COVID-19 Vaccines Report

Medical Schemes Member Survey

Main Report
March 2021

Policy, Research and Monitoring
Council for Medical Schemes

Michael Mncedisi Willie and Eucelia Skosana

Contents

Figures and Tables

Acknowledgements

The objective of the survey was to gauge support for vaccination from medical scheme members and the results will be used to facilitate planning and communication.

We gratefully acknowledge the efforts of medical scheme members, pensioners, retired employees, and forum participants who took time to participate in this body of work.

We are also grateful to the contribution made by the private sector vaccine committee which consists of industry associations such the Board of Healthcare Funders (BHF), Health Funders Association (HFA) and non-affiliated schemes for their inputs in the development phase of the survey tool. We also wish to acknowledge the invaluable and ongoing support of Dr Sipho Kabane the Chairperson of the vaccines committee, Prof. Roseanne Harris representing the HFA, Mr Charlton Murove representing the BHF, Dr Olurotimi Modupe, Mr Reginald Sadiki and Ms Silindubuhle Mnqeta from the CMS, as well as Dr Lungi Nyathi from Medscheme.

For further information regarding this report, please contact:
Mr Michael Willie
General Manager: Policy, Research and Monitoring.
Tel: (012) 431 0579
Email: m.willie@medicalschemes.co.za

Acronyms and Abbreviations

Council for Medical Schemes: CMS
Board of Healthcare Funders: BHF
Health Funders Association: HFA
Electronic Vaccines Database: EVDS
National Department of Health: NDoH
General Practitioners: GPs
Severe Acute Respiratory Syndrome Coronavirus 2: SARS-CoV-2
South Africa: SA
Chronic Disease List: CDL
Prescribe Minimum Benefits: PMB
Health Care Workers: HCW
Human Immunodeficiency Virus: HIV
Acquired Immunodeficiency Syndrome: AIDS

Executive Summary

BACKGROUND

This study attempts to gauge support for vaccination from medical scheme members. The results will be used to facilitate planning and communication strategies in the roll-out of the vaccine program.

STUDY PARTICIPANTS AND SURVEY DESIGN

A cross-sectional, self-administered anonymous online survey was conducted amongst members of medical schemes from 4 February – 8 March 2021. The research team used various platforms to advertise and circulate the survey link. Industry associations, medical schemes and administrators were requested through Circular 10 of 2021 of the CMS to distribute the survey to their members.

RESULTS

A total of 75 518 participants gave consent to participate in the study and completed responses. A majority of 82% of respondents reported that they would get vaccinated, while 76% indicated that they would trust the vaccine if someone close to them would get vaccinated.

Seventy-one percent of participants indicated that they trusted that the vaccine would prevent them from contracting COVID-19. On the other hand, 43% of participants were uncertain whether or not the vaccine would be easily accessible, 39% felt that access would be difficult, whilst 18% felt that accessibility would be easy.

On the preferred vaccination site, the study showed that general practitioners (GPs) and pharmacists were the preferred vaccination sites as these accounted for 50% and 33% respectively. The balance of 17% chose hospitals, clinics, community centres and other types of settings as their preferred vaccination sites.

On the question of funding, 53% of participants thought it was appropriate for medical schemes to cross-subsidise non-members for the COVID-19 vaccine while 27% were against cross-subsidisation and 20% were unsure.

The study also assessed the main attribute of the participants who indicated an intent not to get vaccinated. For 34% of respondents, the main reason for not getting inoculated was that the vaccines were too new, and they preferred waiting to see how it would work on other people.

The figure below shows the main reason for not considering getting inoculated. They were followed by those who were worried about the possible side effects at 21%, while 14% said they did not trust the government to make sure the vaccine is safe and effective. These three factors accounted for just over two-thirds of all responses. Other factors are depicted in figure 1 below.

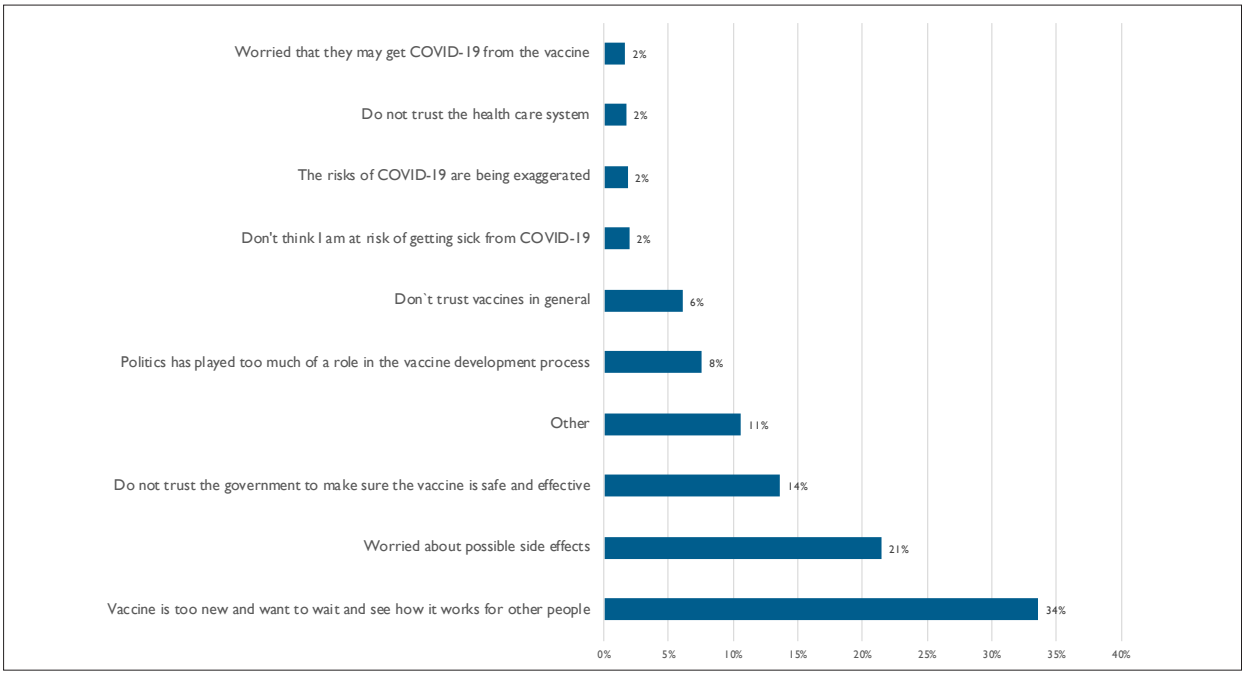


Figure 1: Reasons why participants will not vaccinate: n=11 311, adapted from John-elflein (2021)[1]

Accordingly, there was an almost balanced view on the awareness and information about the COVID-19 vaccines, with 43% of participants saying that there was adequate and information, 41% to the contrary and 16% were unsure.

The study further assessed the potential influence or the effect of the employer in getting inoculated. A total of 58% of participants answered that they would accept the COVID-19 vaccine if their employer would recommend it, while 20% gave a neutral/no opinion response, and 8% completely disagreed.

In terms of a preferred vaccine, Johnson and Johnson's vaccine accounted for 48% of preferences, followed by Pfizer/BioNTech Vaccine at 25%, Moderna at 10%, AstraZeneca/University of Oxford Vaccine at 10%, Sinopharm vaccine (China) at 2% and Other 5%. These results also reveal the popularity or familiarity of the vaccines such as Johnson and Johnson over others, although this could be attributed to media coverage.

The administration of the COVID-19 vaccine will be done in three phases, with the initial phase targeting health care workers (HCW). The administration will be done through the Electronic Vaccine Data System (EVDS) where the population, both public and private, will have to self-enrol to be on the database or registry of people to be vaccinated. The study wanted to establish the level of awareness amongst members of medical aid schemes. The results depicted in Figure 2 shows that a majority of the participants were not aware of the EVDS.

1 https://www.statista.com/statistics/1196478/covid-vaccine-hesitancy-reasons-among-adults-in-us/

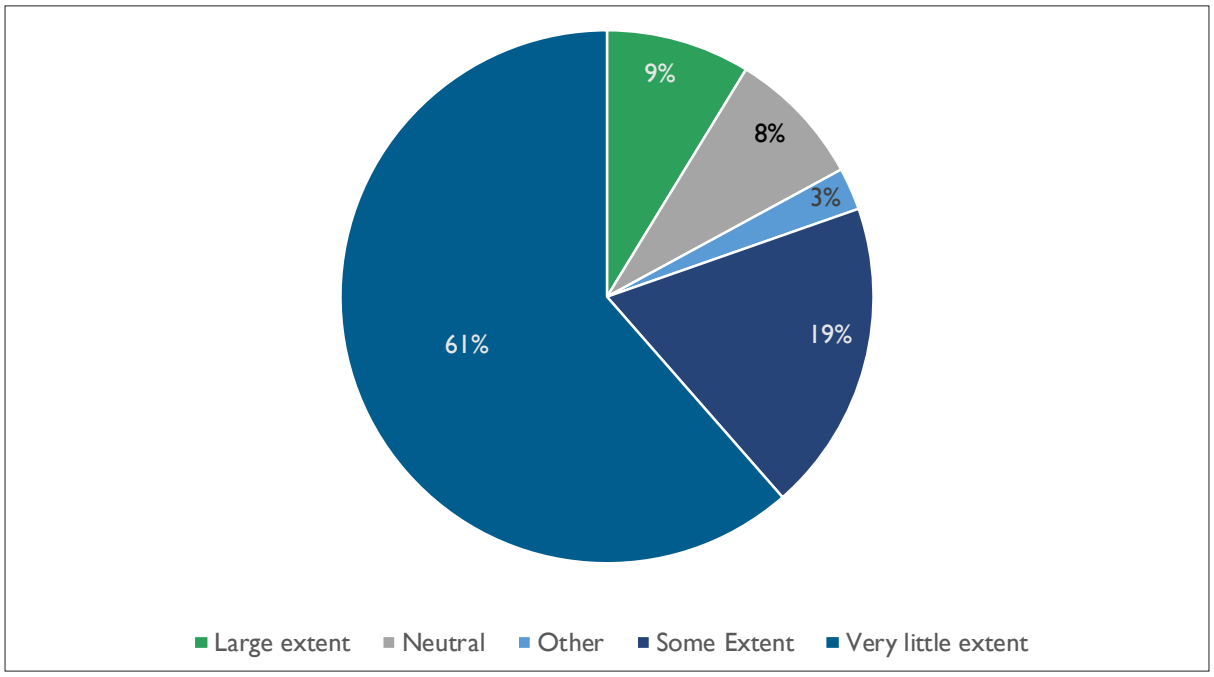


Figure 2: To what extent do you know about the Electronic Vaccine Data System - Self Enrollment Portal for COVID-19 vaccines?

CONCLUSIONS AND RECOMMENDATIONS

The findings of this reveal a high intent to vaccinate amongst members of medical schemes. The study also reveals that GPs and pharmacies are more ideal and preferred sites for vaccination. This finding is key for contracting purposes by the medical scheme and a broader roll-out strategy. Furthermore, this finding further highlights the importance of primary and preventative care and the role of GPs as an important stakeholder in the roll-out plan. Medical schemes will need to play a crucial role in communicating and developing education strategies centred:

- Providing more information and awareness about the EVDS
- More details and information on possible side effects of the vaccines
- Various types of vaccines, their respective efficacy levels to build trust
- Varying characteristics of vaccines such as the number of dozes
- Increase more access points for inoculation through Designated arrangements
- Further details on the funding and the role of the private sector will unfold.

Targeted communication strategies, improvements in health promotion and reduction of barriers to COVID-19 vaccination are key to building trust in vaccines. The findings of this study provide key insights to improving access and highlighting some of the strategies that could be employed in Phase II and III of the roll-out plans.

Results

1. INTRODUCTION

A series of pneumonia cases of unknown cause emerged in Wuhan, Hubei, China, with clinical presentations much like viral pneumonia. Deep sequencing analysis from lower respiratory tract samples indicated a novel coronavirus, which was named, 2019 novel coronavirus (2019-nCoV)[2].

The first outbreak of coronavirus disease 2019 (COVID-19) happened in Wuhan, China, in December 2019.[3] Since then, the virus has spread rapidly across the world, prompting a global pandemic. The COVID-19 is caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) that causes pneumonia. In severe cases, the virus affects other organs. The occurrence of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) which causes COVID-19 has presented a daunting medical challenge on healthcare systems and clinicians globally.[4] The COVID-19 pandemic has adversely affected socio-economic dynamics and health systems globally.

