PARLIAMENT OF THE PROVINCE OF THE WESTERN CAPE

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ANNOUNCEMENTS, TABLINGS AND COMMITTEE REPORTS

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THURSDAY, 5 AUGUST 2021

COMMITTEE REPORTS

1. Report 12/2021

Ref: Health Update and the South African Health Products Regulatory Authority (SAHPRA) on the COVID-19 vaccine/'Adjusted' Alert Level 3 lockdown

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 March 2021, as follows:

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

Mr RI Allen (DA)
Mr D America (DA)
Ms DM Baartman (DA)
Mr G Bosman (DA)
Mr FC Christians (ACDP)
Mr CM Dugmore (ANC)
Mr BN Herron (GOOD)
Ms PZ Lekker (ANC)
Mr PJ Marais (FFP)
Mr DG Mitchell (DA)
Ms WF Philander (DA)
Mr AP van der Westhuizen (DA)
Ms MM Wenger (DA) (Chairperson)
Ms R Windvogel (ANC)
Mr M Xego (EFF)

Alternative Members:

Ms LJ Botha (DA)
Mr RD MacKenzie (DA)
Ms LM Maseko (DA)
Ms ND Nkondlo (ANC)
Mr MK Sayed (ANC)
Mr D Smith (ANC)

Procedural Staff:

Ms W Hassen-Moosa, Procedural Officer
Ms S Jones, Procedural Officer
Ms B Daza, Senior Procedural Officer
Mr M Sassman, Manager: Committees

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:

2.1 Health Department Responses and Preparations
2.2 Policing, Security and Police Brutality
2.3 Food Security
2.4 Protection of the Vulnerable
2.5 Disaster Management and Local Government Oversight
2.6 Economic Recovery, Support and Livelihoods
2.7 Transport and Infrastructure
2.8 Schooling and Education
2.9 Human Settlements
2.10 Citizen Surveillance
2.11 Intergovernmental Relations and Community Cooperation
2.12 Government Finance and Budgets

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

3.1 All meetings would be open to members of the public and media via livestreaming;

3.2 All Members microphones must be muted at the beginning of the meeting to avoid background noise;

3.3 Members are to flag Points of Order in the Chat Function of Microsoft Teams (the application through which virtual meetings are held);

3.4 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;

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3.6 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

3.7 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".

4. The themes/meetings covered in March 2021 included:

Health Department Responses and Preparations

The Department of Health briefed the Committee on its preparations for the third wave; and on the vaccine planning and rollout.

Intergovernmental Relations and Community Cooperation

The South African Health Products Regulatory Authority (SAHPRA) briefed the Committee on the regulatory environment pertaining to vaccines in general and the COVID-19 vaccine.

5. THEMES: Health Update, 'Adjusted' Alert Level 3 lockdown and rollout of the vaccine

5.1 Overview and background

The Committee requested a briefing from the provincial Minister of Health and the provincial Department of Health on an update on the COVID-19 pandemic in the Western Cape, preparations made for the third wave: and the vaccine planning and rollout on 04 March 2021.

5.2. Briefing by the provincial Minister of Health and the Head of the Department of Health

5.2.1. Observations and challenges

5.2.1.1 The Minister of Health, Dr N Mbombo, informed the Committee that the current vaccinations were within Phase 1 of the implementation study by the Johnson and Johnson Research Council which was supported by, and formed part of the partnership with the National Department of Health.

5.2.1.2 Regarding the Third Wave, there was a lot of uncertainty as to when and if it would take place and the modelling scenario which inevitably made it extremely difficult

as there was a new variant (COVID – 501 YV2) which had been detected at the end of October 2020.

5.2.1.3 The Minister further indicated to the Committee that the data had indicated that those who had been exposed to the variant had the antibodies and elements of immunity which could neutralize another exposure for reinfection, however, more research was being done on that.

5.2.4. Health update

5.2.4.1 Dr K Cloete, Head of the provincial Department of Health, informed the Committee that the Western Cape was at a historical moment in time to turn the tide against the pandemic globally. Mass vaccination was the central weapon to reduce mortality, protect the health system from being overwhelmed, and achieve adequate population coverage and develop herd immunity to reduce transmission. There is a very real risk of a Third Wave as the Western Cape would not achieve herd immunity in the next few months.

