



# SOLIDARITY FUND COVID-19 VACCINE ROLL-OUT SUPPORT PROJECTS

## Final Impact Report

Hakan Nural via Unsplash

DESCRIPTION	FUNDING ALLOCATED (EXCL. VAT)	FUNDING DISBURSED (EXCL. VAT)
<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&amp;J SAMRC Sisonke Implementation</i>	R50m	R50m
<i>Surge vaccine outreach sites</i>	R171m	R168m
<i>DGMT Technical Assistance</i>	R69m	R69m
<i>ECDoh Vaccinator and Outreach Team Support</i>	R46.8m	R42m
<i>Joe Public Demand Creation</i>	R4.3m	R2.6m
<b>Total amount</b>	<b>R644.7m</b>	<b>R624.6m</b>

### 01

## 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.

## Background

The national vaccination rollout officially launched 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.

On 17 May 2021 the national roll out commenced, expanding the vaccination programme to the general population and 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 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 then 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 in July and August 2021, 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 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 320 outreach sites to operate countrywide, and vaccinate 1 393 827 people.



#### **Supporting capacities, 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 was not going to cope with this demand on their own capacity whilst ensuring that other healthcare needs and priorities were maintained. The Fund was approached by the NDOH to match contributions by other donors 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. The supporting vaccine roll out coordination teams facilitated planning and administration support of over 37 million vaccinations countrywide between May 2021 and June 2022.



#### **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 request from 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 the vaccine outreach teams to be able to travel to rural areas, and partnering with taxis to transport people from rural areas to where the outreach sites are. This helped to overcome the access barrier of transport costs, and improve 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. Through this support the four districts achieved 495 716 vaccinations between October 2021 and May 2022.



#### **Supporting vaccine demand creation**

- 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 to ensure that vaccine supply services were complemented by communications to create demand for the vaccination programme and address vaccine hesitancy. At least two to ten community mobilisers were deployed to the vaccine sites to create demand, engage communities to come to the sites to vaccinate and helped with vaccine registration. Additionally, the Fund supported 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. Some of the Fund's demand creation activities are described in this report. Impact reports on all the vaccine communications projects and the vaccine call centre are available on the Fund's website.

The details and achievements of these projects are discussed below.

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**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 Pfizer vaccine doses** worth R2.1bn donated by the US government



Supported the import of **6 million 23G needles** worth R1.18m procured by the SA government.



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 July/August 2021.



Supported administration of **1 393 827 vaccines and the opening of over 320 outreach sites between July 2021 and 30 June 2022** through the Fund's outreach support through clinical operators, and the Fund's support in rural, hard-to-reach areas.



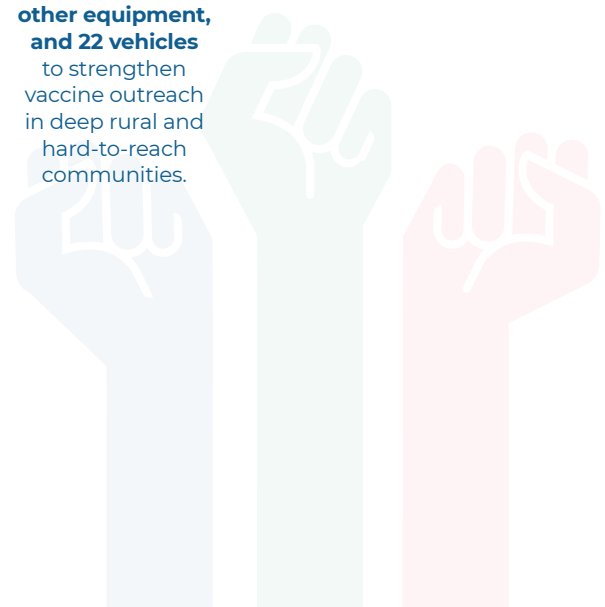
**Over 230 national, provincial, and district technical experts in various fields** to support technical capacity in the national vaccine programme, contributing to the planning, implementation support, and reporting of the **37 million vaccinations** made between May 2021 to June 2022.



