PMG PARLIAMENTARY MONITORING GROUP

# COVID-19 Update: Engagement with Minister, Deputy Minister, NICD & MECs

Documents

Parliament Statement
COVID-19 Update Presentation

## Meeting Summary

Audio: Link: https://drive.google.com/file/d/1oXAcU79xWGSptIAsZN9CWy_lX3YhCLJw/view?ts=5e90b7d6 (This was Parliament's first virtual meeting)

Report of the meeting to follow.

## Summary

The Portfolio Committee on Health convened an online audio conference (via Microsoft Teams) to be briefed by the Minister and his team on the progress the Department and South Africa as a whole were making in t global pandemic of COVID-19.

The Acting Director General of the Department of Health updated the Committee on the pandemic in South Africa and how it compares with the rest of the world. He gave a profile on the cases, their age distribution, and province. He addressed contact tracing and the new telecommunications regulations designed for location data monitoring as well as the capacity of hospitals and hospitalisation numbers in South Africa compar with the rest of the world. Other data included numbers of people screened, positive test numbers, ICU and hospital bed numbers, the readiness of facilities, quarantine and testing stations, mortality capacity, field ho and their bed capacity, human resources readiness, and the health capacity of each province. The introduction of rapid testing kits, the supply of personal protective equipment and the geo-mapping of hot spots were covered.

The Chairperson of the Ministerial Advisory Committee on COVID-19 gave a breakdown of the effects of the lockdown, as well as other mitigation measures, on the trajectory of the disease. His conclusion was that it w reasonable to suppose that the lockdown was having a positive effect by flattening the curve and projected that in the coming days the curve would flatten further.

The Minister of Health then addressed the Committee, particularly on St Augustine's Hospital, the Department's meeting with private hospitals and the private sector, and also their discussion with trade unions. He to on community transmission, testing, contact tracing and screening, "fever and flu clinics" and masks and other personal protective equipment.

Members of the Committee expressed their gratitude toward the Ministry and team of health experts and staff. They asked about various hospitals were there had been infection outbreaks, the list of quarantine sites date reporting used by the Department, sustainable strategies post-lockdown, the specialists working at various private hospitals who had potentially spread infection, mobile testing sites, transfer of patients from the contaminated hospital, the number of recoveries and if they are immune, and deliberate spreaders who break quarantine.

**Minutes**

The Chairperson, after a roll-call of all members present in the audio conference, advised the Committee that although the media has been invited to observe, their questions which had been requested, would not be answered by the Department in the present session, but would be deferred to a later date. This session was meant purely as an update on the progress being made in South Africa about COVID-19. Additional items to addressed included St Augustine's Hospital, availability of personal protective equipment (PPE), provincial progress in screening and testing, the deployment of care workers nation-wide to provide such screening, and incommensurability of reporting standards by different provinces, some of whom have been submitting more detailed reports than others such as positive cases drilled down per municipality.

As the Minister of Health, Dr Zweli Mkhize, had been experiencing delays in attempting to join the conference, the Deputy Director General for National Health Insurance for the Department of Health (DOH), Dr Anban was requested to update the Committee in the interim.

**Comparative Analysis of South Africa's COVID-19 Trend**
Dr Anban Pillay, Acting Director General: Department of Health (DOH), noted that the spread has been progressing globally across all regions, including Europe, North and South America, and the Western and Eastern Pacific. For this reason COVID-19 is "clearly a pandemic across the world and the numbers are increasing day-by-day".

Likewise in South Africa, cases are increasing, however the rate of increase has declined. Since the national mitigation measures were implemented (including the national lockdown and the ban on flights) the country seen a decrease in positive cases. South Africa was seeing new cases spiking from about "150 cases to as high as 425 cases". However, since the lockdown had been implemented, the fall in the number of new cases h been "fairly significant" and has happened "fairly quickly". By March 29, new cases reverted to between 30 and 40 per day. Currently, the nation is hovering around 90 new cases per day.

In terms of the distribution by age and sex, cases predominantly affect those between the ages of 20 and 60 in South Africa. Per global trends, more males seem to be affected than females, however, in some categori more females seem to be affected.

The most affected provinces are Gauteng, the Western Cape, KZN and the Free State. The other provinces also have cases, "albeit at a much lower level".

Looking at South Africa's trajectory in terms of the number of cases, compared to the rest of the world, other countries have seen an exponential growth in new cases. Only in countries who have implemented drastic measures (such as in China, as well as in South Korea) have they seen the flattening of their respective curves. South Africa's curve "appears to be starting to flatten" around the 2 000 mark as the rate of increase dimi He hoped that this trend persists as the national lockdown continues to take effect.

