PARLIAMENT OF THE PROVINCE OF THE WESTERN CAPE

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ANNOUNCEMENTS, TABLINGS AND COMMITTEE REPORTS

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FRIDAY, 25 SEPTEMBER 2020

ANNOUNCEMENTS

The Speaker:

1. Referral of document to committee in accordance with Standing Rule 218:

Standing Committee on Agriculture, Environmental Affairs and Development Planning

The national norms and standards for the trophy hunting of leopards in South Africa.

2. Publication of Act 4 of 2020

Provincial Notice 92 of 2020: Publication of the Western Cape Laws Repeal Act, 2020, published in the Provincial Gazette Extraordinary 8324, dated 18 September 2020.

Copies attached.

TABLINGS

The Speaker:

1 Tabling of a National Council of Provinces matter in accordance with Standing Rule 218:

The national norms and standards for the trophy hunting of leopards in South Africa.

2. Minister of Social Development

Errata

Corrections on pages 82, 83, 92 and 94 in the Annual Performance Plan 2020/21 of the Department of Social Development.

Copies attached.

COMMITTEE REPORT

Report 4/ 2020

Ref: Health Update/Citizen Surveillance/Citizen Engagement – Health Readiness

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 July 2020, 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 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, also agreeing to hold two meetings per week, given the urgency of the matter. Each meeting would primarily focus on one theme. 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 July 2020 included:

- Update by the Western Cape Department of Health on the situational analysis of the COVID-19 pandemic in the Province, including information on the health indicators and health responses, death rates and peak projections, testing data, future projections, the "new normal" and the health system post the peak – 15 July 2020.
- Briefing by the National Department of Health on matters of Citizen Surveillance for COVID-19 tracking and tracing – 17 July 2020.
- Briefing by the Hospital Association of South Africa on readiness and responses of private hospitals in the Province, intermediate and acute bed capacity, testing data and challenges, cooperation with the Western Cape Department of Health and the "new normal" health system post the peak. Engagements with Chairpersons of Hospital Facility Boards on the management of health facilities to the community and the needs of the patients and families during the pandemic, and community support for, and involvement in health facilities and their programmes. Engagement with survivors of COVID-19 and their journey through the health system – 22 July 2020.

3. THEME: Health Update and Responses

3.1 Overview and background

The Committee requested a briefing from the Western Cape Department of Health for an update on the COVID-19 pandemic in the Western Cape, on 15 July 2020.

The purpose of the meeting was to receive an update on COVID-19 pandemic in the Province with information on the health indicators and health responses to the pandemic, death rates and peak projections, testing data, future projections, the "new normal" and the outlook on the health system post the peak.

3.2 Observations and challenges

3.2.1 Dr K Cloete, the Head of the Department of Health in the Western Cape (the Department), informed the Committee that the Department produces a COVID-19 data summary report every Friday that provides data about the number of tests conducted, the cumulative number of cases, the number of active cases, the number of deaths and the number of recoveries. There were 340 286 tests conducted, 74 207 cumulative cases, 16 449 active cases, 55 534 recoveries and 2 224 deaths as at 9 July 2020. It seems from the data that the daily number of deaths has started stabilising, and it is possible that the data has shown an early decline in the number of deaths per day. The summary can also provide the data per sub-district.

3.2.2 There were eight COVID-19 related deaths for children under the age of 20 years, by 29 June 2020. Comorbidities in these children included pre-term birth, previous Hypoxic Ischemic Encephalopathy, cardiac disease, congenital abnormalities, cancer and polytrauma.

3.2.3 COVID-19 cases in persons/children under the age of 20 years accounts for six percent of the overall cases. These cases are much milder than in persons over the age of 20 years.

