

HOW DO POLICY DOCUMENTS RELEVANT TO REFUGEES ADDRESS ISSUES RELATING TO REFUGEE'S ACCESS TO HEALTH CARE SERVICES IN SOUTH AFRICA?

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Abstract

Background: There is very limited literature on the provisions contained in policies relevant to refugees who seek health care services in South Africa. Yet, the need to understand how policy can influence access to healthcare services for refugees is widely acknowledged.

Purpose: This study was conducted in order to examine ways in which policy documents relevant to refugees address issues relating to refugees' access to health care services.

Methods: Data for this study was derived from a review of policy documents relevant to refugees and discussions with relevant stakeholders. Six provisions were identified that relate to the facilitation of health care access among refugees. Twelve (n=12) relevant policy documents that met our inclusion criteria were analysed in terms of the six provisions and particularly how it was framed.

Findings: The six provisions pertain to refugees' rights and access to healthcare services, free access to ART, access to mental health, screening upon arrival and provision of interpreters at public healthcare facilities. The findings suggest that policy documents have not adequately addressed issues relating to refugees' access to health care services in South Africa. Of the 12 relevant policy documents selected, only seven had one or two of the six provisions; the other five made no provision for refugees in South Africa. In addition, most of the policy documents that address the issue of health care access for refugees are international documents. Only four policy documents developed in South Africa contained one or two of the six provisions.

Conclusion: Health policy makers should pay attention to the issues of refugee health within government's limited financial and human resource capacity as it has important health ramifications for the citizens and the country at large. Further, government and policy makers should also promote access to resources to support health facility management and create greater awareness of national health policies among practitioners and refugees.

Key words: Health policy, Refugees, Access to healthcare, South Africa

Introduction

In January 2015, the United Nations High Commission for Refugees (UNHCR) documented 59.5 million forcibly displaced people worldwide (UNHCR, 2015). This number includes both refugees and asylum seekers. South Africa is a preferred destination for forced migrants from other African countries and is currently home to 315 000 refugees and asylum seekers, making the country a leading host to asylum seekers on the African continent (Amnesty International, 2015; Human Right Watch, 2015; Zihindula, Meyer-Weitz & Akintola 2015). Defined by the United Nations as persons that have

been forced out of their countries of origin (UNHCR 1945), refugees come from challenging backgrounds resulting from war, political instability, torture and other forms of violence and diverse challenges (Annan 2014; Bachishoga & Johnston 2013; Maniragena 2014; Sirin & Rogers-Sirin 2015; Warfa, Curtis, Watters, Carswell, Ingleby & Nhui 2012).

Upon their arrival in the host countries, refugees confront further challenges that affect their psychological, health, social and economic wellbeing. International organizations and specifically the UNHCR have developed policies to address these

challenges (Gray & Vawda 2014). South Africa is a signatory to many policies that advocate for access to health care services by refugees (Greenburg & Polzer, 2008; Republic of South Africa, 1998). In addition, the government of South Africa has since 1994 placed equity at the core of its health policies (Gilson & McIntyre 2007). The main objective of all health policies in South Africa was to address the legacy of apartheid and to reduce the enormous inequities in access to health care services and health status (Benatar, 2013; Harris, Goudge, Ataguba et al. 2011; Nevondwe & Odeku 2013). The *Refugee Act of 1998* and the *National Health Care Act of South Africa of 2003* stipulate that everyone who lives in South Africa has the right to access health care services (HRW, 2015; Republic of South Africa, 1998). These provisions in both Acts are not reflective of the situation on the ground as studies have shown that refugees lack access to health care services in South Africa, despite the existence of both the *National Health Care Acts* and the *South African constitution* (Apalata et al. 2007; Crush & Tawodzera 2014; Maniragenya 2014; Zihindula et al. 2015). Regrettably, there is a dearth of studies about how policy documents address issues related to refugees' access to healthcare services in South Africa. Therefore, the purpose of this study was to examine the ways in which relevant health related policy documents address the issue of access to health care services by refugees.

Literature review

The current literature on policy and implementation outcomes regarding health care service access by refugees is sparse, particularly within the South African context. Yet, the need to understand how policy and implementation can influence access to healthcare services for refugees is widely acknowledged. Access to health care services has been defined in different ways by diverse authors and researchers. The IOM (1993:04) defined access to health care services as having a timely use of personal health services to achieve the best health outcomes. Levesque, Harris & Russell (2013:3) define access to health care as an individual's ability to identify his/her need and seek healthcare services and obtain the relevant care for his/her healthcare needs. For the purpose of this study, access to health care was defined as the opportunity to reach and obtain appropriate health care services in situations of perceived need for care (Goddard & Smith 2001; Haddad & Mohindra 2002; Olivier & Mossialos 2004; Waters 2000). These definitions refer to the ability of service providers to deliver health care services to all in need of health services in a way that is affordable and acceptable. They should also provide equal access and utilization of the services by every individual in need of health care services.