The number of contact tracers South Africa has on the ground is 2 600, who have identified 9 547 contacts, of whom the Department has been able to reach 8 341 (87.4%) and they are currently "being monitored". The remainder is still outstanding. New telecommunications legislation is being utilised to "access the whereabouts" of the remaining persons who need to be reached. Of the contacts reached, the number of positive case COVID-19 is 154. The number of contacts reached who have completed a 14-day monitoring period is 1 347.

At this point, the Minister of Health succeeded in logging onto the audio conference, however, Dr Pillay's connection failed and he was consequently logged out. When Dr Pillay returned, the Minister made mention tha certain amendment needed to be made to the slide presentation. But as the presentation had not yet been circulated, he asked Dr Pillay to resume his oral presentation and make the amendment later on.

The Chairperson welcomed the Minister and told him he was not aware that he had logged in. The Minister thanked him and apologised for his short delay.

The Chairperson advised the Minister that the Health MECs of nine provinces are in the conference, along with their Heads of Department (HODs). The NICD Head was present along with Prof Abdool Karim [Chair of th Ministerial Advisory Committee on COVID-19 and an epidemiologist and infectious diseases specialist].

Dr Pillay continued that hospitalisations in South Africa have not seen the same trends as reflected elsewhere in the world – the number of hospitalised South Africans remain "fairly low" across all provinces. It appear the infection is not as widespread as he would have anticipated at this stage if you look at hospitalisation as an indicator of the extent of the spread. This is also reflected in the use of ICU beds in both public and priva hospitals, as well as in the isolation numbers, the high-care numbers, and those on ventilators and oxygen. It therefore appears that across the country the spread is "low" across all provinces. This is lower than one w anticipate.

Community screening and testing teams across all nine provinces number 1 308. Each team being made up of approximately nine persons. The Department has a total of approximately 31 000 persons as part of the screening team programme. The number of people screened is approximately 119 000, of whom 1 501 have been referred for testing. Of those referred for testing, the number of positive outcomes were 29.

Dr Pillay said the key strategies for intervention, according to COVID-19 modeling, are to isolate, household quarantine, close schools and universities, and physical distancing. A combination of all of these will be most effective in flattening the curve. The purpose of flattening the curve is to reduce the demand on the health system, which in turn will have an effect on how the health system will be able to deal with the pandemic.

Researchers anticipate the surge in the pandemic will occur. This is seen in various countries where their health systems have been overwhelmed with patients. The model suggests that if no mitigation measures were place, "a massive surge" would be anticipated around mid-July. However, due to the three-week lockdown which has lowered the curve, this means that the number of cases has been "reduced significantly". The lockd extension of two weeks, according to the same model, would push the curve out even further, to September, when the surge is anticipated to occur. The curve is still quite high relative to the capacity of the health care system, thus a number of measures are required to reduce this.

The spread of the infection across the country is not equal. The provinces most affected (i.e. Gauteng, the Western Cape, KwaZulu-Natal and the Free State) would have the greatest surge when the surge occurs. Thus provinces need particular support for them to respond effectively to the surge itself.

A lower demand scenario means peak ICU beds required will be 4 100, whereas in a higher demand scenario, that number increases to about 14 700. And for hospital beds, a lower demand scenario would require ab 500 whereas a higher demand scenario would require 78 000 beds. These figures do not include the beds that are already currently available.

On facility readiness (i.e. ventilators and beds) across each province, the Department has done some work on the estimation of what each province's needs would be for ventilators and beds potentially required.

Quarantine and testing stations have been identified in each province. Total planned quarantined sites amount to 1 644. The number of national sites currently activated is 21. Sites will be activated as needed. The tot number of quarantine beds available is 7 356. The total number of persons in quarantine are 609, of whom 14 have tested positive for the disease.

The Department has also looked at mortuary capacity. A provincial analysis has been done and the capacity required per province has been identified. The national number of shelves and chambers available is 25 45€

To respond to the requirement for additional bed capacity, field hospital sites have been identified for the provinces most affected (Gauteng, the Western Cape, KwaZulu-Natal and the Free State). Work has already commenced to erect field hospitals. Some of the work of erecting these structures will be in conjunction with the South African military, and in other situations there will be the conversion of convention centres and st into field hospitals. These structures will be able to deal with cases which do not require ICU care.