3.2.4 The COVID-19 epidemic is at the advanced established community transmission stage in many sub-districts in the Cape Metro. It has been noted that the Khayelitsha and Klipfontein sub-districts have the highest number of deaths due to COVID-19. The death rate in relation to population for Klipfontein and Khayelitsha is also above the average for the City of Cape Town and the Province. Klipfontein showed just over 700 deaths per million population, Khayelitsha showed almost 600 deaths per million population compared to just over 300 deaths per million population for the Metro and just over 250 deaths per million for the Western Cape. More than half of the deaths in the Klipfontein region were from Gugulethu and Nyanga. Unfortunately, suburb data for Khayelitsha was non-specific due to challenges in respect of capturing addresses for lab data.

3.2.5 In terms of the comorbidity profile data, in the Western Cape, the most frequent comorbidity is hypertension. However, the majority of people who have hypertension actually recover from having COVID-19. Diabetes is the second most common comorbidity, however, proportionally, more people die from diabetes than if they have hypertension, TB, asthma and chronic kidney disease, etc. A person with diabetes who contracts the virus has an almost 50 percent chance of being admitted to hospital. Of these admissions, there is an almost 40 percent chance of death. In Khayelitsha, the most frequent comorbidity is HIV, however, it is not related to the highest number of deaths. Most persons with HIV recover from having COVID-19. The deaths in Khayelitsha are mostly attributed to diabetes. In Klipfontein, hypertension is the most common comorbidity amongst COVID-19 positive persons, followed by diabetes, however, the proportion of people with diabetes who are dying is higher, followed by HIV, TB and asthma etc. Additionally, the age profile for people with COVID-19 in Khayelitsha is a younger age profile, whereas the age profile in Klipfontein for persons with COVID-19 is an older age profile. Therefore, the COVID-19 factors in Klipfontein are more linked to age and diabetes, where in Khayelitsha it is younger persons with HIV. The data suggests that Khayelitsha and certain suburbs in Klipfontein are particularly vulnerable with respect to mortality and should receive enhanced attention. This may be in part due to increased comorbidities such as HIV and TB in addition to the chronic diseases of lifestyle, which should be analysed further.

3.2.6 The Department consults a Sentinel Trauma Report that shows a sample of hospital emergency centres and their trauma patient numbers over time. The data in this report clearly showed that the lockdown regulations and alcohol ban effectively reduced the number of trauma presentations by 40 to 50 percent. After lifting the alcohol ban, the number of trauma patients requiring the Intensive Care Unit (ICU) or High care admission at a tertiary hospital in the Western Cape increased from a daily average of 2.7 to a daily average of 9.5 admissions per day. This is a 350 percent increase in trauma patients requiring ICU/High Care admission. Additionally, after lifting the alcohol ban, the average number of daily deaths from Road Traffic Accidents increased from 1.44 to 3.77 - an increase of 260 percent. Alcohol-induced trauma cases have been depleting the Department's ability to manage and prevent the mortality from the double burden of COVID-19 and trauma deaths as the Province approaches the peak.

3.2.7 Previously, the National COVID-19 Epi Model (NCEM) predicted quite a steep and high peak towards the end of July 2020. The NCEM also predicted just less than 10 000 deaths in the Western Cape at the end of December 2020. However, the Western Cape's numbers were slightly lower than what was predicted, resulting in

a recalibration of the NCEM. It is now predicted that the peak will be a little flatter and longer, and there will be slightly more deaths than previously predicted (approximately 12 000 deaths by December 2020).

3.2.8 There was a concern that the Province was not receiving data on all the COVID-19 related deaths and that it should be looking at Home Affairs' data. The Department tracked its data against Home Affairs' data and is confident that they are tracking most of the deaths that are reported, in line with data received from the South African Medical Research Council. This data also allows the Department to track data for other provinces.