Issues relating to policy about access to health care services for refugees in South Africa are crucial as the number of refugees and asylum seekers continues to grow in South Africa (See Table 1).

Table 1

United Nations Higher Commission for Refugees (UNHCR): Planning Figures for South Africa							
TYPE OF POPULATION	ORIGIN	December 2013		December 2014		December 2015	
		Total in Country	Of whom assisted by UNHCR	Total in Country	Of whom Assisted by UNHCR	Total in Country	Of whom assisted by UNHCR
Refugees	Various	67,500	13,500	75,600	15,120	83,600	16,720
Asylum-Seekers	Various	233,100	46,620	274,400	54,880	283,700	56,740
Total		300,600	60,120	350,000	70,000	367,300	73,460

Source: 2014's UNHCR planning figures for South Africa

In 2011, the South African government published a green paper on the *National Health Insurance (NHI)* which was intended to ensure equal access to appropriate, efficient and quality health services for everyone (Naidoo, 2012). The NHI policy intends to address the quadruple burden of diseases including HIV/AIDS & TB, maternal and childhood diseases, non-communicable diseases as well as violence and injury), which are responsible of over 90% of deaths

in South Africa (Dudley, Selebano, Nathan et al., 2013; Matsoso 2013; Mash, Malan, von Pressentin & Blitz, 2015; Matsoso, Fryatt & Andrews 2015). Unfortunately, the NHI policy makes very little reference to issues relating to refugees' access to healthcare services.

It has been documented globally that refugees face a myriad of challenges in attempting to access health care services despite the existence and

implementation of policy developed to facilitate access and utilisation of healthcare services for refugees (HRW, 2009; Langlois et al 2016; Milosevic 2012; UNHCR 2011; UNHCR 2013). These challenges include language barriers, documentation, cultural and health seeking behaviours of refugees, health care workers' attitudes and the issues of affordability where user fees are charged for health care services (Asgary & Segar 2011; Aspinall & Watters 2010). Similar results as the above were documented in a study about refugees' access to health care services in European Union countries (Langlois, Haines, Thomson & Ghaffar 2016). The findings of the study by Langlois et al suggest that despite the health policy implementation at facility level, refugees were still confronted with challenges of communication, acceptability and affordability of health care services. This finding is consistent with that of Szajina & Ward (2015) who studied refugees' access to health care services in the United States of America and found that culture, language discrimination, stigmatization and logistical concerns were the dimensional barriers to refugees accessing healthcare services.

Studies conducted in South Africa show that national health systems often discriminate against refugees (CoRMSA 2009; HRW 2015; Moyo 2010; MSF 2010; IOM 2009; Vearey 2014; Zihindula et al. 2015). A report from the Jesuit Refugee Services (JRS) in Johannesburg indicated that refugees find it challenging to access health care services in South Africa because the health facilities do not provide interpreters to assist the refugees who are not able to communicate in a local language. This finding is supported by a number of other studies conducted among refugees living in South Africa (Apalata et al. 2007; Magqibelo et al. 2016; Zihindula et al. 2015). Additionally, studies have shown that health care workers deny services to refugees on the basis of their immigration status (Crush and Tawodzera 2014; JRS 2014; SAMP 2015; Vearey 2014). Studies that explored refugee access to health care services in South Africa revealed that refugees confront medical xenophobia when trying to access health care services (Nkosi 2014; Crush & Tawodzera, 2014). However, we know very little about how health policy documents address issues relating to refugee's access to health care services in South Africa.

Methods

This study is part of the first author's doctoral thesis that explored refugees' access to health care services in South Africa.

Policy document collection and selection strategy

We developed a process to help in collecting policy documents available in the public domain that we deemed potentially relevant to the purpose of our study. We chose to collect policy documents that were 1) developed or published from 1994 when democratic rule began in South Africa and 2) reviewed and recommended for inclusion by stakeholders. We took the following steps in order to search for and collect relevant documents:

1. Reviewed international Acts and policies relevant to refugees and policy documents of the *United Nations High Commission for Refugees* (UNHCR) that are relevant to South Africa.

