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TAC, ALP and ARASA Demand Better Social Assistance to Protect the Rights of People Living with Chronic Illnesses

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Recent Changes To Social Assistance Regulations

We note with approval the changes made to the Social Assistance Regulations that double the means test for income and increase the value of grants (25 August, 2008). Coupled with efforts to increase uptake of the social relief of distress grant, these are important measures to help address the scourge of poverty. We are also encouraged by the Minister of Social Development?s comments during his budget speech (30 May, 2008), which noted how education and health are ?fundamental to breaking the cycle of poverty? and that the department is exploring means to ?encourage healthy lifestyles?.

Cancellation of Social Grants for DR-TB Patients and the Proposed Chronic Disease Grant

The current practices of cancelling the disability grants of drug-resistant tuberculosis (DR-TB) patients who are isolated in specialised DR-TB hospitals for prolonged periods of time and not providing social assistance to those living with chronic illnesses are unconstitutional as per Section 27 of the Constitution which states:

?Everyone has the right to have access to?, (c) social security, including, if they are unable to support themselves and their dependants, appropriate social assistance.

?The State must take reasonable legislative and other measures, within its available resources to achieve the progressive realisation of each of these rights?

The failure to adopt a rights-based approach to healthcare is impacting negatively on the health of too many South Africans, and on the ability of the health care system to meet their needs. The TAC, ALP and ARASA demand that the Department of Social Development (DSD) immediately stop cancelling grants for institutionalised DR-TB patients and introduce a Chronic Disease Grant (CDG) to enable people living with chronic illnesses to better manage their conditions.

Disability Grants Are Failing To Provide For People with Chronic Illnesses

On 24 July, the South African National AIDS Council (SANAC) submitted a dossier of 203 cancelled disability grants to the Minister of Social Development. While providing anecdotal evidence of the state of health and extreme poverty with which people are faced, the dossier showed conclusively that attempts to provide relief through the disability grant

to people with chronic illnesses such as HIV are failing to improve quality of life or lighten the burden on the health care system. At present the only social support afforded to this significant segment of the population is through the temporary disability grant. Lasting no more than six months, this grant was initially mandated to enable those temporarily unable to work to provide for their families and nurse themselves back to health. The reoccurring nature of a chronic condition requires continuous care and treatment for the rest of ones life, often coming at considerable expense. Withdrawing social support as soon as one becomes acceptably healthy often results in a cycle of serious illness and temporary recovery, and fails to incentivize and enable continued efforts to maintain good health.

Withdrawal of Grants to Patients with DR-TB

The DSD states that according to regulations in the Social Assistance Act, a person is only eligible for a grant if s/he is not maintained in a state institution. This includes care and treatment centres such as specialised TB hospitals. However, we argue that section 27 (1) (c) of the Constitution extends the right to appropriate social assistance to everyone and their dependents. Stopping grants is unconstitutional as it limits the right to individuals only, and does not consider that in many cases the isolated patient?s household and dependants rely on them for their economic welfare and survival. We demand that the cutting of grants is stopped immediately.

The isolation of such patients usually lasts at least six months, as prescribed by the Department of Health guidelines. But in some cases people may be isolated for up to two years. Many TB patients fear the economic hardship that will be suffered by their families as a consequence of being hospitalised for a lengthy period of time. This is potentially a powerful disincentive for patients to seek testing for TB from health services. It is also a potential reason why people resist voluntary isolation and is one of the main reasons patients abscond from MDR TB facilities. There is low morale and general dissatisfaction within isolation facilities across the country as witnessed by patients going on hunger strikes at Jose Pearson in the Eastern Cape last week.

For these reasons TAC, ALP and ARASA believe that a policy for providing social assistance to all patients who are isolated should be implemented regardless of whether they are already recipients of disability grants or are employed, as the employed patients are also, in many instances, also deprived of their normal income by being isolated for such prolonged periods of time.

Given the high number of people with DR TB, isolating patients without a social assistance safety net will also threaten the economic security of families and communities most of whom are already living in poverty. Aggravating this economic insecurity worsens the vicious cycle of TB and poverty. If people are to voluntarily accept a long period of isolation in the public interest, the government should accept that it has a duty to provide economically for such people.

We call on the Department of Health and the Department of Social Development to urgently develop and announce a proposal regarding these issues.

For more information call:

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