

**Mandates of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health; the Special Rapporteur on the human rights of migrants and the Working Group on discrimination against women and girls**

Ref.: AL ZAF 3/2025  
(Please use this reference in your reply)

3 December 2025

Excellency,

We have the honour to address you in our capacities as Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health; Special Rapporteur on the human rights of migrants and Working Group on discrimination against women and girls, pursuant to Human Rights Council resolutions 60/10, 52/20 and 59/14.

In this connection, we would like to bring to the attention of your Excellency's Government information we have received concerning reported incidents targeting migrants, including asylum-seekers and refugees and migrants in an irregular situation, **in accessing public health services, located in the Gauteng and Kwa-Zulu Natal Provinces, including Rahima Moosa Hospital, Hillbrow Clinic, Rosettenville Clinic, Charlotte Maxeke Johannesburg Academic Hospital, Jeppe Clinic, Kalafong Provincial Tertiary Hospital, Addington Hospital and Lilian Ngoyi Clinic, among others.**

According to the information received:

On 20 February 2019, the National Department of Health issued a circular instructing public hospitals and clinics to charge the full cost of medical services to all non-South African nationals, except for those recognized as low-income refugees with valid documents. The directive specified that all non-South African citizens should be classified as full-paying patients (PHF), except for refugees with valid documents, who would be classified according to a means test. It further stated that all full-paying patients were required to cover the costs of all healthcare services, including emergency treatment, maternity care, and basic primary healthcare. The Gauteng Province was reportedly the only province that implemented this circular, which resulted in the exclusion of many migrants, asylum-seekers and refugees from essential healthcare services.

Since 2022, members of anti-migrant vigilante movements – notably *Operation Dudula*, the *March and March Movement*, and the *Patriotic Alliance* – have been organising protests outside public health facilities in several provinces. These individuals, often wearing clothing identifying them with these movements, reportedly stationed themselves at the entrances of hospitals and clinics, demanding that all persons entering to present a South African identity document. Those unable to do so were allegedly denied access, insulted or threatened by the members of the group.

In this regard, since early 2025, there has been a reported increase in incidents targeting migrants, including asylum-seekers, refugees and migrants in an

irregular situation, in accessing public health services located in the **Gauteng** and **KwaZulu-Natal** Provinces, including **Rahima Moosa Hospital, Hillbrow Clinic, Rosettenville Clinic, Charlotte Maxeke Johannesburg Academic Hospital, Jeppe Clinic, Kalafong Provincial Tertiary Hospital, Addington Hospital, and Lilian Ngoyi Clinic**, among others.

Reports indicate that, as a consequence there has been an “increasing and illegal pattern” of undocumented migrants being denied access to medical care at public facilities, as well as acts of intimidation and harassment by members of *Operation Dudula* at healthcare centres in Hillbrow and Rosettenville, Johannesburg, where individuals reportedly demanded identity documents from patients and threatened healthcare workers.

In August 2025, similar incidents were reported at Addington Hospital in Durban (KwaZulu-Natal Province), where individuals identifying as members of the *March and March Movement* stationed themselves at the hospital entrance, demanding identification and denying access to anyone unable to present a South African identity document. A widely reported incident involved an older South African man who was pushed by individuals identifying as members of this group after he declined to show his identification document.

Further information indicates that, in several instances, healthcare workers were reported to have either acquiesced to, or failed to prevent, acts of intimidation, verbal threats, or obstruction of access to healthcare facilities targeting migrants and refugees. In July 2025, a migrant woman living with HIV was allegedly informed by a healthcare provider at Yeoville Clinic that staff were no longer allowed to assist foreign nationals without South African identity documents. On 12 August 2025, another migrant family, seeking treatment for a chronically ill relative, was reportedly stopped outside South Hills Clinic in Johannesburg by individuals participating in anti-migrant actions, who informed them that public clinics were only for South Africans. A nurse, accompanied by one of these individuals, then issued the family a transfer letter, reportedly to allow them to receive treatment at another healthcare facility.