2. Reviewed *South African National Strategic Plans* (NSPs), *Provincial Strategic Plans* and *South African National Department of Health policies and frameworks* relevant to refugees and health care access.

3. Reviewed the *South African Refugee Act*.

4. Visited organizations assisting refugees in South Africa to discuss issues relating to health policies and refugee policies (see Table 2). The discussion allowed us to determine which documents, policies and organisations should be included in the study and to verify and ensure that all the major health policies are covered in this study.

5. We used the websites of refugee centers that we could not access to retrieve information related to their policy on refugee's access to health care services in South Africa.

6. We consulted with the directors of the Department of Home Affairs in the city of Durban, KwaZulu-Natal province, Pretoria, Gauteng province and Musina in Limpopo province, to explore if they had further relevant policy documents relating to refugees. We also had an informal conversation with them regarding ways in which they assist refugees who seek access to health care service.

7. To verify further that we have exhausted information about refugees, we considered reviewing literature that documents issues relating to migrants. The Southern African Migration Project (SAMP), the Centre for Migration and Society (ACMS), and the Consortium for Refugees and Migration in South Africa (CoRMSA) are the institutions' websites that we visited and we got specific information crucial to this work (ACMS 2015; SAMP 2015).

Through all these processes we collected a total of 39 policy documents that we believed were relevant to the purpose of our study. We set the following inclusion criteria to assist in the selection of documents: 1) policy documents should be relevant to and adopted by South Africa 2) relevant to refugees and 3) have some relevance to health care provision or access. Only 12 policy documents

remained after we applied our explicit inclusion criteria (see Figure 1).

Figure 1:

