 The strengthening of patients' registration systems to curb the challenges of filing and retrospective retrieval of patients' clinical records started in 2017/18 and is well underway. The Health Patient Registration System provides a Patient Registry and Master Patient Index using the South African identification number and other forms of legal identification.

1.23.6 The development of electronic medical record system process started in 2023, however it must be noted this is an ongoing process which will span several years.

1.23.7 Seeking the complainants' hospital files and ascertaining the veracity of the complaints and instituting a system of redress for the complaints where the complaints are found to have merit.

1.24 Update reports were submitted to CGE in October 2021 and in September 2023

1.24.1 The National Department of Health Update Report to the CGE on recommendations 12.4 and 12.9, dated September 2023 (pages 6-7), clearly offers an elaborate account of context time lapse within which the recommendations were to be finalized such as political changes; the COVID 19 pandemic; health systems contextual changes, departmental operational challenges and issues of professional ethics and humanity. Notwithstanding these challenges, the National Department of Health has continued to bring the submitted CGE query to finality in response to recommendation 12.4 and 12.9.

1.25 Progress in implementing 12.4 and 12.9 (May 2024)

1.25.1 In finalizing the implementation of recommendation 12.4 and 12.9 the following actions are being undertaken:

- Each case to be reviewed, and mediation explored as an option
- The mediation process to involve the relevant provincial medico-legal departments of the provincial Departments of Health to engage with the complainant
- If the mediation route is rejected, then complainant(s) is/are free to seek alternative remedies
- If a victim pursues a litigation route, this should also be handed over to the relevant provincial medico-legal department.

1.25.2 Since this matter cites both the National Department of Health and the Provincial Departments of Health as respondents and because operational issues and implementation of care are monitored at provincial level, the Update Report 2023 recommended that the Director-General: Health corresponds in writing with the provincial Departments of Health on the list of alleged affected complainants. The Director-General: Health has communicated with the Provincial Heads of Departments of Health of the six

affected provinces, which the 24 CGE-listed women who have made these claims of alleged forced sterilization come from. The letter is dated September 2023.

- 1.25.3 The purpose of the letters was to refer all available details pertaining to each woman to the Head of Department of Health in the relevant province to ensure that each verified / verifiable and confirmed claimant is supported with appropriate clinical and psychological care where appropriate and to submit written reports to the National Department of Health.
- 1.25.4 Subsequent follow-up engagements have been made with respective Provincial Departments. Verbal reports on engagements with respective provinces indicate that some provinces have since established Task Teams on the instructions of their Heads of Departments as guided by the correspondence from the National Director-General: Health.
- 1.25.5 The National Department of Health (NDOH) is currently awaiting complete submissions of provincial progress reports.

1.26 Milestones of Progress: Names withheld but are available to the NDOH

- 1.26.1 In the **Eastern Cape Province**: 4 cases were submitted by CGE to the NDOH: Two patients could not be traced to Eastern Cape Hospitals. The National Department of Health is still awaiting files and reports for the other two complainants from Frere Regional and Dora Nginza Regional Hospitals. The National Department of Health is still awaiting the comprehensive report from the Eastern Cape Province.
- 1.26.2 In the **Free State Province**: 1 case submitted by the CGE to the NDOH: The file is available in the hospital. Clinical procedure was performed in 2017 at Mofumahadi Manapo Tertiary Hospital, when the complainant was 26 years old. The patient had a history of previous caesarean section x1, severe hypertension during pregnancy. Abruptio Placentae during stay in hospital with resultant loss of baby. Emergency Caesarean Section was performed for

bleeding. Total abdominal hysterectomy was subsequently done as a life saving measure for uncontrolled bleeding during surgery. Intervention was performed by the Provincial O&G Specialist which indicated that the procedure was carried out as a lifesaving procedure and there was no time to seek consent in the middle of the surgical procedure. Immediately after the surgical procedure was performed, the doctors explained the outcome to the mother and the stillborn baby was shown to the mother. The mother was also counselled by a social worker. The province reported that the complaint was lodged in 2018 with the hospital by the patient. The province reported that the matter was handed over to the legal unit to attend to the case, which was referred to court, where it was dismissed. The case has since been dormant. A complete provincial report is expected to be submitted, after all the files have been verified and signed off.