The high speed of both international transmissions and the sudden increase in numbers of new cases startled and rapidly overwhelmed public and private health services in South Africa (SA).[5] Most health systems worldwide are overwhelmed because of the unprecedented spread of the virus.

2. BACKGROUND

South Africa accounts for more than half of cases in the African continent, this is also consistent with the number of tests more than any other African country which more than 9.49 million tests as of 2 March 2021.[6] The COVID-19 pandemic has been a tragedy, killing millions of people and bringing the economy and life to a standstill in many parts of the world. By 16 March 2021, the pandemic had claimed more than 2,67 million lives globally.[7] The African continent has recorded over 102 000 deaths.[8]

South African accounts for nearly half of the deaths of the African continent and this proportion continues to rise. In the absence of a vaccine or effective treatment, all the nations worldwide, including South Africa, are struggling as the death toll continues to increase.

2 Huang, C., Wang, Y., Li, X., *et al.,* 2020. Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. *Lancet*; **395**: 497-506.

3 Jager, K., Kramer, A., Chesnaye, N., et al., 2020. Results from the ERA-EDTA Registry indicate high mortality due to COVID-19 in dialysis patients and kidney transplant recipients across Europe. Kidney International.

4 Garcia-Vidal et al., 2020. Single-centre experience of patients with interstitial lung diseases during the early days of the COVID-19 pandemic. Respiratory Investigation, 58(6), pp.437-439.

5 Wu, Z. and McGoogan, J. M., 2020. Characteristics of and Important Lessons from the Coronavirus Disease 2019 (COVID-19) Outbreak in China: Summary of a Report of 72 314 Cases from the Chinese Center for Disease Control and Prevention. *JAMA.* 2020; 323(13):1239–1242.

6 https://sacoronavirus.co.za

7 https://www.worldometers.info/coronavirus/

8 https://www.statista.com/statistics/1170530/coronavirus-deaths-in-africa/

3. VACCINE STRATEGY – SOUTH AFRICA

The South African roll-out of the vaccine will take a three-phase approach that begins with the most vulnerable in the population. The target is to vaccinate 67 per cent of the population by the end of 2021, which will allow the country to achieve herd immunity. Figure 3 below depicts the three main phases.

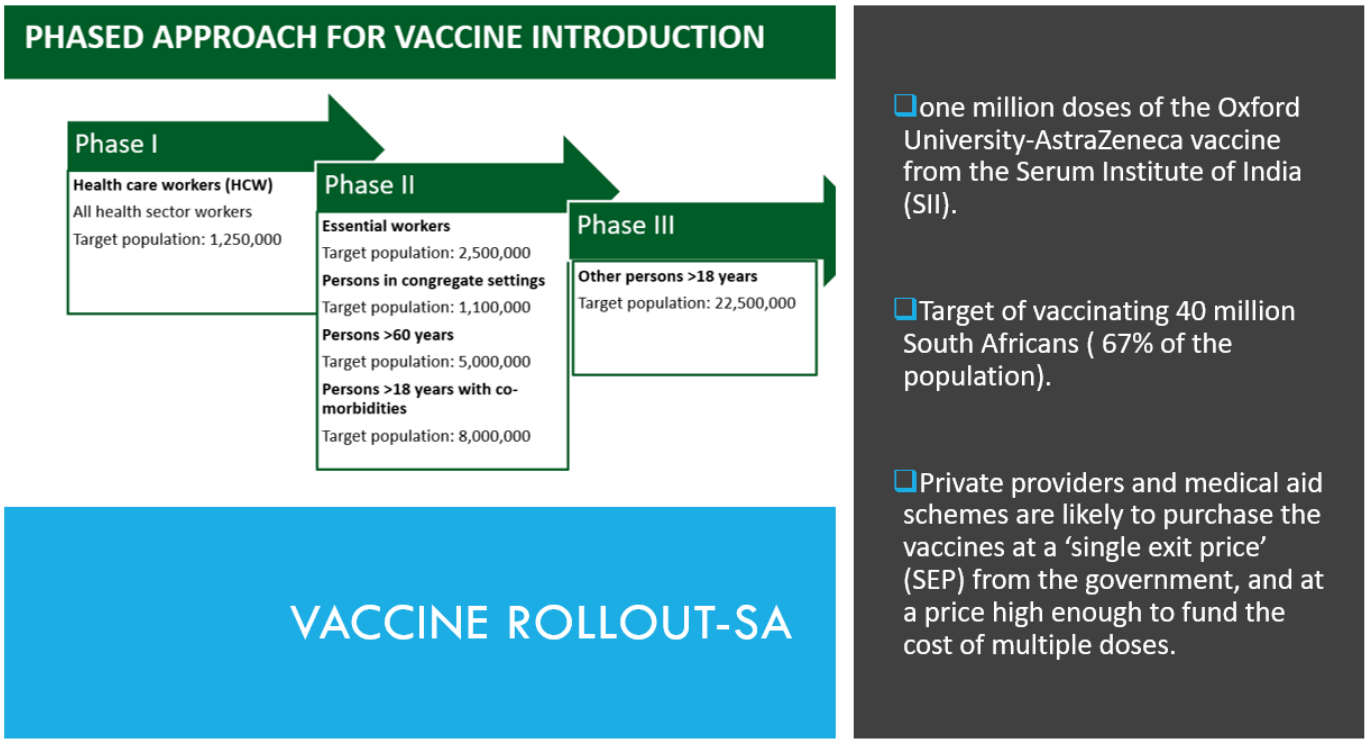


Figure 3: A phased approach for vaccination introduction[9]

As of 16 March 2021 a total of 127 486 vaccines had been administered to frontline healthcare workers.[10] The target for medical scheme members to be inoculated is just over 6,7 million lives, inclusive of medical scheme members who are frontline health care workers. It is envisaged that a bigger target group for the administration of the vaccine for medical scheme members will be part of Phase II and III of the roll-out plan.

The challenge of misinformation, and possible resistance by the public to vaccination, remains. An urgent focus to investigate the acceptability of the COVID-19 vaccine amongst members of medical schemes is warranted to prepare for proper planning for effective promotion and communication strategies.

4. OBJECTIVES

The objective of the survey is to gauge support for vaccination from medical scheme members. The results will be used to facilitate planning and communication.

9 https://www.gov.za/covid-19/vaccine/strategy
10 https://sacoronavirus.co.za

5. METHODOLOGY

A cross-sectional, self-administered online anonymous survey was conducted amongst members of medical schemes from 4 February – 8 March 2021.

The research team used various platforms to advertises and circulate the survey link. Industry associations which included the Board of Healthcare Funders (BHF), Health Funders Association (HFA) and non-affiliated schemes, medical schemes and administrators were requested through Circular 10 of 2021[11] of the CMS to circulate the survey link to their members.

Respondents were informed that their participation was voluntary, that all the information would be used for research purposes. Consent was implied through their completion of the online questionnaire.

The Health Belief Model (HBM)[12], a theoretical framework for understanding COVID-19 vaccination intent, acceptance, trust was used in the study to measure whether respondents believed that the vaccine would prevent them from contracting the disease, and other factors such as preferred vaccination site, awareness, and communication around vaccines.

The inclusion criteria were all beneficiaries of medical schemes, pensioners, retired employees, and student who are dependents (main members and dependents).

6. INSTRUMENTS

The survey consisted of questions that assessed the demographic characteristics of participants, trust in the vaccine, acceptability, ease of accessing the vaccine intention to get vaccinated, the preferred site of vaccination, type of vaccine preferred, reasons for not getting the vaccine, effected and influence of the employer in getting vaccinated, effected and influence of the someone that members know who get vaccinated, awareness and communication around vaccines, awareness of the Electronic Vaccine Data System (EVDS).

Demographics included attributes such as gender, age, chronicity, where a member resides, scheme they belong to, type of membership (main member/dependent), sector that the member is employed in, job category of the member, number of chronic conditions. The participants were also queried if they had existing chronic diseases and were required to select from a predefined list.

7. ETHICAL CONSIDERATIONS

This study followed ethical consideration as far as protecting the identity of participants is concerned. Study participants were informed that their participation was voluntary and that they could opt-out of the study at any given point. A consent to participate was implied on the completion of the online questionnaire.

11 https://www.medicalschemes.co.za/latest-publication/circular-10-of-2021-covid-19-vaccines-survey/

12 Jones, Christina L et al. "The Health Belief Model as an explanatory framework in communication research: exploring parallel, serial, and moderated mediation." Health communication vol. 30,6 (2015): 566-76. doi:10.1080/10410236.2013.873363

8. RESULTS

8.1 Demographic characteristics

A total of 75 518 participants gave consent to participate in the study and complete responses were received. There were more female participants than male participants in the study, 54% vs 46%. The weighted average age of participants was 51 years. Females were slightly younger than male participants at 49 years and 52 years, respectively (Table 1 below).

Table 1: Gender distribution of study participants

	Female	Male	All
N (%)	40,408 (54%)	35,110 (46%)	75,518
Weighted Average age	48.86	52.36	50.49

The study included both main members and dependents, which accounted for 90% and 10%, respectively.

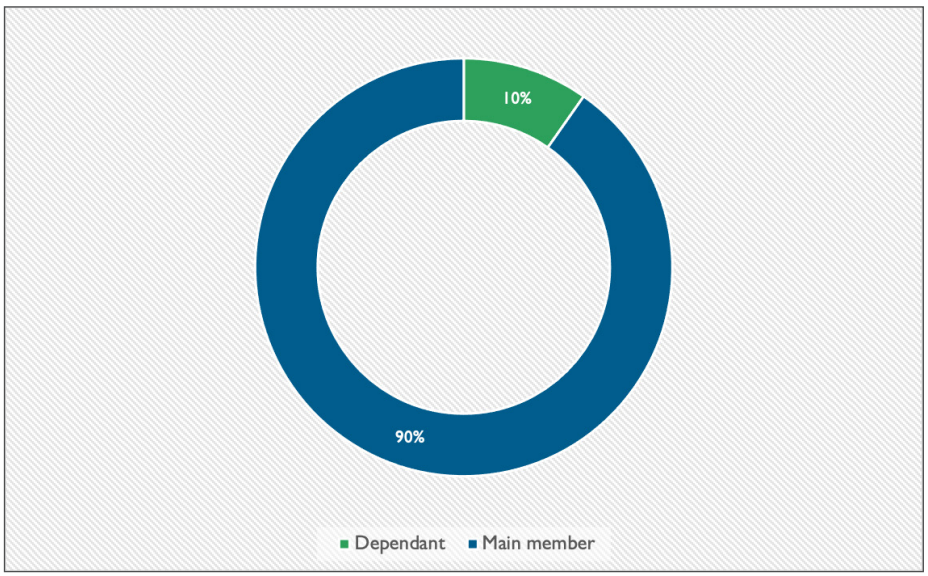


Figure 4: Study participants by member type

Table 2 on the next page shows that study participants older than 60 years accounted for 37%, those younger than 30 years for 8%, and cumulatively those between 30 and 60 years accounted for 55%.

Table 2: Age distribution of participants

Age category	% of Total
<15 years	0%
16-20 years	0%
21-25 years	2%
26-30 years	6%
31-35 years	8%
36-40 years	10%
41-45 years	10%
46-50 years	10%
51-55 years	9%
56-60 years	8%
60+ years	37%

Table 3 below shows the number of chronic conditions of participants. Most participants did not have any chronic conditions and these accounted for 45%. Almost thirty percent (29%) of study participants had only one chronic condition and 26% had two or more chronic conditions.

Table 3: Number of chronic conditions of participants

Chronic conditions category	% of Total
None	45%
One	29%
Two	16%
Three	6%
More than three	4%

8.2 Geographical location of study participants

Table 4 shows the distribution of participants per province, with 42% residing in the Gauteng Province. This was followed by the Western Cape which accounted for 26%, and KwaZulu-Natal with 14%. The Eastern Cape and Mpumalanga accounted for 6% and 3% of study participants respectively. Other provinces accounted for the balance of study participants.

Table 4: Distribution of participants by province

Province	% of Total
Gauteng	42%
Western Cape	26%
KwaZulu-Natal	14%
Eastern Cape	6%
Mpumalanga	3%
Free State	3%
North West	3%
Limpopo	2%
Northern Cape	1%
Other / Unknown/ Not classified	0%

Table 5 shows that 82% of participants were residing in an urban suburb setting while urban townships accounted for 9%. Rural settings, outskirts or farms accounted for 5% and 3%, respectively.

