



SOLIDARITY FUND VACCINE ROLL-OUT SUPPORT PROJECTS

Interim Report as of 15 May 2022

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DESCRIPTION	BENEFICIARY	FUNDING ALLOCATED	FUNDING DISBURSED
<i>COVAX Facility</i>		R283.3m	R283.3m
<i>Pfizer COVAX Vaccine Transportation</i>		R19m	R8.5m
<i>Needles Transportation</i>		R1.3m	R1.2m
<i>J&J SAMRC Sisonke Implementation</i>		R50m	R50m
<i>Vaccine surge sites outreach pilot</i>		R171m	R97m
<i>ECDOH Vaccinator and Outreach Team Support</i>		R51.1m	R15.5m
<i>Joe Public Demand Creation</i>		R4.5m	R4.5m
Total amount		R591.5m	R460m

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THE SOLIDARITY FUND'S HEALTH CARE MANDATE

The Solidarity Fund was established as a temporary catalytic structure to augment and strengthen the South African government's COVID-19 response. It operates as a rapid response mechanism, assisting the country in addressing the key areas that will have the most significant impact on reducing the devastating effects of the pandemic on the health and wellbeing of its citizens. The Health Pillar works in partnership with the private sector, civil society, and other relevant stakeholders to support the national and provincial Departments of Health in strengthening the health system's capacity to respond to the burden of disease. Also, to expand the coverage and reach of services to vulnerable, uninsured, and hard-to-reach communities.

Since the introduction of COVID-19 vaccinations by the World Health Organisation (WHO) as a strategy to prevent severe disease, hospitalisation and reduce deaths from COVID-19 infections, the Solidarity Fund added the vaccine rollout programme to its support toolkit in the fight against the COVID-19 pandemic in South Africa. The role of the Fund is additive, helping to strengthen vaccine availability, supply, access, service points, and overall coverage, to ensure that as many people as possible are vaccinated, because no one is safe until we are all safely vaccinated.

Vaccinations not only reduce the impact of COVID-19 infections on disease severity, but also its impact on the health system. To realise this benefit, South Africa aims to vaccinate at least 70% of the population, prioritising the elderly, immunocompromised, and those with co-morbidities who are at higher risk of having severe disease and dying from COVID-19. Vaccines are the tool to achieve this and are therefore a priority in the fight against the pandemic.

This report discusses the COVID-19 vaccination projects supported by the Solidarity Fund that have been completed. It also provides a brief overview of ongoing vaccination projects.

Background

The national vaccination rollout officially kicked off on 17 February 2021, focusing on vaccinating 500 000 frontline health workers through the Sisonke Johnson and Johnson (J&J) Implementation Study, ahead of the third COVID-19 wave in South Africa. This pilot phase was concluded in early May 2021.

The entire national rollout, expanding the vaccination programme to the general population, commenced on 17 May 2021, opening vaccinations to all South African residents over the age of 60. Vaccine registration was then extended to those over 50 in early July 2021, followed by those 35 and older later that month. On 20 August, registrations opened to all adults 18 years and above, with children 12 and older able to register from October 2021. By the beginning of the fourth wave in November 2021, South Africa was vaccinating adults from 18 years of age and older, and had just started vaccinations for school going children aged 12 to 17 years old.

The South African government secured the Johnson & Johnson (J&J) and Pfizer-BioNTech vaccines to achieve its vaccination goals.

Solidarity Fund health pillar vaccine support strategic approach

The Solidarity Fund's support to the vaccination programme focused on:



Helping to ensure the timely and sufficient supply of vaccines and ancillary materials

- The first donation for the vaccine programme aimed at securing a vaccine supply to South Africa through the COVAX facility. On behalf of the National Treasury and the National Department of Health (NDoH), the Fund made a down-payment of R283.3m to the COVAX facility, a 15% upfront fee, required from the South African government to procure vaccines from the facility.
- The Fund then provided urgent funding for logistical arrangements and transportation of 5 660 460 Pfizer vaccines donated by the US Government to South Africa through the COVAX facility in July and August 2021, at the peak of the vaccine rollout, around the third wave of the pandemic.
- The Fund further provided funding to transport six million 23G needles that are used to administer the vaccines, to ensure continuous availability in-country and avert a stock-out crisis as the vaccine programme began gaining momentum and expanding beyond health workers and over 60's to include 18 years and older population.



