



15 June 2021

Ms T R Modise
Speaker of the National Assembly
Parliament of the Republic of South Africa
CAPE TOWN
8001

Dear Madam Speaker,

REQUEST FOR THE ESTABLISHMENT OF AN AD HOC COMMITTEE IN TERMS OF NATIONAL ASSEMBLY RULE 253 TO INVESTIGATE THE GOVERNMENT'S COVID-19 VACCINE ROLLOUT

I write to you in terms of National Assembly (NA) Rule 253(1) (b) to request that you urgently establish an ad hoc committee to conduct an inquiry into the Government's handling of its Covid-19 vaccine rollout in light of the fact that it has been marred by so many obstacles and failures, and that it is highly unlikely that the country will achieve any form of herd immunity in the near future.

Brief overview of Government's Vaccine Rollout:

It is common cause that the urgent roll-out of an effective vaccine programme is the only credible alternative to repeated lockdowns that costs our economy billions and destroys lives as well as livelihoods.

The President of the Republic, Mr M C Ramaphosa, initially said that we would receive the vaccine in the first quarter of 2021. In his address to the nation on 28 December 2020, Mr Ramaphosa stated that the vaccine will be available to South Africans in the second quarter of 2021, an alarming shifting of the goal posts.

The Government's original vaccination plan launched on 5 February 2021 was replete with maps and flow diagrams. It said there would be a phased roll out starting with healthcare workers, and then open up to include those with co-morbidities, frontline workers (such as teachers and police officers) and the elderly. The sophisticated document gave the impression that the Government's planners were on top of things and the prospect of vaccinating the country seemed real.

South Africa's first official procurement deal was struck with the Covid-19 Vaccines Global Access (Covax) programme nearly half a year ago, in December 2020. South Africa paid Covax R280 million 5 months ago – and hasn't received a single vaccine dose yet.

On 1 February 2021 the first million doses of the AstraZeneca vaccine had arrived and it appeared that the Government's Covid-19 vaccine rollout was going as planned.

Yet the vaccine rollout was halted before it had even started because in March 2021, a study of young trial participants showed that the vaccine was possibly ineffective in preventing new infections from the B.1.351 variant (the so-called Beta variant first detected in South Africa) of the SARS-CoV-2 virus.

Yet as doctors pointed out, including the lead author of the study, Prof Shabir Madhi, the AstraZeneca vaccine (like other approved Covid-19 vaccines) offers protection against serious illness because vaccine-induced CD8 (natural killer) cell responses are largely unaffected by the various mutations.

They suggested the vaccine should at least be offered to high-risk people. The Government ignored this advice and sold its stock of AstraZeneca vaccines to the African Union. Consequently, it was confirmed that the AstraZeneca vaccine proved effective against the B.1.617.2 and B.1.1.7 variants identified in India and the UK respectively, and which are now also circulating in South Africa.

The first phase of South Africa's rollout was rescued only through the efforts of Prof Glenda Gray (the head of the South African Medical Research Council) to secure surplus Johnson and Johnson (J&J) vaccines from trials in the United States (US) and Europe.

The second phase, now fully in the hands of the government, is offering Pfizer vaccines to persons over 60 years-old. Those able to use the online system, and with the means of transporting themselves to the allocated vaccine site, have been vaccinated and have received appointments for their second jab.

The Government's vaccine rollout is now aimed only at the elderly – which poses a serious constraint for those healthcare workers yet to register. The government's EVDS online registration system functions as an implacable fire-wall: anyone under the age of 60 trying to register is confronted with the following statement: "Please note that registration for vaccination is currently only open for those that are 60 years and older. Those under 60 years of age will be invited to register at a future date."

During the Government's Sisonke trial, the online system accepted registrations from the elderly and from health care workers. Yet apparently because of complaints about the system allowing people who were not health care workers to register, this facility was removed soon after the government rollout began.

The previous system required healthcare workers to provide details about their medical practice or to agree to bring a letter confirming their status as healthcare workers to the vaccination facility. It was then up to the respective vaccination site to accept or decline supporting letters. If the system needs tightening to prevent abuse, this should occur at the sites. To alter the registration system to prevent potential abuse is like bombing a hospital to get rid of some roof rats.

The Sisonke trial fell behind schedule when the Government paused vaccinations in April 2021 after six people out of 6.6 million vaccinated in the US had developed rare blood clots. This raised the spectre of wasted vaccines just as the pace of new Covid-19

infections was picking up again. When it was lifted, the Sisonke team redoubled their efforts, ensuring that most of the J&J vaccines were indeed used. This prompted calls to widen access to vaccines to ensure that South Africa's vaccine stocks are used. Some people, nevertheless, objected on ethical grounds and government officials promised to investigate to prevent such 'queue jumping'.

The Government's subsequent 'fix' to the online system blocked access to registration for the approximately 700 000 health workers who – according to the Government's own rollout plan estimates – had not yet been vaccinated.