1.26.3 In the **Gauteng Province**, 3 cases were submitted by the CGE to NDOH: The matters are handled by the Office of the Head of Department in the province. The province has established a Task Team to probe these claims further and is busy tracking the patient files. Medical assessments of the cases based on information from the files is underway. The province has embarked on addressing the requirements for a clinical redress process. The province continues to face challenges of the files of some patients not being found. This leads to a delay in completing the process. Preliminary draft Provincial Report has been submitted by the province to the National Department of Health and a complete Provincial Report will be submitted as soon as the province has completed the assessments.

1.26.4 In **Mpumalanga Province**, 2 cases were submitted to the National Department of Health by the CGE: The patient history for one complainant could not be found at Themba Hospital. The province reported that this patient could have been misallocated to Mpumalanga, as the patient is receiving care at Tambo Memorial Hospital in Gauteng province. In the case of the second complainant, the report from the Mpumalanga Province Department of Health indicates that she was a known patient at Bethal Hospital. She was seen during her pregnancy in 2015 and was referred to Witbank and Steve Biko Hospitals for further management of cardiac disease during pregnancy. She was referred

back to the Bethal hospital and was admitted on 14/12/2015 for elective caesarean section and tubal ligation. Consent for these procedures was signed on 15/12/2015 prior to the surgical procedures being conducted on the same day. The report notes that the complainant did not raise this complaint with the hospital. Based on the report to the CGE, hospital management undertook to train / update staff on how consent should be obtained from patients.

1.26.5 In **KwaZulu Natal**, there were 15 cases submitted to the National Department of Health: The matter is handled by the Premier's Office in the Province. The province is working together with the "Her Rights Organization" which submitted a list of complainants. The National Department of Health only received a draft Plan of Action from the Province with the submitted cases. The National Department of Health is still seeking a comprehensive Provincial Report in reply to the NDOH DG's correspondence regarding the names of complainants sent to the province.

1.26.6 In the **Western Cape** there were 4 cases submitted to the National Department of Health: A verbal report was obtained from the Provincial MCWH Manager on cases. In one complainant's case, the Victoria hospital health system indicates the patient was admitted in January 2007. However, the file has not been found as it could have been destroyed in line with Provincial Record Keeping Policy. In the case of the second complainant, she attended the Gugulethu Day (MOU) on 29 March 2015 and she was referred to the Mitchells Plain District Hospital for delivery. On day 9, post-delivery she was referred to the Groote Schuur Hospital. The consent was obtained for laparotomy and total abdominal hysterectomy. In the third complainant's case, a history of previous caesarean section for twins, and breech position was noted. The patient was treated for meningitis in pregnancy and hearing loss at the Khayelitsha Regional Hospital on 22 July 2019. Emergency caesarean section and tubal ligation were performed. Consent and counselling form for Tubal Ligation signed by patient and is available. In the fourth complainant's case, she delivered a male infant at the Groote Schuur Tertiary Hospital on 8 September 2000 (normal vaginal delivery). Currently only notes from baby's microfilm records are available which indicate that mother was living with HIV. Mother's file could not be found,

and it was most probably destroyed in line with Provincial Record Keeping Policy. Provincial Report still on route for the Head of Department's signature for submission to the National Department of Health.

1.26.7 The NDOH will continue to collate all the provincial progress reports of their redress processes.

1.26.8 In addition, the Joint Communication has urged South Africa that all necessary interim measures be taken to halt the alleged violations and prevent their re-occurrence and in the event that the investigations support or suggest the allegations to be correct, to ensure the accountability of any person(s) responsible for the alleged violations.