Supporting vaccine rollout - 'taking the vaccine to the people'

- The Fund supported the first vaccine rollout - the Sisonke J&J implementation study that began on 17 February 2021, and prioritised vaccinating the first 500 000 frontline healthcare workers. The Fund collaborated with the government and other donors that supported the study to ensure that patient-facing healthcare workers (HCW) were vaccinated ahead of the third wave.
- The Fund also collaborated with the NDoH, Business for South Africa (B4SA), the Department of Social Development (DSD), and other partners in piloting an outreach model to fund and support the vaccine programme taking the vaccine to the people and reach the highest number of people possible. This outreach was done using social security payment sites (SASSA sites), and lessons from this pilot determined the best outreach and costing reimbursement model to support a national vaccine rollout project.

- The largest support has been to the NDoH and provincial health departments (PDoH), providing additional human and clinical resource capacity to open more outreach sites, expand vaccine coverage, and increase vaccine uptake. The Fund worked in partnership with NDoH, PDoHs, B4SA, and RMB/SPIRE to recruit reputable clinical operators to support provincial vaccine rollout to hard-to-reach and neglected areas, areas with high numbers of unvaccinated people, and to make vaccination sites available in areas that people are already frequenting, such as shopping malls. This collaboration with other government sectors, retailers, local municipalities, workplaces, businesses, and the private sector enabled 291 outreach sites to operate countrywide, and vaccinate over a million people in eight months.



Supporting capacitation, planning, and coordination around the vaccine response

- The vaccination of an entire population, rapidly and at scale, in our lifetime is unprecedented. The Health system's capacity was not going to cope with this demand on their capacity whilst ensuring that other healthcare needs and priorities were maintained. The Fund matched additional donor funds to co-fund support to the NDoH, PDoHs, and District Management Teams to provide technical assistance and HR capacity to strengthen the vaccine rollout's supply and demand coordination management. These additional resources supported planning, implementation, monitoring and reporting, and community mobilisation for the national vaccine programme.



Supporting the strengthening of vaccination teams and rural outreach

- Understanding the unique needs of the deep rural communities and hard to reach terrain, the Fund responded to a support request by the Eastern Cape DoH and embarked on a rural model to support the recruitment of vaccinator nurses and district outreach teams, and the procurement of basic outreach medical equipment to support the vaccine programme in hard-to-reach rural areas. The support also included the hiring of 4x4/SUV vehicles for healthcare and partners' staff to be able to travel to rural areas, partnering with taxis to transport people from rural areas to where the outreach sites are, thereby overcoming the access barrier of transport costs, and improving vaccination uptake. Four districts in the Eastern Cape Province were supported, namely Joe Gqabi, OR Tambo, Alfred Nzo and Amathole, with special attention to the deeply rural and hard-to-reach sub-districts.

The details and achievements of these projects are discussed below.

A vaccination programme must ensure an adequate supply of vaccines and needs to provide sufficient demand for and access to the vaccines. Therefore, the Fund's health and behaviour change and communications pillars worked collaboratively with the health pillar to ensure that vaccine supply services are complemented by communications to create demand for the vaccination programme and address vaccine hesitancy. Additionally, the Fund supports the COVID-19 vaccination call centre, an important vehicle in establishing a feedback loop and engagements between the citizens and the health system to ensure the flow and accessibility of relevant information regarding vaccine safety, vaccination sites, or any other matter. More on these will be covered in additional reports.