Supported the recruitment of **373 additional human resources capacity** in four districts in the Eastern Cape, **1 939 items of medical and other equipment, and 22 vehicles** to strengthen vaccine outreach in deep rural and hard-to-reach communities.



Helped **four Eastern Cape districts** (Joe Gqabi, OR Tambo, Alfred Nzo and Amathole) to **administer 495 716 vaccinations.**



## THE FUND'S VACCINATION SUPPORT PROJECTS

The sections below will discuss the implementation and achievements of each of 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 December 2020, **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**

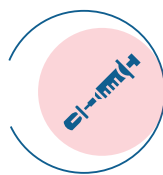
In June 2021, with global COVID-19 vaccination programmes gaining momentum, the high international demand and limited global supply of 23G needles needed to perform vaccinations impacted South Africa's ability to import these needles. There was also limited stock in-country, in both the public and private 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 - 'TAKING THE VACCINE TO THE PEOPLE'**



### **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.



**Vaccine call 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 operate 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 THROUGH CLINICAL OPERATORS

Nationally, South Africa was falling behind reaching the minimum target of 67% national vaccination coverage to reduce mortality and morbidity due to COVID-19. While there was a significant increase in vaccination uptake from ~80,000 to over 250,000 daily vaccinations in July 2021, a distressing trend started to emerge – lower registration rates in the uninsured population, ~20% lower than the insured population. 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 to implement a COVID-19 vaccine outreach project through Clinical Operators to help accelerate and expand the reach of the national vaccination programme to the largest numbers of unvaccinated populations.

Several approaches to delivering vaccine roll out support 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 would be tested to see if that could expand the reach of the vaccine programme in a rapid, yet cost-effective way.



Vaccine outreach

The aim of the vaccine outreach project was:

- To rapidly mobilise the vaccine capacity required to take vaccines to the most vulnerable communities with a special focus on the Health Department'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-served 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 vaccine outreach initiative was implemented through a public-private partnership between the National Department of Health (NDoH) and its partners (incl. Clinton Health Access Initiative- CHAI, SAMRC and Right to Care), the Solidarity Fund, Business for South Africa (B4SA), private sector retail partners (Shoprite, Spar, Boxer, MassMart, etc.), and implementing NGOs that were contracted by the Solidarity Fund as Clinical Operators. It was led by the NDoH, using data to understand vaccination coverage gaps and to determine outreach site expansions. The Solidarity Fund had a Memorandum of Understanding (MOU) and was part of the national vaccination roll out task team, Steering Committee and joined national fortnightly progress updates meetings by provinces.

The Fund also contracted Genesis Analytics to assist with reviewing and vetting Clinical Operator payments due to the volume of invoices generated through the project.

## Vaccination outreach strategy

Figure 1: Outreach vaccination strategy



### 1. Understanding which population and geographies we needed to target

Available data from the national vaccine database (EVDS), GIS mapping, COVID Vulnerability Index etc., was used to identify priority districts with the highest unvaccinated population and lowest coverage that needed outreach vaccination support.

This identified priority districts such as the largest urban metros (eThekweni, Johannesburg, Cape Town etc.) and age groups 12-17 years, 18-34 years, 35-49 years, and men within these age groups, as those having the highest unvaccinated populations, and in need of the outreach support.

### 2. Develop targeted demand creation packages

The project engaged community, traditional, and religious leaders, vaccine champions, youth leaders, and Ward-based Primary Health Care Outreach Teams (WBPHCOT) to develop targeted context-based demand creation interventions with localized targeted messaging, and to assist in identifying vaccination settings with the best access to priority target population age groups.

The community/traditional/civil society sector worked in consultation with provincial departments of health and demand creation teams to strategically match and link generated demand to supply. They referred communities to sites, which also helped in marketing opened sites so that they could be utilized.

