



AUDITOR-GENERAL
SOUTH AFRICA

COVID-19 Vaccine Programme Special Management Report

Key messages

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The Covid-19 Special Management Report
is based on cut-off of audit and information
as at 31 August 2021

Report date: 28 January 2022

11 March 2022





MISSION

“The Auditor-General of South Africa has a constitutional mandate and, as the Supreme Audit Institution (SAI) of South Africa, it exists to strengthen our country’s democracy by enabling oversight, accountability and governance in the public sector through auditing, thereby building public confidence.”



VISION

“To be recognised by all our stakeholders as a relevant Supreme Audit Institution (SAI) that enhances public sector accountability.”



Planning

Planned key messages

The department developed and implemented adequate plans for the implementation of the vaccine rollout.

The government efficiently coordinated and communicated between all the spheres of government.

Observations and findings

The Covid-19 vaccination programme was planned and managed effectively through:



planning documents that were developed and implemented;



coordination structures established;



guidelines and standard operating procedures provided to sites; and



vaccination sites licensed with the appropriate authority.

* Timing of the AstraZeneca:

By the time delta variant was fully tested, the vaccines had already been procured, ordered and received. The government took a decision to not utilise the vaccine and this delay costed RSA government 2 months in its planned roll out timelines.

To catch up on lost time, management used the Sisonke trial to inoculate healthcare workers.

Conclusion

The Covid-19 vaccination programme was sufficiently effectively planned and managed, as management's response was agile enough to continuously amend plans to align to the constant changes in the environment.



Funding and Goods receipt

Planned key message

Funding

Sufficient budget allocation was made available by National Treasury for the vaccines and related services. All monies spent on vaccines sold to the private sector were recovered/recouped.

Goods received

Goods and services procured and paid for were received/rendered. The appropriate vaccine for SA, was received.

Observations and findings

Funding



A total budget of R12.93 billion was made available by the government. [Sufficient budget was made available for vaccines through various means such as re-prioritization of budgets etc.](#)

Goods received



As at 31 August 2021, the country had received 80,17% of the doses committed by Pfizer and 30,25% of those committed by Johnson and Johnson.

Remaining risks:



- [Possible overspending due to unforeseen impact of exchange rate differences.](#)
- [The department needs to monitor the J&J and the COVAX contract to ensure they meet their milestones as per the contract commitments \(prevention\).](#)

Conclusion

Funding

There is still sufficient budget being made available to continue with the procurement of the required vaccines and related services. It still requires continued good monitoring.

Goods received

Not all vaccines paid for had been received to date. Management needs to strengthen contract management controls to ensure these vaccines are indeed delivered and there is no loss suffered due to non-delivery or undue exposure to fluctuating exchange rates from the contract rates.



Procurement

Planned key message

Procurement for vaccines and related services was in line with applicable laws and regulations.
All contracts were effectively managed to ensure that goods/ service are delivered/ rendered in accordance with the contract.
The performance of the supplier was monitored and appropriate steps were taken to address any non-performance.




Observations and findings

The procurement for vaccines and related services was mainly in line with applicable laws and regulations (no provincial findings raised– transversal contracts used), except for matters at the NDoH department relating to:

Findings

-  • Possible non-compliance with criteria due to limitations
-  • Subcontracting criteria not included in bid documents
-  • Subjective functionality evaluation model applied
-  • Inadequate evidence provided to support the application of objective criteria to award contracts to the bidders who did not obtain the highest score

Observations

-  • Price negotiations were not performed with the appointed second highest scoring bidders
-  • Inconsistent functionality scoring by the BEC not detected by the bid adjudication committee
-  • Possible collusive bidding not identified by the bid evaluation committee

Conclusion

The responsibility of the procurement process at the NDoH vested within the “Affordable medicines” division with some assistance from SCM unit and the National Treasury. As this unit as an end user and has limited understanding of all the supply chain management prescripts, certain principles of the procurement regulations were not complied with. This decentralised approach has also been the root cause to the irregular expenditure reported in the department in past years.

Some contracts were, however effectively managed which resulted in goods and service being delivered in accordance with those contracts. The department should implement mechanisms to ensure adherence to prescripts and establish a contract management unit to ensure all contracts are effectively managed.



Implementation (including EVDS)

Planned key message

The vaccine rollout was implemented as planned.

The government implemented reliable technological tools that supported an efficient rollout and accurate and reliable reporting.

Implementation - Observations and findings

45 x vaccination sites were visited & we observed the following at some of the sites:

Areas which worked well:



- sufficient infrastructure in place to deliver vaccination services;



- sufficient equipment;



- sufficient dedicated human resources;



- sufficient covid-19 vaccine supply;



- adequately safeguarding during transportation



- systems and controls in place to ensure that the Covid-19 vaccines received at the pharmacies, were of the correct quantity and met the prescribed requirements for expiry dates and temperature controlled conditions.

Areas of improvement:



- shortage of the ICT equipment and poor connectivity – system offline [linked to manual capturing];



- storage conditions or storage practices did not adhere to the prescripts issued by the national and/or provincial departments of Health (facilities);



- systems and/or controls to account for Covid-19 vaccines stock were not used effectively, exposing the programme to possible losses (SVS gaps and SVS connectivity – linked to last bullet in data capturing); and



- Used vaccine vials not defaced or the labels not removed before disposal as prescribed by policies and procedures.



Implementation (including EVDS)

Data capturing and Reporting – Observations and findings

The government implemented technological tools in an effort to support an efficient rollout, however there were still gaps identified:

- Changes on the system were logged manually and not logged on EVDS. No proof of authorisation of changes;
- Back capturers not capturing data within 24 hours;
- Some manual forms were not completed accurately resulting in incorrect/incomplete information captured on EVDS;
- System not validating identity numbers but accepting any 13 digit number (linked to bullet 2 below); and
- Manual records for recording wastage kept and not updated on SVS.

Conclusion

Overall the department had sufficient resources, technological tools, and certain controls systems to ensure the vaccine programme is best implemented as planned, as far as practically possible. Areas of improvement were however noted in the following areas:

Storage conditions and practices and stock management

- The non-adherence to the prescripts issued by the national and/or provincial departments of Health relating to storage conditions and/or storage practices and the ineffective usage of stock management systems, exposed the vaccine programme to possible losses.
- These deficiencies are recurrent to the sector as they have been previously reported in the health sector reports as well as the second special report on management of covid-19 activities.

Healthcare waste management

Non-adherence to the prescribed procedures for disposal of vaccine vials introduces the risk that these used (empty) vials might be reintroduced into the market and re-used, possibly with fraudulent intent.

Development, shortage of the ICT equipment and poor connectivity

Shortage of the ICT equipment such as computers and/or routers required to deliver the required services and connectivity challenges resulted overuse of manual forms and in large backlogs of manual forms that were required to be back captured on the EVDS. The number of manual processes/interventions involved in the ICT environment, increased the risk of errors (inaccuracies) in the data relied on for decision making purposes. Some gaps identified were communicated to management.

During the initial phase of EVDS system deployment the conventional controls that would typically be in an ICT system were not embedded because it was developed under pressurised conditions. These were only considered in the next phase of the program.



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