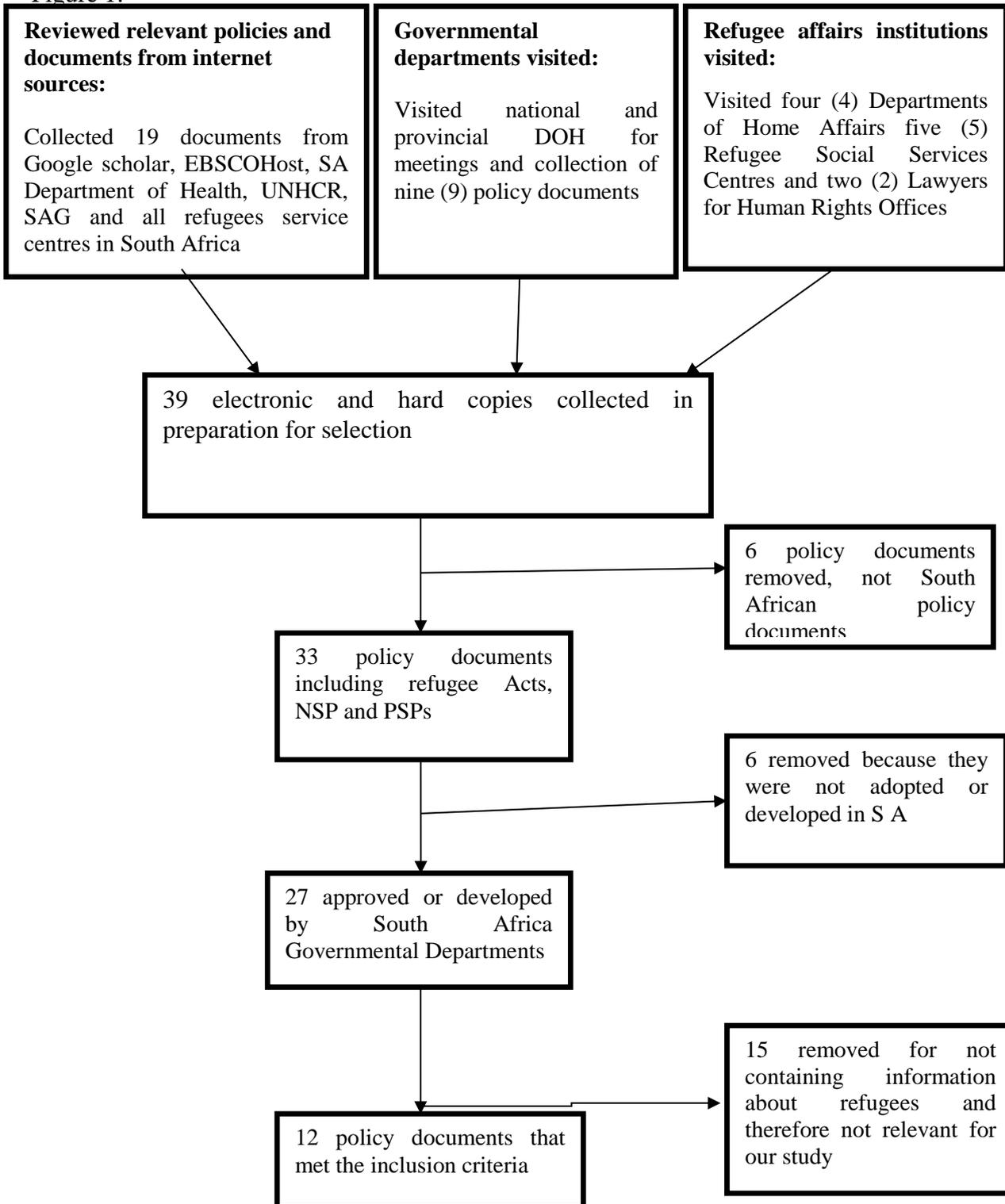


Figure 1: Flow chart showing the process of collecting and selecting documents

Table 2: Institutions assisting refugees in South Africa and services provided

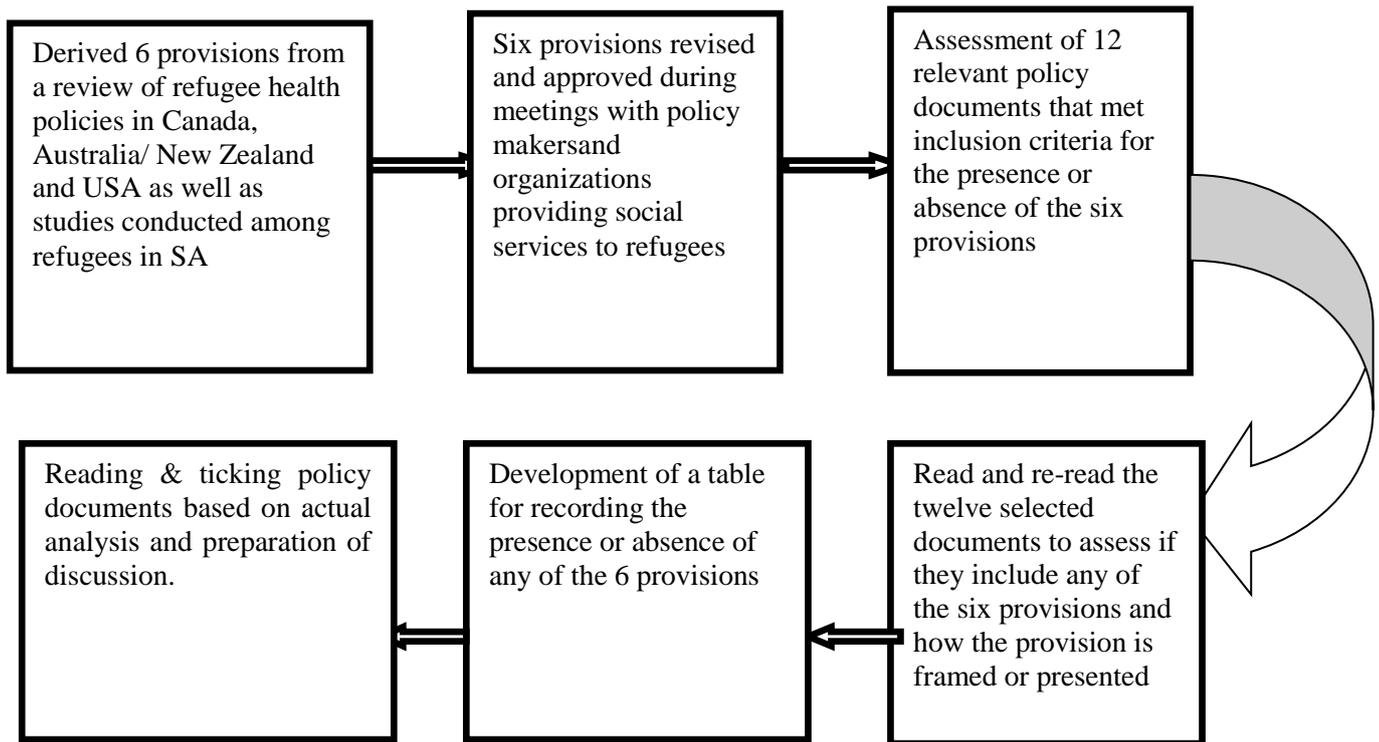
Organization Names	Location	Refugee-related activities/ Focus area
Department of Home Affairs (DHA)	In 3 provinces in South Africa	This department is a South African Governmental department working with refugees and asylum seekers providing them with status documents and permits respectively, in order for them to stay legally in the country.
South African Refugee Action (SARA)	Johannesburg	Provides paralegal assistance and support to newly arrived asylum seekers.
Consortium for Refugees and Migration in South Africa (CorMSA)	Johannesburg	Promotion and protection of rights of asylum seekers, refugees and international migrants.
Jesuit Refugee Services (JRS)	Johannesburg	A faith-based organization (FBO) which provides social assistance to refugees and Asylum seekers in the Republic of South Africa.
El-Shaddai Hands of Mercy	Musina	A faith-based organization which provides spiritual and psychosocial support services to refugees, and feeds only refugees and asylum seekers with valid section 22/23 permits.
Cape Town Refugee Centre (CTRC)	Cape Town	Psychosocial intervention programmes including-emergency services, medical assistance (referral to hospitals), funerals, education, programmes for children, empowerment and self-reliance programmes, income generating livelihood grants, translation and evaluation of foreign qualifications.
Sonke Gender Justice Network-HIV/AIDS, Gender Equality, Human Rights	Cape Town, Johannesburg and Mpumalanga	The organization works across Africa and it aims to facilitate equal access to health, pursues human rights framework to build civil societies and governments' capacity and citizens to prevent gender-based violence and reduce the spread of HIV
Agency or Refugee Education, Skills Training and Advocacy (ARESTA)	Cape Town	The organisation assists asylum seekers and refugees with education, legal matters and integration into South Africa upon their arrival in the city of Cape Town
People Against Suffering Oppression and Poverty (PASSOP)	Cape Town	The organisation raises awareness of discrimination against LGBTI, asylum seekers and refugees in South African employment and housing market. It also raises awareness about the asylum process in the country.