5.2.4.2 The risk was accentuated by a range of potential risk factors including viral mutation, greater population movement as restrictions got lifted, the winter seasons when people tended to stay indoors, amongst others.

5.2.4.3 Public Health and Social Measures includes the following:

- The World Health Organisation (WHO) highlights the key role of Public Health and Social Measures (PHSM) in limiting COVID-19 transmission and reducing deaths, especially in the context of constrained health services.
- Both introducing and lifting PHSM therefore requires a firm commitment to agile decision making.
- Since the introduction of Level 3 measures on 28 December 2020, all epidemic measures have declined rapidly and we are approaching pre-wave 2 levels of transmission with daily incidence of 300 new cases, 80 hospital admissions and 30 deaths.

5.2.4.4 On 28 February 2021, the President of South African, Mr C Ramaphosa announced the following restrictions:

- SA placed on Alert level 1 from 1 March 2021;
- Curfew: from midnight to 4am;
- Alcohol sales permitted as normal (not during curfew);
- Mask wearing was made compulsory;
- Gatherings of 50% of venue capacity to a 100 max inside; 50% of venue capacity to a 250 max. Outside and the health protocols have to be maintained;
- Stay away from closed or crowded places; and
- Encouraged the use of the SA COVID alert app.

5.2.4.5 Community prevention indicates that the National Income Dynamics Study – Coronavirus Rapid Mobile Survey (NIDS-CRAM) study shows 40% compliance with mask wearing, which is concerning. Also that COVID-19 fatigue and reduced vigilance is a setting which increases risk of transmission. Even with vaccination, the protection is not 100% - so non-pharmaceutical interventions (NPIs) [like mask wearing, social distancing and hand washing] must still be adhered to.

5.2.4.6 Testing Strategy of the Department:

- Polymerase chain reaction (PCR) testing is expensive. Antigen (AG) testing is cheaper and provides more rapid results but is less sensitive (it misses about 30% of cases as detected by the gold standard PCR).

- The positive cases that antigen testing misses are those that are late in their infection, who are considerably less infectious, and so the impact on disease control is (arguably) not too severe.
- The COVID-19 AG test result is available within 15 minutes – so there are implications for responding to results at the same time as opposed to remote action via call centre.
- Off-site Testing: there should be a place for 'off-site' testing to try and control recognised outbreaks - in 'containable' populations (Old Age Homes, prisons, schools) – this is better suited to antigen testing.
- The Surveillance and Testing Advisory Group (STAG) will be sustained to advise on changes in testing criteria and strategies.

5.2.4.7 Outbreak Response by the Department of Health:

- Perhaps the most important lesson to be learnt from the previous two waves of COVID-19 is the need to adapt policies and strategies to ensure that they are rapidly flexible and appropriate to the stage of the wave.
- Importantly, policies should not be wasteful of resources – they should either be directly contributing to disease control or be withdrawn.
- It would be preferable to have the policies clarified beforehand and 'implementation-ready'.
- Have 'pre-specified' trigger points at which different policy switches are implemented.

5.2.4.8 Prioritisation for Phase 1 for J&J Vaccine (Sisonke Programme): Limited doses of the J&J vaccine has been secured as part of the Sisonke Programme (300 000 – 500 000 doses). The J&J Vaccine will be arriving in four tranches over eight weeks. The first tranche, received on 17 February 2021, contained 13 160 doses for private and public sectors. It is anticipated that this will cover 40% of health care workers over the eight week period.

5.2.4.9 The launch took place at the Khayelitsha District Hospital on 17 February from 14:00 where President Ramaphosa and Minister Z Mkhize were among the first South Africans to receive the vaccine. Groote Schuur Hospital (GSH) and Tygerberg Hospital (TBH) commenced vaccinations on the same day as the launch. Karl Bremer Hospital started vaccinations on 23 February 2021.

5.2.4.10 Dr Cloete reported that there were 378 vaccination sites for Phase two, which included the False Bay Hospital. He assured the Committee that scientists had not picked up any other variant other than the one which South Africa had, called 501-B2. There was no documented proof of any other variant within the South African setting. There was no backlog in labs and testing.

5.2.4.11 The issue of the farmworkers was one which needed to be dealt with by the District Disaster Management. Each district municipality had a Joint Operation Centre which brought the various government departments together.