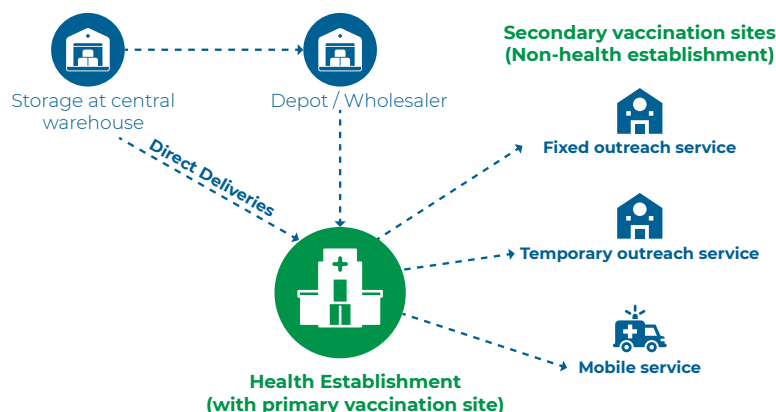
### 3. Identify outreach site type and settings

Based on the pilot project results two outreach site types that proved to yield the highest daily vaccinations were identified:

**Temporary outreach services:** Pop-up outreach vaccination sites in high footfall areas i.e., retail outlets, interfaith congregation, South African Social Security Agency (SASSA) grant pay points, transport interchange, events etc.

**Mobile services:** Roving health vaccination sites with the ability to move daily. These were best for improving access for marginalized communities.

**Figure 2: Vaccination services site typology**



### Vaccine outreach operating model

The basic operating model of these temporary outreach sites was as follows:

- A pre-approved panel of 36 Clinical Operators to operate outreach sites was selected through a transparent competitive process facilitated by SPIRE, a procurement and supply management partner of the Solidarity Fund. The panel of Clinical Operators was approved by an adjudication committee that comprised the NDOH, the 4 large provinces (GP, KZN, EC and WC), Solidarity Fund, CHAI and B4SA subsequent to undergoing a due diligence process of vetting the shortlisted operators before they are approved by the Solidarity Fund Board. A total of 20 Clinical Operators were contracted by Solidarity Fund to help augment and support the national vaccine programme from August 2021 to June 2022. This was after a pilot that was conducted in July 2021 at SASSA points where one operator was contracted by the Fund to test the outreach model at retail points that are used by SASSA. The Clinical Operators operated across all nine provinces.
- Provincial Departments of Health identified areas where they needed outreach sites to be opened and selected clinical operators from the pre-approved panel that operate in the geographic area that was identified. The Clinical Operators were allocated to vaccination venues e.g., retail outlets, shopping centers, community halls etc. which the provinces had made arrangements with and these locations were then registered on

the Master Facility List (MFL) as an outreach site of a public primary vaccination site. All venues were generously donated by the owners to the national vaccine programme in social solidarity as their contribution to assist the country reach its target.

- The primary vaccination sites managed all vaccine logistics including securing sufficient vaccines; issuing vaccines; and oversight of vaccine stock management and quality assurance.
- Clinical Operators provided end-to-end vaccination services, ensuring that all vaccinations administered were captured and reported on EVDS.
- All funding for Clinical Operators was provided at a pre-defined cost per jab that was approved by National Treasury at R70 per jab (Excl. VAT) plus daily “operational costs”, which were daily set-up costs associated with vaccine administration for each day vaccination services were provided. The daily set up costs were paid using a sliding scale determined by the number of jabs administered each day, and they covered fuel costs to pick up vaccines from primary sites, among other site set up costs that Clinical Operators may incur to make the sites visible and client friendly for the services to be delivered smoothly. This payment was facilitated through submission of invoices to the Solidarity Fund with proof of services delivered signed off by the delegated provincial/ district/sub district official of the DOH and EVDS proof of the number of vaccines administered by that Clinical Operator at an approved site.

## Impact of the vaccine outreach project

### Vaccine outreach pilot

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

The initial pilot administered **over 3 000 vaccines** to over 60-year-olds **over the course of two days**. They administered more vaccinations per day than some of the nearest public primary vaccination sites due to their convenience, visibility, and easy access for the target population. The pilot showed that bringing the vaccine to SASSA grant recipients at temporary vaccination sites in high footfall retail locations helped reduce many of the barriers to access that contributed to the vaccination rate gap in uninsured South Africans.