In terms of the readiness of human resources, the Department will be able to identify the capacity needed and also to recruit for any shortfall in such capacity, both from the public and private spheres. The IT systems place are able to allocate human resources based on needs and the burden of disease. The Department has asked retired healthcare workers to volunteer to assist and has received an overwhelming response. Other countries have also suggested that they would assist with this.

The provincial health capacity has been mapped out by the Department according to what currently exists per province and where augmentation will be needed.

The National Health Laboratory Service (NHLS) has developed mobile testing laboratories which will be able to take samples and link up the screening and testing teams which will be going door-to-door to improve tes turnaround time. This will provide a better, more efficient understanding of the problem of community transmission of the disease.

The Department plans to introduced rapid testing kits. These tests measure the IgM and IgR antibody levels. The advantage of these kits is that they take between 10 and 20 minutes to provide results from a mere fing prick. This is useful as a screening tool and affords the opportunity for immediate isolation of any suspected cases.

On PPE supply, the Department has provided a detailed breakdown per province, but at this stage each province has a sufficient supply, however stocks are "very low". A number of cargo flights have brought in additi PPE and the Department expects more to arrive and wishes to further increase the supply. By next week, the country should be in a "much better state" in this regard. The "big problem" with PPE is that reliance was pl mainly on local suppliers, the majority of whom have "very limited capacity" to produce additional supply. Initially import supply was limited because of restrictions on air travel.

The Department has geo-mapped a breakdown of infections and door-to-door screenings per region. This allows for the illustration of heat maps which help to show where the highest infection concentrations are. Th useful for identification and isolation of cases which, in turn, would limit the spread of the disease.

The Minister asked the Chairperson of the Ministerial Advisory Group on COVID-19 to speak on the impact of the lockdown and the trajectory South Africa is taking, and the special containment measures needed.

**Effects of the Lockdown and Mitigation Measures**
Prof Salim Abdool Karim, Chairperson of the Ministerial Advisory Group on COVID-19, advised that if we look at the global situation, the world has exceeded 1.5 million infections, and the trajectory at a global level has sharp exponential increase. That is to say, if we look at the global curve, it shows a rapid rise in the number of new cases on a daily basis. If we look at the epidemic curves of all of the individual countries—whether th Spain, Italy, France or the UK—all of these countries have an initial slow start and then once the virus has been able to take hold, and community transmission occurs, we see a rapid exponential increase. With this inc infections tend to get into the tens of thousands within a matter of two to three weeks. So within a matter of 20 to 25 days, most of these countries go from a hundred cases to around 50 000 cases. This illustrates the rapidity with which the infection occurs. So what is South Africa's situation?

If we look at the epidemic curve for South Africa, it is quite different in that initially up to the time we got to approximately 1 000 cases, we followed the same exponential increase as in other countries. If you look at ou trajectory, it coincides very much with the line you see in the UK, Italy, Spain and the US. But that is only true up to the point of around two weeks ago. So around the date of the lockdown, the epidemic trajectory has changed, and the number of cases has flatlined. In other words, there is a similar number of cases every day. It is not pushing up the curve. The reason we are seeing this kind of flatlining is that the exponential growt the number of cases that we saw initially is no longer occurring. There are questions as to why because there is almost no other country that is experiencing this kind of situation – where you get to about 1 000 cases a starts tapering off.

In all the other countries, the number of cases seem to continually increase, which is why they have such a large number of people walking into hospitals requiring healthcare which overwhelms them. We are not seei that. So why not? There are many possible explanations. One explanation is that we are not testing enough, and that certainly could be a contributor. Another explanation is that are testing enough but we are not test right people. The third is to ask if this is a *real* effect? There are many ways of looking at the data. But in short, as the flatlining occurs, there was a steady increase in the last two weeks in the number of tests that were done by the NHLS. The private sector had always been doing most of the testing, but the NHLS has been steadily increasing its testing over the last two weeks. So it is probably not entirely due to insufficient testing. In of being skewed, we are seeing some of that effect, and that comes largely from the private sector. Initially the private sector was key in identifying cases because many of the travelers have medical aid. But now we se the falloff is that we are skewing it a bit to the private sector probably towards the "worried well" so that we are not seeing as many cases, even though the testing numbers remain "pretty high".

