

SOUTH AFRICAN HUMAN RIGHTS COMMISSION

The new address is:
33 Hoofd Street
Braampark Forum 3
Braamfontein
2198

Postal address remains as:
Private Bag X 2700
Houghton
2041

New Telephone number
011 877-3600
Fax numbers: 011 403-0682.



**SOUTH AFRICAN HUMAN RIGHTS COMMISSION
COMPLAINT FORM**

For office use only

Province:		City/Town:		Reference No	
-----------	--	------------	--	--------------	--

- Please write clearly and use CAPITAL LETTERS. If there is not enough space on this form for your answer, please use a separate page and send it to us together with this form.
- If there is more than one person who would like to send a complaint to us, each person must complete a separate form

PART A: YOUR DETAILS**1. Name and surname**

Your full name(s) and surname: __VICTORIA JANE PINKNEY-ATKINSON

Your nickname(s), if any __VICKI _____

2. ID number

Your ID number _____5211030004087_____

If you do not have an ID number, your date of birth _____

If you do not know your date of birth, your age _____

3. Race (information required for statistical purposes only)

Please state your race __WHITE _____

4. Gender (information required for statistical purposes only)

Please state whether you are male or female __FEMALE _____

5. Address and contact numbers

The address where you live _____18 CYPRESS WALK, RIVER CLUB, SANDTON_____

Postal Code __2191_____

The address where we can send letters to __ABOVE_____

Postal Code _____

Telephone number at work _____083 38 38 159_____

Telephone number at home _____
 Cell phone number _____ 083 38 38 159 _____
 Any other telephone number where we can contact you _____
 Whose telephone number is it _____ VJPINKNEY-ATKINSON _____
 Fax number _____
 E-mail address _____ VJPA@LIVE.COM _____ VICKI@SANCD.A.ORG.ZA _____

PART B: DETAILS OF PERSON ON WHOSE BEHALF YOU COMPLETE FORM (PERSON OR ORGANISATION)

6. Name and surname of person on whose behalf you are completing this form

His or her full name(s) and surname: _____
 His/her nickname(s), if any _____

7. ID number

His or her ID number _____
 If he or she does not have an ID number, his or her date of birth _____
 If he or she does not know his or her date of birth, his or her age _____

8. Race (information required for statistical purposes only)

Please state his or her race _____

9. Gender (information required for statistical purposes only)

Please state whether he or she is male or female _____

10. Address and contact numbers

The address where he or she lives _____
 Postal Code _____
 The address where we can send letters to _____
 Postal Code _____
 Telephone number at work _____
 Telephone number at home _____
 Cell phone number _____
 Any other telephone number where we can contact him or her _____
 Whose telephone number is it _____
 Fax number _____
 E-mail address _____

11. Details of association, organisation or organ of state on whose behalf you are completing this form

Full name of the association, organisation or organ of state
 _SOUTH AFRICAN NON-COMMUNICABLE DISEASES ALLIANCE. _
 Registration number _OUR FISCAL PARTNER IS THE CANCER ASSOCIATION OF SOUTH AFRICA (CANS) AND WE USE ITS **NPO REGISTRATION NUMBER 000524 NPO**
 What does it do (e.g. civil, business, retailer, factory, NGO, etc) CIVIL SOCIETY ORGANISATION, NGO
 Who should we talk to there VICKI PINKNEY-ATKINSON _____
 What is contact person's position _DIRECTOR_____
 The address where we can send letters to _AS BOVE

PART C: THE COMPLAINT**12. Date**

On what date did it happen ____ONGOING SINCE 2011__

13. Is it still happening

Yes No _____

14. Where did it happen

Place _____ Town _____ Province ____ALL ____

15. If you know, which right(s) in the Bill of Rights was/ were violated or is/are being violated

- EQUALITY 9 (AGE, DISABILITY)
- HEALTH CARE, FOOD, WATER AND SOCIAL SECURITY 27
- CHILDREN 28

16. If you know, the full name(s) and surname(s) of person(s), association, organisation or organ of state who violated these rights, please tell us

NATIONAL DEPARTMENT OF HEALTH, PROVINCIAL DEPARTMENTS OF HEALTH, POLITICAL LEADERS & DIRECTORS GENERAL AND HIGH RANKING OFFICIALS.

17. Where can we contact them

AS PER WEBISIBES FOR GOVERNMENT DEPARTMENTS.