Analysis of policy documents

The analysis followed a step-by step process which began with a review of relevant literature and policy documents globally as well as discussions with relevant stakeholders to derive provisions that could facilitate access to health care among refugees. A total of six provisions were derived: provision for refugee services in general, refugees' right to access

health care services, health screening of refugees upon arrival in South Africa, free access to antiretroviral services, refugee access to mental health services and the provision of translators at public health facilities. These provisions were discussed with relevant stakeholders before we proceeded to assess the policy documents for the presence or absence of the provisions (see Figure 3).

Figure 3: Analysis process



Source: Authors

Results

Table 3 shows a comprehensive review of all Acts, policies and strategic plans analysed in this study.

Table 3: Provisions of the policies relevant to access to health care services

	Provision for Refugees services	Refugee’s right to access healthcare	Health screening upon arrival	Free access to ARVs	Access to mental health services	Translators at health facilities
<i>ANC Health Policy 1994</i>						
<i>South African constitution Act, 108 of 1996</i>	√					
<i>International Refugee Act 1998</i>	√	√		√	√	
<i>National health Act 61 of 2003</i>		√				
<i>UN Declaration of Human Rights 2006</i>	√	√	√	√		
<i>UNHCR policy 2009</i>	√	√	√	√	√	
<i>National Health Insurance (NHI) 2011</i>	√					

<i>National Strategic Plan 2012-2016</i>						
<i>National Strategic Plan 2010/2011-2012/2013</i>						
<i>National Health Insurance (NHI) revised version 2013</i>		√				
<i>Strategic Plan for the Prevention and Control of NCD 2013-2017</i>						
<i>National Strategic Plan 2014/2015 – 2018/2019</i>						

This study provides insight into provisions that are contained in policy documents that could influence refugees' access to health care. Some of the policy documents make provisions for refugees' access to health care services, screening upon their arrival, HIV/AIDS and TB tests, access to sexual and reproductive health (SRH) services and equal treatment similar to South African citizens.

Five policy documents out of twelve advocated for equal access to general services for refugees in South Africa. The services are social, economic, education and other services necessary for a good quality of life. The key to refugee access to health care services is to have relevant policies adopted and implemented by the South African government. The majority of the relevant policy documents we reviewed did not include the provision for refugees' rights to access health care services. Less than half of the policy documents advocated for refugee rights to access health care services and this is a barrier to refugees' access to health care services as policy is understood to be a document of reference for service delivery.