Table 5: Distribution of participants by setting

Row Labels	% of Total
Urban suburb	82%
Urban township	9%
Rural	5%
Outskirts/farm	3%
Other	1%

8.2 Employment sector of study participants

The study also assessed the employment setting and status of participants, as this was crucial for industry targeted campaigns and gauging support across various industries and employment settings.

Table 6 shows that 34% respondents were employed in the private sector. An interesting note was the 25% response rate from pensioners. Government and public sector employees accounted for 23% whiles 11% were self-employed.

Table 6 further depicts that other, unemployed participants and students could potentially be dependents on medical schemes, accounted for 7% of study participants.

Table 6: Distribution of participants by employment status.

Sector strata	% of Total
Private sector	34%
Pensioner	25%
Government and public sector	23%
Self-employed	11%
Other	4%
Unemployed	2%
Student	1%

8.3 Chronicity of study participants

Figure 5 shows the number of participants with chronic conditions at over 41%. Just under thirty percent, 29% of participants have hypertension. Thirty percent of participants were accounted for in other chronic conditions.

A further stratification of the data by gender, 16% of male participants had hypertension compared to 14% female. This was the same for diabetes mellitus type 2, with 6% males and 3% females. Asthma was the third most prevalent chronic condition; however, this was more prevalent in female participants than male participants with 5% and 3%, respectively.

Coronary artery diseases were more prevalent in male than female participants, with 2% males and 1% females. The proportion of beneficiaries diagnosed with HIV was similar between male and female participants with less than two percent.

Asthma was the third most prevalent chronic condition with a 5% rate for males compared to 3% for females. Other types of chronic and non-chronic conditions such as pregnancy were all classified under "Other", and this stratum accounted for 7% and 5% of female and male participants, respectively.

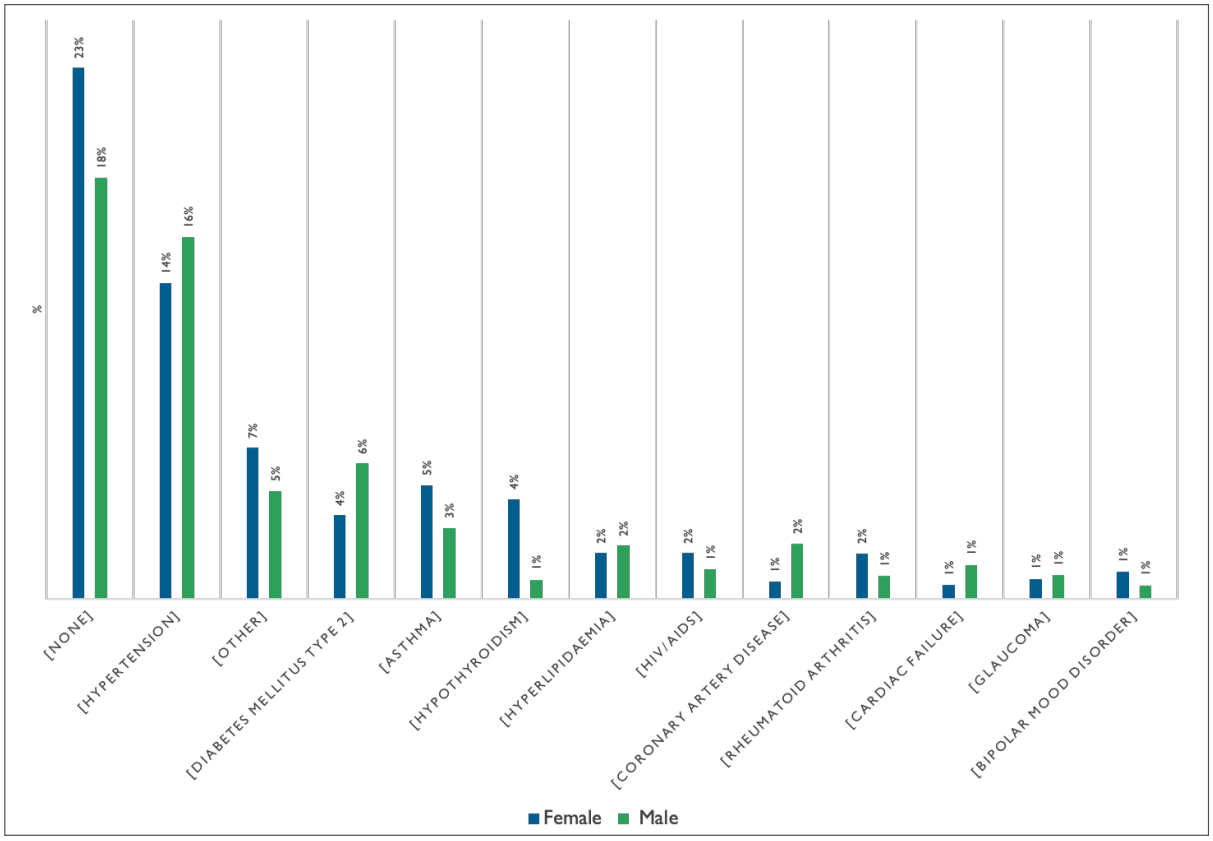


Figure 5: Chronicity- Top11 CDLs

8.4 Vaccines intent, Acceptability and Trust

The study also assesses the intent to vaccinate, trust and acceptability of the vaccine. On the intent to vaccinate, the results showed that most participants intend to get vaccinated with 82%, while 76% would trust the vaccine if someone close to them would vaccinate. Seventy one percent of participants indicated that they trust that the vaccine will prevent them from contracting COVID-19. These are depicted in Figure 6.

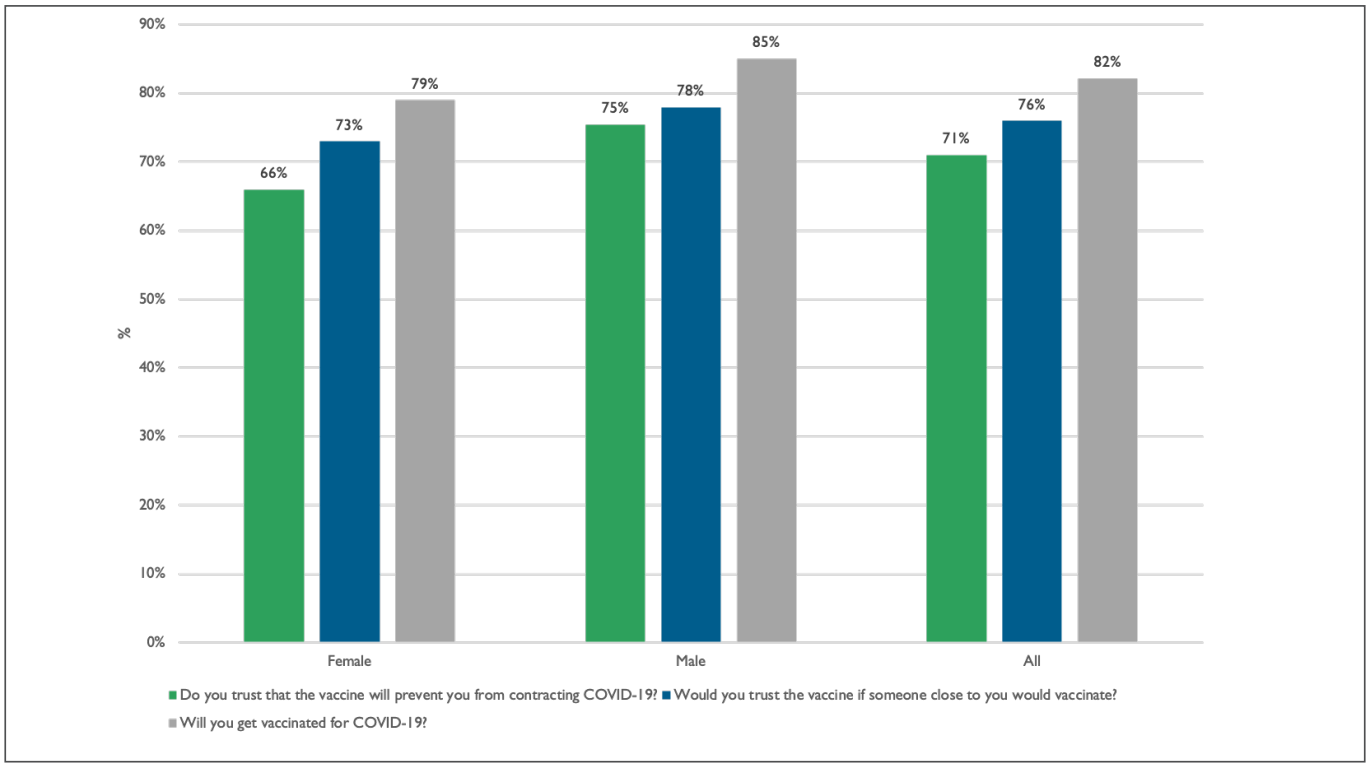
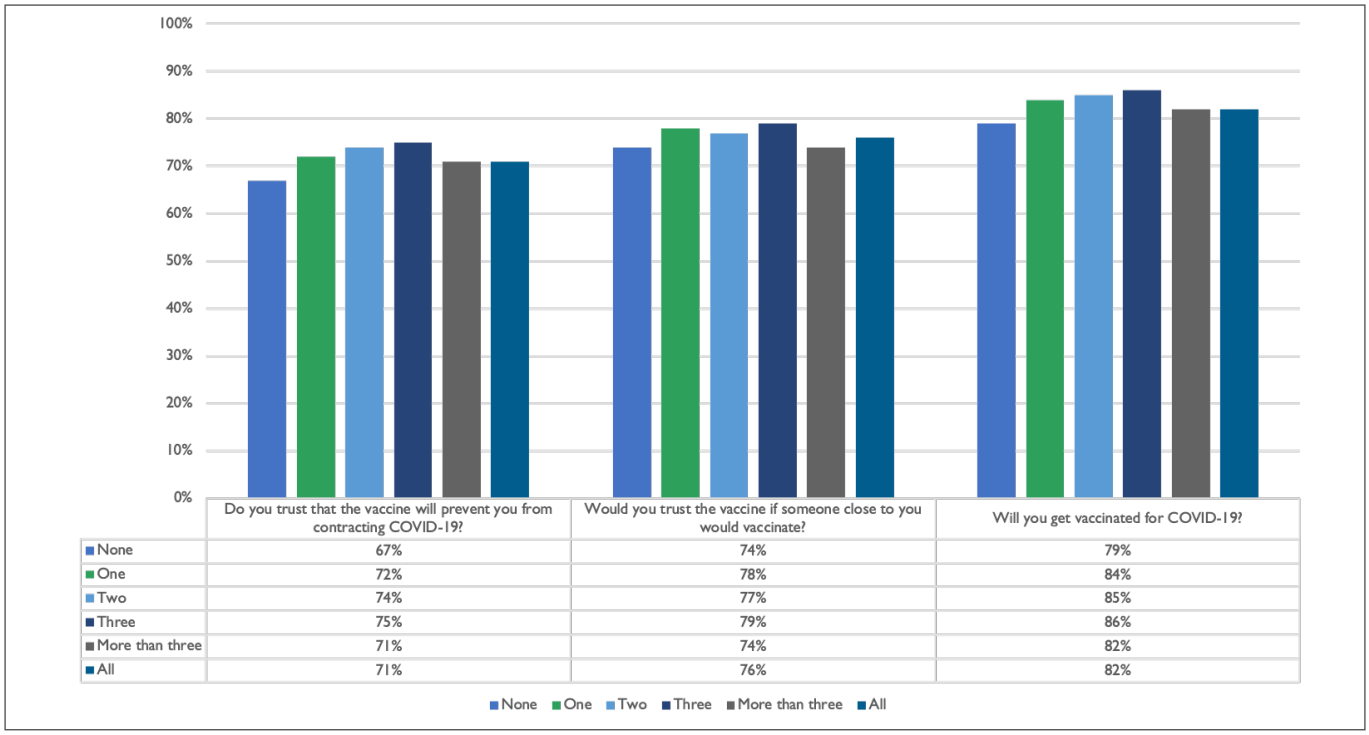


Figure 6: Intent, Trust, and acceptability of the vaccine

8.4.1 Intent to vaccinate, Trust in the vaccine and Acceptability by demographic information.

When adjusting for the number of chronic conditions, the results revealed a high intent to vaccinate on participants who had multiple chronic conditions than those who had none, 82%-85% vs. 79%. On the trust level of whether the vaccine will prevent participants from getting COVID, the trust was again higher in those with chronic conditions than those who had none, 71-75%% vs 67%. A similar result was also revealed in whether participants would trust the vaccine if someone close to them would vaccinate. The level of trust was lower in participants with no chronic conditions, 74-79% vs. 74% The results generally depict that participants generally do trust the vaccines, however, this rate increases with the influence of external factors exists, for example, someone who has vaccinated.