In another case, on 15 July 2025, a young migrant mother was reportedly turned away from the Alexandra Community Health Centre in Johannesburg while seeking medical care for her sick child. She later sought assistance from a private doctor; however, the baby passed away afterwards. In another case, a migrant woman living with a chronic illness was repeatedly turned away from Jeppe Clinic between August and September 2025 by individuals identifying as members of *Operation Dudula*. When she returned on 19 September 2025 with a civil society representative to retrieve her patient file, clinic staff reportedly claimed that her file was missing and later stated that her information had not been entered into the electronic system due to her foreign status.

In this sense, there have been recurring reports of discrimination and denial of access to healthcare services for migrants, asylum-seekers and refugees in South Africa. These reports appear to reflect broader patterns of exclusion and “medical xenophobia,” rooted in the country’s history of structural discrimination and socio-economic inequality. In this context, discriminatory

practices reportedly also involve third parties, including organized groups and individuals obstructing access to public healthcare facilities for non-nationals, thereby reinforcing xenophobic attitudes and narratives within communities.

These incidents have reportedly created widespread fear and stigma against migrants, refugees and asylum-seekers, discouraging them from seeking necessary medical care and increasing the risk of preventable health complications, increased maternal and child mortality, and a broader deterioration of public health outcomes among populations in vulnerable situations.

Without prejudicing the accuracy of these allegations, we are seriously concerned that the reported incidents reflect an increasingly widespread pattern of discrimination, intimidation and obstruction of access to healthcare services targeting migrants, asylum-seekers and refugees in South Africa. These practices appear to be linked to the actions of anti-migrant groups operating at the entrances of public health facilities and, in some cases, to the alleged inaction or insufficient intervention of certain healthcare staff.

We are further concerned that these developments contribute to an environment of “medical xenophobia”, rooted in longstanding structural discrimination and socio-economic inequalities. The reported practices, such as demands for identity documents at facility entrances, the turning away of patients, harassment and threats against health workers providing care to non-nationals, appear to create significant barriers to essential healthcare services for migrants and refugees. Such incidents reportedly generate fear and stigma, discouraging individuals from seeking necessary medical care and increasing the risk of avoidable and potentially severe health consequences, including maternal and child mortality.

We are also concerned that the differentiation introduced by the 2019 circular issued by the National Department of Health, which imposes full-cost fees on non-South African nationals, may have contributed to legitimising exclusionary attitudes within the healthcare system and reinforcing discriminatory treatment. Combined with the reported involvement of private individuals and organised anti-migrant groups in obstructing access to healthcare facilities, these practices may disproportionately affect non-nationals, women and children. In addition to constituting discrimination, the systematic obstruction of access to essential medical care may place individuals at risk of severe harm, including preventable suffering and death. Such consequences engage not only the right to health, but also the right to life, which obliges States to take positive measures to protect individuals whose lives may be endangered by barriers to medical treatment.

In this regard, we wish to recall that the South African Constitution guarantees the right to equality before the law and the right of everyone to access healthcare services, including reproductive healthcare and emergency medical treatment (sections 9, 27(1)(a) and 27(3)). The National Health Act (2003) requires public health establishments to provide free services to pregnant and lactating women and to children under six years of age, and affirms that all persons are entitled to free primary healthcare services. Refugees are entitled to the same basic health services as nationals under section 27(g) of the Refugees Act (1998).

We would also like to recall to your Excellency's Government that the Working Group on Discrimination against Women and Girls, in its report on the gendered inequalities of poverty, noted that "[m]any of the core elements of the right to health... including sexual and reproductive health and the right to a healthy environment, are also routinely violated for women and girls living in poverty" (A/HRC/53/39, para. 38). In particular, the Working Group found that "those with disabilities and those who are migrants or from ethnic minorities – are less likely to access routine cancer-screening services for breast and cervical cancer and they frequently cannot afford essential medications," concluding that "[t]hese forms of direct and indirect discrimination within health-care systems constitute gender- and poverty-based violations of the right to health" (A/HRC/53/39, para. 38). Accordingly, the Working Group has recommended States to "[d]evelop policies and commit additional resources to address the multiple and intersecting forms of discrimination that contribute to reproductive health disparities and the specific risks faced by adolescent girls, women and girls with disabilities and migrant, refugee and displaced women and girls" (A/HRC/47/38, para. 77 (i)).