5.2.4.12 When vaccinations started, more than 83% of healthcare workers agreed to take the vaccine. The moment the vaccination process started, people became less anxious and wary of taking it.

6. The themes/meetings covered in 31 March 2021 included:

The Committee requested a briefing from the Provincial Minister of Health, the Western Cape Department of Health and the South African Health Products Regulatory Authority (SAHPRA) respectively.

The purpose of the meeting was to get a briefing on the situational analysis and a health synopsis of the pandemic in the Province. In addition hereto, information was requested on the results of the sero-prevalence study and projections for a possible third wave as well as an update on the vaccine roll-out in the Western Cape.

Furthermore, SAHPRA briefed the Committee on the regulatory environment pertaining to vaccines in general and the COVID-19 vaccine. SAHPRA also briefed the Committee on how pharmaceutical companies apply for and obtain approvals for COVID-19 vaccines and the turnaround time for COVID-19 vaccine approvals. SAHPRA further briefed the Committee on the status of the recent emergency-use approval of Pfizer-BioNTech COVID-19 vaccine in South Africa and information on other COVID-19 vaccine applications.

6.1 Observations and challenges

6.1.1 Overview and background

Dr Nomafrench Mbombo, the Western Cape Provincial Minister of Health, indicated that predictions pertaining to the commencement of the third wave would be unrealistic as no one knows when the third wave would commence. However, data showed, while some countries experienced a long second wave, others like South Africa had a different experience because there was a plateau that was experienced between the waves. The number of infections decreased only to eventually dramatically increase.

The Minister reported that the virus contagion reflects differently in various countries, regions, provinces and sub-districts. This meant a large amount of people could be infected in one area whereas in a different area the infection rate would not be as great. She mentioned that the Eastern Cape was the epicentre of the virus during the second wave of the pandemic.

Statistics show a marked increase of 5% in the COVID-19 related infections. This is attributed to tests conducted by the private sector on persons who were scheduled to travel or were being scheduled for an operation. Admissions to hospitals and death rates showed a marked decrease by a 22% and 62% respectively. This indicates that the virus has reached a plateau.

Water samples collected from Waste Water Treatment Plants were tested for possible new strains of the SARS-CoV-2. Water samples collected from the Theewaterskloof and four other treatment plants showed no indication of the SARS-CoV-2 in the wastewater system. Tests conducted at the Caledon Waste Water Treatment Plant indicated no trace of the SARS-CoV-2 since 1 March 2021.

The National Ministerial Advisory Committee released a Ministerial Advisory Model (the Model), which portrays key factors that may influence the commencement of the third wave and the extent of the resurgence infection rate. The Model depicts the mitigating factors that may affect the scale and the cause of the acceleration of the contagion and/or transmission of the infection through the change in seasons, behavioural patterns and movement between provinces.

A sero-prevalence study was conducted of patients that attend health care facilities for non-Covid related incidents. This is to ascertain the sentinel sero-prevalence results, which tested residual ("leftover") convenience samples from patient groups attending health services for the following:

- Public sector diabetic HbA1c specimens (Metro 1661; Rural 1000);
- Private sector diabetic HbA1c specimens (Metro 1000);
- Public sector HIV VL specimens (Metro 1529); and
- Public sector children (ages 15 years) attending RXH & TBH (53% outpatients).

High sero-prevalence may provide a measure of protection against a significant impact in the third wave, but the Department is still planning for appropriate mitigation. Low sero-prevalence indicates a risk of potentially a more severe impact in the third wave, and this should be taken into consideration in planning mitigation strategies for specified areas.

6.1.2 Health update

6.1.2.1 Statistics on COVID-19 cases

The Department indicated that there were 794 COVID-19 patients in acute condition in hospitals of which 471 were located in public hospitals and 323 in private hospitals. COVID-19 hospitalisations have continued to decline but there has been an increase in trauma cases.

The metro hospitals have an average occupancy rate of 86% and the George drainage area hospitals at 64%. The Paarl area hospitals are at a 71% occupancy rate and the Worcester area hospitals are at 76% occupancy rate.

Metro hospitals have an 11% COVID-19 occupancy rate. The George area hospitals has a 16% occupancy rate, the Paarl area hospitals a 21% occupancy rate and the Worcester area hospitals are at a 21% occupancy rate.