Other successes were noted that were used to inform the project’s expansion. These included:

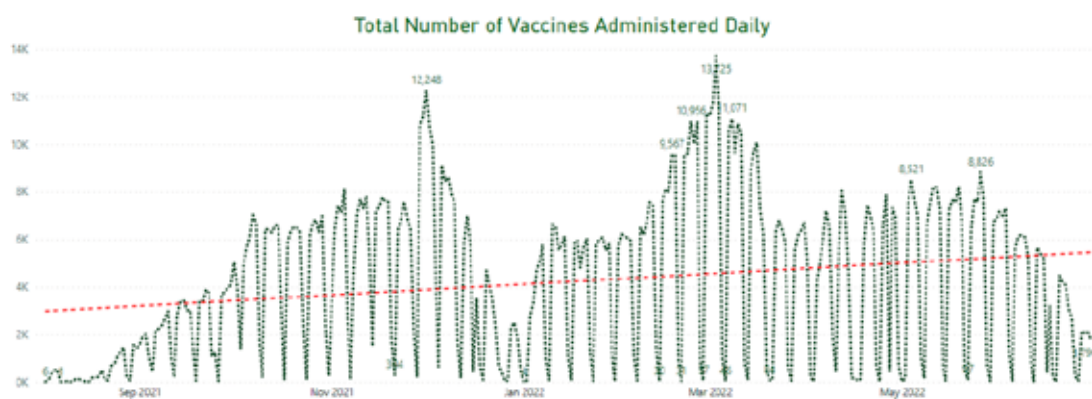
- The model successfully achieved **vaccine rollout to excluded populations rapidly and cost-effectively**.
- By being situated where people already interact, the project **eliminated one of the larger barriers of access to vaccines**, namely the **cost of additional travel** to get to vaccine sites.
- 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 was **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 was shown to be **more cost-effective and practical** than using mass vaccination sites.

## 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 nine provinces.**

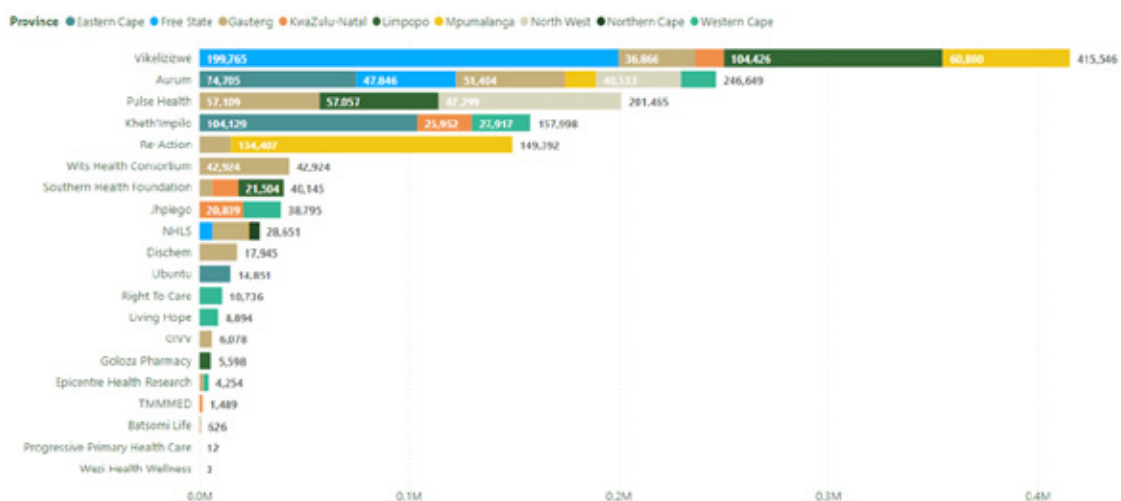
**From August 2021 to 30 June 2022 the expanded outreach project facilitated 1 393 827 vaccinations across all nine provinces through 20 clinical operators.** Figure 3 below shows the total number of vaccination administered per day. The daily average vaccinations administered was at least ~57 doses across all sites.