1.26.9 South Africa accepts this recommendation as the relevant legislation and policies are in place in the country to prevent such violations from taking place. In addition, where any instance of the alleged forced sterilisation is proven to have occurred, the relevant rule of law will be invoked, and any person or persons found responsible will be held to account through relevant legal processes.

1.26.10 Also – wider public should be alerted to the potential implications of the above-mentioned allegations. South Africa notes that the communication / press release from the UNOCHR will state that it has been in contact with South Africa to clarify the issue. In this regard, South Africa would appreciate that the press release notes that South Africa has responded to the Joint Communique.

1.26.11 South Africa is signatory to several international human rights instruments as outlined in the Joint Communication Annexure (AL ZAF 2/2024) and has been submitting its periodic reports against the various instruments in compliance with its obligations as a State Party.

1.26.12 In this regard, South Africa has submitted its third Periodic Report on the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment to the Committee in August 2023. It must be noted

that this report does not refer to the alleged forced sterilization contained in the Report of the Commission for Gender Equality as the matter was *sub-judice* at the time of submission given that matter was being investigated by the National Department of Health.

1.26.13 However, South Africa will include the issue in its statement and provide progress report on the investigation and measures adopted to address the concerns raised regarding this matter when it presents its report to the Committee on the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, when it is called up to the constructive dialogue.

CONCLUSION

- 1.27 South Africa states with firm conviction that forcing sterilization upon women diagnosed with HIV conflicts with all its constitutional imperatives on non-discrimination, equality and non-sexism.
- 1.28 The State recognizes that this is a violation of their right to autonomy and the doctrine of informed consent. Furthermore, this procedure violates the medical ethics principle of beneficence: that treatment must benefit the patient.
- 1.29 South Africa does not support the perspective that HIV positive women should be coerced into sterilization, as the antiretroviral treatment has been shown to reduce risk of mother- to-child transmission to less than 2% in the country. In addition, South Africa has the largest antiretroviral treatment in the world. Therefore, such practices are against the constitution, relevant legislation and policy imperatives.
- 1.30 The Government of South Africa is committed to continue the efforts to entrench the rule of law and abiding by its international legal obligations. The need for South Africa to abide by its international legal obligations is an established principle of our nascent jurisprudence as iterated by the courts, including the Constitutional Court, in a myriad of cases since 1994. Now as

we celebrate our 30 years of constitutional democracy, South Africa reaffirms to all the concerned Special Procedures of its continued commitment to human rights, non-discrimination and non-sexism and to the full and effective implementation of international human rights laws, treaties and Conventions it is a State Party to.

- 1.31 Given our strong human rights commitment, South Africa will continue its work on addressing the findings of the Commission for Gender Equality on alleged forced and coerced sterilization of women living with HIV in the country and seek to redress victims where appropriate, while holding to account through the rule of law, those responsible for such heinous practices.
- 1.32 South Africa also commits to undertaking further research to identify the extent and scope of forced sterilization in the country including if it occurs in other groupings of people such as persons with disabilities, intersex and transgender persons and any others as appropriate. South Africa recognizes this as critical to ensure that human rights of persons are not violated and that discrimination, racism and hate crimes are not perpetuated.
- 1.33 We wish to conclude by remembering the words of Nelson Mandela, who said, "thus shall we live, because we will have created a society which recognises that all people are born equal, with each entitled in equal measure to life, liberty, prosperity, human rights and good governance."
- 1.34 The CGE Investigative Report is a valuable resource that can help us navigate this dynamic landscape and continue building a more just and equitable South Africa for all. It is also by embracing the recommendations cited in the Joint Communication and addressing them with the right determination that South Africa can build upon its past achievements and navigate the road ahead with renewed commitment to the principles of constitutional democracy, ensuring the fulfillment and protection of human rights for all.