# NATIONAL ASSEMBLY

**FOR WRITTEN REPLY**

**QUESTION NO. 893**

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**(INTERNAL QUESTION PAPER NO. 08)**

**Ms M D Hlengwa (IFP) to ask** **the Minister of Health:**

(1) Whether, with reference to the administration of the first batch of vaccines (details furnished), he has been engaging with the medical aid companies, particularly those whose apparent current stance is that they do not carry liability in law for side effects and adverse effects of medicine administration and this would apply to the vaccine on the same basis; if not, why not; if so, what are the relevant details;

(2) whether members of medical aid schemes qualify for medical care for conditions that are a result of vaccine side-effects; if not, why not; if so,

(3) what is his department’s position with regard to the no-fault compensation fund mentioned by the Finance Minister in his recent Budget Speech?

###### NW1060E

**REPLY:**

1. The engagements with the medical schemes industry have been coordinated and managed by the Council for Medical Schemes (CMS), which is the body mandated with oversight of the industry as per the provisions of the Medical Schemes Act (No. 131 of 1998). One of the core provisions of the Act is the need for all medical schemes to cover Prescribed Minimum Benefits (PMBs), except for those that have applied and qualified for specific exemptions. By definition, PMBs are a set of predefined conditions which, anyone who is part of a medical scheme, no matter what benefit option they are on, can receive treatment for 270 hospital-based and 25 chronic conditions, and the price of these will be covered in full. The aim of PMB cover is to ensure that the wellbeing and health of South African medical scheme members is safeguarded, and that private healthcare is more affordable. PMBs also cover any kind of emergency treatment and include certain out-of-hospital treatments.

To ensure that the population is adequately covered for COVID-19, the CMS included it as part of the PMB conditions in May 2020. Additionally, COVID-19 vaccines were also included as a benefit in December 2020. These two inclusions were done in concurrence between the Minister of Health and the Council for Medical Schemes in line with the provisions of the Act. This essentially implies that each medical scheme is compelled to cover the full costs of testing, diagnosis, treatment, and rehabilitation of COVID-19 related conditions. This also includes covering all clinical adverse events as well as any complications that may arise because of being inoculated with a COVID-19 vaccine.

1. All medical schemes are legally obliged through the amendments that have been made to the PMB regulations to cover the full costs of any side effects that their members may experience due to having being inoculated with a COVID-19 vaccine.
2. There are several requirements when governments and or international entities engage with manufacturers and suppliers of vaccines globally. In the engagements that we have been having regarding access to and supply of COVID-19 vaccines, some of the core requirements include the need for countries to make (a) upfront payments for vaccines prior to receiving delivery of their orders; (b) compliance with all contractual confidentiality clauses for a period of up to 10 years; (c) the establishment of No-Fault Compensation systems to indemnify manufacturers from any adverse events that may occur as a result of administering the vaccines; (d) the demand for Ministers to sign contracts and not DGs; and (e) the change in delivery terms without negotiating with the purchasing country and no penalties to be imposed in instances where that occurs.

The National Department of Health is in full support of the no-fault compensation fund mentioned by the Finance Minister in his recent Budget Speech. To this effect, the Department has initiated a few actions to support the expedited establishment of the no-fault compensation fund. We are proposing the establishment of a National Immunisation Safety Committee (NISEC) to be chaired by a Retired Judge. The NISEC would be charged with determining causality in terms of the adverse events. It would be supported by an Adjudication Committee which will look into the severity of the injury suffered by the claiming party and also determine the appropriate level of compensation. An Appeals Committee will also be created to handle all appeals and an Administrator would be in place to manage all matters pertaining to records keeping, communication with claimants, processing and payment of claims and all other relevant administration matters. The administration could be under an entity similar to SASRIA. Standard operating procedures would be in place to follow clear steps that ensure appropriate adjudication of claims, and also providing opportunity for claimants to accept or reject the recommended compensation.

END.