ROLLING OUT AN EQUITABLE **COVID-19 VACCINATION PROGRAMME**

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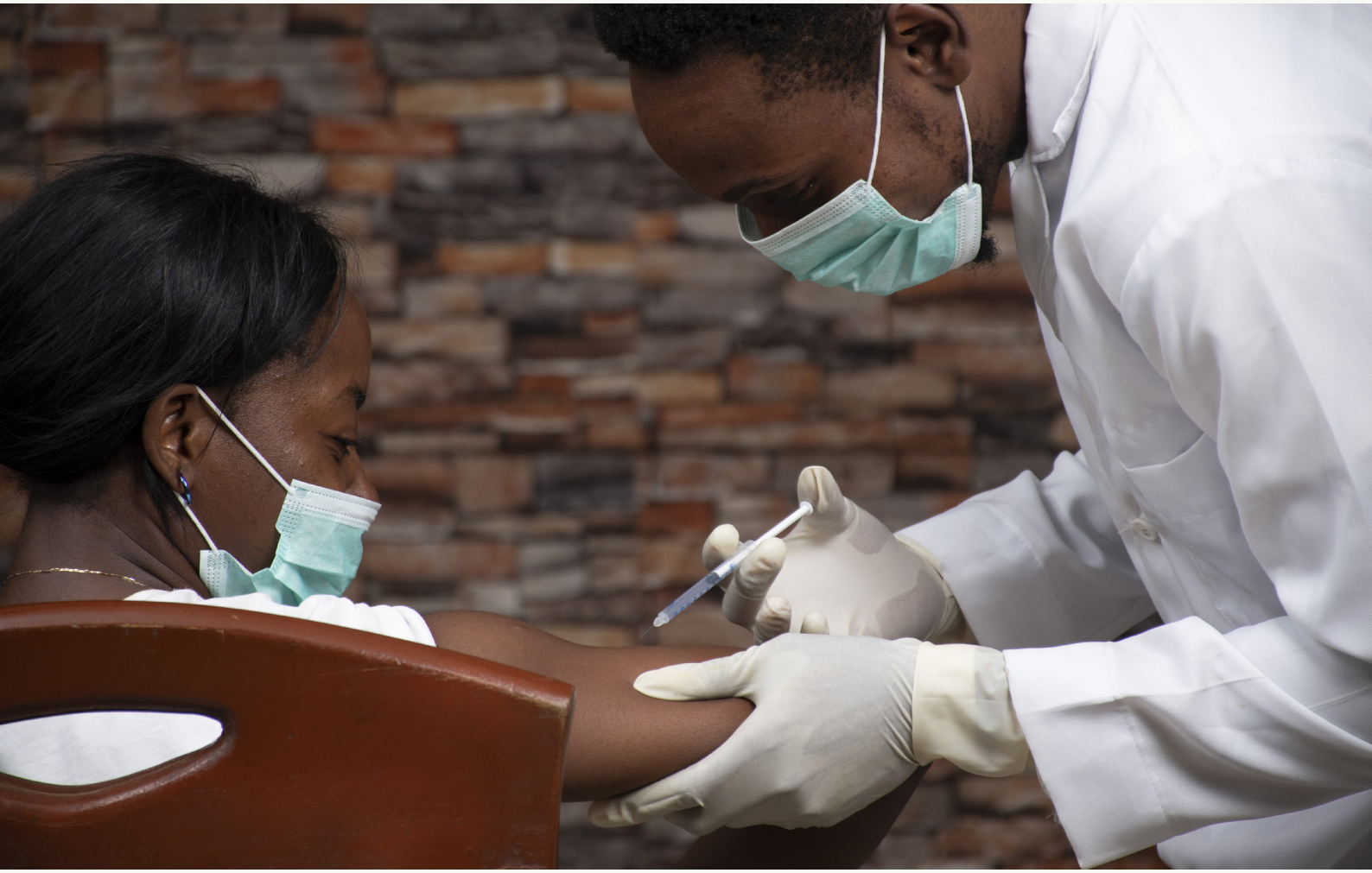
LAST WEEK'S CONCLUSION OF A DEAL THAT WILL SEE SOUTH AFRICA SECURE ITS SHARE OF THE COVID-19 VACCINE ON THE GLOBAL MARKET WAS A SIGNIFICANT STEP FORWARD IN EFFORTS TO PROTECT SOUTH AFRICANS AGAINST THE PANDEMIC. BUT AS SOUTH AFRICA PREPARES TO ROLL OUT ITS VACCINATION PROGRAMME, A LOT REMAINS UNCLEAR ABOUT HOW IT WILL REACH THE POPULACE.



The government has prioritised health care workers and other front-line staff, consistent with approaches adopted by other countries. However, how in practice will a wider roll-out work? Much like the trajectories of the national epidemic in different regions, each country must navigate its own context in rolling out the vaccination programme. There is urgent need to consider what approach South Africa will take, and what preparatory steps we should take now to ensure success.

