



Wes-Kaapse Provinsiale Parlement
Western Cape Provincial Parliament
IPalamente yePhondo IeNtshona Koloni

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Report 10/ 2021

Ref: Health Update/'Adjusted' Alert Level 3 lockdown

Draft Report of the Ad Hoc Committee on COVID-19, in performing oversight over the work of the provincial executive authority as it responds to the COVID-19 pandemic, including oversight over any part of the provincial executive authority, any provincial department, any organ of state and any provincial entity involved in activities dealing with the pandemic, on the themes/meetings covered for January 2021, as follows:

The Ad Hoc Committee on COVID-19 consists of the following members:

Mr R Allen (DA)
Mr D America (DA)
Ms D Baartman (DA)
Mr G Bosman (DA)
Mr F Christians (ACDP)
Mr C Dugmore (ANC)
Mr B Herron (GOOD)
Ms P Lekker (ANC)
Mr P Marais (FFP)
Mr D Mitchell (DA)
Ms W Philander (DA)
Mr A van der Westhuizen (DA)
Ms M Wenger (DA) (Chairperson)
Ms R Windvogel (ANC)
Mr M Xego (EFF)

Alternative Members:

Ms L Botha (DA)
Mr R MacKenzie (DA)
Ms M Maseko (DA)
Ms N Nkondlo (ANC)
Mr K Sayed (ANC)
Mr D Smith (ANC)

Procedural Staff:

Ms Z Adams, Procedural Officer
Ms L Cloete, Senior Procedural Officer

1. Introduction and Background

The Ad Hoc Committee on COVID-19 (the Committee) was established by the Speaker of the Western Cape Provincial Parliament on 14 April 2020 in accordance with Standing Rule 119(1)(b) of the Standing Rules of Western Cape Provincial Parliament. The Committee was tasked with the responsibility to perform oversight over the work of the provincial executive authority as it responds to the COVID-19 pandemic, including oversight over any part of the provincial executive authority, any provincial department, any organ of state and any provincial entity involved in activities dealing with the pandemic.

The meetings have been held virtually, so as to comply with COVID-19 lockdown regulations issued by National Government, as well as a decision of the Programming Authority, to enforce social distancing rules.

2. Election of Chairperson, Adopted Themes and the Rules of Engagement

On 17 April 2020, Member M Wenger (DA) was elected to serve as the Chairperson of the Committee in accordance with Standing Rules 82(1) and 85. The Committee adopted 12 themes around which it would address the COVID-19 pandemic. The 12 adopted themes were as follows:

1. Health Department Responses and Preparations
2. Policing, Security and Police Brutality
3. Food Security
4. Protection of the Vulnerable
5. Disaster Management and Local Government Oversight
6. Economic Recovery, Support and Livelihoods
7. Transport and Infrastructure
8. Schooling and Education
9. Human Settlements
10. Citizen Surveillance
11. Intergovernmental Relations and Community Cooperation
12. Government Finance and Budgets

Additionally, the Rules of Engagement during virtual meetings were indicated as follows:

1. All meetings would be open to members of the public and media via livestreaming;
2. All Members microphones must be muted at the beginning of the meeting to avoid background noise;
3. Members are to flag Points of Order in the Chat Function of Microsoft Teams (the application through which virtual meetings are held);
4. All videos and audio must be switched off to improve the quality of the connection; however, if a Member/Minister/HOD/Official is speaking, they may put on their audio and video;
5. Participants must switch off their microphones once they are finished speaking;
6. In terms of maintenance of order, in accordance with the "Directives for Sittings of the House and Meetings of Committees by Electronic Means", ATC'd on Friday, 17 April 2020, Section 8 states that "when a Member is considered to be out of order by the presiding officer, the presiding officer may mute the microphone of such a Member and call such a Member to order"; and
7. Section 10 of the Directives ATC'd on 17 April 2020 speaks to the application of Standing Rules. Section 10 states that "in instances where these directives are not clear or do not cover a particular eventuality in respect of sittings of the House or meetings of the committees by means of videoconferencing, the Standing Rules must apply as far as this is reasonably and practically possible and, in instances where they cannot be applied, the ruling by the presiding officer must be final".

The themes/meetings covered in January 2021 included:

- a) Health Department Responses and Preparations
- b) Intergovernmental Relations and Community Cooperation
- A briefing by the Premier and the Director-General of the Department of the Premier on the Adjusted Alert Level 3 Lockdown
- A briefing by the Provincial Minister and Head of the Provincial Department of Health on the situational analysis of the pandemic, focusing on the following: The latest figures and expected peak in the Province, oxygen management, hospital capacity, fatality and mortuary management, and vaccine roll-out readiness.

3. THEME: Health Update and 'Adjusted' Alert Level 3 Lockdown

3.1 Overview and background

The Committee requested a briefing from the Premier, the Provincial Minister of Health and the Western Cape Department of Health for an update on the COVID-19 pandemic in the Western Cape, on 13 January 2021.