Thus it is probably not entirely due to lack of testing and it is likewise unlikely to be due to skewed testing. It seems that there has to be some contribution from the nature of the interventions that have been undertak The extent to which those interventions contribute to this is difficult to quantify at this point. However, if we look at a range of other pieces of data, principally around our mortality, I think we can be reasonably confid that a significant part of this flattening of the curve is a result of interventions that were put in place "quite a while back," and that refers to the first set of interventions that were implemented. These were closing the schools, reducing gatherings to below one hundred, stopping travel, and the like. The effect of the lockdown will now be seen in the next few days, and the reason for that is that when we look at cases, they tell us abo infection from about two weeks ago. That is to say, when someone gets infected it takes about seven to ten days for them to develop symptoms. They then have to go to a doctor who takes a swab, which then has to b tested in the laboratory. All of this takes about two weeks. So when we say we had 79 cases today, that actually means that those 79 cases got infected, on average, about two weeks ago. Thus the current case numbe you about the epidemic from two weeks ago. And I think that when we look at this, if the lockdown has the effect that I think we are going to see, this line indicating number of cases will start steadily going down. That be the net effect of the lockdown in addition to the measures implemented before the lockdown.

**Minister of Health's briefing**
Minister Zweli Mkhize spoke about Netcare's St Augustine's Hospital, saying the Department had to issue a directive that the hospital be closed. This arose from the fact that a patient, a female, was identified two to th weeks ago who tested positive for COVID-19 came from an old age home. The Department had had all the residents of the old age home in question tested and found that only the roommate of the patient in questio tested positive for COVID-19 out of all the remaining residents. While the patient was in hospital however, having been their "a couple of times", the hospital had lost another patient, a 46 year old female, to the diseas Subsequently there have been six further deaths in the hospital, and therefore it was deemed necessary to test the nursing and other hospital staff. Of the approximately 300 tests performed on personnel, 66 turned be positive, 48 of whom were professionals and staff, and 15 patients (which included the original six who had died). The remaining patients were transferred to other hospitals. It then became clear that more of the h staff needed to be tested. Therefore approximately 2 500 staff members are being tested at present. The bottom line is that St Augustine's Hospital has shown a "huge" amount of infection. Preliminary investigations s that there was a patient-zero who got tested, but who never mixed with the rest of the patients. There is thus a suspicion that the professionals who had been looking after this patient-zero could have carried the infe among themselves and infected the other patients. Thus the hospital is being closed. It is not taking new patients and is currently being fumigated. This has been communicated to the hospital leadership. An investiga necessary to establish the cause of such a breach in infection control protocols that the hospital ended up with so many staff being infected. There are indications to suggest that there may be professionals positive fo disease who are currently still working, especially in moonlighting sessions at St Augustine's Hospital. As a result, there are a few other hospitals under consideration due to queries raised, such as Parklands, Hibiscus Shifa private hospitals where I recommended the sampling and testing of staff. We can see therefore that the prevalence of COVID-19 is in the private sector and less so in the public sector.

We had a meeting today with a number of private hospitals. This included some of the CEOs of the big hospital groups, as well as the hospital association. The discussion included the fact that they had to follow strictl infection control protocols that has been issued by the NICD, and to make sure they are ready to be inspected by government whenever queries are raised and that they have to comply with whatever the government at this point. We have already made closures in Mpumalanga, which have already been lifted because there had been sufficient fumigation. This arose because there was a situation in which a doctor who travelled ab and returned was found to be positive after interacting with a number of staff in the hospital. So it looks like we are dealing with a situation of this nature in St Augustine. We therefore explained to the private sector t there is a role for the district office in managing this situation and even recommending the closure of hospitals. This recommendation cannot be resisted and the hospitals need to act as one health team of which the sector is already a part. In addition, we have indicated that there will be discussions at the provincial level to look at the inventory of beds available, but that at a national level we want to ensure that the discussions ar overarching for the conditions under which we will commandeer the use of private beds and to determine the prices thereof. We expect a spirit of cooperation and compliance in this situation. We believe therefore th will continue working well with the private sector and, at the same time, that our role as the regulator is well understood.