As shown in Table (3), only three of the 12 policy documents highlighted that refugees should have free access to ART in South Africa, while other policy documents were silent about this issue. The three policy documents were developed internationally i.e. the United Nations, the International Refugee Act and the UNHCR respectively but have been adopted by South Africa. They all advocate for refugees' rights to access ART in South Africa.

Only two i.e. *The International Refugee Act 1998* and the *UNHCR policy 2009* - of the 12 documents analysed contained a provision for refugees with mental illness. The UNHCR 2009 policy stipulates that refugees should be screened for mental health related illnesses upon arrival. Further, the policy

stipulates that refugees should be screened for mental health problems when they present at any public health facility. But both were international documents. None of the policy documents developed in South Africa had any provision for mental health services to refugees.

Discussion

The selection of these six provisions was based on the literature documenting the dominant health needs of refugees in host countries and the factors identified as influencing refugees' access to health care services by organisations that support refugees (ACMS 2015; Duncan 2015; Gray & Vawda 2014; Langlois et al 2016; Manirangena 2014; SAMP 2015; Vearey 2015; Weissbecker & Leichner 2015). Hence this report includes only relevant policies that have potential or that include a clause that advocates for refugee access to health care services in South Africa.

Furthermore, the *Refugee Act of 1998* does not make explicit refugees' rights to access health care services in South Africa. The Act only stipulates that refugees shall benefit from services provided by the government equally as their local counterparts. The Act provides no details or limitation to the services, yet the literature has shown that refugees have been denied rights to access many socio-economic services including health care services (Apalata et al. 2007; Crush & Tawodzera 2014; Vearey 2014; Zihindula et al. 2015).

Provision for refugee services

Despite their official adoption, the policies that we reviewed made limited provisions for refugees to access health care services in South Africa. Out of the 12 policy documents reviewed, only five have been implemented and are operational. These five are all addressing refugee access to health care

services, social, political and educational services in general. The five relevant policies suggest that refugees should have free access to every service provided by the government to South African citizens. The services cited include free education at public schools, benefit from social grants and any other social services, a right to a high standard of life like all other citizens and access to free healthcare services. The question remains however whether some of these provisions are adopted and adhered to by service providers. Researchers have argued that there are many policies adopted or developed by the health sector which if implemented and operational could address the unequal access to healthcare services in South Africa (Grey & Vawda 2014; Rispel & Morman 2010; Zihindula et al. 2015).

Screening of refugees upon arrival

The United Nations High Commission for Refugees (UNHCR) recommends that all actors involved in the protection and assistance of refugees should provide them with humanitarian response in ways that are beneficial to their psychological wellbeing and mental health (UNHCR 2015). We found only a few studies relating to the screening of refugees after their arrival in the host countries. Shannon et al. (2011) conducted a survey of refugee health coordinators in 44 States of the USA to assess health screening practices and barriers to screening. The results suggested that only 25 states provided screening to refugees and of these, 17 utilised informal conversations instead of standardized measures (i.e. screening refugees for HIV/AIDS & TB, high blood pressure malaria, sugar diabetes and other communicable and non-communicable diseases instead of asking verbal questions which are likely to provide wrong diagnoses). The main challenges identified by this study were that the management of the health facilities were not prepared for the screening, other facilities lacked resources (human) while others did not have standardized measures in place to screen refugees upon arrival (Shannon et al 2011).

However, some countries have made progress towards screening of refugees for different diseases upon their arrival. This policy has been successfully implemented in countries like New Zealand, Greece, Scandinavian countries, Australia, Canada and some USA states (Duncan 2015; McKerry & NewBold 2010; UNHCR 2015). Unfortunately, out of the 12 policy documents analysed, only two, both international, recommended the screening of refugees upon arrival. The *UN Declaration of Human Rights 2006 and the UNHCR Policy of 2009* advocated for refugee screening upon arrival. None of the national policies made any provisions for refugee screening

upon arrival in South Africa. Refugees who are not screened pose a potential health risk to the host community and this has cost implications for the health system as refugees will only discover their health conditions and start seeking health care services when they become severely ill (Morris et al 2009; Zihindula et al. 2015). There are however some barriers to screening of refugees. For example, in the South African context, the country has a severe shortage of health care practitioners and drug supply (*South African Academy of Family Physicians 2014*). Furthermore, cultural insensitivities of HCPs and health seeking behaviours of the refugees make it difficult to screen refugees upon arrival (Department of Higher Education and Training [DHET] 2014; Zihindula et al. 2015).