3.2.9 C-more is a system or application that is downloaded to a cell phone that Community Health Workers (CHW) can use to track every patient that they screen. The Department can use this information to capture the amounts of screenings conducted. There are teams based at sub-district level that contact each patient who has tested positive, and do contact tracing, symptom monitoring and also offer assisted quarantine and isolation. There is currently a backlog, which is being addressed**.** The National Health Laboratory Service and private labs also make results available to the National Institute for Communicable Diseases, who send the results to the Track and Trace software system. Each client is encouraged to download this application to their cell phones. Track and Trace then sends SMS notifications of results to clients, with links to supportive messaging, contact tracing and symptom monitoring. This pilot was launched on 8 June 2020 in the Metro. Clients that do not engage with Telkom Track and Trace will ideally be contacted by call centre agents, and linked to supportive messaging, contact tracing and symptom monitoring, and are again offered quarantine and isolation facilities. This system is also being rolled out in rural areas.

3.2.10 In terms of the Call Centre data, it showed that 14 percent of COVID-19 cases have accepted the offer for accommodation from the Western Cape Government, and 36 percent opted to isolate at home. It was concerning that 2 100 cases went unanswered because people gave incorrect cell phone numbers or the person refused to answer the call.

3.2.11 Many COVID-19 positive persons decline the offer of isolation and quarantine facilities because people will know they have tested positive, they may not be able to see their families, or they cannot smoke or drink alcohol etc. The Department is working on increasing the uptake of quarantine and isolation facilities, however, this requires a Whole of Society Approach and mobilisation by all sectors and civil society. CHWs have also been asked to pursue engagements with households, especially those with vulnerable persons at risk.

3.2.12 The Red Dot transport service from the Department of Transport and Public Works transports health workers and assists in transporting COVID-19 patients to and from quarantine and isolation facilities.

3.2.13 For the next few months, while there is no vaccine, the Department would like to encourage the self-isolation of, and social distancing from, COVID-19 positive persons, wearing a mask so that droplets do not enter the air, coughing into a tissue and disposing of it immediately (practicing cough etiquette and respiratory hygiene), hand washing, disinfecting surfaces and avoiding touching the facial area. This approach is about changing habitual behaviour.

3.2.14 The reason identified for persons not wearing face masks was because people did not know where they could access free masks. The majority of respondents who were interviewed about this said that they could not afford masks and were more concerned with finding food parcels and financial assistance. It was also found that some people had a poor understanding of the importance of wearing face masks and how to use them correctly.

3.2.15 A major concern for the Department has been the 20 to 50 percent decrease in people utilising mental health services. This is seen as a vulnerable group for COVID-19 because of the behavioural disturbance that is associated with mental health. The Department has seen many people with COVID-19 in psychiatric hospitals.

3.2.16 The new regulations for 100 percent taxi occupancy was concerning as it is a massive risk for transmission of the virus. The Department was not in agreement with this regulation.

3.2.17 The original agreement with the CTICC for the Hospital of Hope is from 4 May 2020 to 17 September 2020. The agreement is for R36, 443 million, which includes a 100 percent discount on venue rental. The R36, 443 million is for staff costs to keep the CTICC running, waste management, cleaning and cleaning consumables, electricity and water, operating lifts, generators, CCTV, laundry costs, decontaminations and catering for patients. There is a separate contract for building the actual hospital, which amounted to R10, 197 million. There are also additional operating costs for running the hospital such as acquiring oxygen, beds and other equipment that is required.

4. THEME: Citizen Surveillance

4.1 Overview and background

The Committee requested a briefing from the National Department of Health on the theme "Citizen Surveillance", on 17 July 2020. The briefing from the National Department of Health provided an overview of the citizen surveillance programme to contact or trace suspected COVID-19 carriers, as Gazetted on 26 March 2020, and whether it is operational on 17 July 2020. The information to be included in the briefing revolved around how individuals are selected for surveillance, and whether the information obtained is confined to COVID-19 carriers.