The purpose of the meeting was to receive information on the situational analysis of the pandemic in the Province in the light of the aggressive resurgence of the COVID-19 virus in the Western Cape Province, including information with respect to the latest figures and expected peak in the Province, oxygen management, hospital capacity, fatality and mortuary management, and vaccine roll-out readiness for the Province.

3.2 Briefing by the Premier and Director-General of the Department of the Premier: Observations and challenges

3.2.1 The Premier of the Western Cape, Mr A Winde, informed the Committee that South Africa was on the verge of hitting the peak during the second wave of the pandemic and that people could not relax their COVID-19 precautions, as hospitals were full and there was immense pressure on the health system overall. At 13 January 2021, the number of new infections, hospital admissions and deaths were higher than it ever was before since the first case was recorded in the country in March 2020.

3.2.2 A total of 190 000 new COVID-19 cases were recorded between 1 January and 13 January 2021, and there were approximately 4 600 COVID-19 related deaths. At 13 January 2021, there were approximately 15 000 people with COVID-19 in hospitals, nationally, which placed a considerable strain on health facilities, personnel and equipment. Approximately one third of all COVID-19 patients in hospitals were utilising oxygen.

3.2.3 Dr K Cloete, Head of the Provincial Department of Health, briefed the Committee on the efficacy of the Adjusted Regulations announced on 28 December 2020. By reinstating the alcohol ban on 28 December 2020, there was a significant reduction in trauma cases. There was a 47% reduction in trauma cases from the previous week before the alcohol ban was reinstated, and a 58% reduction in cases in the peak if one compares New Year's Day to Boxing Day. If one compared New Year's Day in 2020 to New Year's Day in 2021, there was a 65% reduction in trauma cases for all emergency centres across the country.

- 3.2.4 Dr H Malila, Director-General for the Department of the Premier, informed the Committee that the prohibition on the sale of alcohol has been very effective in reducing trauma cases in the five key hospitals in the Province, and by extension, all health facilities in the Western Cape. There were approximately 77 COVID-19 related matters that were forwarded to the Liquor Licensing Tribunal, which resulted in three licenses being revoked, five dismissals of applications, four matters where the licensee was issued with stricter conditions, six suspensions of licenses, one cancelled license, 27 fines, and 30 matters were still pending.
- 3.2.5 The Premier indicated that the preferred approach to implementing Regulations or lockdowns would be to take a differentiated approach going forward i.e. implementing different levels of regulations or lockdowns for different areas depending on the severity of the COVID-19 situation in those areas. Major lockdowns had a major impact on the economy, therefore the differentiated approach was preferred going forward. The country could not afford to continue with the blanket implementation of Regulations or lockdowns. Shorter interventions were needed so that less harm was inflicted on the economy.
- 3.2.6 More business support packages were needed during lockdowns, as many businesses were closing their doors because of the lockdown Regulations and were unable to re-open as they could not pay salaries and bonds, or repay loans.
- 3.2.7 Closing beaches during the lockdown had an impact on the oceans economy, from the vendors and fishmongers, to the restaurants and hotels. This is a massive industry where many business owners were impacted in terms of not being able to generate an income during the height of the tourism season, which would have sustained them, financially, for the rest of the year. Therefore, it was critical to push for further Unemployment Insurance Fund and other businesses support programmes.
- 3.2.8 The Premier indicated that extra hospital beds were supplied to health facilities across the Province. These were permanent beds that would be utilised for other purposes post the pandemic.
- 3.2.9 There were certain areas of the Province that showed less steep curves in terms of infections, which indicated that there was a certain amount of immunity emerging in some communities.

3.3 Briefing by the Provincial Department of Health: Findings and Observations

- 3.3.1 Dr Cloete explained that there was a Five-Point COVID-19 Containment Strategy for the Province. The first point consisted of changing community behaviour to prevent infection, the second point focused on surveillance and outbreak response, the third point looked at scaling up the health platform capacity, the fourth point focused on maintaining comprehensive services, and the fifth point was about safeguarding and protecting the well-being of healthcare workers.
- 3.3.2 As at 13 January 2021, there was a decline in the amount of COVID-19 tests that had a positive result. Both private sector and public sector hospitals were full but there was a decrease in the number of COVID-19 patients being admitted on a daily basis. The critical care units in public and private hospitals were under pressure because these facilities were at full capacity.
- 3.3.3 The “reproduction number” measured how many other persons an active COVID-19 positive person has infected. At the acceleration of the first peak in July 2020, every COVID-19 positive case was infecting approximately 1.32 other COVID-19 cases. In early December 2020, one case was infecting close to 1.6 cases, which meant that every 10 cases was infecting 16 other cases. This was attributed to the second variant of the COVID-19 virus that was more infectious. At 13

January 2021, it seemed as if the Province was stabilising i.e. every one case was infecting one other case. If the reproduction number dropped below one, then the Province would see a decline in cases.