Policies regarding refugees and rights to access health care services

Literature on refugee related policies and access to health care services is very sparse (Griffiths 2015; Pillay & Thulare 2011). However, our analysis suggests that only a few policy documents included a provision for refugees to access any form of health care services. Of the 12 relevant policy documents, only five included a provision for refugees' rights to access healthcare services.

Moreover, most of the policy documents analysed in this study contained information that was somewhat contradictory and/or not implemented. For instance, the NHI policy document published in 2011 stresses that refugees and asylum seekers will be covered in line with the provision of the *Refugee Act of 1998 and the International Human Rights' instruments* that have been ratified by the South African government (DOH 2008). This statement is somewhat ambiguous. Interestingly, the revised version of NHI released in 2013 neither made reference to the Refugee Act nor provisions for refugees. Instead it states that every citizen of South Africa will benefit from the policy. It is important to note that some stakeholders have criticized the NHI document for not adequately addressing the problems of marginalized populations (CMS 2012). The Council for Medical Scheme (CMS) argue that the NHI policy will not be successful unless it adequately addresses the socio-economic inequalities in the country and implement the 10 point plan (DOH 2014). The ten point plan is a programme developed by the government to guide the country in strengthening the health systems and its management as well as service delivery in the public health sector (CMS 2012; DOH 2014)). This suggests that the provisions in the NHI may not adequately address issues relating to access to health care among other disadvantaged populations in South Africa such as the

poor people. This calls for synergy and collaboration between all stakeholders and refugee leaders to advocate for the inclusion of refugee health issues in health related policies.

Access to antiretroviral therapies (ARTs)

Of the 12 relevant policy documents reviewed in this study, only three made provision for refugees' access to ARTs in South Africa. On the other hand, the South African constitutional court recommends that refugees should access free health care services including ART and be treated equally as their South African counterparts (Republic of South Africa 1998; Wachira 2008). Studies conducted among refugees in South Africa revealed that all the refugees interviewed reported that they were denied access to ART at public hospitals (Apalata et al. 2007; Crush & Tawodzera 2014; Manirangena 2014; Nkosi 2014; Vearay 2014; Zihindula 2015). The target of the National Strategic Plan for 2010 -2019 is to eliminate HIV/AIDS & TB (DOH 2015) but it does not provide for refugees' access to ART. This is a challenge because refugees are integrated in the communities and inter-marry with the local South African population. They are therefore likely to transmit the virus if infected and untreated (Zihindula et al. 2015).

Wachira (2008:20) examined the provision of ART to refugees in the city of Johannesburg and his findings suggested that public hospitals and clinics failed to implement the DoH directive to provide ART to refugees. Instead they refer them to NGOs that provide health services. Another study conducted by Manirangena (2014) among refugees and their service providers in the city of Cape Town found that refugees were unable to access ART on the basis that they did not have green bar-coded Identity Documents (ID). These findings suggest that policy provisions are not being carried out in practice. Moreover, existing research suggests that what is stipulated in the policy document regarding refugees' access to ART is not being observed in practice (SAMP 2015; Vearey 2015; Zihindula et al. 2015). This might be due to bad interpretation of the content in the policy or failure to implement what has been agreed upon with the international organisations that assist and care for refugees. Another factor could be the lack of knowledge by implementers as well as the health care service providers. This calls for well-coordinated and monitored policy implementation processes at the health facility level that will include training of the HCPs on the relevant policy documents and raising awareness of refugee's rights to access ART.

Access to mental health services

Mental health problems amongst refugees continue to grow and remain a challenge for many countries that host forced migrants (Magqibelo et al 2016). Studies have shown that across the world, refugees are increasingly presenting with symptoms related to mental health problems (Bhuga et al 2015; Schouler-Ocak 2015) and refugees based in South Africa are not an exception. Their situation worsens when they fail to access healthcare services for mental health issues (Zihindula et al 2015) due to diverse barriers.

Existing literature suggest that there is an increase in the number of refugees experiencing challenges accessing mental health services in America and Europe (Duncan 2015; Langlois et al. 2016; Shannon et al. 2011). The challenges include a lack of knowledge about available healthcare services and treatment options, language difficulties, shame and fear (Bhuga et al. 2015; Schouler-Ocak 2015; Weissbecker & Leichner 2015). In addition to the above, provision for refugees to access mental health care even in years to come has not been taken into consideration (Zihindula et al. 2015). Further research has revealed that South Africa faces major challenges in the provision of mental health services in public healthcare facilities (Mkhize & Kometsi 2008). The situation is however worse for refugees because, as shown in this study, policies and strategic health plans have not adequately provided for them.