18. If you do not know his/her/its/their names, please tell us anything you do know about him/her/it/them N/A**19. Did anybody see or hear what happened (only people who actually saw or heard what happened, not people who heard about it from someone else)**

Full name(s) and surname(s) _____

How and where can we get in touch with them _____

20. In your own words, tell us exactly what happened (include all information but be as brief as possible)

THE NATIONAL AND PROVINCIAL DEPARTMENTS DEVELOP, IMPLEMENT AND EVALUATE THE REQUIRED POLICIES TO ENSURE THE PROVISION OF NON-COMMUNICABLE DISEASES (NCDS) SERVICES ACCORDING TO EVIDENCE AND THE NEEDS OF THE POPULATION. SUCH POLICY MUST MEANINGFULLY INCLUDE PEOPLE LIVING WITH NCDS (PLWNCDS) AND NON-STATESTAKEHOLDERS INCLUDING HEALTH PROFESSIONALS.

THESE NCDS POLICIES MUST START WITH A COMPREHENSIVE DESCRIPTION OF THE SCOPE OF NCDS, INCLUDING MENTAL HEALTH AND DISABILITY THROUGHOUT THE LIFE COURSE.

THE CURRENT NCDS POLICIES PARTICULARLY THE NATIONAL STRATEGIC PLAN 2013-2017 AND ITS SUCCESSOR CURRENTLY UNDER DEVELOPMENT DO NOT FOLLOW

NATIONAL NORMS AS LAID OUT IN NATIONAL REGULATIONS AND GUIDELINES (DEVELOPMENT, IMPLEMENTATION AND EVALUATION).

THIS FAILURE RESULTS IN INEQUITABLE PREVENTION AND TREATMENT FOR THE PLWNCDS. THE LACK OF CARE INCLUDES PREVENTION, TREATMENT, REHABILITATION AND PALLIATIVE CARE AT ALL AGES IN ALL PROVINCES. THE POLICY FAILURE AFFECTS THE POOR AND VULNERABLE PEOPLE DISPROPORTIONATELY.

THE COVID-19 NATIONAL EMERGENCY HAS LAID BARE THE INEQUITIES AND NEGLECT OF NCDS IN THE PUBLIC HEALTH SYSTEM WITH PLWNCDS (DIAGNOSED AND UNDIAGNOSED) BEING AT GREATEST RISK OF GETTING SEVERE COMPLICATIONS INCLUDING DEATH.

WE ASK FOR IMPROVED ACCESS TO QUALITY HEALTH SERVICES WITHOUT FINANCIAL HARDSHIP. WE ASK THAT NCDS AND PLWNCDS ARE URGENTLY INCLUDED DIRECTLY IN ALL POLICY RELATED TO UNIVERSAL HEALTH COVERAGE AND ITS LOCAL VERSION OF A FINANCIAL MECHANISM, NATIONAL HEALTH INSURANCE (NHI).

WE ASK THAT OUR ELECTED REPRESENTATIVES AND OUR PUBLIC SERVANTS INCLUDE US IN ALL POLICY MAKING, IMPLEMENTATION AND EVALUATION. "NOTHING ABOUT US, WITHOUT US."

21. Have you reported the matter to anyone else

Yes No

If yes, who (e.g. Police, lawyer, Public Protector) _MINISTER OF HEALTH., DIRECTOR GENERAL HEALTH- LETTERS AND REPORTS SENT SINCE 2018 WITHOUT RESPONSE APART FROM THE ACKNOWLEDGEMENT THAT THE LETTER WAS RECEIVED. THE SILENCE IS UNACCEPTABLE.

22. Were any steps taken by the person/association/organisation/organ of state to resolve the matter

Yes No

If yes, please tell us what _____

23. What outcome do you propose or expect from this complaint (tell us what you would like to achieve with this complaint and the relief sought)

1. MINISTER (MEC IN THE CASE OF PROVINCES), DEPUTY MINISTER, DIRECTOR-GENERAL AND DEPUTY DIRECTORS GENERAL (OFFICIALS) AT ALL HEALTH DEPARTMENTS MUST RESPOND IN WRITING AND TIMEOUSLY TO NUMEROUS REQUESTS FOR INFORMATION AND INTERVENTIONS THAT ARE OUTSTANDING.
2. THE CURRENT "IMPLEMENTATION REVIEW NCDS PLAN 2013-2017" OF THE NATIONAL DEPARTMENT OF HEALTH (NDOH) UNDERTAKEN IN 2018 IS TO BE DECLARED NULL AND VOID. THE NDOH MUST BE INSTRUCTED TO TRANSPARENTLY AND COMPREHENSIVELY EVALUATE THE PLAN AND USE THE FINDINGS TO INFORM THE CRAFTING OF THE NEW NCDS NATIONAL STRATEGIC PLAN (NSP) 2021-2026.