In connection with the above alleged facts and concerns, please refer to the **Annex on Reference to international human rights law** attached to this letter which cites international human rights instruments and standards relevant to these allegations.

As it is our responsibility, under the mandates provided to us by the Human Rights Council, to seek to clarify all cases brought to our attention, we would be grateful for your observations on the following matters:

1. Please provide any additional information and/or comment(s) you may have on the above-mentioned allegations.
2. Please provide information on any investigations that have been initiated into the reported incidents of harassment, intimidation or denial of access to healthcare services targeting migrants, asylum-seekers and refugees, including at Kalafong Hospital, Hillbrow Community Health Centre, Rosettenville Clinic, Addington Hospital and other public facilities. Please also indicate whether any perpetrators have been identified, prosecuted and sanctioned, as well as explain what oversight mechanisms exist to ensure accountability of public health facilities, and how these mechanisms can be safely accessed by migrants, refugees, and asylum-seekers.
3. Please indicate whether the Government collects disaggregated data (by nationality, migration status, gender, age, and health condition) regarding refusals of care, intimidation incidents, complaints, and maternal and child outcomes among non-nationals, and how such data is used to inform policy and prevention.
4. Please provide information on measures taken by the Government to ensure that all persons, regardless of nationality or migration status, can access public healthcare services, including sexual and reproductive healthcare and emergency or life-saving medical treatment.

5. Please provide information regarding the 2019 circular issued by the National Department of Health, which instructed public hospitals and clinics to charge the full cost of medical services to all non-South African nationals except for those recognized as low-income refugees. In particular, please clarify whether this circular remains in force, how it is currently implemented at the provincial level, and what measures have been taken to ensure that it does not result in discrimination or exclusion of migrants, refugees and asylum-seekers from essential healthcare services, including pregnant and lactating women as well as those living with HIV/AIDS.
6. Please indicate whether the Government has issued or intends to issue guidance to public health facilities and staff to prevent discrimination and ensure that patients are not denied care based on nationality, documentation status or other grounds.
7. Please explain the steps taken to protect healthcare workers from intimidation, threats or harassment by private individuals or groups when providing care to foreign nationals, and to ensure that such incidents are effectively prevented and sanctioned.
8. Please indicate what measures have been taken by the Government to prevent and address discrimination in access to healthcare services for migrants, refugees and asylum-seekers, including in receiving sexual and reproductive healthcare. In particular, please provide information on any awareness-raising or training activities conducted for healthcare professionals and law enforcement officers on the right to health, non-discrimination and equality of treatment, as well as on existing mechanisms to monitor, document and respond to cases of discrimination, including through access to effective remedies and reparation.

This communication and any response received from your Excellency's Government will be made public via the communications reporting [website](#) within 60 days. They will also subsequently be made available in the usual report to be presented to the Human Rights Council.

While awaiting a reply, we urge 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.

Please accept, Excellency, the assurances of our highest consideration.

Tlaleng Mofokeng  
Special Rapporteur on the right of everyone to the enjoyment of the highest attainable  
standard of physical and mental health

Gehad Madi  
Special Rapporteur on the human rights of migrants

Claudia Flores  
Chair-Rapporteur of the Working Group on discrimination against women and girls

## **Annex**

### **Reference to international human rights law**

In connection with the above alleged facts and concerns, we would like to draw the attention of your Excellency's Government to the following international human rights instruments and standards, which we consider relevant to the allegations raised in this letter.

We recall that articles 2.2 and 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR), ratified by the Government of South Africa on 12 January 2015, guarantees the right of everyone to the highest attainable standard of physical and mental health without discrimination. This right requires States to ensure that health facilities, goods and services are available, accessible, acceptable and of good quality, and that they are provided without discrimination of any kind, including on the basis of nationality or migration status (Committee on Economic, Social and Cultural Rights, general comment No. 14, paras. 12 and 18). States have immediate obligations in relation to the right to health, including to guarantee that it is exercised without discrimination, and to refrain from denying or limiting equal access for all persons, including asylum seekers and undocumented migrants, to preventive, curative and palliative health services (general comment No. 14, paras. 30 and 34). States also have a core obligation to ensure access to health facilities, goods and services on a non-discriminatory basis, particularly for vulnerable and marginalised groups (para. 43(a)).