6.1.2.2 Oxygen utilisation

In preparation for the third wave, healthcare facilities have to ensure that there is enough oxygen to meet the demand requirements. Currently the public sector total bulk oxygen consumption has reduced to 15.45 tons/day, or 21.44% of the Afrox Western Cape plant for the seven day period ending 19 March 2021. This is compared to 51 tons per day in the first week of January 2021. The Western Cape still has four bulk oxygen tankers allocated for the daily delivery of oxygen supplies.

6.1.2.3 Vaccine approvals

The Sisionke Programme is currently implementing the fourth tranche of the Johnson and Johnson vaccine. The Pfizer and Johnson and Johnson vaccine approvals have since been granted by SAHPRA. The Covishield vaccine approval was granted, but the roll-out of the vaccine has been postponed. No submissions were made to SAHPRA on the Moderna and the Novavax & Bharat Biotech vaccines. Sputnik, Sinovac, and Sinopharm vaccines submitted applications to SAHPRA for approval but currently no approvals have been granted.

6.1.2.4 Vaccine acquisition

Dr Cloete informed the Committee that the Sisonke was a research project. He indicated that the Department has not made use of any procured vaccines in South Africa as yet. The Johnson and Johnson vaccines were leftover research vaccine stock from across the world that was returned in batches to South Africa. A total of 80 000 batches of the vaccine were dispatched to South Africa, with another 200 000 batches that must still be returned. Once the additional 200 000 batches are received, it will be allocated to the Sisonke program. This would then conclude the rollout of the Sisonke vaccine role out.

The Department indicated that both the private and public sector hospitals opted to receive vaccines from the national programme. The process to acquire vaccines to supplement the national programme could commence from August 2021 to September 2021. A total of 2000 batches of the vaccine will be rolled out to hospitals and clinics. Melomed applied to be the vaccine centre for the whole of the metro. Special concession will be given to old age homes, people over the age of 60 and frail care facilities.

6.1.2.5 Vaccine rollout

Phase one of the vaccine will be rolled out in the Central Karoo, Caledon and Overberg regions. The Johnson and Johnson vaccine will be the preferred vaccine mainly due to a single dose administration being cheaper and easier to administer. The Pfizer vaccine will be utilised to supplement the shortfall of the Johnson and Johnson vaccine.

In South Africa, only 50 percent of the health care workers have been vaccinated. Despite socio-economic circumstances, vaccinations are to be distributed and made available equitably to everyone. A Steering Committee will be considering specific areas to deal with the vulnerable groups. The vaccinations will be administered free of charge at the designated vaccination centres for persons who cannot afford the vaccine.

Participants will be required to have a valid South African identity document to be registered on the database that will be established for persons who have received the vaccine. A challenge would be to register vagrants without an identity document into the system. Registered refugees would also be assisted. Persons with a valid medical aid would be charged for the vaccine. The public and private sector will collaborate in administering the vaccine to everyone. Three sites have been earmarked for the administration of the vaccine in rural areas and Caledon was earmarked for the administration of the vaccine to healthcare workers. The George Hospital has completed 3 618 vaccinations, and was due to complete another 9 760.

No separation between private and public institutions are being made for the roll out of the vaccine in rural areas due to the lack of sufficient capacity. Once, the Pfizer vaccine arrives, additional sites would be allocated to deal with the vaccine rollout programme. The red dot transport system was identified as a possible solution to help transport people to vaccination sites.

6.1.2.6 501Y.V2 variant and the United Kingdom variant

The Department reported that the 501Y.V2 variant was detected globally. There is no evidence that the 501Y.V2 variant, which originated in South Africa, causes more severe illnesses.

The United Kingdom strand of the virus had been detected at Tygerberg Hospital in South Africa. Currently the variant has not spread and samples of the variant were not found

amongst other test subjects. Statistics have shown that the United Kingdom variant is more transmissible and severe.

6.1.2.7 Job appointments

A total of 1 132 contract appointments have been made for the year. Due to budgetary constraints the contracts would have to be reviewed. Critical posts across all categories were mostly looked at when making the appointments. The Department indicated that the budget was already under pressure and that the pandemic only added to the pressure.

6.1.2.8 Preparedness for the third wave

To ensure preparedness for the third wave, containment measures were put in place in the West Coast, Overberg, and the private sector respectively, with adequate beds and oxygen supply particularly in rural districts.