IMPACT OF THE FUND'S VACCINATION SUPPORT

The Fund's support of the national vaccine programme has profoundly impacted the government and the health department in achieving its vaccination targets and helping to reach those in under-served and hard-to-reach areas. The Fund has:

- Supported the supply of **2.6 million Pfizer vaccine doses** through the COVAX facility
- Supported **transportation of 5.6 million donated Pfizer vaccine** doses worth R2.1bn
- Supported the **import of 6 million 23G needles** worth R1.18m
- Enabled the rapid start-up of the vaccination programme with the **vaccination of 496 424 front line HCW** between February and May 2021 through the J&J Sisonke implementation Study, ahead of the third wave of the pandemic.
- Supported the **vaccination of over 3 000** over-60-year-olds **in two days** during the SASSA outreach pilot in August 2021
- Supported **administration of one million vaccines and the opening of over 291 outreach sites within eight months** of the Fund's outreach support through clinical operators.

THE FUND'S VACCINATION SUPPORT PROJECTS

HELPING TO ENSURE A TIMELY AND SUFFICIENT SUPPLY OF VACCINES AND ANCILLARY MATERIALS

Enabling access to the COVAX vaccination procurement facility

Due to the importance of vaccines, there has been a scramble, especially by rich countries, to acquire vaccines, having them procure many more doses than needed for their population. This led to difficulties for other countries in gaining access to vaccines in a timely manner. The procurement of vaccines also adds an additional financial burden on countries already suffering from the economic impacts of the pandemic.

To ensure equitable access to COVID-19 vaccines by all countries, and help manage the financial commitments of vaccine procurement, Gavi (the Vaccine Alliance), the WHO, and the Coalition for Epidemic Preparedness Innovations (CEPI) created the COVAX facility.

The COVAX facility provides subsidised vaccines to lower and lower-middle-income countries. It offers middle income and other countries a fully self-financing facility where they commit in advance to purchase vaccines for a portion of their population. South Africa signed up to this facility to procure vaccines for 10% of its population (roughly six million people).

To move rapidly with the procurement of vaccines and circumvent the slower government procurement processes, the South African government approached the Solidarity Fund to support funding the advance payment for the COVAX facility. In this regard, the Fund's support was catalytic and un-locked the ability of the government to enter the COVAX facility quickly.

The Fund made a payment of R283.3 million to COVAX in January 2021, **enabling the country to access 2 574 000 Pfizer vaccine doses.** Initially, the country was given AstraZeneca vaccines, however due to research results of January 2021 that showed low efficacy of AstraZeneca against the Beta variant of the virus, which was already circulating in SA and becoming dominant in the country at the time, the country then requested J&J and Pfizer vaccines instead.

Supporting the transportation of donated Pfizer vaccines

The **Solidarity Fund supported the transportation and logistics of a donation of 5 660 460 Pfizer vaccines to South Africa, with a value of R2.1bn.** The donation was part of the United States (US) Government's commitment to support more equitable access to COVID-19 vaccines as a vaccine dose sharing country of the COVAX facility.

The South African government requested the assistance of the Fund to pay for the transport and logistics of the donated vaccines. The US government could not bear these costs as South Africa is a self-financing participant in the COVAX Facility. And while the health department had the funding to cover the cost of the shipment, its contractual processes and supply chain regulations requiring the appointment of a service provider to perform the shipment import and logistics would have delayed receipt of the vaccines.

The country needed to maintain its vaccine supplies to meet its rigorous vaccination targets. It was also critical to ensure that the vaccines were brought to the country quickly and safely to ensure their integrity. The Solidarity Fund's support in enabling the transport of the donated vaccines, therefore, provided a vital contribution to helping the country to expand and accelerate its vaccine programme by ensuring a continuous supply of vaccines, and avoiding any interruptions or delays in the vaccine rollout, which also helped to manage and maintain high vaccine confidence.

Biovac was the importer of these vaccines, and Pfizer similarly managed the donation as they would other vaccine shipments. The Fund's support covered the costs of transporting the donated vaccines from the manufacturing facility in the United States to South Africa, local clearing costs, land transport to the Biovac and DSV storage facilities, and terminal handling. Pfizer's preferred logistics provider, DHL, was used to manage the full logistics process.