In addition the Committee requested the following:

- The number of citizens in the Western Cape that are being surveilled by this programme.
- Information on how confidentiality of citizen's information is ensured.
- Whether audit trails of surveilled citizens have been established.
- Information on how potential hacking and the threat of unauthorised access has been mitigated.
- Whether Artificial intelligence is being used for the surveillance of citizens for COVID-19.
- The cost of (a) this programme and (b) costs of maintaining the database.
- Whether the National Department of Health Director-General has directed telecommunication providers to provide any location or movement of any person in the Western Cape, and if so, how many people.
- Whether these have been reported to the appointed Judge overseeing tracing and tracking in each case, within one week? And whether any recommendations regarding privacy have been made by the judge?
- Which provincial governments have been given information from this programme for the purpose of tracking and tracing?; and
- Has the Western Cape Government been provided with information from this programme?
- The purpose of the meeting was to receive information on the tracking and tracing initiatives for the COVID-19 pandemic.

4.2 Observations and challenges

4.2.1 Ms Wolmarans indicated that the system announced by President Cyril Ramphosa is a digitised contact tracing system moving from the current manual contact tracing which has health workers completely overwhelmed. It is a process that will assist the contact tracers in a digitised format. The launch of this system is eminent and it will be rolled out to all Provinces in the country even though all Provinces have contact tracing databases currently. The proof of concept has been tested in the Western Cape, however it still remains contact tracing.

4.2.2 With reference to Citizen Surveillance, the National Department of Health is not involved in a digitised system that is a surveillance programme to monitor the movement or the location of any citizen in the country. There was an attempt to develop a system to allow this, but due to the technical complexities and the privacy concerns around this matter and to protect the citizens of the country, they moved to a more active based contact tracing service rather than a surveillance system using the data of the mobile networking operators.

4.2.3 During the period 17 April to 14 May the National Health Department collected data from the mobile networking operators, but the database of this data received has been destroyed and the Department only has details of the individuals from data received from the monitoring stage and these individuals will be notified within six weeks, as per the Regulations, after the national state of disaster has been terminated.

4.2.4 The Department had numerous engagements with Judge O'Regan in order to comply with the privacy rules and she received data in an encrypted form. In terms of citizen surveillance whereby the movement and location of citizens are being tracked there is no system being implemented by the National Department of Health.

4.2.5 There is currently a system being considered via a blue tooth platform used on the blue tooth system such as in the UK with some success, with lesser success in Singapore and some success in Australia. These are opt-in systems and need to be downloaded as an application on a mobile phone and an individual need to agree to take part of this surveillance system.

5. <u>CITIZEN ENGAGEMENT: Health Readiness</u>

5.1 Overview and background

The Committee has initiated its citizen engagement phase, where the Committee will engage with the private sector, the non-governmental/non-profit sector as well as civil society on their experiences during the COVID-19 pandemic. As part of this initiative, the Committee has started to invite interested umbrella bodies and stakeholders to discuss their work during the COVID-19 pandemic as well as the challenges that have been experienced so far.

The purpose of the meeting on 22 July 2020 was to engage with the Hospital Association of South Africa (HASA) on the readiness and responsiveness of private hospitals in the Province, the bed capacity, testing data and challenges, cooperation with the Provincial Department of Health and the "new normal" health system post the peak.

5.2 Observations and challenges

5.2.1 Dr Valodia, informed the Committee that the private hospital industry has formed a united front under the banner of Health Facilities Response work stream of the Business for South Africa (B4SA) initiative. This is a collaboration that includes non-affiliated private hospitals. These work streams meets regularly to discuss

preparedness for the pandemic. Various engagements with critical role players such as the National and Provincial Health departments. They communicate about procuring appropriate protective wear, machinery etc.

5.2.2 Private hospitals focused on four areas of activities such as necessary systemic changes, collaboration with respective government departments, regional command councils, and then internal preparedness to look at disaster plans, command structures, occupational health, reporting systems and awareness campaigns, and lastly, clinical matters such as staff training, patient flow/treatment areas, additional staff, surge planning and equipment audits and procurement.