6.1.3 Briefing by the South African Health Products Regulatory Authority (SAHPRA)

6.1.3.1 Overview and background

South African Health Products Regulatory Authority (SAHPRA) is a Section 3A public entity that was formed by the South African government to oversee the regulation of health products which includes medicines, medical devices, in-vitro diagnostic tests and devices, radiation emitting products and devices used in health care and industry. SAHPRA replaced the Medicines Control Council (MCC) as well as the Directorate of Radiation Control (DRC).

6.1.3.2 Vaccine application requirements

Prior to the approval of any vaccine, all information on the vaccine must be established. All lab based data is monitored as per the available data on the vaccines performance. Ongoing data is received in batches for review. Evaluation reports is generated for the outcome of each review.

6.1.3.3 Registration of medicine

The Johnson and Johnson vaccine was at an advanced stage of review. Government is in a position to access any other vaccine which was not under a clinical study. Despite Section 21 being for emergency use, it meant government could procure it to be able to implement it into the different phases, if the quantities authorised were insufficient. The applicant could request for the quantities to be increased. Any new product developed still had to undergo clinical trials to generate sufficient data to make sure it met the correct requirements. Vaccine registration is done in terms of Section 15(6a) of the Medicines and Related Substance Act 101 of 1965, which allows SAHPRA to register a medicine, subject to certain conditions.

6.1.3.4 Utilisation of Ivermectin

The Pretoria High Court issued a court order pertaining to four cases that were brought against SAHPRA and the Minister of Health regarding access to Ivermectin for use in COVID-19 treatments. The court order was as a result of settlement agreements reached between SAHPRA, the Minister of Health and the applicants in the four cases. A National Advisory Committee reviewed the evidence and data pertaining to the utilisation of Ivermectin as a potential vaccine. SAHPRA advised that there is insufficient scientific evidence on the

efficacy of Ivermectin for the prevention or treatment of COVID-19. Continued monitoring will be conducted on emerging data regarding the use of Ivermectin for the treatment of COVID-19. SAHPRA has received no application for the registration of an Ivermectin-containing medicine for COVID-19.

6.1.3.4 Utilisation of resources

The total staff complement was approximately 450. However, currently the entity is running with a staff complement of about 280. While the entity was understaffed, it was not only putting mechanisms in place to recruit employees, but was also working on raising funds from National Treasury to be able to fully capacitate the Organisation. A big challenge faced during the COVID-19 period was other areas of work could not be neglected. The entire SAHPRA team was working non-stop since the start of the pandemic.

6.1.4 Acknowledgements

The Chairperson thanked the Ministry, the Provincial Department of Health and SAPHRA for the presentations. The Chairperson also thanked the Members for their participation in the meetings.

2. Report 13/2021

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

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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.

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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".

4. The themes/meeting covered in May 2021 included:

4.1 Health Department Responses and Preparations

5. <u>THEMES: Health Update, 'Adjusted' Alert Level 3 lockdown and rollout of the vaccine</u>

5.1 Overview and background

The Committee requested a briefing from the provincial Minister of Health and the provincial Department of Health on an update on the COVID-19 pandemic in the Western Cape, on 25 May 2021.

The purpose of the meeting was to get a health update on COVID-19 indicators and situational analysis. The Department was also requested to provide an update on the progress of the vaccine roll-out which was due to start on 17 May 2021. The Department was further requested to brief the Committee on whether the B.1.617 COVID-19 variant, first detected in India (Delta Variant), has been detected in the Western Cape and the measures/ preparations that are in place to prevent its spread.

6.2. Briefing by the Minister of Health and the Head of the Department of Health

Observations and challenges

5.2.1. The Minister of Health, Dr. N Mbombo, informed the Committee that the Province is in resurgence according to epidemiologists. It could result in a third wave around the first week or the fourth week of June 2021 depending on the behavior or any other changes with regards to the vaccination.

The Department has to finalise Phase 1B of the healthcare workers which is 90% of the vaccines. They envisage about 70 vaccination sites in the metropolitan area and about 200 plus in the rural areas whilst it is mandatory for the people to register before they get vaccinated.

The City of Cape Town has assisted the department with access to the Wi-Fi centers in their libraries within the local government space and the Thusong Centres so that it could be able to help people to register for vaccination.