**Figure 3: Total number of vaccination administered per day August 2020 – 30 June 2022**



Free State and Gauteng province recorded the highest number of vaccinations, 254 075 and 252 758 respectively. Figure 4 below shows the number of vaccinations per province and clinical operator.

**Figure 4: Number of vaccinations per province and clinical operator August 2020 – 30 June 2022**



The vaccine outreach project was a vital contribution by the Solidarity Fund to support the government in bringing vaccines to the people. Targeting hard-to-reach populations and those with limited access to vaccinations ensured that no one was left behind.



## SUPPORTING CAPACITATION, PLANNING AND COORDINATION AROUND THE VACCINE RESPONSE



The Solidarity Fund joined a partnership with five other funders - Allan & Gill Gray Philanthropies; Bill & Melinda Gates Foundation; DG Murray Trust (DGMT); ELMA Foundation; and Michael and Susan Dell Foundation - to provide coordinated strategic and operational support to the national vaccination programme.

The Fund committed **R69m towards a total initial budget of R138m, with R49m allocated to technical assistance capacitation and R20m to support for demand acceleration** activities. This matched the R69m committed by the other donors, which later in the course of the project subsequently increased to R82m, as the vaccine programmes needs increased. DGMT acted as the donor convener, programme lead, and recipient and manager of the funds. The project ran from August 2021 until 30 June 2022 supporting the National and Provincial Health Departments and District Management Teams to provide technical assistance and human resources capacity to strengthen the vaccine rollout's supply and demand coordination management.

### Technical assistance support

The Fund's support for technical assistance included support for human resource capacity across the national, provincial, and district vaccination efforts, including the following:

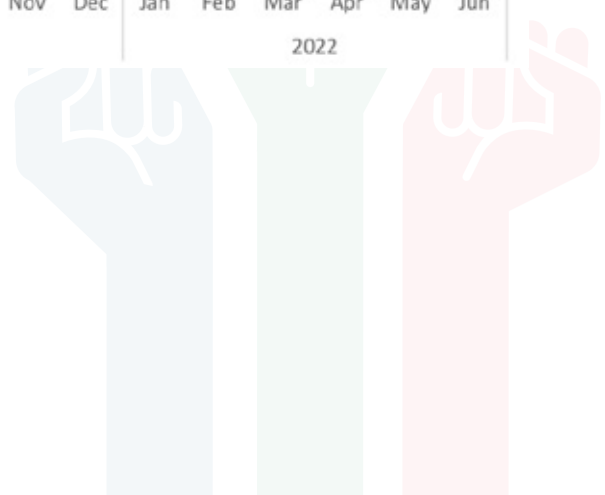
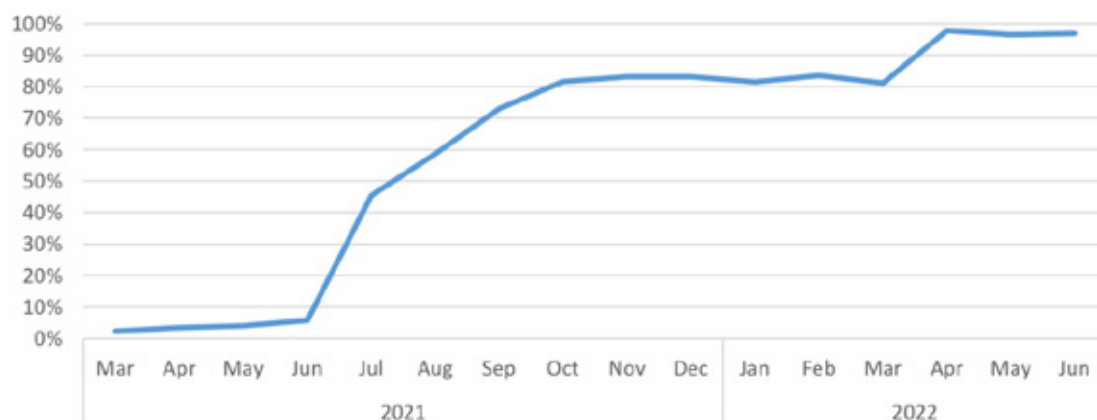