Supporting transportation of 23G vaccine needles

In June 2021, with global COVID-19 vaccination programmes gaining momentum, the high international demand and limited global supply of 23G needles needed to perform vaccinations impacted South Africa's ability to import these needles. There was also limited stock in-country, in both the public and private health sectors. Essentially, the number of expected doses of Pfizer and J&J vaccines in the country, or being delivered, far exceeded the available stock of 23G needles.

Although the government had secured six million 23G needles from China, limited shipping containers and extended shipping time would cause a six-week delay in the arrival of the needles to South Africa, and cause a crisis in the vaccine programme. Therefore, it was vital to secure a flight to transport the needle shipment and ensure the 23G needles arrived in the country immediately.

The Solidarity Fund was requested to **support the air transportation of six million 23G needles for the COVID-19 vaccination programme.** The Fund engaged RMB/SPIRE to serve as a procurement agent to arrange the flight and liaise with the Department of Health on all logistics details. As a rapid response mechanism, the Fund supported the government at a critical time, providing a vital contribution to enable the country to maintain and accelerate its vaccine rollout. It helped ensure continuity in supply and confidence in the national vaccine programme.

Impact of vaccine and ancillary supply support

- Supply of **2.6 million vaccine doses secured**
- Supported **transportation of 5.6 million donated Pfizer vaccine doses** worth R2.1bn
- Supported import of **six million 23G needles worth R1.18m**



SUPPORTING VACCINE ROLLOUT

Sisonke vaccine implementation to front line health care workers

The **Solidarity Fund partnered with the SA government and other donors, contributing R50m funding support** to the Sisonke J&J implementation study in February 2021. This study was an opportunity to rapidly kick start **the rollout of COVID-19** vaccines with the priority on patient-facing frontline health care workers.

The Sisonke implementation study was a collaboration between the NDoH, South African Medical Research Council (project lead), Desmond Tutu Health Foundation, CAPRISA, Janssen, and Johnson & Johnson. It allowed the government to make the J&J vaccine immediately available to uninsured HCWs, using the resources of a real-world Phase 3b clinical study of the single-dose J&J vaccine, while the licensing process was still taking place. This meant that almost 500 000 healthcare workers could be protected before the third wave of the virus ravaged the country.

Working on the frontlines, health workers are at a much greater risk of contracting COVID-19. Therefore, it was critical to target them first for vaccination so that they could care for hospital patients and vaccinate people. The initial focus of the Sisonke study, therefore, was on patient-facing HCWs who worked in COVID-19 wards, intensive care units, or operating theatres.

This was later expanded to include the non-patient-facing HCWs, including support and administrative staff, staff at multilateral health agencies, laboratory staff, health research staff, community health workers, staff working in care homes, funeral workers and registered traditional health practitioners. At the request of the Minister of Sport, Arts and Culture and the NDoH, participation was further opened to professional athletes, additional healthcare workers, teachers, and individuals with co-morbidities.

All participants that volunteered to participate in the study had to be 18 years of age or older. They were required to register on the National Electronic Vaccination Data System (EVDS) and provide consent to participate after reading an online consent form and answering questions to test their understanding of the study. They were also required to consent to vaccination after a screening evaluation at the vaccination centre.

Impact of the Sisonke study

- **The Sisonke study enabled the vaccination of 496 424 HCWs** in three months, from mid-February to mid-May 2021, ahead of the third wave onset.
- **The study made history by moving from conceptualisation of the rollout from a confined study environment to real-life implementation in just 17 days**, which usually takes years. This was done in order to meet the need for a rapid rollout of vaccinations and has informed the understanding of how research can be implemented more rapidly in future.
- **Valuable lessons that helped inform and improve the national vaccine programme were learned**, such as the need to draw every drop of vaccine from a vial to ensure that every dose delivered was the right volume, and how to reduce waiting times at sites.
- **A call centre was established** to operated 24 hours a day, seven days a week, **handling more than 31 400 inbound and 7 900 outbound calls** from the start of the study to the end of August 2021. The centre helped to address administrative and provider queries and follow up with people with side effects. It was then repurposed to **support the national vaccination programme**.
- **The project enabled the Health Department to test the implementation of the EVDS**, learning many lessons, including how to manage numbers and expectations. Overall, it helped inform the national vaccine rollout implementation approach.