5.3. Health update

5.3.1. Surveillance & Response Update

Dr. K Cloete, the Head of the Department of Health, reported that the number of daily new COVID-19 cases has increased on an average of 200 new diagnoses each day with a 25% week on week increase (slightly slower than last week). Admissions and deaths continue to increase but the absolute numbers are still very small. On average there are 30-35 admissions and four deaths each day.

The Resurgence Monitor showed a sustained increase for 12 days in the number of new cases in the current week vs the previous week, so the province remains in a resurgence state, although the week-on-week percentage increases have declined.

The Department indicated that it has not yet met the criteria for being in a third wave, but could enter the third wave in 2-3 weeks if the current trajectory continues.

5.3.2. Preparation for the third wave

SA COVID-19 Modelling Consortium predicts a third wave that will be smaller than the second wave in the Western Cape but there is a lot of uncertainty e.g. if different variants emerge. The Department of Health indicated that if they respond strongly and quickly to an increase in cases they can dramatically reduce the number of admissions and deaths. The Department did not want the preparation for the third wave to interrupt the vaccine programme.

Variant first detected in India and UK and checked with the virology labs:

- No identification of B.1.617 (Delta) in the Western Cape.
- No further identification of B.1.1.7 (Alpha) beyond the eight that were reported in early May.
- They experienced some challenges with sequencing machines – so some specimens are still waiting to be sequenced.
- Given the spread of B.1.617 to more than a dozen countries, a travel ban has not been considered to be feasible (informal communication with MAC).
- Vigilance at airports should be maintained.

The Department of Health reported that it was noticing a very concerning increase in the number of cases and remains in resurgence. Behaviour change is key to mitigate the third wave. In order to delay the onset and/or reduce the size of the third wave (flatten the curve) more people need to be vaccinated.

Currently there are 763 COVID patients in acute hospitals (416 in public hospitals and 347 in private hospitals). This excludes PUIs and cases in specialised hospital settings.

5.3.3 Vaccine Implementation update

An estimated 70% target of health care workers were vaccinated via the Sisonke Programme. The balance of health care workers - Phase 1b - commenced on 17 May 2021. 33 900 doses of the Pfizer vaccine to complete Phase 1 and commence with Phase 2, were received in the province on 13 May 2021.

The Western Cape received a total 95 880 doses of the J&J vaccine to vaccinate healthcare workers as part of the Sisonke Programme. The Sisonke Programme started on 17 February 2021 and concluded on 15 May 2021. Phase 2A which is age 60 years and older, the number of vaccines to be administered are 719 668, Phase

2B ages 40 -49 years of 1 631 040, Phase 3A ages 30-39 years of 1 314059 and Phase 3B 18 -29 years of 1 378 556.

A total of 10 289 vaccines were administered during Week 1 of implementation (896 in private sector and 9 393 in public sector). This included healthcare workers, persons over 60 years presenting at vaccination sites and outreaches to Residential Care Facilities (Old-Aged Homes).
The vaccine registration dashboard aims to address the following:

- How many elderly (60yrs+) are there across the Western Cape and where are the clusters of elderly in communities?
- What is the distribution of the elderly population across the communities which have high levels of socio-economic vulnerability?
- What the estimated elderly population within a 1 to 5km radius of a vaccination site?
- Where additional support should be provided to improve registration numbers across communities?
- What are the surrounding footprints of social facilities (like WiFi sites) which may support vaccination efforts?

6. Acknowledgements

The Chairperson thanked the Department of Health for its hard work in the sector so far during the COVID-19 pandemic. The Chairperson also thanked the Members for their participation in the meetings held so far.

3. Report 14/2021

Ref: Protection of the Vulnerable/'Adjusted' Alert Level 3 lockdown

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 June 2021, as follows:

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

Mr RI Allen (DA)
Mr D America (DA)
Ms DM Baartman (DA)
Ms LJ Botha (DA)
Mr G Bosman (DA)
Mr FC Christians (ACDP)
Mr CM Dugmore (ANC)
Mr BN Herron (GOOD)
Ms PZ Lekker (ANC)
Mr PJ Marais (FFP)
Ms WF Philander (DA)
Mr AP van der Westhuizen (DA)
Ms MM Wenger (DA) (Chairperson)
Ms R Windvogel (ANC)
Mr M Xego (EFF)

Alternative Members:

Mr RD MacKenzie (DA)
Ms LM Maseko (DA)
Ms ND Nkondlo (ANC)
Mr MK Sayed (ANC)
Mr D Smith (ANC)

Procedural Staff:

Ms W Hassen-Moosa, Procedural Officer
Ms S Jones, Procedural Officer
Mr B Daza, Senior Procedural Officer
Mr M Sassman, Manager: Committee Support

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:

2.1 Health Department Responses and Preparations
2.2 Policing, Security and Police Brutality
2.3 Food Security
2.4 Protection of the Vulnerable
2.5 Disaster Management and Local Government Oversight
2.6 Economic Recovery, Support and Livelihoods
2.7 Transport and Infrastructure
2.8 Schooling and Education
2.9 Human Settlements
2.10 Citizen Surveillance
2.11 Intergovernmental Relations and Community Cooperation
2.12 Government Finance and Budgets

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

3.1 All meetings would be open to members of the public and media via livestreaming;

3.2 All Members microphones must be muted at the beginning of the meeting to avoid background noise;
3.3 Members are to flag Points of Order in the Chat Function of Microsoft Teams (the application through which virtual meetings are held);
3.4 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;
3.5 Participants must switch off their microphones once they are finished speaking;
3.6 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
3.7 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".

4. The themes/meetings covered in June 2021 included: The protection of the vulnerable

The umbrella bodies responsible for care homes for the aged briefed the Committee on the planning and readiness of the vaccine rollout programme at their facilities. The organisations were represented by Ms Christine Quickfall of BADISA, Ms Lucia Smuts of the Afrikaanse Christelike Vroue Vereniging (ACVV) and Ms Kirsten Veenstra of the Cape Peninsula Organisation for the Aged (CPOA).

4.1 Overview and background

On 11 June 2021, the Committee received a briefing from BADISA, Afrikaanse Christelike Vroue Vereniging (ACVV) and the Cape Peninsula Organisation for the Aged (CPOA) on:

4.1.1 The preparations made by umbrella bodies responsible for care homes for the aged, to assist with vaccination registrations on the Electronic Vaccination Data System (EVDS); and
4.1.2 The vaccine planning and rollout readiness.

4.2 Observations and challenges

4.2.1 <u>Presentation by ACVV</u>

The ACVV informed the Committee that it experienced challenges pertaining to the availability of the vaccine at vaccination centers. Staff from the care facility in Bellville indicated that they had to wait in long queues at Karl Bremer Hospital despite making prior appointments. They informed the Committee that on the morning of the vaccination for residents at the Bellville facility, the ACVV was informed that the facility was not registered to receive vaccinations. The official on duty enunciated that only a limited amount of vaccines could be administered, as they were still waiting for the National Department to confirm that the vaccinations can be administered at that care facility.

The ACVV reported that the elderly at Community-based Care and Support (CBCS) centres, who were registered, were not receiving voucher numbers. They further informed the Committee that some facilities already administered the flu vaccines prior to the announcement of the COVID-19 vaccine programme. A 14-day waiting period must be observed after administering a flu vaccine, which meant that some residents could not be vaccinated. This resulted in a delay during the rollout at these facilities. Management felt that there was a lack of coordination between the various stakeholders.

The Bellville facility was unable to upload the Electronic Vaccination Data System (EVDS) template. Information had to be e-mailed to the Head Office for inclusion into the database.

Concern was raised regarding the delays pertaining to the rollout of vaccination sites for the elderly and people living with disabilities were brought to the attention of the Committee. In addition hereto, the Committee was requested to aide staff at child and youth care centres, classified as essential workers, in order to qualify for a vaccination opportunity during the second vaccination rollout programme.

The ACVV thanked Local Government and communities, especially in the rural areas for their support. They indicated that community members in Swellendam were assisted with the vaccine registration process by staff on the Transnet Phelophepa health train from 13 to 14 April 2021.

The ACVV requested a second round for vaccinations at residential facilities since many residents and staff were now more in favour to receive the vaccination.

4.2.2 Presentation by BADISA

The Committee was informed that approximately 45% of the staff at the BADISA opted to not be vaccinated. A concern was raised regarding the inflated figure provided of staff, especially amongst female employees, who opted not be vaccinated. Approximately 73% of residents at the BADISA were vaccinated. The BADISA reported that through continued awareness programmes and visual proof the remaining 27% of the residence who opted not to be vaccinated would utilise the opportunity to get vaccinated during the rollout of the second phase.