	Do you trust that the vaccine will prevent you from contracting COVID-19?	Would you trust the vaccine if someone close to you would vaccinate?	Will you get vaccinated for COVID-19?
None	67%	74%	79%
One	72%	78%	84%
Two	74%	77%	85%
Three	75%	79%	86%
More than three	71%	74%	82%
All	71%	76%	82%

Figure 7: Intent, Trust, and acceptability of the vaccine by number of chronic conditions

When adjusting for the provinces where participants reside, the study revealed that the Northern Cape had lower rates on all three dimensions of analysis compared to other provinces.

On whether participants would trust the vaccine if someone close to them would vaccinate, other provinces scored higher than Northern Cape. A similar trend was seen in Gauteng Province, KwaZulu-Natal and Western Cape with higher rates across all three dimensions of analysis compared to other provinces. More than 80% of participants in the three main provinces say that they will get vaccinated.

Figure 9 further shows that 83% of participants in an urban suburb area will get vaccinated, whilst other settings range between 73% and 78%.

The analysis shows that settings such as outskirts/ farms, might be associated with socio-economic factors such as limited access to facilities and some of the structural inequalities and that there are fewer medical scheme members in those settings. This further highlights a need for more targeted communication and focused strategies in those settings.

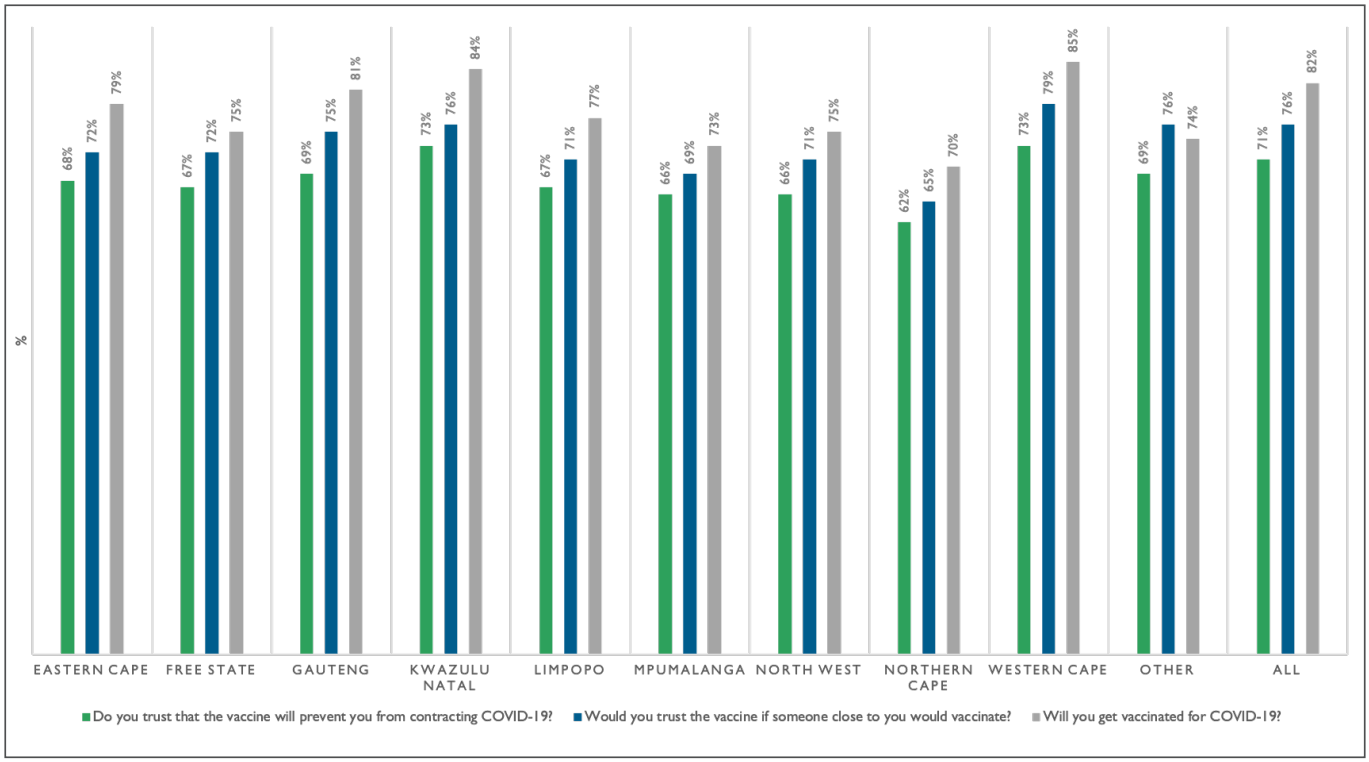


Figure 8: Intent, Trust, and acceptability of the vaccine by province

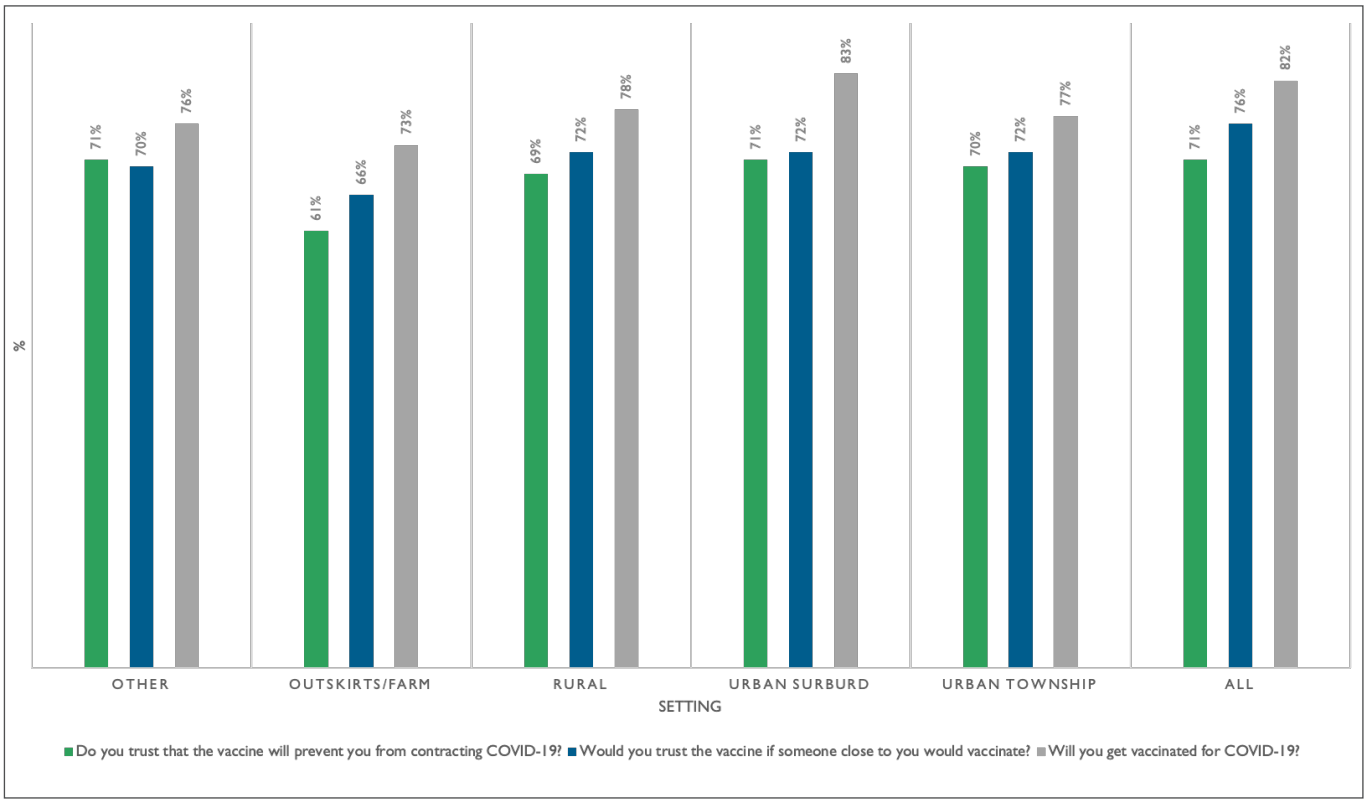


Figure 9: Intent, Trust, and acceptability of the vaccine by setting

Figure 10 shows that government and public sector employees had a lower intent of getting vaccinated, followed by participants that are self-employed, with 79% and 80% response rate. Pensioners had a higher response rate which was nearly 90%.

The second group of participants with the second highest intent to vaccinate were the unemployed and students, both with a response rate of 84%. On trust that the vaccine will prevent participants from contracting COVID-19 was higher for self-employed.

The unemployed group had a lower trust belief in the vaccines in preventing COVID-19 than the other groups.

Pensioners and student participants showed higher response rates than the other groups of the trust in the vaccine if someone close to them would vaccinate, both with a response rate of 79%.

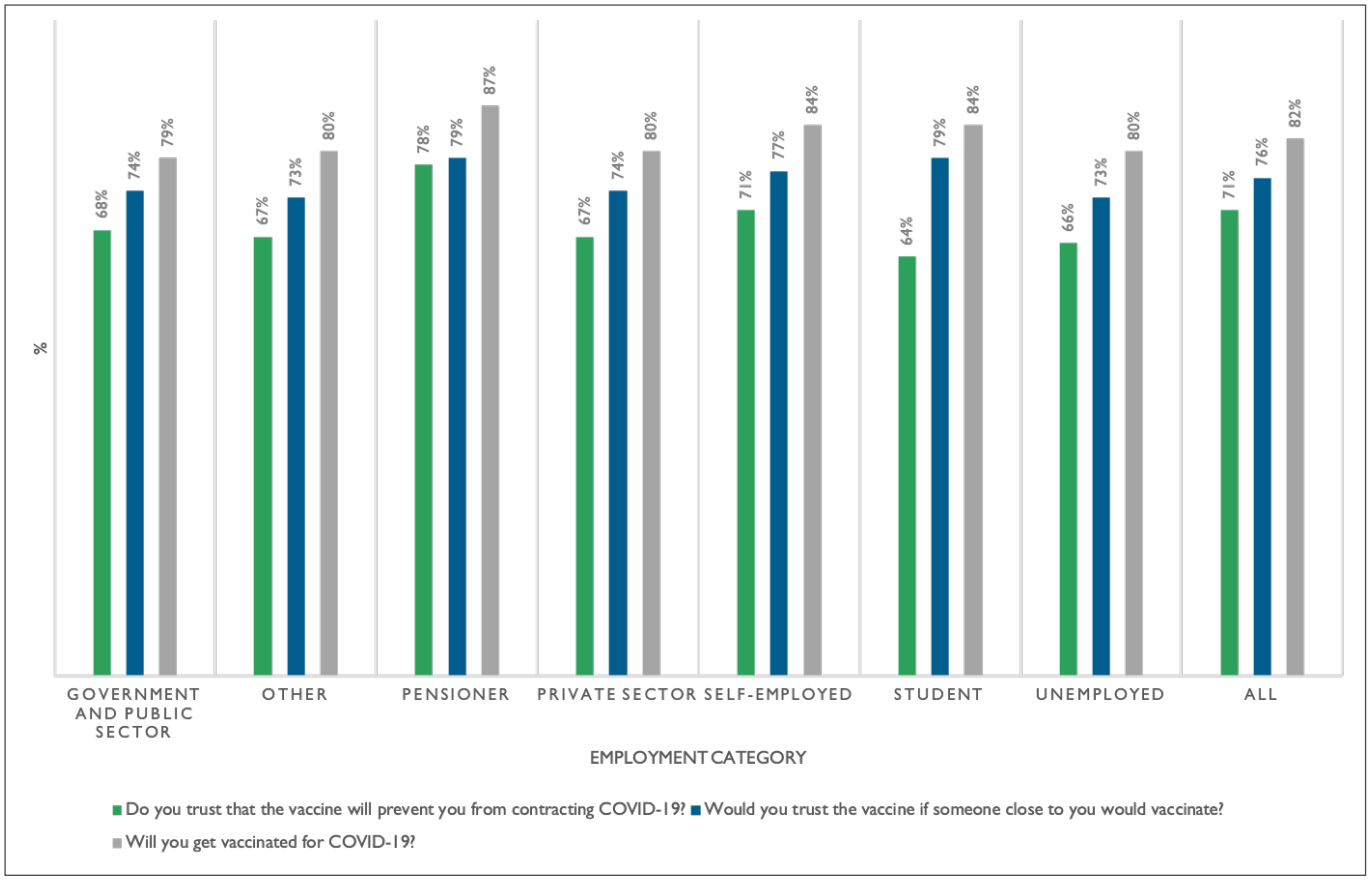


Figure 10: Intent, Trust, and Acceptability of the vaccine by employment status and sector

8.5 Access to Vaccines

Forty-three percent of participants were not sure whether or not the vaccine would be easily accessible or not, while 39% percent felt that the vaccine will be difficult to access, and 18% though it would be easily accessible.