Proponents of the Government's vaccine rollout argue that the slow start was necessary to check the systems. Yet questions remain as to why the slick, original vaccination plan was not acted on earlier? Why was the online system not designed or adapted to accommodate healthcare workers, the elderly, those with co-morbidities and essential workers?

The online registration system is being used to match appointments to vaccine supply at every site – supposedly to avoid long queues and sites running out of vaccines. Yet there have been no reports of sites running out of vaccines – even those flexible enough to allow 'walk-ins' (those without appointments) and which have accordingly attracted high volumes of people over 60 years-old wanting to be vaccinated. These sites are probably driving the rapid increase in vaccinations over the past few days. Those sites sticking rigidly to the appointment system are a drag on the vaccine rollout.

The Pfizer vaccine is now coming into the country regularly and it is obvious from the graph that the domestic supply of vaccine is growing faster than the pace of vaccination. A government official recently argued that supply is delayed to some extent by additional regulatory checks, though the Sisonke trial shows that vaccines can quickly move from the airport into people's arms where there is commitment and political will to do so.

The J&J single-jab vaccine is relatively easy to administer and only requires normal refrigeration. Aspen Pharmacare, which has a contract with J&J to compound, fill and finish its vaccine, could soon release at least a million additional doses (currently on hold due to a production glitch at the US manufacturing firm that supplied the vaccine stock to Aspen Pharmacare) into South Africa's vaccine supply. These jabs could easily be distributed to rural clinics, to pharmacies etc, where they could be offered to those waiting to be vaccinated.

This will boost the vaccination program and to ensure that shots in arms catch up with the rapid growth in vaccine supply and attempt to achieve the target of vaccinating at least 67% of the population by the end of 2021, in order to achieve herd immunity. With new infections rising fast, we need to redouble the effort to vaccinate as many people as possible. Poorly functioning and overly controlling bureaucratic systems must not stand in the way of saving lives.

Over the course of the brief vaccine rollout period, there is much the public has learned about this vaccine procurement process. But there is much that is not known and much should be known.

It is our considered view that it is in the interest of accountability and transparency that the NA urgently conducts an inquiry into the Government's handling of its Covid-19 vaccine rollout.

Grounds for request:

1. South Africa's economy and the livelihoods of millions of her people remain in danger due to a slow vaccine rollout, even though government has had many months to plan;
2. South Africa is lagging behind other emerging markets in its rollout of its vaccine rollout programme. The slow vaccination rate will most certainly have an impact on the severity of the third-wave of Covid-19 and a possible fourth wave;
3. Great uncertainty in relation to the terms of the supply contracts that the Government has entered into to acquire the vaccines. While government leaders keep using phrases such as vaccines have been "secured" and manufacturers have "committed" doses, it is unclear whether any contracts have actually been signed, and what the exact terms and conditions are;
4. The Portfolio Committee on Health has not been able to solely focus on the vaccine rollout due to extensive range of issues current before it. Vaccination is an important if not most important issue with regards to the Covid-19 pandemic and accordingly requires its own ad hoc committee;
5. Apart from the DA's debate of National Importance on the Government's vaccine rollout plan, parliament has been unable to effectively exercise oversight on Government's vaccine rollout plan;
6. The establishment of an ad hoc committee will ensure that deadlines are met and the process is corruption free. We submit that through an ad hoc committee parliament will be able to summon the executive, issue deadlines, perform oversight, hold them to deadlines and ensure that the task are executed as efficiently as possible;
7. Public trust is undoubtedly a major factor in the success of any mass Covid-19 vaccination programme. The efficacy of such a programme hinges on vaccinating enough of the population to achieve herd immunity. In turn, herd immunity depends on enough people adequately trusting the programme to seek vaccination;
8. This is apart from the constitutional values of good public governance, which require high levels of transparency. Such transparency in the Government's vaccination programme is also essential for the very success of the programme, since without transparency there cannot be public trust;
9. South Africans deserve an efficient and transparent vaccine rollout and we submit that a parliamentary inquiry into the Government's vaccine rollout plan is accordingly necessary and urgent.

We therefore request that you establish an ad hoc committee in terms of NA Rule 253(1)(b), the committee to –

- (a) Conduct inquiries into all matters related to the exercise (or lack thereof) of Executive power and the (in)actions of organs of State in the country's response to the Covid-19 pandemic since 26 March 2020;
- (b) Consist of 11 voting members of the Assembly, as follows: African National Congress 6, Democratic Alliance 2, Economic Freedom Fighters 1 and other parties 2;

- (c) Further consists of 9 non-voting members of the Assembly, as follows: African National Congress 2, Democratic Alliance 1, Economic Freedom Fighters 1 and other parties 5; and
- (d) Exercise any of the powers as set out in Rule 167 that may assist it in carrying out its task; and
- (e) Sets the deadline by when the Committee is to report as 31 December 2021.

I look forward to your favourable response.

Yours faithfully,

A handwritten signature in black ink, appearing to be 'S Gwarube', written in a cursive style.

Ms S Gwarube, MP
Democratic Alliance