- 3.3.4 At 13 January 2021, there were 3 323 COVID-19 patients in the Province's acute hospitals (1 889 in public hospitals and 1 434 in private hospitals). COVID-19 hospitalisations seemed to have stabilised, however, psychiatric pressures remained. The Metro hospitals had an average occupancy rate of 93%, the George drainage areas hospitals were at 61% capacity, Paarl drainage area hospitals were at 74% capacity, and the Worcester drainage area hospitals were at 73% capacity.
- 3.3.5 Deaths due to COVID-19 have continued to increase. There was also a delay in reporting of deaths, therefore, the number of deaths was expected to increase as more information was still forthcoming.
- 3.3.6 In terms of the health platform capacity, Dr Cloete stated that the Primary Health Care (PHC) facilities continued to undertake COVID-19 testing and triaging cases. There has also been an active de-escalation of non-COVID-19 PHC services, however, the delivery of medicines to homes has continued. At 13 January 2021, there were a total of 7 693 acute operational public sector beds, 626 intermediate care beds in the Metro (336 at Brackengate, 90 at Lenteguur, and 200 at Mitchell's Plain Hospital of Hope), 64 intermediate care beds at Sonstraal Hospital, and 20 of the potentially additional 136 intermediate care beds have been opened.
- 3.3.7 Temporary tents were commissioned at Khayelitsha, Wesfleur, Mitchell's Plain, Eerste River, Helderberg, Karl Bremmer and Brackengate. These were used for discharges, mainly to ensure a more rapid turnaround time of the operational beds.
- 3.3.8 At 13 January 2021, provincial oxygen consumption was at 69.57% of total capacity. The combined oxygen utilisation in the Western Cape public and private hospital sectors, at the time, was approximately 73 tons daily. This was a slight reduction from the average daily utilisation the previous week. Prior to the pandemic, the average daily oxygen consumption (leading up to March 2020) was 12.2 tons per day. At the peak of the first wave of the pandemic, average oxygen consumption was approximately 27 tons per day. This settled to approximately 17 tons per day post the first peak. At 13 January 2021, the average oxygen consumption was 73 tons per day (48 tons per day in the public sector and 25 tons per day in the private sector).
- 3.3.9 While the public sector hospital consumption of oxygen was at 61% of the Province's production capacity, the additional 31% was used by the private sector. The combined utilisation was above the maximal production capacity of the Afrox Western Cape plant. However, Afrox have put contingency plans in place by bringing additional oxygen into the Province, daily. The utilisation of oxygen would be monitored carefully over the next few weeks.
- 3.3.10 A working group was established to plan for and put measures in place, across the Province, to cope with mass fatalities, should the need arise. The working group developed a strategy for fatality management at provincial and district level, which included mass fatality plans and supporting strategies, communication protocols, and mass burial capabilities, should this be required. The Department of Home Affairs was also supported with the opening of additional offices and the extension of working hours over the festive season so that deaths could be registered more efficiently. In terms of crematoria, facilities were requested to function during the night and over the weekends in order clear the backlogs.
- 3.3.11 In terms of the vaccine strategy, the National Department of Health was driving the procurement process and the Provincial Department of Health was aligned with their efforts. On 7 January

2021, the National Minister of Health, Dr Zweli Mkhize, announced that that one million doses of the Astra Zeneca vaccine would be acquired from the Serum Institute of India at the end of January 2021, and a further 500 000 doses would be acquired in February 2021. Further negotiations were being pursued with other vaccine suppliers for more stock to be secured via the COVID-19 Vaccines Global Access (COVAX) initiative. The Provincial Department of Health's focus was on the readiness to implement the vaccine programme in the Province.

- 3.3.12 The objective of the vaccine programme was to provide equitable and ethical access to COVID-19 vaccines in the Western Cape to reduce morbidity and mortality in vulnerable persons, reduce community transmission through herd immunity, and to protect the health system capability. Phase I of the vaccine programme would focus on the roll out of the vaccine to health care workers in the public and private sectors, care workers, Community Health Workers and health science students. The estimated target for this phase was 100 000 persons. Phase II would focus on essential workers, clients in congregate settings, persons older than 60 years, and persons older than 18 years with known comorbidities. Phase III would focus on all persons older than 18 years. This strategy would be further refined based on expert advice.
- 3.3.13 Dr Cloete warned that the vaccinations did not replace the need for non-pharmaceutical interventions such as mask wearing, social distancing and hand washing, for the foreseeable future. The Department's biggest concern was the non-adherence to protective behaviours. The key consideration was that health care workers continued to face significant strain, and that they needed to be safe-guarded. It was essential to maintain a strong focus on behaviour change to ensure containment of the virus over the next six months, while clarity around the vaccine was still emerging.

4. Acknowledgements

The Chairperson thanked the Department of the Premier and the Provincial Department of Health for its continued hard work in the sector so far, and especially during the second wave of the COVID-19 pandemic.



MS M WENGER (MPP)
CHAIRPERSON OF THE AD HOC COMMITTEE ON COVID-19
DATE: 04 March 2021