3. THE IMPLEMENTATION OF THE NATIONAL 2013 – 2017 NCDs PLAN IS EVALUATED WITH DETAILED INPUTS ON EACH OBJECTIVE, INDICATOR AND EXPENDITURE BY EACH PROVINCIAL DEPARTMENT OF HEALTH.
4. THE MINISTER OF HEALTH, THE DEPUTY MINISTER AND OFFICIALS MEANINGFULLY INCLUDE, ENGAGE AND CONSULT WITH PLWNCDS AND CIVIL SOCIETY IN THE DEVELOPMENT AND EVALUATION OF ALL POLICY RELATED TO NCDs GOING FORWARDS.
5. TO STOP THE CURRENT NDOH PROCESS TO DEVELOP A NEW NCDS NSP 2021-2026 UNTIL IT MEETS THE REQUIREMENT OF MEANINGFUL STAKEHOLDER ENGAGEMENT, TRANSPARENCY AND DUE PROCESS. THE EXPECTED OUTCOME IS THAT THE POLICY SO DEVELOPED IS THE EQUITABLE THE HIV, TB AND STIS NSP. SEE 6 BELOW.
6. THE BENCHMARK FOR AN EQUITABLE NCDS NATIONAL POLICY NCDS NSP IS THE HIV, TB AND STIs NSP. MEASURES OF EQUITY INCLUDE THE STRUCTURE, CONTENT, PROCESS, EVALUATION, ETC. IT IMPLIES THAT ALL ASPECTS OF POLICY MAKING ARE SIMILAR AND INCLUDES THE PROGRESSIVE REALISATION OF THE PRINCIPLE OF EQUITY WHICH IS BUILT INTO THE POLICY.
7. THAT A COMMISSION HOLDS A HEARING ON EQUITABLE POLICY FOR NCDS PREVENTION AND CARE IN THE STATE HEALTH SECTOR BEARING IN MIND THE INFORMATION FROM PREVIOUS HEARINGS. THE OBJECTIVE OF THE HEARING IS TO SHOW THE EQUITABLE REALISATION OF PREVENTION AND CARE FOR NCDS SINCE 2010.
8. THAT THE NDOH FUNDS AND ENABLES AN INDEPENDENT NCDS CIVIL SOCIETY ORGANISATION TO SERVE AS A NATIONAL COORDINATING MECHANISM FOR THE INTEGRATION OF NCDS INTO NATIONAL HEALTH SERVICES.
9. THAT THE INTEGRATION OF PEOPLE CENTRED HEALTH SERVICES IS MADE A NATIONAL PRIORITY. THIS SHOULD BE CARRIED OUT BY A NATIONAL MULTISTAKEHOLDER ORGANISATION THAT REFLECTS ALL OF SOCIETY AND ALL OF GOVERNMENT. TEAM. IT MUST DEFINE AND OPERATIONALISE INTEGRATED PEOPLE CENTRED HEALTH SERVICES AS OUTLINED IN THE WHO POLICY. PLWNCDS AND THE ADVOCACY ORGANISATION WILL BE PART OF THIS PROCESS. IT ALSO LINKS TO 8 ABOVE AND 10 BELOW.
10. THAT THE NATIONAL COVID-19 RESPONSE FOCUSES ON ACCESS TO NCDS PREVENTION OF TREATMENT. WE ASK THAT NATIONAL COVID-19 STRUCTURES ROUTINELY PUBLISH INFORMATION ON THE EXTENT TO WHICH PLWNCDS ARE AFFECTED. THE ESTABLISHMENT OF PROVINCIAL AND DISTRICT INFORMATION CENTRES IN COLLABORATION WITH CIVIL SOCIETY TO ASSIST THE SAFE ACCESS TO SERVICES, MEDICINES AND SUPPLIES.
11. THE TREASURY ALLOCATED FUNDS TO THE NDOH FROM THE HEALTH PROMOTION LEVY. HOW WERE THESE FUNDS USED AND IS IT IN LINE WITH THE LEVY? IF NOT, WHAT STEPS HAVE BEEN TAKEN IN TERMS OF EXISTING ACCOUNTABILITY POLICY.