**Through this project over 230 national, provincial, and district candidates were appointed.** (This number fluctuated as the project progressed due to resignations.) The majority of technical assistance capacitation contracts ended 31 March 2022, with 74 roles extended to 30 June 2022 at the request of the provincial and national health departments.

The HR and technical support strengthened the capacity of national, provincial and district vaccine coordinating teams to ensure that we vaccinate as many people as possible, and contributed to planning, implementation support and reporting of the 37 million vaccinations that had been done between May 2021 to June 2022.

The graph below shows the recruitment and retention of the human resources through the Fund’s support against the project’s targets.

**Figure 5: Human resources capacity recruitment and retention against targets**



Delays in approval of the coordinated donor support and signing of the contract meant that the recruitment process commenced two months later than anticipated. In October and November 2021, the targets were adjusted upwards (to a maximum of 243) as a result of management capacitation for the mobile support team, the demand acceleration task team, and KwaZulu-Natal requesting more personnel (at lower cost) than originally envisaged. The total numbers were reduced in the extension period (April - June 2022).

DGMT engaged with the NDoH to integrate and sustain this technical assistance and staffing support during the extension period, and to identify ways to continue support in Gauteng, KwaZulu-Natal, and Mpumalanga Provinces till the end of the project in June 2022.

### **Demand creation support**

To help substantially reduce the impact of the COVID-19 pandemic's 4th wave while building momentum towards attaining critical thresholds of vaccination coverage, the Fund redirected R20m of its R69m commitment to support demand creation efforts and the Demand Acceleration Task Team (DAT).

Two ways to drive demand were identified (assuming sufficient vaccination sites and an adequate supply of vaccines):

- to help increase the perceived value of vaccination in the minds of the general population, and
- to make it easier for people to get vaccinated by reducing the associated costs and barriers they may experience.



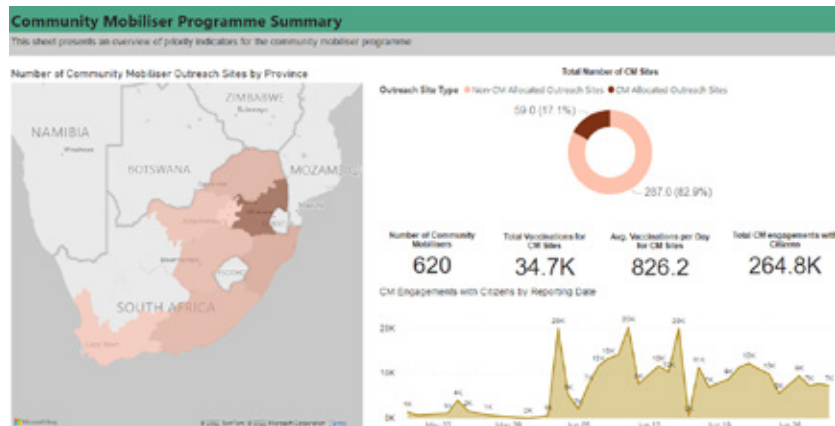
### **Impact of the technical assistance and demand creation support**

**The coordinated donor support process played critical role in the implementation of the COVID-19 vaccination programme**, and has established service delivery platforms that can be repurposed for expanded use in the healthcare system.

With this added support, the most vulnerable in the population had good vaccination coverage and the arrival of the 4th and 5th waves of the pandemic did not see the same number of hospital admissions, nor the deaths, that were seen in the first three waves.



**A multi-media and consolidated communication strategy was rolled out** using print, radio, and social media reaching approximately 6.1m people through social media alone. Interpersonal communication was delivered through a sectoral and community mobilisation approach, with **more than 100 NGOs mobilising people in their communities** and holding activations to encourage vaccinations locally. Community mobilisers worked as part of the teams doing street-to-street mobilisation.