5.2.3 On 17 March 2020, private hospitals requested the Competition Commissioner for necessary exemptions to enable the coordination of pandemic response efforts.

5.2.4 On 18 March 2020, the Minister of Health was asked to allow hospitals to re-categorise beds in response to the pandemic. On 28 March 2020, letters were sent to the nine provincial Departments of Health making a similar request for the same reason.

5.2.5 In assisting with additional health resources, private hospitals engaged with the SA Nursing Council early in April 2020, to enable the temporary restoration of nurses who wished to volunteer for the pandemic response.

5.2.6 In terms of sharing information, private hospitals received requests for information from multiple sources and responded positively to each with some reports ongoing: the National Institute for Communicable Diseases C+ hospitalised cases; the National Department of Health for staff resources numbers, beds and equipment as well as healthcare worker (including doctor) infections, isolations, quarantines and deaths; Department of Trade and Industry for consolidated ventilators, anaesthetic machines and Continuous Positive Airway Pressure (CPAP) machines per facility statistics.

5.2.7 Private hospitals are actively participating in various committees within the various provinces, and similarly in the Western Cape to ensure a better collaboration with provinces.

5.2.8 In addressing the internal responses in the private sector HASA had to look at the COVID-19 plans for operations, employees and clinical interventions.

5.2.9 With reference to the partnership between the private hospitals network and the Western Cape Department of Health private hospitals participate in the Western Cape Joint Operational Committee that was established to allow for discussions on operational matters within the healthcare sector. A Service Level Agreement was established for private hospitals to participate in the Western Cape Joint Operational Committee to allow for discussions on operational matters within the healthcare sector.

5.2.10 Certain challenges experienced in the private hospital sector are nurse shortages and the critical need to train more nurses especially in specialised skills. Sharing of nursing resources are currently happening between public and private hospitals but no formal agreement was concluded.

5.2.11 The private hospitals sector agreed on a set fee proposed by the National Health Department for patients referred from public hospitals to private hospitals and this agreed to fee is below the cost of normal rates charged in the private health sector. To this end, a Service Level Agreement (SLA) was signed with the private hospital sector and the Western Cape Department of Health. All other provinces will sign similar SLAs as well. COVID-19 positive cases or suspected COVID-19 patients will be transferred when the public sector facilities are unable to cope.

5.2.12 Elective surgeries were reduced in private hospitals due to the COVID-19 pandemic.

5.2.13 With reference to data and contact tracing the respective private hospital groups submits their data to the National Institute for Communicable Diseases (NICD)

daily, the NICD sends this data to the provinces and districts and the districts then performs the contact tracing.

5.2.14 In terms of bed availability, he province has requested that private hospitals update their bed capacity twice a day to indicate bed availability at the respective hospitals.

5.3 Overview and background

The Committee also engaged with the chairpersons of various Hospital Facility Boards across the Province on the management of health facilities and the needs of the patients and families during the pandemic.

The following chairpersons were in attendance:

- Mr Llewellyn Jones - Chairperson Victoria Hospital Facility Board
- Mr Donovan Forbes - Chairperson Metro TB Hospital Complex (Brooklyn Chest)
- Mr Paul Baartman- Chairperson Swellendam Hospital Facility Board
- Dr Walter Willies- Chairperson Clanwilliam Hospital Facility Board
- Ms Lorraine du Toit - Chairperson Otto Du Plessis Hospital Facility Board
- Ms Johanna Gous- Matron at Prince Albert Hospital (representing Chairperson)

5.4 Observations and challenges

5.4.1 Mr Jones, Chairperson of the Victoria Hospital Facility Board reported that the Victoria Hospital had just under 300 admissions of COVID-19 cases and some deaths. 79 staff members tested positive for COVID-19 and at the time they only had 8 positive cases and no deaths.