We further recall that article 5(e)(iv) of the International Convention on the Elimination of All Forms of Racial Discrimination (ICERD), ratified by Your Excellency's Government on 10 December 1998, obliges States to guarantee equality in the enjoyment of the right to public health and medical care. This provision applies regardless of a person's migratory status, and establishes that migrants, refugees, asylum seekers and stateless persons have the right to be integrated into local health systems and to receive preventive and primary healthcare beyond emergency services, without discrimination (Committee on the Elimination of Racial Discrimination, general recommendation No. 37, para. 26).

We also recall that article 12 of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), ratified by the Government of South Africa on 15 December 1995, requires States to ensure appropriate services in connection with pregnancy and postnatal care, granting access to healthcare services on a basis of equality.

We recall that article 6 of the International Covenant on Civil and Political Rights (ICCPR) enshrines the inherent right to life, requiring States to adopt appropriate measures to protect life. According to the Human Rights Committee's general comment No. 36, States may violate this obligation when they fail to remove discriminatory barriers to life-saving or essential healthcare. Likewise, article 4 of the African Charter on Human and Peoples' Rights requires States to protect life and integrity of the person, a duty interpreted as encompassing access to essential medical services. We emphasize that when a State knows or ought to know of a real and foreseeable risk to life created by violent or obstructive actions of non-State actors, such as groups preventing access to healthcare, it must take reasonable preventive and protective measures. A failure to

act may constitute a breach of its positive obligations under international human rights law.

Furthermore, article 24 of the Convention on the Rights of the Child (CRC), ratified by Your Excellency's Government on 16 June 1995, recognizes the right of every child to the enjoyment of the highest attainable standard of health and access to healthcare services without discrimination.

Resolution 9/5 of the Human Rights Council, which addresses the issue of the human rights of migrants and "reaffirms [...] the obligation of States to effectively promote and protect the human rights and fundamental freedoms of all migrants, especially those of women and children, regardless of their immigration status, in conformity with the Universal Declaration of Human Rights and international human rights instruments". The resolution also "reaffirms that States, when exercising their sovereign right to enact and implement migratory and border security measures, States have the duty to comply with their obligations under international law, including international human rights law, in order to ensure full respect for the human rights of migrants'.

We would also like to draw the attention of your Excellency's Government to the provisions set forth in the Global Compact for Safe, Orderly and Regular Migration (A/CONF.231/3) that your Excellency adopted on 10 December 2018, which establishes in its goal 17 the commitment of States to eliminate all forms of discrimination and to promote an evidence-based public discourse to shape perceptions of migration. In this regard, objective 17(d) affirms the commitment of States to establish mechanisms to prevent, detect and respond to racial, ethnic and religious profiling of migrants by public authorities, as well as systematic instances of intolerance, xenophobia, racism and all other multiple and intersecting forms of discrimination in partnership with National Human Rights Institutions, including by tracking and publishing trends analyses, and ensuring access to effective complaint and redress mechanisms.

General recommendation XXX relating to Discrimination against non-citizens, in which the Committee on the Elimination of Racial Discrimination recommends States "to ensure that legislative guarantees against racial discrimination apply to non-citizens regardless of their immigration status, and that the implementation of legislation does not have a discriminatory effect on non-citizens". Furthermore, the Committee states that Government should "take steps to address xenophobic attitudes and behaviour towards non-citizens, in particular hate speech and racial violence, and to promote a better understanding of the principle of non-discrimination in respect of the situation of non-citizens"; an "take resolute action to counter any tendency to target, stigmatize, stereotype or profile, on the basis of race, colour, descent, and national or ethnic origin, members of "non-citizen" population groups, especially by politicians, officials, educators and the media, on the internet an other electronic communications networks and in society at large".