Other achievements include:

- **Made the case for and supported the implementation of an age-based vaccination approach.** This meant that a relatively high vaccination coverage was achieved in people aged 50 years and older, at a time when there was still strong momentum for the vaccination programme.
- **Provided the implementation backbone** for the vaccination programme at provincial and district levels, through the contracted support teams.
- Together with the NDoH, **coordinated key components of the vaccination programme**, including the national contact centre, outreach programme, and public communication.
- **Coordinated demand acceleration efforts** (within the constraints of the system), keeping a steady number of people coming for vaccination.
- Specific demand side interventions had modest effect, but **contributed to at least 1 million additional first dose vaccinations.**
- **Helped secure additional funding to expand and embed some of the service delivery innovations that proved successful.** The ELMA Foundation and Bill & Melinda Gates Foundation will sustain funding to the national contact centre to expand its scope, while the German Government will fund mobile health services in KwaZulu-Natal, Western Cape, Gauteng and Buffalo City to embed COVID-19 vaccination in a broader set of health service for young people in informal settlements.





## SUPPORTING THE STRENGTHENING OF VACCINATION TEAMS AND RURAL OUTREACH



In June 2021 the Eastern Cape Department of Health conducted a needs analysis on how best to improve COVID-19 vaccine uptake in the province, especially in deep rural districts. The analysis identified challenges and barriers to accessing vaccines for some of the deep rural communities, and limitations of human resource capacity to provide outreach mobile vaccination to these sites.

### RURAL OUTREACH CAPACITY STRENGTHENING

To address these needs, the **Solidarity Fund committed R46.8m to support vaccine outreach support in four Eastern Cape Districts** - OR Tambo, Alfred Nzo, Joe Gqabi, and Amathole, **and R4.3m to support demand creation activities** in Amathole District. These districts were determined based on low vaccination coverage and high numbers of unvaccinated people.

The project ran from October 2021 to May 2022, **recruiting and employing up to 373 additional human resources capacity** across all four districts over the life of the project, including vaccinator nurses, outreach team, and demand creation team support. The support also included procurement of **medical and other equipment** to support vaccine outreach sites, **and vehicles** to transport outreach teams and clients mobilised to receive their vaccines. This support aimed to augment the districts' capacity to expand the roll-out of the COVID-19 vaccine to deep rural and hard-to-reach sub-districts. Through this support, a total of **495 716 vaccines were administered in the four districts**. Amathole was added late in the programme and only received support in the last two months of programme, and thus has the lowest number of vaccines achieved compared to the other districts.

The Fund contracted WITS Health Consortium (WHC) as the implementing partner responsible for project management, including recruitment, selection, and appointment of staff; managing all human resource management and payment functions; and monitoring and reporting.

The Provincial Health Department, as the donation beneficiary, provided WHC with databases of unemployed nurses for recruitment into the project; allocated the staff to vaccination sites; managed the vaccination outputs of the nurses; and supported monitoring and reporting.

Several challenges delayed the start of the project. There were delays in recruitment of staff due to challenges in identifying and vetting staff. Shortages of vehicles at rental service points, and the need to determine an effective strategy for re-imbursing fuelling of vehicles also delayed their procurement and use in some instances. Funds from delays in recruitment were redirected to demand creation activities. Unused funding for vehicles was refunded to the Solidarity Fund.

### **Vaccine demand creation**

To promote uptake of vaccinations at outreach sites in the districts, a demand creation pilot campaign was run in Amathole District through community mobilisation and PR-driven radio support. This approach enabled the project to address the lack of vaccination literacy, and to encourage vaccination uptake at the nearest vaccination surge site.

A hundred (100) community mobilisers were identified, recruited, trained, and deployed between 15 February to 29 April 2022, with the participation and partnership of the National House of Traditional and Khoisan Leaders Amathole District Office. The community mobilisers went door-to-door, engaging the community in face-to-face, personalised conversations and dialogue around vaccination, myths, misinformation, and where to get vaccinated.