Stigmatisation and fear pertaining to the impact of the vaccine were constantly being addressed through multiple awareness interventions and educational programmes introduced by the organisations. All information pertaining to COVID-19 should be verified by the Western Cape Government and the World Health Organisation (WHO).

Social media platforms were utilised to register members of the public to receive the jab and to raise awareness regarding the vaccine. Regular engagements with staff, support groups and families of residents took place to discuss COVID-19 treatments, and to address persons with conservatorship to decide on whether the vaccine should be administered to a conservatee.

A management information system was implemented to track the reasons for people not interested in getting vaccinated. Caregivers, social workers and nurses at some of the institutions queried the safety of the vaccine on themselves, unborn babies and gestating mothers. Medical professionals have also been requested to assist by advising patients of the benefits of being vaccinated.

The Management of the BADISA thanked the professional and compassionate staff of the Department of Health for their level of responsiveness and for including Sister Klopper on the Advisory Committee. Ms Quickfall highlighted that there were still challenges in terms of the vaccination of essential staff and social workers at youth care centres who were not in line for vaccination. The organisation needed the assistance of the Committee to have staff at child and youth care centres classified as essential workers.

4.2.3 Presentation by CPOA

The CPOA registered all its residents, whether in care facilities or independent residents. The organisation has 27 units, of which seven had successfully vaccinated its residents. Staff at a number of the units were being trained in order for the organisation to conduct its own vaccination rollout when the second round becomes available. Residents were encouraged to get vaccinated but there were individuals who have opted not to be vaccinated. The organisation had its own COVID unit which helped with getting symptomatic people at the villages and care centres into dedicated COVID units. She indicated that both the Department of Health and the Department of Social Development required the same documents to be completed. She recommended that the documents be centralised thereby streamlining the process to eliminate confusion.

The CPOA oversees twelve facilities with 2 364 residents of which 897 had been vaccinated and 129 opted not to receive the vaccination. Not all facilities had received vaccination dates, but residents were being informed about the dates vaccinations will be taking place and at which facilities it will be taking place. Notices from the Department of Health were being displayed on notice boards. Managers reached out to residents by encouraging them to get vaccinated. The CPOA Management thanked everyone for their assistance in getting dates for the majority of the facilities. They indicated that two of the facilities received dates which were cancelled on short notice and that the organisation was still waiting for the new dates to be submitted.

Indemnity forms and refusal forms were sent to resident family members for completion. The signed forms were being kept on file. There was a positive response to the programme. Approximately 129 of the 2 364 residents opted not to be vaccinated. The number might decrease as more people opt to be vaccinated.

5. Resolutions/Actions

5.1 The Committee REQUESTED the Department of Health to provide it with:

5.1.1 An expanded weekly Health Report which includes:-

- the different phases of the vaccine rollout;
- the number of vaccines received from central procurement;
- the number of vaccines administered;
- the number of registrations per phase and district;
- the number of vaccine sites that are operational;

5.1.2 A breakdown of the number of persons who have not been vaccinated per district, the strategies that will be implemented to persuade persons to get vaccinated and the strategies that will be implemented to provide a second chance for persons who have not agreed to take the vaccine;

5.1.3 The measures implemented to ensure that facilities like the BADISA have the correct number of vaccines available for the persons who were notified to receive their vaccines; and

5.1.4 A breakdown of the channels utilised for self-registration to obtain the vaccine e.g. the Electronic Vaccination Data System, short message system and WhatsApp to ascertain which platform is utilised more consistently. (The objective would be to identify the challenges experienced by over 60's to register themselves on the various platforms. This will also aide in the process of how government will roll out the next vaccination phase specifically for teachers, child and youth care workers).

5.2 The Committee RECOMMENDED that the Department of Health:

5.2.1 Consider the implementation of a shared/centralised database with the Department of Social Development to ensure that information required for specific organisations is readily available for both departments.

5.2.2 The Committee REQUESTED the Western Cape Provincial Parliament (WCPP) to provide it with information on which political parties have submitted reports on the health status of Members relating to COVID-19.

6. Acknowledgements

The Chairperson thanked representatives from the BADISA, the ACVV and the Cape Peninsula Organisation for the Aged for the presentations. The Chairperson also thanked Members for their participation in the meetings.