For example, the South African National Mental Health Policy Framework and Strategic Plan 2013-2020 does not include any provision for refugee access to mental health care services (DOH 2014). In this study, less than half of the policies reviewed provide for refugees access to mental healthcare services. Moreover, in South Africa, common mental disorders remain largely undetected and untreated at the PHC level (Peterson & Lund 2011).

While studies have shown that South Africa's health policy ignore mental health issues, Petersen and Lund stated that instead of considering the illness narratives which are the subjective experiences of the distress of patients, the nurses focus solely on clinical examination of the body (Petersen & Lund 2011). It is also revealed that health care workers fail to account for somatic complaints where physiological causes are lacking (Mkhize & Kometsi 2008; Petersen & Lund 2011). The provision of mental health care in South Africa, like in many other countries in the developing world, remains therefore entrenched in a biomedical model, and tends to rely on psychiatric health care workers and trained primary health care (PHC) clinicians managing chronic patients at the basic care level (Grazin 2008; Marais & Peterson, 2015). Such a model of mental health management excludes the common mental health disorders like depression, anxiety and other

behavioural problems which refugees may suffer from. However, the question remains whether the adoption of a new model will make provision for refugee access to mental health care services in South Africa, given that even the citizens are facing some challenges in accessing mental health care.

Provision of interpreters at public health facilities

Despite many calls made from public health researchers about the need to use interpreters to assist refugees (Apalata et al. 2007; Gilson & McIntyre 2007; Vearey 2014; Zihindula et al. 2015), none of the 12 policy documents make provision for translators at public health facilities to help refugees who cannot speak the South African local languages. This situation ultimately compromises the treatment of refugees since communication is the key and first step to accessing health care services. The implication of the lack of such a provision is that language barriers undermine the health care providers' ability to have proper understanding of the patients' problems and therefore makes it difficult to carry out diagnosis and treatment (Apalata et al. 2007; Zihindula 2015).

Researchers recommend that interpreters be made available at public health facilities to assist refugees (Crush & Tawodzera 2014; Nkosi 2014; Veary 2015; Zihindula et al. 2015). The use of interpreters in health care, however, comes with challenges, amongst which is the lack of trained and experienced interpreters (Hadziabdic et al. 2015). Another concern is the inability of some health care professionals to work with an interpreter which may affect the client's health care services (Gilson and McIntyre 2007). Nonetheless, interpretation in health facility comes with advantages (Foundation House 2013). The Foundation House of Australia (2013), identified the following advantages of using interpreters: improved quality of care, client safety, improved access to health care services, avoidance of unnecessary health care expenditure, reduced stress for family and the avoidance of the HCPs risks for litigation. However, we found no study on the role of interpreters in the delivery of health services in South Africa.

The population of South Africa reached 54 948 756 in June 2016, (United Nations 2016). Of this total, 6, 19 million were estimated to be living with HIV in 2015 (StatsSA 2015). In addition, there are 65000 documented refugees in South Africa (StatsSA 2015; UNHCR 2015). This number does not include asylum seekers and undocumented migrants. This number is high and the number of forced migrants coming to South Africa continues to grow, which negatively impact the health of the South Africans if refugee's access to healthcare services is

not facilitated by policies in place. While policies that favour refugees' access to healthcare services remain poorly implemented, the few that provide for refugees' wellbeing have not been well documented and the implementation of those few that advocate for refugees' wellbeing has not been successful. These together undermine the achievement of the universal access to health care in South Africa.

Limitations

This study has some limitations. Firstly, the researchers were not able to collect more information due to the limited time within which the thesis had to be completed as well as the financial challenges of having to travel to policy-makers' offices for interviews. Although a comprehensive review of relevant documents was conducted, the documents may not have been exhaustive. We may have missed some documents which are relevant to refugees' access to health care services.

Conclusion

Health policy documents have not made adequate provision for refugees to access health care services in South Africa. Consequently, issues of refugees have not been addressed accordingly by relevant policies. The findings of this study calls for health policy makers' attention to the issue of refugee health despite the government's limited financial and human resource capacity, because refugee health has important health ramifications for the citizens and the country at large. Further, government and policy makers should facilitate access to resources that will strengthen health facility management, improve general awareness of national health policies among practitioners and refugees as well as enable the implementation thereof.

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