

## For Immediate Release

7 July 2021

### Department of Health's prioritisation of 'special groups' circular of 4 July - and subsequent (6 July) withdrawal

In a circular dated 4 July 2021, the National Department of Health announced a special dispensation for the vaccination of 'special groups'. Five categories of people<sup>1</sup> including Ministers, Deputy Ministers, Premiers, MECs and their staff were invited to submit applications to the Department of Health for special vaccine administration outside of the country's applicable eligibility criteria (health care workers, those over 50 years old, teachers and some worker cohorts).

The circular was withdrawn on 6 July 2021 by the Deputy-Director General of Health, because the 'circular is unclear in its intentions' and after concerns and questions were raised by the public and media.

The Acting Minister of Health, Ms Mmamoloko Kubayi-Ngubane, has since stated on social media that the circular was not authorised by the 'Inter-Ministerial Committee on Vaccine' and hence withdrawn; and that she 'will vaccinate when my (her) age group population is opened...'.  
*(Note: The original text contains a typo 'my' which has been corrected to 'her').*

#### The HJI's Director Fatima Hassan stated:

*While we cautiously welcome the withdrawal of the bizarrely drafted Circular (dated 4 July 2021), we are concerned that it will be redrafted in a way that will continue to prioritise groups that do not always warrant special treatment for vaccine access, while people under 50 years with comorbidities are left out.*

The Health Justice and Initiative (HJI) and People's Health Movement – South Africa (PHM-SA) recognise that the Department of Health, after careful consultation with experts on its Ministerial Advisory Committee (MAC) and its sub-committees, did in the beginning develop an evidence-based approach to prioritising different categories for COVID-19 vaccination in the roll-out of the programme in South Africa.

- These categories recognised both the urgent need to vaccinate health workers and those at most risk to severe COVID-19 as a priority.
- In recent weeks, we have seen a number of exceptions being made to these criteria, without any obvious public health and risk rationale for why such groups should be vaccinated ahead of those at high risk of morbidity and mortality of COVID-19.
- While we recognise that there may well be limited grounds for exceptions to equity and prioritisation rules, we would expect that decisions to allow such exceptions would be grounded in public health, human rights and ethical principles and be the result of a deliberative process that is independent, impartial and fair.
- We do not see any rationale presented for these exceptions contained in the circular of 4 July, nor any plausible process by which the determination of such exceptions could be seen to be fair and grounded in agreed criteria.

#### PHM's Professor Leslie London commented:

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<sup>1</sup> The circular included the following categories:

Ministers, Deputy Ministers, Premiers and MECs, as well as their direct staff; Individuals whose vaccination is 'requested by the Presidency, the Minister of Health or the Director-General of Health'; South African diplomats and their families who are posted overseas (during visits to South Africa); individuals who need to travel outside of South Africa for business or work-related travel, study at an accredited educational institution, sportsmen/women who need to travel outside of South Africa to represent the country, accessing medical care and individuals who have received one dose of the Pfizer vaccine outside of South Africa.

*When public health programmes depart from fidelity to established criteria in delivering essential, life-saving interventions, such exceptions, where they are absolutely necessary, must be in line with clearly determined principles that meet human rights standards.*

The World Health Organization's (WHO) Strategic Advisory Group of Experts on Immunization (SAGE) [guidelines](#) on the 'Values Framework for allocation and prioritisation of COVID-19 vaccination' and the department's own '[Framework](#) for a rational COVID-19 vaccine allocation in South Africa' with its emphasis on indigenous African values, clear and logical identification of risk groups are also instructive here.

The HJI and PHM-SA believe that:

- Any exceptions, where permitted, must be transparent, defensible, independently reviewed, and rational, taking into account globally accepted ethical, epidemiological and human rights principles to maximise equity in a pandemic, where there are scarce supplies.
- There must be clear and accessible guidance on the criteria for 'special groups' and the rationale and justification for each category.
- In addition, it is clear that our country needs an independent and expert oversight body to screen requests for special treatment and which makes its criteria and decisions public.

We therefore call on the National Department of Health and government to -

1. Disclose any advice and recommendations received from the Ministerial Advisory Committee on Vaccines ('VMAC') or from any other group of experts which have sought to inform the prioritisation of groups for the COVID-19 vaccine rollout in South Africa, and
2. Commit to a mechanism for independent expert ethical and public health advice that incorporates community perspectives, in considering any requests to depart from the vaccine roll-out priorities (on groups).

While South Africa is battling a third wave of infections in the context of a buckling health system, soaring unemployment rates and a heavy socio-economic burden on the majority of our people, we wish to underscore the importance of health equity and vaccine equity in the context of a severe, and self-created shortage of vaccines supplies, globally.

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