In South Africa, the epidemic has been severe (543 deaths per million of population compared to neighbours Namibia 96; Lesotho 35; Zimbabwe 30, Eswatini 233, Mozambique 6; Botswana 20). Bedeviled by inequality, a broken health system and rampant corruption, there is much to think about now in order to deliver the vaccination programme in a fair, just and efficient manner. In setting about this, we should learn from our past experience as well as the experiences of other countries.

This article points out four critical principles that could guide our approach:

1 EQUITABLE ACCESS

The vaccine should be made available to all who need it, based on an equitable process. This will be no easy task. The gross inequality in our society has meant that access to public health and education has

largely been determined and shaped by socio economic status.

The public health care system is weak and inadequate, often to the detriment of those who rely on it. Those who can afford to do so will obtain these services through the private health care system – in this instance through medical insurances and service provider networks – at costs prohibitive to many South Africans. If the government does not address this, the resultant health disparities will continue to impact mortality rates along the lines of class and, unfortunately, race.

❷ COMMUNICATION DRIVE TO BUILD CITIZEN TRUST

Many myths and conspiracies are circulating about the virus, the vaccine, and the intent. This has resulted in widespread skepticism among citizens, an obstacle to their embracing the vaccine as the life-saving measure that it is meant to be.

In most regions, vaccination programmes have been widely accepted as safe, well intended and offering beneficial medical outcomes. However, in a December 2020 poll conducted by market research firm Ipsos Group in 15 countries, only 53% of South African respondents said they would be willing to take the vaccine. This compared to 80% in China, 78% in Brazil and 69% in the US, which arguably has one of the more skeptical administrations. Despite this, we have not seen much effort on the part of government to ensure that citizens receive accurate information in a manner that addresses their concerns and builds trust.

❸ PRESERVATION OF THE HEALTH CARE SYSTEM

The vaccination programme must be administered without collapsing the health care system. Now more than ever, we need a strong and robust health care system as we mitigate the impact of the second wave of the pandemic. In South Africa, it is estimated that there are just 1.3 nurses per 1000 people. South Africa must be innovative about how it reaches the masses who are dependent on the public health care system, if it is to avoid putting strain on other health programmes such as maternal and child health, HIV, Tuberculosis and a rising epidermic of chronic diseases.

What is needed? The first step is to consider what other community resources and infrastructure can be leveraged to achieve this mammoth task. At the height of its Covid-19 pandemic, China set up street booths and cubicles to increase testing coverage enabling them to test and isolate nine million people over two weeks. In the Eighties, countries like Zimbabwe achieved over 85% child immunisation coverage (higher than most countries in the sub-region) through a combination of primary health care facilities and village health workers. During the Ebola crisis in central and west Africa, community- and faith-based organisations, as well as humanitarian agencies such as the Red Cross, were instrumental in delivering and coordinating the ring vaccination approach that had been adopted. Could these approaches be appropriate for our vaccination programme?

❹ ACCOUNTABILITY AND RESOURCING

Although the cost of a Covid-19 vaccine dose has been estimated at between US$4-$33, studies have shown that the non-vaccine costs of vaccination programmes is in the region of 50% of the total costs. Non-vaccine costs include training and capacity building of staff, social mobilisation, transport, and other overheads.

The two urgent questions arising for us are whether National Treasury will allocate these costs timeously; and whether the responsible authorities ensure that they are not plundered by politicians and public officials as we saw with earlier Covid-19 relief funds. Fortunately, the approved vaccine does not require complex refrigeration protocols. However, the logistical challenges of getting the vaccine to remote areas could still hinder access.

For some time now, countries like Rwanda have employed the use of drones in the delivery of critical medical supplies. In South Africa, schools have been used as an entry point for the Human papillomavirus vaccination programme targeting young girls – with greater efficiency and effectiveness. What lesson can we draw from these approaches?

In conclusion, South Africa needs to think innovatively about what entry points are available in communities, and whether these can be used for the vaccination programme. We must consider for instance, what role business and workplaces could play in the vaccination of employees. A study conducted in Cape Town found that outsourcing vaccine logistics to the private sector reduced delivery and inventory costs, improved adherence to temperature threshold and other handling practices, and reduced delays. What role could the private sector play in the vaccine roll out? At Hlanganisa Institute for Development Southern Africa, we work with community-based organisations operating across the country. Community organisations could arguably be part of the roll-out plan.

In addition, we need to consider what cadres of health care staff could be assigned this urgent task. The HIV epidemic saw extensive task-sharing between clinicians and allied health staff, including community health workers, with overwhelming success. With an acute shortage of nurses, who traditionally administer vaccines, and the urgent need to reach over 40 million people (based on WHO estimate of 70% coverage to obtain herd immunity), there is urgent need to consider what approach South Africa will take to ensure that having made huge investments in obtaining the vaccine, we do not end up with a failed vaccination programme.

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