To support on-the-ground efforts radio advertisements and outside broadcasts were run to encourage communities to come out and vaccinate.

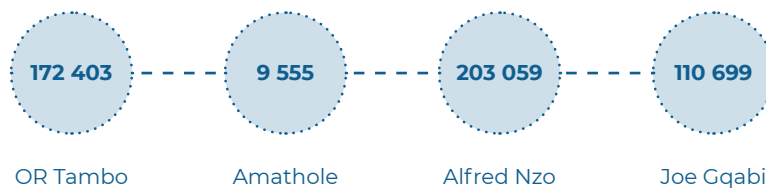
### **Impact of the Eastern Cape outreach support**

Through the Fund's support, considerable additional resources were made available that helped the Eastern Cape expand its vaccination programme to those who are often overlooked and who lack the ability to access services because they live in deep rural and hard-to-reach communities. Specifically, throughout its implementation period, the project supported the provision of:

- **279** vaccine nursing staff recruitments (144 Professional and 135 Enrolled Nurses)
- **67** vaccine outreach teams support staff recruitments (39 Data Capturers, 25 Drivers, 1 Pharmacy Technician, 1 Health Promotion Practitioner, 1 Information Manager)
- **88** demand creation support (66 Health Promoters and 12 Community Health Workers)
- **1 939** items of equipment to support outreach sites (medical, telecommunications, and outreach support equipment).
- **60** vehicles hired to transport outreach teams and clients to outreach sites (38 4x4s and 22 Minivans / Combis)

The Provincial Office and districts arranged workshops to train newly recruited staff members and supported all districts to implement spatial targeting, to upscale school vaccinations as primary entry points into the communities, and to actively monitor and evaluate progress, including the impact of demand creation.

Vaccination rates have increased in the districts where the support was provided, with **495 716 vaccines administered through mobile outreach services** in the four districts between Oct 2021 to May 2022:



**Community mobilisation teams** addressed **over 307 700 Amathole community members** through direct face-to-face conversations. The media team secured **697 radio spots** across Amathole radio stations with a total amount of radio exposure valued at R4.5m. It is estimated that **8 480 vaccinations were administered** as a result of the **demand creation activities**.

## 04

### 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.

#### Adequate planning across the entire programme

The emergency nature of the programme meant focus was initially on securing supply of vaccines and then on roll-out. Clearly defining the key response functions required and design for both supply and demand from the beginning of the project of this nature is vital for smoother implementation. To support this, integrated cross-sectoral implementing structures, like the multi-sectoral Demand Acceleration Task Team, can be effective.

#### Keep the future in mind even as you design to tackle the immediate crisis

The precedents and platforms established through this support pointed the way to improved and enhanced service delivery and should be sustained and embedded in the health services, as the management of COVID is transitioning from a pandemic emergency to an endemic disease, and thus being integrated within mainstream healthcare service delivery platforms.

## CONCLUSION

The arrival of the COVID-19 vaccine brought the promise of moving out of the grip of the pandemic and getting back to normal. However, implementation of a vaccination programme of this magnitude was a tall order. The Fund partnered with the health department at all levels, and worked closely with partners and stakeholders from all sectors, to leverage its resources and capacity to significantly shape and strengthen the national vaccine programme. This has enabled over 50% of the population to get vaccinated, enabling the country to open up and for people to get back together and move forward positively.

The COVID -19 vaccine programme is a great case study that has highlighted some key enablers of success such as clear targets, social solidarity, intentional collaborations (donors, sectors, etc.), focused interventions, resource pooling and sharing, use of data for monitoring and decision making, and the critical role of community centred interventions. The resources that were provided to make this programme a success were not only financial, and there was leveraging on existing technical and other resources that were donated by different sectors to join the drive to vaccinate as many South Africans as possible, understanding that no one is safe until we are all safe. The African proverb that says 'If you want to go faster, go alone. If you want to go far, go together', was well displayed in this programme and achieved over 37 vaccinations in the country.