24. Do you need an interpreter when attending any proceedings, investigations or hearing at our offices

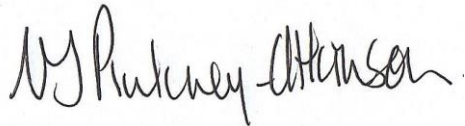
Yes _____ No _____

If yes, the language you speak _____

25. Can we use your name in news reports or letters we write regarding this matter/complaint

Yes _____ _____ No _____

26. Please tell us how you heard about the South African Human Rights Commission (e g radio advert, newspaper, poster, from a friend, etc)



Signature/mark of complainant

18 DECEMBER 2020 _
Date

SOUTH AFRICAN NCDS ALLIANCE

(on behalf of yourself, another person, association, organisation or organ of state)

Remember:

- To attach a copy of your ID, birth certificate, passport or proof of the registration number of an association, organisation or organ of state, if available.
- To attach any copies of documents which can assist in this matter.



CERTIFICATE OF REGISTRATION OF
NONPROFIT ORGANISATION

In terms of the Nonprofit Organisations Act, 1997, I am satisfied that
Cancer Association Of South Africa
.....
(name of the nonprofit organisation)

at; the requirements for registration.

The organisation's name was entered into the register on **07 June 2001**
.....
(date)

Registration number

000-524 NPO

Director's signature

Date **07 June 2001**
.....





South African NCDs Alliance and founding members

Cancer Association of South Africa
Diabetes South Africa
Heart and Stroke Foundation South Africa

NCDs NSP equity model advocacy allies organisations

Arthritis Foundation of South Africa (AFSA)
Cancer Alliance South Africa¹
Dementia SA
Epilepsy SA
Global Mental Health Peer Network
Hospice and Palliative Care Association SA
Human Science Research Council South Africa (HSRC)
Myeloecephalopathy Chronic Fatigue Syndrome South Africa (ME/CFS)
National Kidney Foundation South Africa (NKFSA)
Palliative Treatment for Children South Africa (PatchSA)
South African Disability Association²
South African Federation for Mental Health³
South African Psoriasis Association (SAPA)

1 Cancer Alliance South Africa incorporating 29 organisations

amaBele Project Flamingo, Ari's Cancer Foundation, Breast Cancer Awareness, Breast Course 4 Nurses (BCN), Breast Health Foundation (BHF), Cancer Association of South Africa (CANSAs), Cancer Heroes, CanSurvive Cancer Support (CanSurvive), Care for Cancer Foundation, Childhood Cancer Foundation of South Africa (CHOC), Gladiators of Hope, Glynnis Gale Foundation, Hospice Palliative Care Association (HPCA), Look Good Feel Better (LGFB), Love Your Nuts (LYN), Lymphoedema Association of South Africa (LAOSA), Machi Filotimo Cancer Project, Men's Foundation, National Council Against Smoking, National Oncology Nursing Society of SA (NONSA), People Living With Cancer (PLWC), Pink Parasol Project, Pink Trees for Pauline (Pink Trees), Rainbows and Smiles, Reach for Recovery (R4R), South African Oncology Social Workers' Forum (SAOSWF), The Sunflower Fund (TSF), Wings of Hope (WoH)

2 South African Disability Alliance incorporating 23 organisations

Autism South Africa, Blind SA, Cheshire Homes SA, Dementia SA, Disabled Children's Action Group (DICAG), Down Syndrome South Africa (DSSA), Epilepsy South Africa, Muscular Dystrophy Foundation SA (MDSA), National Association of Persons with Cerebral Palsy (NAPCP), National Council of and for Persons with Disabilities (NCPD), Occupational Therapy Association of South Africa (OTASA), Quad Para Association of South Africa (QASA), Quadriplegic & Paraplegic Charitable Trust – South Africa; South African Association of Audiologists (SAAA), South African Federation for Mental Health (SAFMH), South African National Association of Blind and Partially Sighted Persons (SANABP); South African National Deaf Association (SANDA), The Leprosy Mission Southern Africa/RampUp, Uhambo Foundation / Shonaquip, Stroke Survivor's Foundation (SSF)

3 South African Federation for Mental Health incorporating 17 mental health societies

Port Elizabeth Mental Health, Mpumalanga Mental Health, Vaal Triangle, Cape Mental Health, Northern Free State, Uitenhage Mental Health, Durban and Coastal, North Gauteng Mental Health, Pietermaritzburg Mental Health, Limpopo Mental Health, Rehab Mental Health, Zululand Mental Health, Central Gauteng Mental Health, Laudium Mental Health, North West Mental Health, Southern Free State, Northern Cape Mental Health

Individual Activists

Razana Allie
Anne Croasdale
Linda Greeff
Fezi Mabona
Salomé Meyer
Catherine Ndinda
Vicki Pinkney-Atkinson