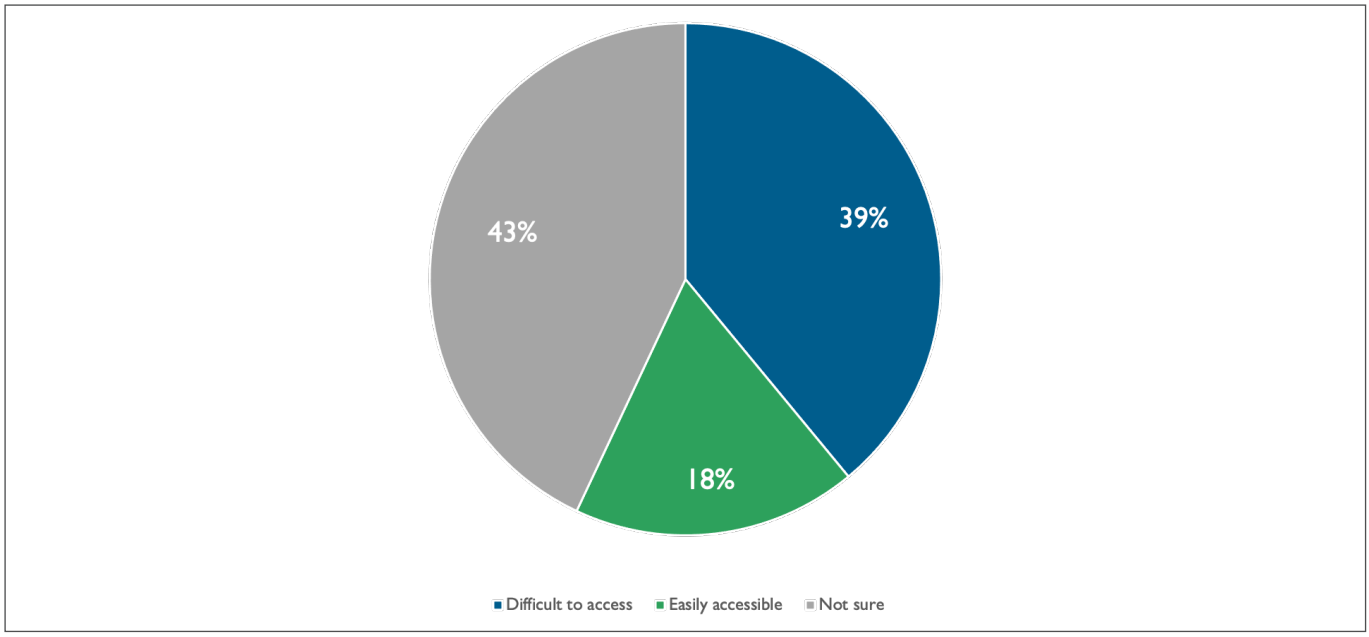


Figure 11: How accessible do you think COVID-19 vaccines will be?

On the preferred vaccination site, the study showed that general practitioners (GPs) followed by pharmacists were the most preferred vaccination sites, these accounted two disciplines accounted for 83% of the responses. Other participants depicted hospitals, clinics, communication centre and other types of settings these groups on the remaining 17%.

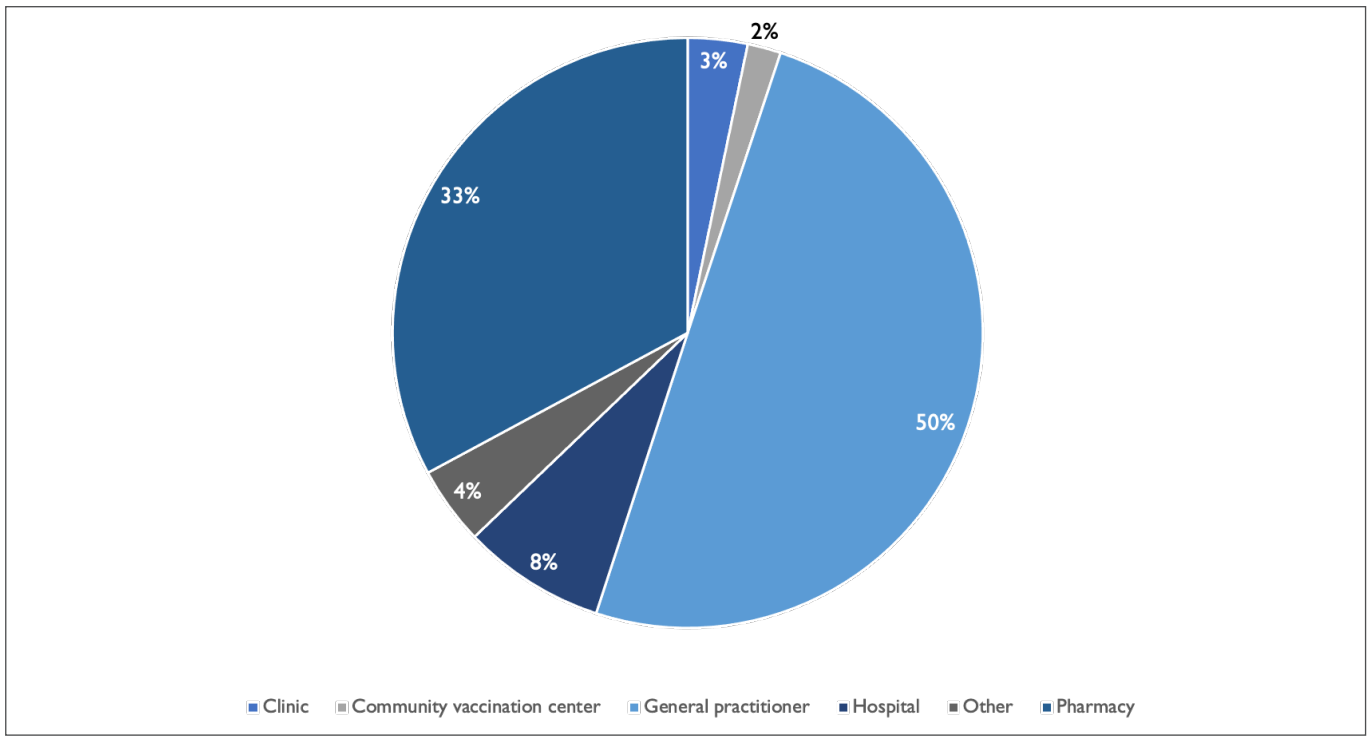


Figure 12: Preferred vaccination sites

8.6 Attributes for not getting a vaccine sentiment

The study also assessed the main and attribute of the participants who depicted that they would not be vaccinated. The figure below shows the main reason at 34% for not getting inoculated is that the vaccine is too new and participants want to wait and see how it works for other people, followed by those who are worried about the possible side effects and the third attribute was that they do not trust the government to make sure the vaccine is safe and effective. The three attributes accounted for just over two-thirds of responses. Other attributes are depicted in figure 13.

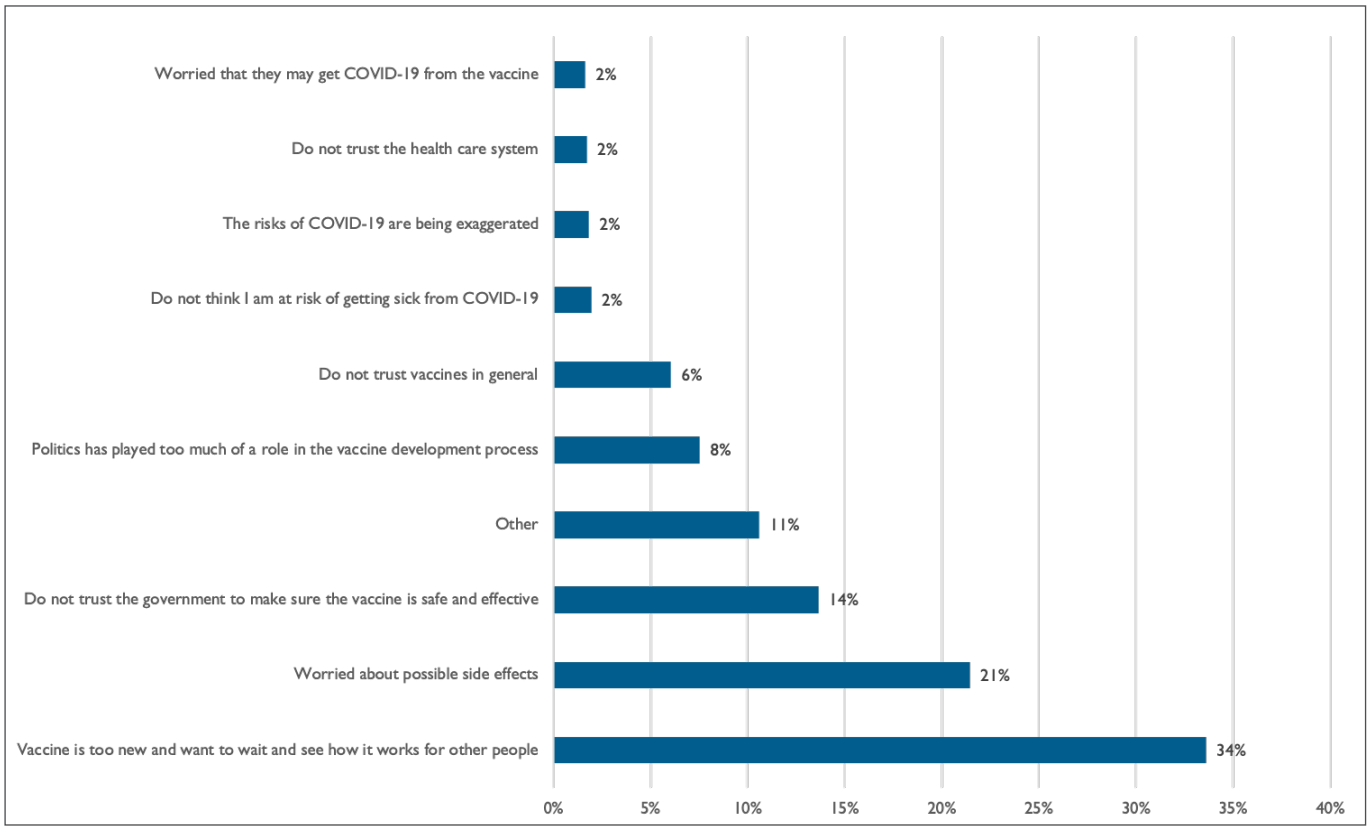


Figure 13: Reasons why participants will not vaccinate: n=11 311, categories adapted from john-elflein (2021) [13]

8.7 Awareness and information about COVID-19 vaccines

There was an almost balanced view on adequate awareness and information about COVID-19 vaccines, versus insufficient awareness. The balance of 16% was not sure.