Vaccine outreach pilot

Nationally, South Africa was falling behind reaching the 70% national vaccination coverage required to reduce mortality and morbidity due to COVID-19. A key problem is inequitable access to vaccines, with more women than men having been vaccinated, and the uninsured population being left behind.

As of 11 October 2021: 61% of the 60+ years of age population and 52% of 50 to 59-year-olds had been vaccinated with at least one dose, with the greatest concerns of low vaccination in these age groups in Mpumalanga, North West and Gauteng Provinces. The North West had only vaccinated about 30% of its population, and Mpumalanga was the province with the lowest coverage at below 30%. The largest number of the unvaccinated population was in the metros. The country was also seeing an emerging vaccine hesitancy and inertia.

To help overcome this, the Solidarity Fund supported the government in implementing a COVID-19 vaccine surge capacity outreach project to help accelerate and expand the reach of the national vaccination programme to reach the largest numbers of unvaccinated populations.

Several approaches to delivering this surge vaccination capacity were considered, including large or mass vaccination sites in underserved urban areas, and temporary or mobile vaccination units in underserved communities across the nation. However, it was decided that a vaccine outreach approach should be tested to see if it would be able to expand the reach of the vaccine programme in a rapid, yet cost-effective way.

The aim of the vaccine outreach is:

- **To rapidly mobilise the vaccine capacity required to take vaccines to the most vulnerable communities** with a special focus on the NDoH's 22 high priority districts.
- **To ensure every person has equitable access** to vaccines to prevent and protect against COVID-19 by activating outreach vaccination sites.
- **To promote equitable distribution** by expanding coverage **to under-serviced areas**.
- **To increase vaccination demand through** collaboration and partnerships between private and public sectors.
- **To eliminate barriers to vaccination** by engaging communities and key stakeholders.

The pilot of the vaccination outreach approach was implemented in August 2021 through the rollout of 14 temporary vaccination sites at retail locations serving social security (SASSA) grant recipients. In September 2021 the pilot was expanded to a further 20 temporary vaccination sites at retail locations, each operating for one month (30-days), two of which were supported by the Fund.

The initial pilot administered over 3 000 vaccines to over 60-year-olds over two days in August 2021. They administered more vaccinations per day than some of the nearest public primary vaccination sites (e.g., at a hospital or clinic) due to their convenience, visibility, and easy access for the target population.

This initiative was made possible through a public-private partnership, working collaboratively with other government departments and public entities, private sector retailers, as well as health partners and non-governmental organisations (NGOs).

The basic operating model of these temporary outreach sites is:

- A site operator (a private entity and NGO) acts as an outreach site of a public vaccination site and is registered as such on the health department's Master Facility List.
- Private sector vaccinators are linked to public sector temporary outreach sites.
- The affiliated public primary vaccination site is responsible for procuring sufficient vaccines for the temporary outreach site and providing those vaccines to the site operator daily. There is no exchange of funds or reimbursement for those vaccines, and the vaccines are tracked using the health department's standard procedures for Outreach Sites.
- Site Operators record all vaccinations administered on the EVDS and do not claim the administration fee from NDoH for vaccinating the uninsured.
- All funding for Site Operators is provided at a pre-defined and agreed upon daily "operational cost" that includes set-up costs and costs associated with vaccine administration for each day vaccination services are provided. This payment is facilitated through submission of invoices to the Solidarity Fund with proof of operations and the number of vaccines administered.

Impact of the vaccine outreach pilot

Over 3 000 vaccines were administered over the course of two days in the vaccine surge capacity outreach pilot.

