

3 August 2021

The Presidency

President Cyril Ramaphosa

By hand and per email: president@presidency.gov.za

National Department of Health

Acting Minister of Health

Ms. Mmamoloko Kubayi-Ngubane

By hand and per email: emsie.grundling@health.go.za

Copy: National Parliament, Chairperson: Portfolio Committee on Health

Dear President Ramaphosa and Ms Kubayi-Ngubane,

Government change in policy: prioritisation of adults living with a comorbidity in the COVID-19 Vaccine Programme

1. On behalf of 1700 signatories, we would like to share a copy of the attached *Petition*.
2. We note that to date, despite several promises and announcements made by the President and then Minister of Health (prior to his suspension) including to the Parliament of South Africa in early 2021, that South Africa commenced its vaccination programme WITHOUT fully prioritising adults with comorbidities - going against health risk and prioritisation advice or principles.
3. Further, to date, a special category of persons with comorbidities does not exist for purposes of the national programme, however 'special categories' (groups) now exist for 'economic reasons' for 'business travel' purposes, for 'sports people' and for students studying abroad inter alia (per *Amended National Department of Health Circular 29 July 2021*).
4. 'Special measures' have been taken for several business and commercial reasons, not health risk reasons, from as far back as April – May 2021 already, to vaccinate certain groups of

people ahead of their respective age cohorts, BUT not those with comorbidities. We believe that this is irrational, not rooted in science and is also unethical in a time of scarcity of vaccine supplies.

5. Globally, accepted public health practice and risk principles also recognise that people with comorbidities should be prioritised in national Covid-19 vaccine rollout programmes. A recent [WHO Report](#) for example, confirms that HIV infection is a significant independent risk factor for both severe/ critical COVID-19 presentation at hospital admission and in-hospital mortality.
6. We note that specific public representations and statements on the issue of comorbidities were made by the President and the then Minister of Health as follows:
 - a. 11 January 2021 by the President - '*...we will also prioritise people in institutions like old age homes, shelters and prisons, people over 60 years of age and adults with comorbidities ...*'.
 - b. 1 February 2021 by the President - 'Once we have completed the vaccination of healthcare workers, we will move to Phase 2 of the national vaccine strategy, which will include essential workers, people over 60 years, *people with comorbidities* as well as those living in places such as nursing homes and hostels'.
 - c. 30 March 2021 by the suspended) Minister of Health – who told Parliament that the roll out prioritisation plan would be as follows:
 - i. 'Phase 1 (17 February – 17 May), targeting 608 295 healthcare workers
 - ii. Phase 2A (17 May – July 31), targeting 5 449 980 people over the age of 60
 - iii. Phase 2B (August – 31 October), targeting 12 900 160 people over the age of 40, and *prioritising those with co-morbidities* and workers in high-risk settings
 - iv. Phase 3 (November – 28 February 2022), targeting 22 600 640 people'.
 - d. 28 April 2021 by the National Department of Health - who told Parliament that it was '*prioritising senior citizens, those over 40 years who had comorbidities* and workers on the frontline that included teachers, police, industrial workers and community workers'.
7. We also note that in September 2020 already, the Chairperson of the Ministerial Advisory Committee (MAC) on Covid-19, Professor S Abdool Karim stated and recognised inter alia that: '*Persons with significant comorbidities and/or ≥60 years are at increased risk of severe Covid-19*' (21 September 2020: MAC Advisory: Return To Work For Those With Comorbidities And/Or Over The Age Of 60 Years).

8. Further, on 29 April 2021 the MAC included *people of ALL ages with underlying medical conditions* in its summary on *Risk Factors for Severe Covid-19* which focused on comorbidities. (<https://sacoronavirus.co.za/2020/04/29/risk-factors-for-severe-covid-19/>)
9. By June 2021 or thereabout, this risk-based approach changed materially. We are unsure why and believe that the public has a right to know why this decision was taken and on what scientific basis and advice. In light of the fact that the National Department of Health *has as at end July 2021* implemented its own system for certain 'special groups', sharing the reasons why it refuses to do so for persons with comorbidities is all the more pressing.
10. We therefore believe that a public explanation by the President and/or Acting Minister (who usually brief the nation on such matters) as to why this has been the case is necessary as we believe that this change in approach was contrary to the advice given by scientific experts and advisors on the Ministerial Advisory Committee (MAC) on Covid-19.
 - a. If this is the case, we are confused as to whether government is indeed listening to its scientific and health expert advisors or not, and why not.
 - b. In fact, this is the very reason we lodged an access to information request for all the outstanding MAC Advisories to be made public recently and note that subsequently, several such advisories, dating back to February 2021, have since been published.