13 https://www.statista.com/statistics/1196478/covid-vaccine-hesitancy-reasons-among-adults-in-us/

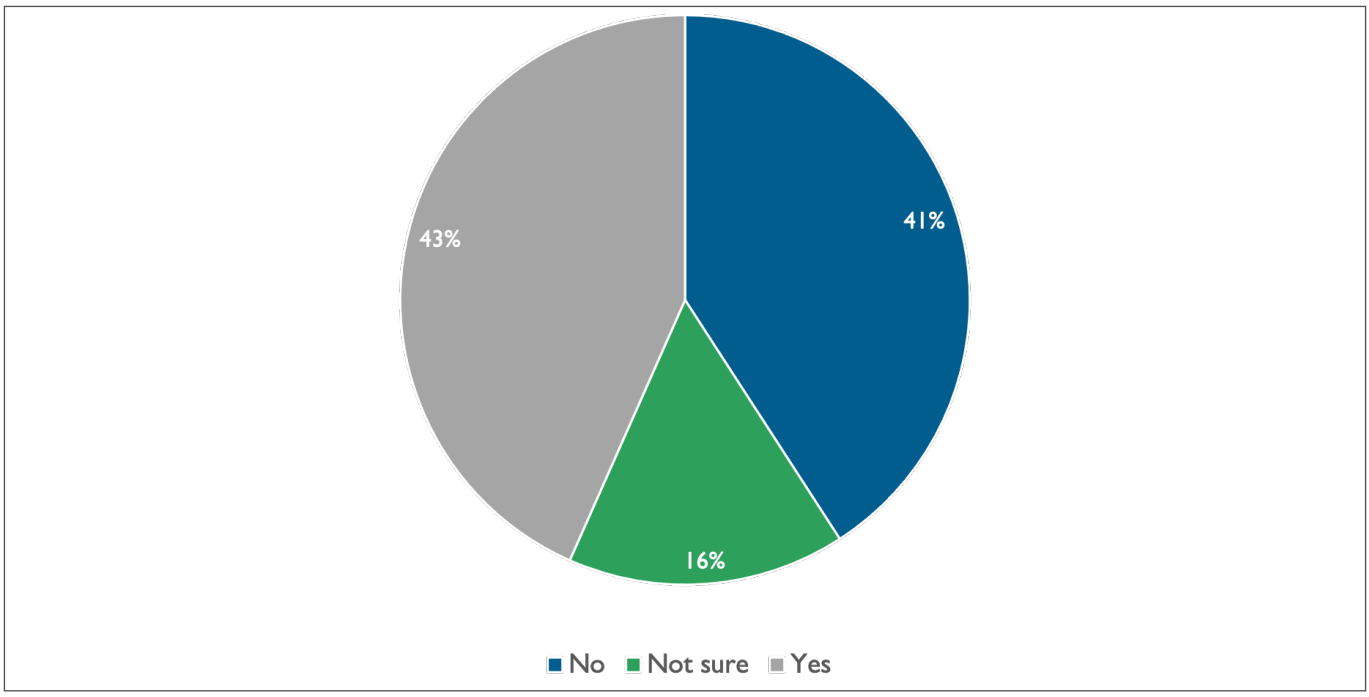


Figure 14: Is there enough awareness and information about COVID-19 vaccines? [%]

8.8 Effect of Employer and/or someone known to the participant that got vaccinated.

The study further assessed the potential influence or the effect of the employer in getting inoculated. Fifty eight percent of participants answered that they would accept the COVID-19 vaccine if their employer would recommend it, whilst 20% gave a neutral/no opinion response. Less than ten percent, completely disagreed that they would accept the COVID-19 vaccine if their employer recommended it.

8.9 Funding for Vaccines

On the question of funding, more than half (53%) of participants thought it was appropriate for medical schemes to cross-subsidise non-members for the COVID-19 vaccine. Those who were against cross-subsidisation fared at 27% and those unsure at 20% respectively.

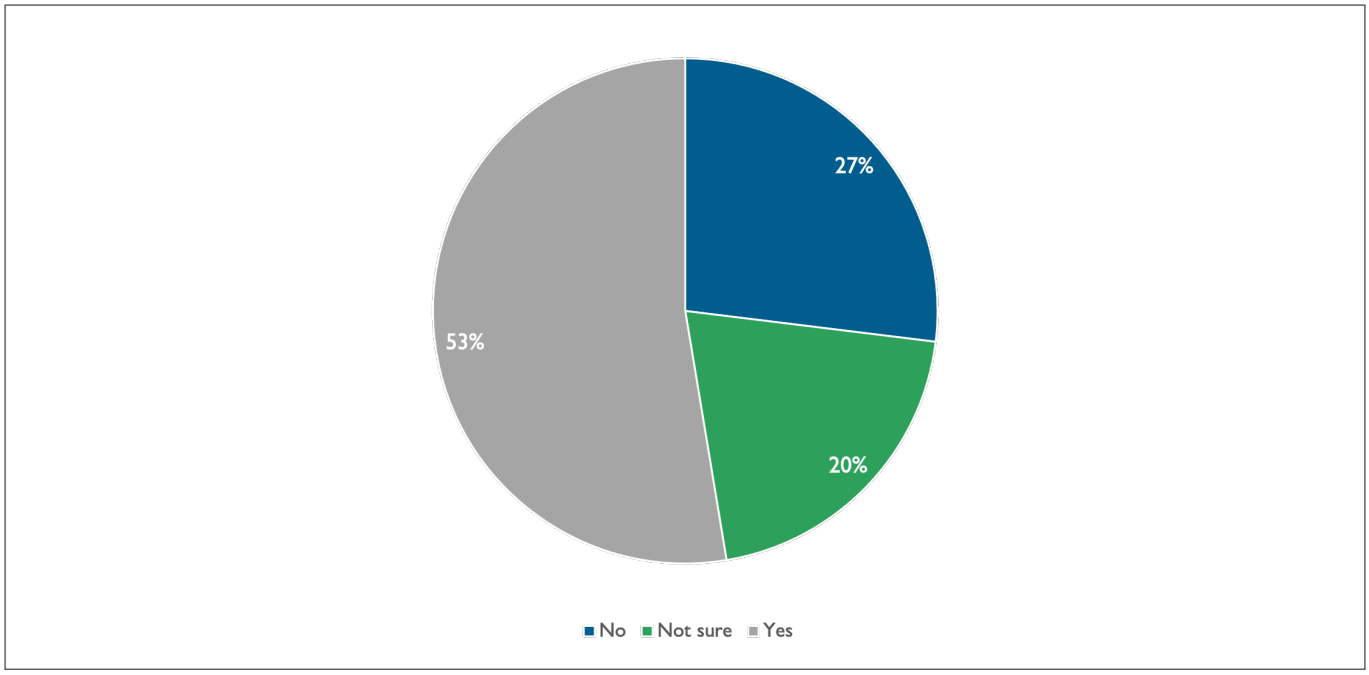


Figure 15: Do you think it is appropriate for medical schemes to cross-subsidise non-members for the COVID-19 vaccine? [%]

8.10 Vaccine preference

In terms of a preferred vaccine, Johnson and Johnson's vaccine accounted for 48% of preferences, followed by Pfizer/BioNTech Vaccine at 25%, Moderna at 10%, AstraZeneca/University of Oxford Vaccine at 10%, Sinopharm vaccine (China) at 2% and Other 5%.

These results also reveal the popularity or familiarity of the vaccines such as Johnson and Johnson over others, although this could be attributed to media coverage.

8.11 Awareness of the Electronic Vaccine Data System (EVDS) self-enrollment portal

The administration of the COVID-19 vaccine will be done in three phases with the initial phase targeting health care workers.

The administration will be done through the Electronic Vaccine Data System (EVDS) where the population both public and private will have to self-enrol to be on the database or registry of people to be vaccinated.

The study wanted to establish to what extent are members of medical schemes aware of the EVDS. The results depicted in Figure 16 shows that only 9% of participants are aware of the EVDS as compared to a significantly higher proportion of participants who only less or to a little extent aware (61%) of the EVDS:

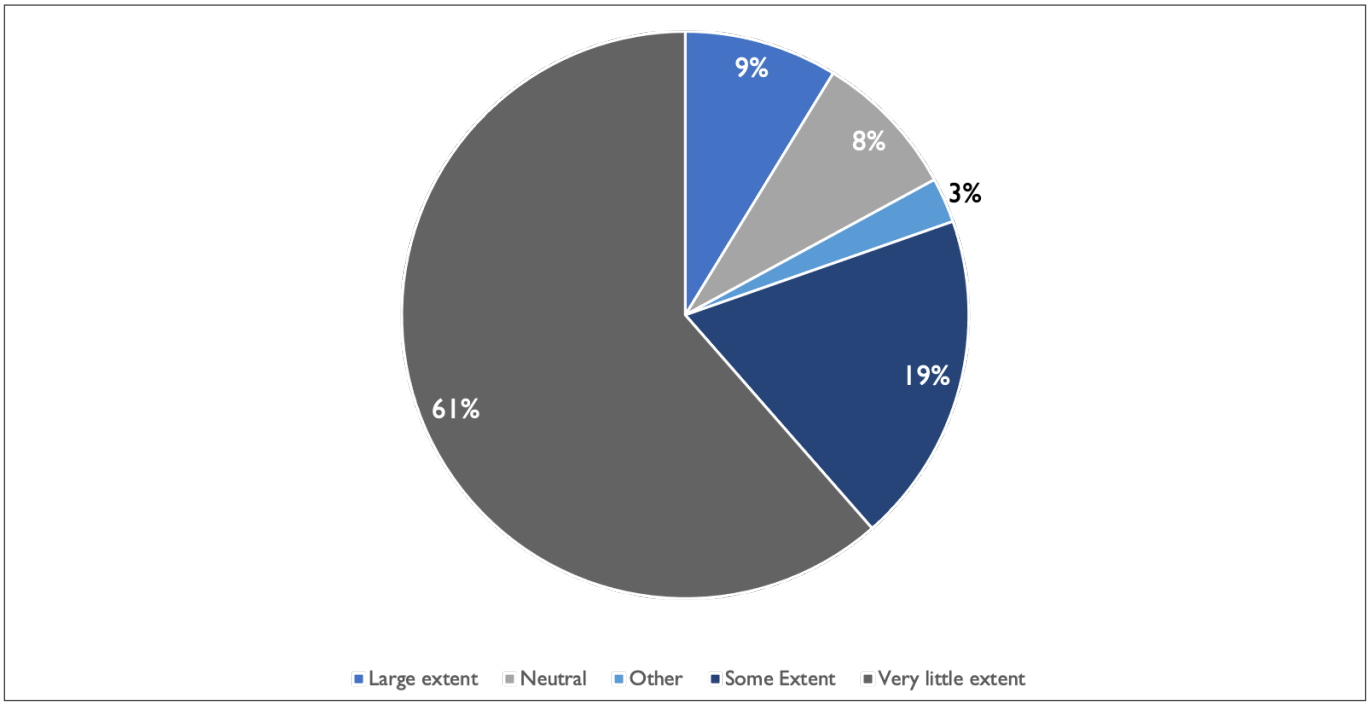


Figure 16: To what extent do you know about the Electronic Vaccine Data System - Self Enrollment Portal for COVID-19 vaccines?

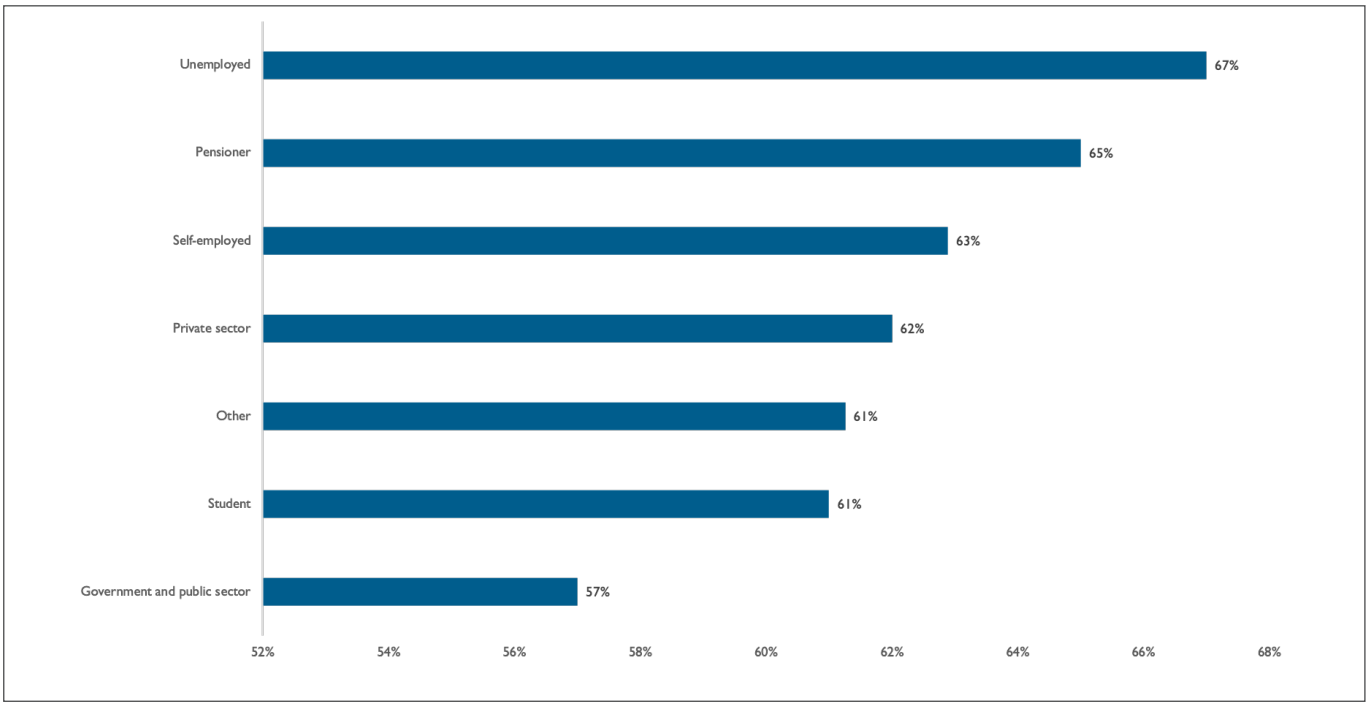


Figure 17: To what extent do you know about the Electronic Vaccine Data System - Self Enrollment Portal for COVID-19 vaccines? by employment status and sector.