The pilot showed that bringing the vaccine to SASSA grant recipients at temporary vaccination sites in high footfall retail locations has helped reduce many of the barriers to access that contribute to the vaccination rate gap in uninsured South Africans.

Other successes were noted that were used to inform the project's expansion. These include:

- The model successfully achieved **vaccine rollout to excluded populations rapidly and cost-effectively.**
- By being situated where people already interact, the project eliminated one of the larger barriers of access to vaccines, namely the cost of additional travel to get to vaccine sites.
- Retail sites reached the highest number of people of all the types of sites used. Beyond access, they also provide added safety for staff and the public at the vaccination sites.
- There is strong public-private collaboration and support for the model with retailers supporting the service delivery model and providing their space free of charge.
- The model is shown to be more cost-effective and practical than using mass vaccination sites.

This is a vital contribution by the Solidarity Fund to support the government in bringing vaccines to the people. Targeting the population that is hard to reach and has limited access to vaccinations makes sure that no one is left behind.

Expanded vaccine outreach

Following the success of the pilot project, the health department decided to scale the initiative by setting up temporary outreach sites in retail and other high footfall locations. The Solidarity Fund was requested to support this expansion by funding and contracting clinical operators to provide outreach vaccination services. **R171m was allocated to fund temporary outreach sites across all provinces.**

As of 15 May 2022, the expanded outreach project has facilitated 1 201 222 vaccinations across all nine provinces. Figure 1 below shows the number of vaccinations per province and clinical operator.

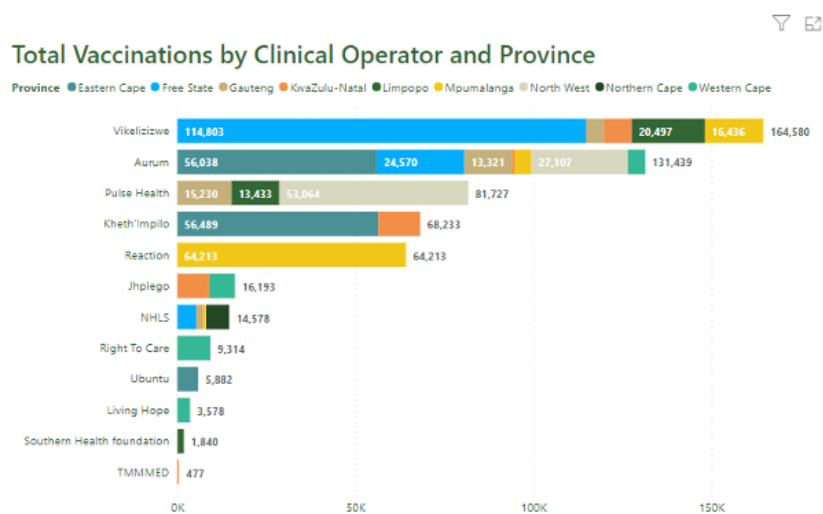


Figure 1: Number of vaccinations per province and clinical operator as at 15 May 2022

This project is ongoing and will be discussed in detail in the final impact report.

ADDITIONAL ONGOING VACCINATION PROJECTS

Supporting capacitation, planning and coordination around the vaccine response

The Fund contributed R69m co-funding to the DG Murray Trust (GDMT), matching funding from other donors, to support the provision of technical assistance and HR capacity to the NDoH and provincial and district health teams. This support covers the recruitment of much-needed skills to the vaccination programme and support for demand acceleration activities.

Throughout the project's life, up to 201 out of 243 national, provincial and district candidates were appointed. (This number fluctuated as the project progressed due to resignations.) The majority of technical assistance capacitation contracts ended 31 March 2022, except for 74 roles extended to 30 June 2022 at the request of the provincial and national health departments. DGMT is working with the health department to integrate and sustain this technical assistance and staffing support, and to identify ways to continue support in Gauteng, KwaZulu-Natal, and Mpumalanga Provinces after the project ends.

This project is ongoing and will be discussed in detail in the final impact report.

