

BEHIND THE VACCINE ROLLOUT



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*Dr Nicholas Crisp,
Deputy Director General in the National
Department of Health and head of the
SA vaccine programme*

To most of us standing in a COVID-19 vaccine queue it might seem that the state's biggest challenge is to buy the drugs and train health workers to use them. But behind that single injection in your arm lies a sophisticated system designed to ensure the smooth rollout of the vaccine programme.

Dr Nicholas Crisp, the Deputy Director General and head of the SA vaccine programme in the National Department of Health (NDoH), tells it like this: “A system had to be designed quickly to create order out of the potential chaos of vaccinating people with and without health insurance, in both public and private sector facilities, and keeping a national record of every vaccine event.”

Since September 2021, the UK government, through its flagship health initiative in South Africa, the Better Health Programme, pivoted quickly to support the NDoH by mobilising two teams of highly skilled technical specialists to design and implement the digital system that combines public and private sector patients and facilities to register, as well as a system to reimburse each vaccination event in the country.

RAPID START

The first step, which began in April 2021, was to rapidly design a digital system to record every vaccination with details of the recipient and where it took place.

The Electronic Vaccination Data System (EVDS) starts with a platform for self-registration and online booking, which enables the NDoH to verify that people are eligible and match them to their closest site. Once a person is fully vaccinated, the system provides a vaccination certificate with a domestically scannable QR code that verifies the vaccination to the data on the system.

But it does not end there. Behind the scenes, the EVDS is an important tool for planning and information. It feeds internal management dashboards and provides a 16-week forecasting model, both of which support NDoH decision-making for more targeted interventions in groups where vaccine uptake is low. The [dashboard](#) also keeps the public informed about the progress of the vaccine rollout.



“Without donor support,” says Crisp, “we would never have been able to develop and expand the EVDS platform so quickly. BHPSA really came to the rescue when our first tranche of donor funding ended in September.”

EVDS is critical to the functionality of the vaccine rollout. Firstly, it is connected to the supply chain system that ensures the vaccines and essential consumables are available when and where they are needed. Secondly, it includes a master list of all public and private vaccination sites that provides basic information on all facilities and ensures that they meet the required health and security standards (including pharmacy licences). This list, developed from scratch, is now a live database that is updated continually as new facilities are added. This is the first comprehensive and up to date record of registered public and private sites across the country and, in itself, is a major contribution to the country’s centralised Health Information System. Every vaccinator that is trained is registered to a site.

UNITING PUBLIC AND PRIVATE SECTORS

As soon as the COVID-19 vaccine became available, the South African government committed to offering vaccinations free of charge to all citizens. While the initial goal was to vaccinate 87% of the whole population, the current more realistic target is 70% of the adult population.

The state became the sole procurer and contracted three established drug distributors to manage the importation, storage and supply of vaccines to registered vaccination sites. However, the private sector, realising the magnitude of the public health threat, volunteered to collaborate with the state to ensure that vaccination targets are reached. From the start it was agreed that people without

medical insurance could be vaccinated at private sites, and those insured, at public sites. This was to make access as easy as possible. As such, COVID-19 vaccination sites were set up in both the public and private sector. There are an estimated 7,000 COVID-19 vaccination sites nationwide, of which around half are run by the private sector. However, counting sites is complex as there are many satellite or outreach and ‘pop-up’ sites.

“This is the largest single collaboration between the public and private sector to address a public health emergency – an excellent example of how NHI can work in South Africa,” says Crisp, who is also in charge of NHI.

This crossover of vaccinees between the public and private sector increases access and coverage. But for it to work, it depends on a large and complex reimbursement programme on the agreed tariffs. There is a R80.50 service fee per vaccination to cover site and consumable costs, borne by the government or the private medical scheme.

The reimbursement process comes into effect when an insured person goes to a public site to be vaccinated, and an uninsured person goes to a private site for their vaccination. In the case of an insured person vaccinated at a public site, NDoH can claim the costs of the vaccination from the person’s medical scheme. In the case of an uninsured person vaccinated at a private site, the private site can claim the costs of the vaccination from the NDoH. This is not a cash payment but rather a credit note system, which is offset against the amount the private site owes the NDoH for the vaccine stock received, through an approved credit limit.

For obvious reasons this Vaccine Reimbursement Programme (VRP) was not in place at the start of the vaccination drive. BHPSA stepped in here and immediately mobilised a team of senior chartered

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accountants and an IT firm to scope out and implement a series of complex transactional flows as well as a sophisticated back-end IT system, called the control and reconciliation tool (CART) which is housed within the NDoH IT environment. The system is live for claims from medical schemes to the state, and as of the end of January 2022, over R500m in claims have been issued to medical schemes for vaccinations provided in May and June 2021. Just over R100m has been received in revenue.

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FROM VACCINES TO NHI

The creation of the EVDS and VRP has required considerable donor and other resources. But it has also provided valuable lessons that will feed directly into the aims and ambition of NHI, South Africa’s strategy to achieve universal health coverage (UHC).

Digital systems that have been created for patient records and reimbursement can be adapted for broader health service delivery under NHI. For example, the Vaccine Reimbursement Programme is the largest reimbursement to the private sector by the state on a commonly agreed set of tariffs.

The newly created Master Facility List is also an important first step in registering providers to be funded under NHI.

In addition, the cooperation between public and private sector stakeholders has brought them closer together than previously imagined. Since the start of the vaccine programme a number of cross sectoral management and governance structures have been established, involving representatives from both sectors. This is an example of solidarity and common cause to overcome COVID-19 which has had a devastating impact on all aspects of South African life.

BHPSA Team Leader, Myles Ritchie, concludes. “From a BHPSA programme perspective, support to the COVID-19 EVDS and reimbursement systems has been an excellent example of value for money for the UK government - in terms of the input costs of technical assistance versus revenue collection by the state and private sector. It has also helped to build sound and strong relationships with the senior management of the NDoH, leading on these initiatives for government.”

The Better Health Programme, South Africa (BHPSA) is a health system strengthening programme funded by the UK government through the British High Commission in Pretoria and managed by Mott MacDonald.



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