9. CONCLUSIONS AND RECOMMENDATIONS

The findings demonstrate that a significantly high number of medical scheme participants showing a high intent of vaccination. The study revealed that GPs and Pharmacy are more ideal and preferred sites for vaccination. This finding is key for contracting purposes and broader roll-out strategy in particular a crucial role that General practitioners and pharmacists could plan over others above the inclusion of hospitals who are already in the roll-out plan.

Medical schemes will need to play a crucial role in communication and developing education strategies and communication strategies centered around the following:

- Providing more information and awareness about the EVDS
- More details and information on possible side effects of the vaccines.
- Various types of vaccines, their respective efficacy levels to build trust.
- Varying characteristics of vaccines such as the number of dozes.
- Increase more access points for inoculation through Designated arrangements.
- Further details on the funding and the role of the private sector will unfold.

Targeted communication strategies and improvements in health promotion and reduce the barriers to COVID-19 vaccination are key to building trust in vaccines. The findings of this study provide key insights to improving access and highlighting some of the strategies that could be employed in Phase II & III of the roll-out plan.

ANNEXURE 1: SAMPLE OF SCHEMES AND NUMBER OF RESPONSES INCLUDED IN THE ANALYSIS*

Scheme name	Number of beneficiaries	Number of responses	% of total responses
Grand Total	**8,901,342****	**75,518**	
AECI MEDICAL AID SOCIETY	11,923	330	0%
ANGLO MEDICAL SCHEME	17,892	999	1%
BANKMED	219,908	4,840	6%
BARLOWORLD MEDICAL SCHEME	11,072	174	0%
BESTMED MEDICAL SCHEME	203,711	4,599	6%
BONITAS MEDICAL FUND	712,282	9,790	13%
CHARTERED ACCOUNTANTS (SA) MEDICAL AID FUND (CAMAF)	48,319	2,424	3%
DE BEERS BENEFIT SOCIETY	9,077	237	0%
DISCOVERY HEALTH MEDICAL SCHEME	2,766,299	22,421	30%
ENGEN MEDICAL BENEFIT FUND	6,740	376	0%
FEDHEALTH MEDICAL SCHEME	146,570	3,041	4%
GENESIS MEDICAL SCHEME	21,075	116	0%
GOVERNMENT EMPLOYEES MEDICAL SCHEME (GEMS)	1,938,191	12,271	16%
HOSMED MEDICAL AID SCHEME	53,713	455	1%
LA-HEALTH MEDICAL SCHEME	221,156	1,021	1%
MBMED MEDICAL AID FUND	10,237	206	0%
MEDIHELP	196,360	1,027	1%
MEDIMED MEDICAL SCHEME	14,040	35	0%
MEDIPOS MEDICAL SCHEME	25,058	193	0%
MEDSHIELD MEDICAL SCHEME	152,856	3,450	5%
MOMENTUM MEDICAL SCHEME	292,711	162	0%
NEDGROUP MEDICAL AID SCHEME	48,522	1,229	2%
OLD MUTUAL STAFF MEDICAL AID FUND	31,109	989	1%
OTHER	N/A	930	1%
PARMED MEDICAL AID SCHEME	4,642	158	0%
PROFMED	75,211	60	0%
REMEDI MEDICAL AID SCHEME	46,689	1,483	2%
SABC MEDICAL AID SCHEME	9,464	337	0%
SOUTH AFRICAN POLICE SERVICE MEDICAL SCHEME (POLMED)	502,617	1,126	1%
TFG MEDICAL AID SCHEME	6,754	404	1%
TIGER BRANDS MEDICAL SCHEME	9,781	365	0%
WITBANK COALFIELDS MEDICAL AID SCHEME	24,619	270	0%

* Schemes with less than 30 participants were excluded from the analysis.

** Beneficiaries as at Quarter 3:2020 unaudited data

Notes

List of schemes included in the analysis account for 7,7 Million beneficiaries.

ANNEXURE 2: AWARENESS AND INFORMATION ABOUT COVID-19 VACCINES?

Scheme name	Difficult to access	Easily accessible	Not sure	Total	% of Difficult
AECI MEDICAL AID SOCIETY	134	51	145	330	41%
ANGLO MEDICAL SCHEME	438	160	401	999	44%
BANKMED	1,878	841	2,121	4,840	39%
BARLOWORLD MEDICAL SCHEME	62	26	86	174	36%
BESTMED MEDICAL SCHEME	1,899	742	1,958	4,599	41%
BONITAS MEDICAL FUND	3,391	1,927	4,472	9,790	35%
CHARTERED ACCOUNTANTS (SA) MEDICAL AID FUND (CAMAF)	1,305	382	737	2,424	54%
DE BEERS BENEFIT SOCIETY	85	39	113	237	36%
DISCOVERY HEALTH MEDICAL SCHEME	9,905	3,631	8,885	22,421	44%
ENGEN MEDICAL BENEFIT FUND	114	85	177	376	30%
FEDHEALTH MEDICAL SCHEME	1,334	471	1,236	3,041	44%
GENESIS MEDICAL SCHEME	35	31	50	116	30%
GOVERNMENT EMPLOYEES MEDICAL SCHEME (GEMS)	3,955	2,774	5,542	12,271	32%
HOSMED MEDICAL AID SCHEME	166	72	217	455	36%
Industry	29,477	13,908	32,133	75,518	39%
LA-HEALTH MEDICAL SCHEME	320	232	469	1,021	31%
MBMED MEDICAL AID FUND	74	36	96	206	36%
MEDIHELP	404	199	424	1,027	39%
MEDIMED MEDICAL SCHEME	19	3	13	35	54%
MEDIPOS MEDICAL SCHEME	50	40	103	193	26%
MEDSHIELD MEDICAL SCHEME	1,230	628	1,592	3,450	36%
MOMENTUM MEDICAL SCHEME	80	31	51	162	49%
NEDGROUP MEDICAL AID SCHEME	446	191	592	1,229	36%
OLD MUTUAL STAFF MEDICAL AID FUND	355	217	417	989	36%
OTHER	299	211	420	930	32%
PARMED MEDICAL AID SCHEME	57	36	65	158	36%
PROFMED	29	7	24	60	48%
REMEDI MEDICAL AID SCHEME	563	322	598	1,483	38%
SABC MEDICAL AID SCHEME	115	69	153	337	34%
SOUTH AFRICAN POLICE SERVICE MEDICAL SCHEME (POLMED)	320	282	524	1,126	28%
TFG MEDICAL AID SCHEME	151	68	185	404	37%
TIGER BRANDS MEDICAL SCHEME	154	65	146	365	42%
WITBANK COALFIELDS MEDICAL AID SCHEME	110	39	121	270	41%

ANNEXURE 3: FUNDING MODEL OF VACCINES

Scheme name	No	Not sure	Yes	Total	% Yes
AECI MEDICAL AID SOCIETY	103	71	156	330	47%
ANGLO MEDICAL SCHEME	291	186	522	999	52%
BANKMED	1,376	940	2,524	4,840	52%
BARLOWORLD MEDICAL SCHEME	56	33	85	174	49%
BESTMED MEDICAL SCHEME	1,555	871	2,173	4,599	47%
BONITAS MEDICAL FUND	2,582	2,121	5,087	9,790	52%
CHARTERED ACCOUNTANTS (SA) MEDICAL AID FUND (CAMAF)	640	408	1,376	2,424	57%
DE BEERS BENEFIT SOCIETY	72	64	101	237	43%
DISCOVERY HEALTH MEDICAL SCHEME	5,404	4,162	12,855	22,421	57%
ENGEN MEDICAL BENEFIT FUND	82	88	206	376	55%
FEDHEALTH MEDICAL SCHEME	1,020	576	1,445	3,041	48%
GENESIS MEDICAL SCHEME	22	23	71	116	61%
GOVERNMENT EMPLOYEES MEDICAL SCHEME (GEMS)	3,391	2,891	5,989	12,271	49%
HOSMED MEDICAL AID SCHEME	146	86	223	455	49%
Industry	**20,352**	**15,429**	**39,737**	**75,518**	**53%**
LA-HEALTH MEDICAL SCHEME	217	234	570	1,021	56%
MBMED MEDICAL AID FUND	52	57	97	206	47%
MEDIHELP	286	200	541	1,027	53%
MEDIMED MEDICAL SCHEME	12	5	18	35	51%
MEDIPOS MEDICAL SCHEME	54	50	89	193	46%
MEDSHIELD MEDICAL SCHEME	956	810	1,684	3,450	49%
MOMENTUM MEDICAL SCHEME	49	20	93	162	57%
NEDGROUP MEDICAL AID SCHEME	363	263	603	1,229	49%
OLD MUTUAL STAFF MEDICAL AID FUND	248	150	591	989	60%
OTHER	245	231	454	930	49%
PARMED MEDICAL AID SCHEME	32	10	116	158	73%
PROFMED	40	5	15	60	25%
REMEDI MEDICAL AID SCHEME	396	303	784	1,483	53%
SABC MEDICAL AID SCHEME	100	68	169	337	50%
SOUTH AFRICAN POLICE SERVICE MEDICAL SCHEME (POLMED)	305	280	541	1,126	48%
TFG MEDICAL AID SCHEME	71	91	242	404	60%
TIGER BRANDS MEDICAL SCHEME	98	79	188	365	52%
WITBANK COALFIELDS MEDICAL AID SCHEME	88	53	129	270	48%

ANNEXURE 4: WILL YOU GET VACCINATED FOR COVID-19?

Scheme name	No	Other	Yes	Total	% Yes
AECI MEDICAL AID SOCIETY	42	40	248	330	75%
ANGLO MEDICAL SCHEME	103	115	781	999	78%
BANKMED	523	528	3,789	4,840	78%
BARLOWORLD MEDICAL SCHEME	24	23	127	174	73%
BESTMED MEDICAL SCHEME	654	477	3,468	4,599	75%
BONITAS MEDICAL FUND	1,134	893	7,763	9,790	79%
CHARTERED ACCOUNTANTS (SA) MEDICAL AID FUND (CAMAF)	193	237	1,994	2,424	82%
DE BEERS BENEFIT SOCIETY	31	26	180	237	76%
DISCOVERY HEALTH MEDICAL SCHEME	1,009	1,669	19,743	22,421	88%
ENGEN MEDICAL BENEFIT FUND	30	22	324	376	86%
FEDHEALTH MEDICAL SCHEME	443	348	2,250	3,041	74%
GENESIS MEDICAL SCHEME	11	12	93	116	80%
GOVERNMENT EMPLOYEES MEDICAL SCHEME (GEMS)	1,118	959	10,194	12,271	83%
HOSMED MEDICAL AID SCHEME	70	56	329	455	72%
Industry	**6,785**	**6,675**	**62,058**	**75,518**	**82%**
LA-HEALTH MEDICAL SCHEME	80	78	863	1,021	85%
MBMED MEDICAL AID FUND	31	33	142	206	69%
MEDIHELP	76	72	879	1,027	86%
MEDIMED MEDICAL SCHEME	4	1	30	35	86%
MEDIPOS MEDICAL SCHEME	26	18	149	193	77%
MEDSHIELD MEDICAL SCHEME	400	369	2,681	3,450	78%
MOMENTUM MEDICAL SCHEME	25	16	121	162	75%
NEDGROUP MEDICAL AID SCHEME	124	146	959	1,229	78%
OLD MUTUAL STAFF MEDICAL AID FUND	104	92	793	989	80%
OTHER	119	98	713	930	77%
PARMED MEDICAL AID SCHEME	6	6	146	158	92%
PROFMED	10	6	44	60	73%
REMEDI MEDICAL AID SCHEME	130	123	1,230	1,483	83%
SABC MEDICAL AID SCHEME	24	32	281	337	83%
SOUTH AFRICAN POLICE SERVICE MEDICAL SCHEME (POLMED)	145	95	886	1,126	79%
TFG MEDICAL AID SCHEME	27	33	344	404	85%
TIGER BRANDS MEDICAL SCHEME	25	26	314	365	86%
WITBANK COALFIELDS MEDICAL AID SCHEME	44	26	200	270	74%

ANNEXURE 5: DO YOU TRUST THAT THE VACCINE WILL PREVENT YOU FROM CONTRACTING COVID-19?

