# NATIONAL ASSEMBLY

**FOR WRITTEN REPLY**

**QUESTION NO. 243**

**DATE OF PUBLICATION IN INTERNAL QUESTION PAPER: 10 FEBRUARY 2022**

**(INTERNAL QUESTION PAPER NO. 01)**

**Ms N N Chirwa (EFF) to ask the Minister of Health:**

What (a) is the current state of the commission for forcefully sterilising women and (b) has been done to date to ensure compensation, psychological support, medical intervention and the other commitments made by his department to the victims of forced sterilisation?

###### NW256E

**REPLY:**

(a) The Independent Committee appointed by the Ministry of Health to accelerate the implementation of redress to complainants of forced/coerced sterilization has concluded its work. Unfortunately, the CGE was unable to provide the committee with particulars of the 48 women identified in the report as women who were allegedly coerced into sterilisation due to their HIV status. Instead, names of 106 women were finally submitted to the committee of which only 16 were part of the original list.

After further searching a final list of 24 women’s names were submitted by the CGE (of an original allegation of 48 women) with only 14 accompanied by affidavits. The CGE was also not confident that they had identified the women that they originally believed had made allegations. A further complication was that most cases were many years old (2005 to 2010) so patient records were incomplete or completely missing. The committee did what they could to document the details but could confirm that a tubal ligation had been done in only 4 cases.

Despite best endeavours the detailed clinical histories of the women from the original group of complainants could not be adequately verified. There are no grounds to proceed to compensation at this stage other than continued health care in public health facilities.

Since this matter is of such importance it is imperative that the medico-legal reform process in the department for the health sector is being pursued with vigour to address the plight of the 82 who attended a dialogue although they were not part of those in the CGE report.

Rather than pursue a separate committee consideration is being given to amending the terms of reference of the Ministerial Advisory Committee (MAC) on Maternal Child and Women’s Health to include strengthening of action around sterilisation or women, with specific guidance from:

* South African Maternal, Perinatal and Neonatal Health Policy (23-6-2021)
* Sterilisation Act [No. 44 of 1998]

(b) All the women who reported to have medical problems associated with the sterilization were evaluated at major public hospitals in the country (16 in KwaZulu Natal and 8 in Gauteng) and the report is available.

Psychological services were initiated by the Office of the Premier in KZN for women who attended the dialogue. In addition, HODs in various provinces were asked to ensure that each woman is supported with appropriate clinical and psychological care in the public hospital closest to their place of residence. The responsibility for ongoing clinical and psychological care is part of the clinical services that will be provided in the public health services of the provinces.

To my knowledge there was no commitment from the Department to compensate the alleged victims. There is no mechanism for financial reward for any damages to be determined by the department. The intention of the medico-legal reform process also is not to provide financial compensation but to ensure that the health needs of the patient are assured.

END.