Supporting the strengthening of vaccination teams and rural outreach ECDOH Vaccine outreach support (R46.8m), Amathole- Joe Public Demand Creation (R4.3m)

The Solidarity Fund has a donation agreement with the Eastern Cape Health Department to support four districts in the province, namely Alfred Nzo, Joe Gqabi, OR Tambo and Amathole, in the recruitment of the following:

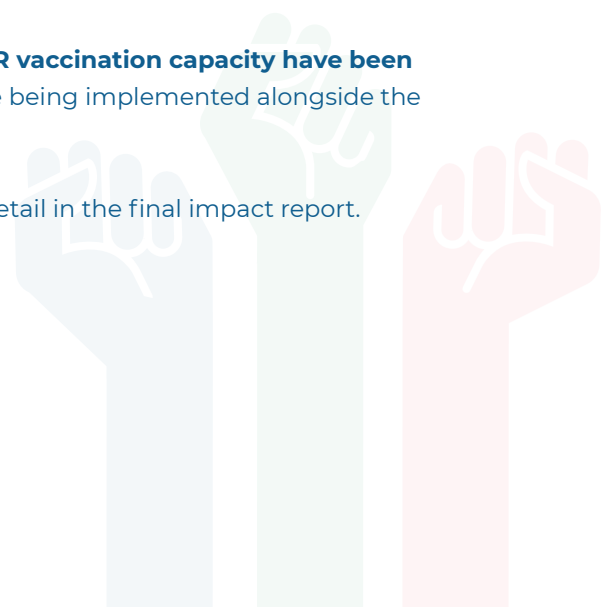
- 265 vaccinator nurses
- 48 Data Capturers
- 60 Health Promotion Officers
- 18 Community Health Workers
- 1 Pharmacy Technician
- 1 Health Promotion Practitioner
- 1 Information Manager

The district outreach staff are supporting the vaccination programme at health facilities, as well as the set-up of outreach sites in hard-to-reach areas. The support also includes the donation of equipment, hiring of vehicles (4x4s and combis), and donation of communication devices to districts to operationalise the outreach sites.

The Fund contracted Wits Health Consortium (WHC), selected by the ECDOH as the implementing agent. The Fund's support also extended to supporting vaccine demand creation activities through Joe Public in the Amathole District.

As of May 2022, **334 of the 389 (86%) required HR vaccination capacity have been recruited.** Vaccine demand creation activities are being implemented alongside the vaccination rollout.

This project is ongoing and will be discussed in detail in the final impact report.



Creating demand for vaccination

The Solidarity Fund's health and behaviour change pillars are working collaboratively to create vaccine demand and uptake through various broad, and targeted vaccine demand creation campaigns and initiatives. These initiatives are designed to drive demand and uptake of vaccinations and address misinformation and hesitancy in getting vaccinated. Detailed reports on these demand creation initiatives are available on the [Fund's website](#).

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KEY LESSONS LEARNT FROM THE VACCINATION PROGRAMME SUPPORT



Managing demand generation

The vaccine outreach pilot showed that demand efforts are powerful in influencing up to 30% of those in the vaccine queue to get vaccinated on the same day. It is therefore vital to ensure sufficient vaccines are available and that communication efforts offer clear and consistent messaging, as well as ensuring retailers and clinical operators are able to manage expectations. Focused and intentional messaging to specific target groups ensured prioritisation of the over 60s and most vulnerable in vaccination queues.



Coordination and clarity of roles

Many partners support the national vaccine effort, including the national and provincial Departments of Health, retailers, clinical operators, and Solidarity Fund foot soldiers. It is imperative that each partner's role is clearly communicated so that the planning and vaccination process can run smoothly and efficiently. As such, a national vaccination task team was created to manage overall national coordination, and the Solidarity Fund is a key member of this team. The donor collaborations and coordination efforts displayed in the Sisonke study and HR capacitation projects through DGMT have also played a critical role in ensuring that resources go where they are needed and are efficiently managed.