5.4.2 The Victoria Hospital Facility Board mobilised their fund raising resources and raised R2 million rand. They engaged with the hospital task team to identify the top priorities to supplement the equipment in the hospital and therefore bought two high flow oxygen machines to deal with the more critical patients, a paediatric ventilator with a paediatric incubation probe, additional Personal Protective Equipment (PPE) and installed Wi-Fi connectivity for patients to be in contact with family and friends in the outside environment.

5.4.3 Mr Forbes from the Metro TB Hospital Complex and Brooklyn Chest Hospital Facility Board reported that in terms of both hospitals 48 persons tested positive, they had 24 recoveries and 24 staff members were in isolation. Mr Forbes mentioned that besides dealing with the COVID-19 pandemic they have to see to the needs of the Tuberculosis (TB) patients as well.

5.4.4 Ms du Toit informed the Committee that the Otto du Plessis Hospital Board receives good support from the community and they in turn support the nursing staff daily. The hospital board presented the nursing staff with gift baskets to show their appreciation for supporting the hospital and patients during this time.

5.5 Overview and background

The Committee heard testimonies from three COVID-19 survivors in respect of their experiences with the health system as they recovered from the virus.

The COVID-19 survivors who shared their stories were as follows:

- **Chief Eric Galada**

Chief Eric Galada is a Traditional Leader in Langa, who has always been active in the community with HIV/AIDS and TB awareness and was involved in helping with community screening. He tested positive for COVID-19 in May and spent 14 days in isolation, which he completed on 11 June 2020. He wants to speak out to remove the stigma attached to contracting the virus.

- **Nosisi Jacobs**

Nosisi Jacobs a 33-year-old mother of three from Langa who tested positive for COVID-19. Nosisi required medical treatment in New Somerset Hospital and then isolated at a Western Cape Government Isolation facility. Her doctor at Langa CHC and the doctors at NSH arranged for her children to isolate with their mother at the Lagoon Beach Isolation Facility.

- **Danny Olyn**

Mr Danny Olyn is a 44 year old married with six children. Danny fell very ill with flu and was struggling to breathe, he did not know he had COVID-19. His condition worsened but he couldn't get an available ambulance until eventually an ambulance volunteer from his community took him to hospital in her car. He was stabilised at Retreat Clinic and then transferred to Victoria Hospital. His condition was so bad that they had to transfer him to Groote Schuur for specialised treatment. He was in ICU and on a ventilator over a period of 2-3 weeks in a very serious condition. He kept fighting and survived.

5.6 Observations and challenges

5.6.1 The Committee found that communities are stigmatising community members who are COVID-19 positive and they are not getting the support from their community structures as were conveyed by Ms Jacobs and Mr Olyn.

5.6.2 It was found that the community lacks understanding and empathy and the Committee made a special call that all public representatives and communities embark on a public education process in those communities that fail to understand the needs and support for a COVID-19 infected person.

5.6.3 The Committee noted that Mr Olyn reported that there was a delay in waiting time for the ambulance arrival which needs to be addressed since this could stop the unwarranted deaths.

5.6.4 The Committee encouraged Ms Jacobs and Mr Olyn to liaise with the Department of Social Development to assist with supporting them with the trauma they experienced, more especially Ms Jacobs who was separated from her three children for a period of time.

5.6.5 Chief Galada, Ms Jacobs and Mr Olyn expressed their satisfaction in the manner in which the Western Cape Department of Health treated them in the respective facilities where they were admitted.

5.6.6 The Committee appreciated the willingness and bravery of the three COVID-19 survivors to have had the courage to address the Committee and share their experiences with surviving COVID-19.

6. Acknowledgements

The Committee thanked the Provincial Department of Health for doing an exceptional job during a very difficult time and for its hard work in managing the pandemic. The Committee thanked the Hospital Association of South Africa and the Chairpersons of the Hospital

Boards for engaging with the Committee. The Committee thanked the COVID-19 survivors for their bravery in coming forward to speak about their experiences with surviving COVID-19.