Scheme name	No	Other	Yes	Total	% Yes
AECI MEDICAL AID SOCIETY	53	56	221	330	67%
ANGLO MEDICAL SCHEME	176	147	676	999	68%
BANKMED	852	752	3,236	4,840	67%
BARLOWORLD MEDICAL SCHEME	40	24	110	174	63%
BESTMED MEDICAL SCHEME	952	728	2,919	4,599	63%
BONITAS MEDICAL FUND	1,675	1,330	6,785	9,790	69%
CHARTERED ACCOUNTANTS (SA) MEDICAL AID FUND (CAMAF)	330	372	1,722	2,424	71%
DE BEERS BENEFIT SOCIETY	47	43	147	237	62%
DISCOVERY HEALTH MEDICAL SCHEME	2,371	3,334	16,716	22,421	75%
ENGEN MEDICAL BENEFIT FUND	52	39	285	376	76%
FEDHEALTH MEDICAL SCHEME	680	507	1,854	3,041	61%
GENESIS MEDICAL SCHEME	14	13	89	116	77%
GOVERNMENT EMPLOYEES MEDICAL SCHEME (GEMS)	1,919	1,287	9,064	12,270	74%
HOSMED MEDICAL AID SCHEME	84	71	300	455	66%
LA-HEALTH MEDICAL SCHEME	132	123	766	1,021	75%
MBMED MEDICAL AID FUND	59	40	107	206	52%
MEDIHELP	130	167	730	1,027	71%
MEDIMED MEDICAL SCHEME	5	4	26	35	74%
MEDIPOS MEDICAL SCHEME	34	28	131	193	68%
MEDSHIELD MEDICAL SCHEME	631	483	2,336	3,450	68%
MOMENTUM MEDICAL SCHEME	30	25	107	162	66%
NEDGROUP MEDICAL AID SCHEME	190	194	845	1,229	69%
OLD MUTUAL STAFF MEDICAL AID FUND	174	141	674	989	68%
OTHER	182	98	650	930	70%
PARMED MEDICAL AID SCHEME	12	13	133	158	84%
PROFMED	12	13	35	60	58%
REMEDI MEDICAL AID SCHEME	244	201	1,038	1,483	70%
SABC MEDICAL AID SCHEME	33	64	240	337	71%
SOUTH AFRICAN POLICE SERVICE MEDICAL SCHEME (POLMED)	205	117	804	1,126	71%
TFG MEDICAL AID SCHEME	47	66	291	404	72%
TIGER BRANDS MEDICAL SCHEME	42	47	276	365	76%
WITBANK COALFIELDS MEDICAL AID SCHEME	57	31	182	270	67%
Industry	**11,464**	**10,558**	**53,495**	**75,517**	**71%**

ANNEXURE 6: WOULD YOU TRUST THE VACCINE IF SOMEONE CLOSE TO YOU WOULD VACCINATE?

Scheme name	Do not know	No	Yes	Total	% Yes
AECI MEDICAL AID SOCIETY	53	45	232	330	70%
ANGLO MEDICAL SCHEME	152	138	709	999	71%
BANKMED	771	580	3,489	4,840	72%
BARLOWORLD MEDICAL SCHEME	30	25	119	174	68%
BESTMED MEDICAL SCHEME	707	729	3,163	4,599	69%
BONITAS MEDICAL FUND	1,433	1,168	7,189	9,790	73%
CHARTERED ACCOUNTANTS (SA) MEDICAL AID FUND (CAMAF)	313	224	1,887	2,424	78%
DE BEERS BENEFIT SOCIETY	46	31	160	237	68%
DISCOVERY HEALTH MEDICAL SCHEME	2,775	1,428	18,218	22,421	81%
ENGEN MEDICAL BENEFIT FUND	38	33	305	376	81%
FEDHEALTH MEDICAL SCHEME	468	519	2,054	3,041	68%
GENESIS MEDICAL SCHEME	24	6	86	116	74%
GOVERNMENT EMPLOYEES MEDICAL SCHEME (GEMS)	1,657	1,109	9,505	12,271	77%
HOSMED MEDICAL AID SCHEME	88	67	300	455	66%
LA-HEALTH MEDICAL SCHEME	137	62	822	1,021	81%
MBMED MEDICAL AID FUND	40	43	123	206	60%
MEDIHELP	115	103	809	1,027	79%
MEDIMED MEDICAL SCHEME	7	2	26	35	74%
MEDIPOS MEDICAL SCHEME	28	23	142	193	74%
MEDSHIELD MEDICAL SCHEME	580	397	2,473	3,450	72%
MOMENTUM MEDICAL SCHEME	20	28	114	162	70%
NEDGROUP MEDICAL AID SCHEME	232	144	853	1,229	69%
OLD MUTUAL STAFF MEDICAL AID FUND	127	116	746	989	75%
OTHER	151	124	655	930	70%
PARMED MEDICAL AID SCHEME	18	10	130	158	82%
PROFMED	9	10	41	60	68%
REMEDI MEDICAL AID SCHEME	206	132	1,145	1,483	77%
SABC MEDICAL AID SCHEME	58	27	252	337	75%
SOUTH AFRICAN POLICE SERVICE MEDICAL SCHEME (POLMED)	157	140	829	1,126	74%
TFG MEDICAL AID SCHEME	57	22	325	404	80%
TIGER BRANDS MEDICAL SCHEME	40	30	295	365	81%
WITBANK COALFIELDS MEDICAL AID SCHEME	43	38	189	270	70%
Industry	**10,580**	**7,553**	**57,385**	**75,518**	**76%**

ANNEXURE 7: HOW ACCESSIBLE DO YOU THINK COVID-19 VACCINES WILL BE?

Scheme names	Difficult to access	Easily accessible	Not sure	Grand Total	% Difficult to access
AECI MEDICAL AID SOCIETY	134	51	145	330	41%
ANGLO MEDICAL SCHEME	438	160	401	999	44%
BANKMED	1,878	841	2,121	4,840	39%
BARLOWORLD MEDICAL SCHEME	62	26	86	174	36%
BESTMED MEDICAL SCHEME	1,899	742	1,958	4,599	41%
BONITAS MEDICAL FUND	3,391	1,927	4,472	9,790	35%
CHARTERED ACCOUNTANTS (SA) MEDICAL AID FUND (CAMAF)	1,305	382	737	2,424	54%
DE BEERS BENEFIT SOCIETY	85	39	113	237	36%
DISCOVERY HEALTH MEDICAL SCHEME	9,905	3,631	8,885	22,421	44%
ENGEN MEDICAL BENEFIT FUND	114	85	177	376	30%
FEDHEALTH MEDICAL SCHEME	1,334	471	1,236	3,041	44%
GENESIS MEDICAL SCHEME	35	31	50	116	30%
GOVERNMENT EMPLOYEES MEDICAL SCHEME (GEMS)	3,955	2,774	5,542	12,271	32%
HOSMED MEDICAL AID SCHEME	166	72	217	455	36%
LA-HEALTH MEDICAL SCHEME	320	232	469	1,021	31%
MBMED MEDICAL AID FUND	74	36	96	206	36%
MEDIHELP	404	199	424	1,027	39%
MEDIMED MEDICAL SCHEME	19	3	13	35	54%
MEDIPOS MEDICAL SCHEME	50	40	103	193	26%
MEDSHIELD MEDICAL SCHEME	1,230	628	1,592	3,450	36%
MOMENTUM MEDICAL SCHEME	80	31	51	162	49%
NEDGROUP MEDICAL AID SCHEME	446	191	592	1,229	36%
OLD MUTUAL STAFF MEDICAL AID FUND	355	217	417	989	36%
OTHER	299	211	420	930	32%
PARMED MEDICAL AID SCHEME	57	36	65	158	36%
PROFMED	29	7	24	60	48%
REMEDI MEDICAL AID SCHEME	563	322	598	1,483	38%
SABC MEDICAL AID SCHEME	115	69	153	337	34%
SOUTH AFRICAN POLICE SERVICE MEDICAL SCHEME (POLMED)	320	282	524	1,126	28%
TFG MEDICAL AID SCHEME	151	68	185	404	37%
TIGER BRANDS MEDICAL SCHEME	154	65	146	365	42%
WITBANK COALFIELDS MEDICAL AID SCHEME	110	39	121	270	41%
Industry	**29,477**	**13,908**	**32,133**	**75,518**	**39%**

ANNEXURE 8: TO WHAT EXTENT DO YOU KNOW ABOUT THE ELECTRONIC VACCINE DATA SYSTEM - SELF ENROLLMENT PORTAL FOR COVID-19 VACCINES?

Scheme name	Large extent	Neutral	Other	Some Extent	Very little extent	Grand Total	% of Very little extent
AECI MEDICAL AID SOCIETY	22	22	5	57	224	330	7%
ANGLO MEDICAL SCHEME	50	69	22	179	679	999	5%
BANKMED	313	413	100	1,002	3,012	4,840	6%
BARLOWORLD MEDICAL SCHEME	12	19	5	28	110	174	7%
BESTMED MEDICAL SCHEME	367	377	146	837	2,872	4,599	8%
BONITAS MEDICAL FUND	809	947	308	1,788	5,938	9,790	8%
CHARTERED ACCOUNTANTS (SA) MEDICAL AID FUND (CAMAF)	183	183	46	542	1,470	2,424	8%
DE BEERS BENEFIT SOCIETY	10	32	5	49	141	237	4%
DISCOVERY HEALTH MEDICAL SCHEME	1,725	1,352	351	4,262	14,731	22,421	8%
ENGEN MEDICAL BENEFIT FUND	29	34	5	70	238	376	8%
FEDHEALTH MEDICAL SCHEME	248	228	83	597	1,885	3,041	8%
GENESIS MEDICAL SCHEME	15	16	5	15	65	116	13%
GOVERNMENT EMPLOYEES MEDICAL SCHEME (GEMS)	1,471	1,261	408	2,280	6,851	12,271	12%
HOSMED MEDICAL AID SCHEME	36	39	18	76	286	455	8%
LA-HEALTH MEDICAL SCHEME	103	126	32	154	606	1,021	10%
MBMED MEDICAL AID FUND	12	18	4	31	141	206	6%
MEDIHELP	158	65	15	343	446	1,027	15%
MEDIMED MEDICAL SCHEME	8	3		6	18	35	23%
MEDIPOS MEDICAL SCHEME	10	26	11	36	110	193	5%
MEDSHIELD MEDICAL SCHEME	242	328	133	574	2,173	3,450	7%
MOMENTUM MEDICAL SCHEME	28	16	3	43	72	162	17%
NEDGROUP MEDICAL AID SCHEME	86	92	29	200	822	1,229	7%
OLD MUTUAL STAFF MEDICAL AID FUND	52	75	29	187	646	989	5%
OTHER	77	120	65	144	524	930	8%
PARMED MEDICAL AID SCHEME	25	12	4	34	83	158	16%
PROFMED	11	7		11	31	60	18%
REMEDI MEDICAL AID SCHEME	321	191	29	309	633	1,483	22%
SABC MEDICAL AID SCHEME	22	25	10	66	214	337	7%
SOUTH AFRICAN POLICE SERVICE MEDICAL SCHEME (POLMED)	103	132	43	179	669	1,126	9%
TFG MEDICAL AID SCHEME	12	22	12	73	285	404	3%
TIGER BRANDS MEDICAL SCHEME	22	20	4	68	251	365	6%
WITBANK COALFIELDS MEDICAL AID SCHEME	17	29	9	37	178	270	6%
Industry	**6,599**	**6,299**	**1,939**	**14,277**	**46,404**	**75,518**	**9%**