We note that after the *HJI Petition* was launched, government announced that all adults 18 and over would commence vaccination by September 2021. This should only be undertaken if there is sufficient supplies for everyone and provided that people over 60 and all people with comobiridites are prioritised for a vaccine appointment and vaccination.

Yours sincerely,

Fatima Hassan
Director – Health Justice Initiative

'Save lives – prioritise all adults living with a comorbidity in the Vaccine Programme in SA'

To: President Cyril Ramaphosa & Acting Minister of Health, Ms. Mmamoloko Kubayi-Ngubane

20 July 2021

We want a fair vaccine programme based on human rights principles and wish to remind government of its legal obligation to take deliberate, concrete and targeted steps towards the full realisation of the right to health. South Africa cannot base its public health policy and vaccine prioritisation response on political and vested business or commercial interests, otherwise, our vaccine programme will be in ethical and public health evidence 'free fall'.

We, therefore, call on government and the private sector groups that serve on the National Vaccine Roll Out Committee as well as all the members of the Ministerial Advisory Committee on Covid-19 ('MAC') and the Ministerial Advisory Committee on Covid-19 vaccines ('VMAC') to:

- 1.) Immediately include all adults with a medically established comorbidity, irrespective of their age, in the national vaccine programme through a rational eligibility framework.
- 2.) Explain to the public why this has not yet happened, and why government took a 'u-turn' in prioritising people with comorbidities.
- 3.) Ensure that non-nationals irrespective of their asylum-seeking or migration status are not excluded from the national vaccine programme.
- 4.) Release all the written expert advice issued by the MAC, VMAC and BLSA to government on the inclusion or exclusion of people with comorbidities in phase 2 onwards of the national rollout.

Why is this important?

- a.) Despite the overwhelming evidence and also global guidance, the South African government decided at the beginning of the vaccine rollout to NOT prioritise every adult living with the above-mentioned risk factors which are associated with severe disease.
- b.) As the weeks have passed, we have lost loved ones who had comorbidities because they did not fit the age eligibility criteria set by government week after week and still adults under 35 years with comorbidities do NOT qualify for prioritisation in the vaccine programme in South Africa as at 20 July 2021.
- c.) They are being asked to wait for their 'age turn'. This makes no public health sense.
- d.) This harmful decision was taken by government in a manner that has not been very transparent or open in a democratic society.
- e.) It is also unclear on what medical and scientific basis this decision was taken - because the expert advisories from the MAC and VMAC on this issue have NOT been released to the public.
- f.) While it is true that vaccine scarcity exists (through the reliance of government on only two vaccine manufacturers, Pfizer and Johnson & Johnson), limited supplies could have and should be used based on public health principles.
- g.) Government could also have done much more to make sure everyone at the greatest health risk received a vaccine months ago. They have not and this led to avoidable deaths and long-term complications for people with comorbidities.
- h.) And while the suspended Minister of Health and other health department officials initially spoke about 'prioritising' those with comorbidities, even to our Parliament, they suddenly, and without any accountability, decided against it for both the public and private sectors, and opened up vaccinations instead to all people at first - over 60 years of age, then over 50 years of age and now, everyone over 35 years of age.
- i.) The Acting Minister has not explained either why this 'decision' still stands nor has she disclosed all expert advisories.

This means that:

A. Up until 15 July 2021, people with comorbidities under 50 years of age were then not eligible to register. Many people are still waiting for an appointment to receive a vaccine, due to the uneven

and prioritisation appointment system now in place (based on the EVDS system); parallel roll out pilot programmes, and the practices of private vaccines sites, worsened by the violence of this past week and associated health service interruption.

B. Instead, in the last three weeks, the department tried (then failed) to try to prioritise 'politicians, civil servants, embassy and UN staff, sports and businesspeople' and others, but NOT people with comorbidities. It subsequently withdrew that proposal (circular) dated 4 July 2021, for now, but it showed us that it could develop an 'exemption system' if it really wanted to and there was the will to.

We need Vaccine Equity now!

Signed by 1,700 people: