

B4SA Vaccination Support Programme

Webinar

3 February 2021



Agenda



The role of B4SA



B4SA structures



High level view of progress to date and key priorities for workstreams



Q&A

The role of B4SA



Context of B4SA

B4SA is an alliance of SA business volunteers formed to collaborate with Government and stakeholders to mobilise business resources and capacity to combat Covid-19.

In January 2021, with the resurgence of Covid-19 infections and facing the unprecedented challenge of vaccinating the nation, B4SA was reshaped with a singular focus of **supporting the national vaccine programme, under the leadership of the national government**

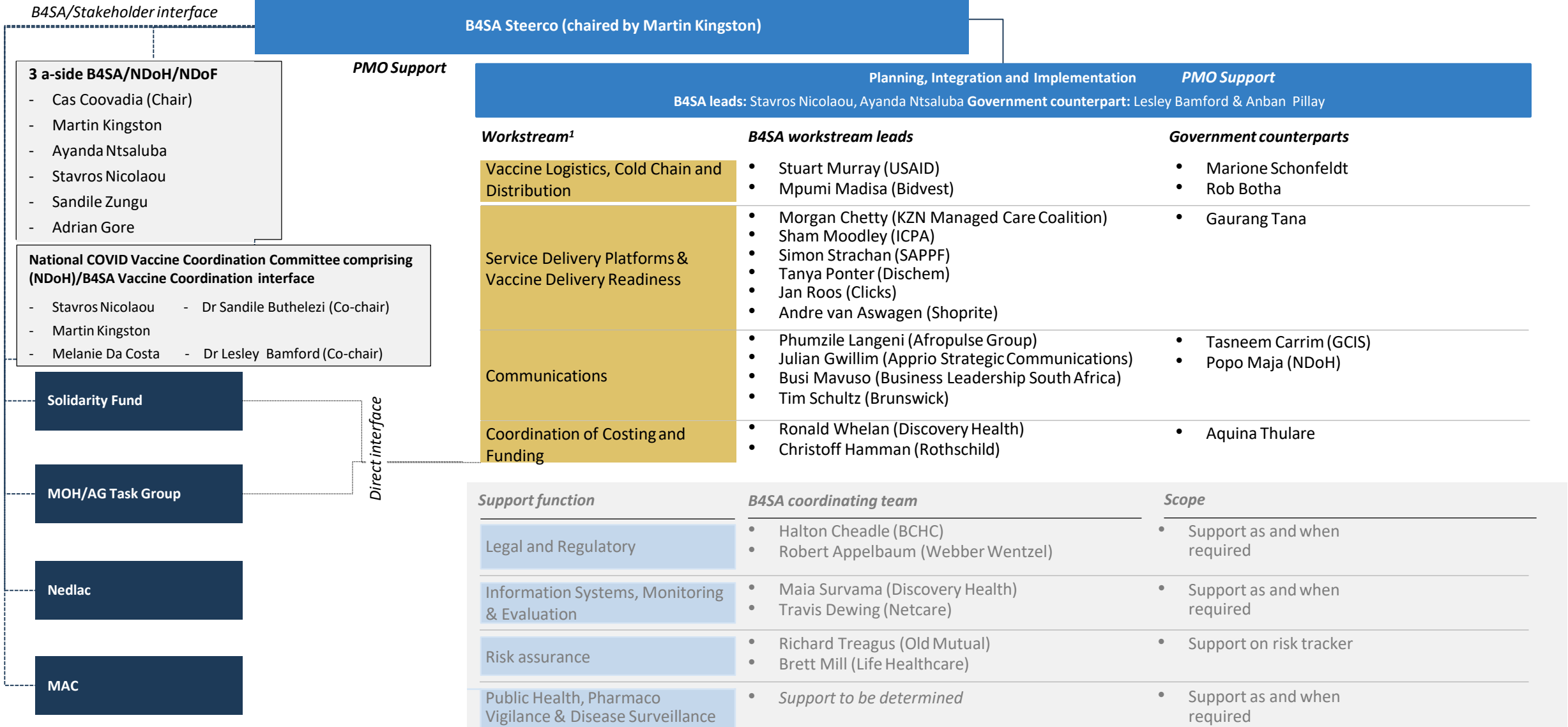
B4SA has established workstreams with core mandates that complement the government vaccine workstreams and support the national vaccine rollout campaign.



Objectives in the vaccine rollout programme

- **Support government's vaccination rollout** to eradicate the pandemic and return to a fully functional economy where livelihoods are restored
- **Work with government and social partners** to ensure expedient and efficient roll out of the vaccination rollout
- **Coordinate resources and expertise from business and civil society partners** to provide government with the support it needs to rollout the vaccination programme
- **Jointly problem solve and debottleneck issues** through working closely with government counterparts
- **Communicate relevant information** and critical decisions to constituencies timeously and transparently

The B4SA structures have been categorised into workstreams and support functions



1. Workstream leads and teams will be comprised of persons with relevant expertise from across industries

Brief update on workstreams (1/2)

Workstream

Progress update

Areas requiring clarification or resolution

Planning, Integration and Implementation



- Vaccination rollout is planned in 3 phases
 - Phase 1, further (categorised into 1A – patient-facing healthcare workers in acute hospitals; 1B – non-patient-facing healthcare workers in acute hospitals; 1C – other healthcare workers)
 - Phase 2 covering ~16.6mn essential workers, people in congregate settings, persons over 60 and adults with comorbidities and Phase 3, targeting ~22.5mn adults
- 1mn of the 1.5mn AstraZeneca doses arrived on 1st February 2021 to be issued to 500k HCW in Phase 1A (to secure 2nd dose) and the additional 250k once the balance comes through
- We consolidated a list of phase 1A vaccination sites, identified curators to assess site readiness, identified vaccinators at each site. Curators have undergone training with the NDoH vaccinators due to undergo training this week on SOPs and EVDS

1. Clear and communicated definitions of priority groups for Phases 1 and 2
2. Security of supply and timing of confirmed supplies
3. Validation of eligibility on the EVDS

Vaccine Logistics, Cold Chain and Distribution



- We have completed logistics and distribution plans for Phase 1A private facilities
- We have also geo-mapped healthcare workers to vaccination sites to identify capacity gaps
- Plans in place for cold chain management of AstraZeneca and J&J vaccine which require 2-8 °C storage
- We are informed that government will be opening tenders for storage and distribution of vaccines who need to have a pharmaceutical distribution license

1. Allocation methodology of vaccines between the private and public sector
2. Logistics and distribution plan for Phases 2 and 3 of the rollout to pharmacies and GPs
3. Stock management systems and practices at distribution sites
4. Cold chain management of Pfizer vaccines

Service Delivery Platforms & Vaccine Delivery Readiness



- Comprehensive list of clinics, pharmacies, GP practices and industry health centres is being collected for submission to NDoH for vetting and approval
- A geo-mapping of the population distribution across the country by demographic phases defined by NDoH for capacity planning is underway to identify white spaces with inadequate coverage
 - the workstream will work with government to provide support to areas with capacity gaps
- A review of the SOP for sites is being conducted to support sites in being prepared to receive vaccinations

1. Defined timelines of supply for Phases 1b and above to adequately prepare vaccination sites
2. The accreditation criteria process of sites
3. Reimbursement and contracting models to be in place for sites to get vaccine stocks
4. Scheduling and booking processes to be implemented, particularly for non-healthcare workers in the subsequent phases
5. Logistics and distribution plans to accredited sites, particularly the last mile delivery

Brief update on workstreams (2/2)

Workstream

Progress update

Areas requiring clarification or resolution

Communications



- We will publish a weekly B4SA newsletter to provide transparent updates on workstream progress and debriefs from key meetings along with media updates
- The B4SA team joined the National Communication Partnership (NCP) including NDoH as well as Nedlac to influence and support the government vaccine communication campaigns

1. Nature of communications content and channels for joint communication by business and government
2. Additional resources and platforms that can be mobilised by business to support the national campaign

Coordination of Costing and Funding



- Government has communicated that the funding for the vaccination programme will be a combination of Treasury budget allocations and medical scheme contributions
- We believe the programme will cost between ~R12bn assuming average uptake of 70% among adult population

1. Funding flows and reimbursement model between government, medical schemes and vaccination sites

Legal and Regulatory



- Working with legal, NDoH, NDoF to address legal issues including – POPPI and relevant updates to the DMA

1. Obtaining clarity on no-fault liability as it has potential to bottleneck supply

Risk assurance



- The workstream is jointly managing a consolidated risk register with government to identify and address key risk across 10 areas including fraud and corruption and procurement

Q & A



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