We also have a work stream where the Minister meets with the private sector who are in pharmaceutical manufacturing, distribution and medical devices of various sorts. This scheme has created its own work stream wherein they look at the availability of material, from commodities which are necessary for health, particularly PPE, pharmaceutical products and diagnostic kits. They are looking at the stocks available. Due to the Disa Management Act, we have lifted the restriction which discourages companies from looking at their resources and comparing prices. Due to the cooperation, we have a dashboard where we can ascertain the availabilit stocks in the entire country. This assists us so that we are able to mobilise what the government requires. In that way, we may move stocks from the private into the public, from the manufacturers to the public, and a ensure there is proper distribution so that everyone is able to have the requisite access to stock. We also have the resource of the Solidarity Fund and other philanthropic organisations who have been able to come to and intervene when we need to augment our stocks. We have an arrangement with China and India to be able to source some additional stock. So all of this means that we currently have sufficient stock for the next s eight weeks. At the same time new orders will be placed in order to be sustainable beyond the second and even fourth month. Prices have "skyrocketed"; some countries are "basically blocking" any manufacturer from selling to outsiders since their own demands are very high, but we are managing this with the support from China and India. We have identified certain areas of focus such as ventilators, for which there is a task team dedicated to procurement, and also for certain pharmaceutical products that are going to be necessary for us to maintain the good health of South Africans, even in situations unrelated to COVID-19. All this is part of t cooperative work undertaken with the private sector.

We had meetings with the trade unions, of which there were two. The first meeting we had with the MECs, Heads of Department, together with the Ministers of Labour and of Trade and Industry. The second meeting, occurred the following day, was held with NEHAWU, the Public Servants Association (PSA) etc., which was due to a court case NEHAWU filed suit against the government on account of the "issue of protection". As we lo

our inventory, we believe that we have adequate stock at the moment. What we now have to ensure is that there is equitable distribution across every facility. This allows us space and time to tell district managers to e adequate stock in each of their districts which can be moved from one area to another as needed.

In our discussions with the unions, we agreed that no worker will be forced to do work in a risky area for which they are neither trained nor for when they are not properly protected. Everyone, however, needs to have understanding of the protocols of the use of PPE so that those who may be in less risky areas should not unduly demand what is necessary for those in isolation wards, where the infection is highly concentrated; this h been agreed to. We have also agreed to strengthen the occupational and health safety committees, for the prevention and resolution of issues of exposure. We have identified tension and anxiety amongst our staff w accounts for the way in which certain persons have responded; this will be addressed. We are however for the moment satisfied that there are adequate provisions. We must also indicate that the lawsuit with NEHAW approached the court to compel the Minister to meet them, but we already had some engagement with the union who indicated that they preferred to take the legal route. They wished later to withdraw the case from However the judge, after due consideration, decided to hear and subsequently dismiss the case with costs. Notwithstanding this dismissal, we think it is important to work very closely with the unions, since some of th may be genuinely worried and this may lead them not to discuss issues with their management but rather with their union. We need to ensure they remain protected throughout the entire process against COVID-19. W believe that there has been an impact on the rate of the infection transmission. On cutting the peak associated with the import of new cases, this will be sustained until the borders are reopened: This is a "huge achievement" from our point of view.

The second aspect is that community transmission (the internal spread) would have started rising "pretty rapidly" but this has been mitigated by restricting major movement, for example, in public transit and through lockdown, and also through the banning of major gatherings (such as church meetings, sports events, music festivals, and the like). These measures ensured that "super-spreaders" do not enter a congested space and spreading the infection to many people. We do have a situation in Bloemfontein in which five persons at a church event were a "major driver" in spreading the infection in that area. That spread has traveled elsewhere including to the Northern Cape, Gauteng and the North West.

We have the capacity to do 5 000 PCR tests per month; with mobile testing and increased equipment supply, we will get to a capacity of 30 000 tests per day. With current stocks, we have the capacity for about 600 00( which would cover us for the "next couple of weeks".

Contact tracing, screening of communities and active testing will allow us to discover new cases.

We are advising the provinces to start creating "fever or flu clinics" which might attend to persons exhibiting respiratory symptoms and treat them in an area adequate to screen for COVID-19 symptoms. In this way, is will be possible. This will be done as we go into winter. By using field hospitals for this purpose, we will ensure no new infections in hospitals. This is the experience of Wuhan, China which we have seen.

On the question of masks, the Ministerial Advisory Committee on COVID-19 (MAC) is encouraging everyone to use masks, including cloth masks, so that surgical and N95 masks may be used by specialists where high-intensity treatment is occurring. This will assist in the conservation of resources. The proven research is that the exhaled air of positive persons when wearing masks contains "very minimal or no viral presence". These other measures such as physical distancing will need to be sustained to mitigate the spread. At the end of the day, the only protection we will all have is either (1) if you have been infected, [recovered], and then develo immunity, or (2) we get and administer a vaccine. This process has not yet started, but when the time comes we may be involved in this endeavour. Participation in the creation and trial of a vaccine is important. At the moment we will participate in some of the therapeutic trials because we need intervention for when people become critically ill and we will use experiences from around the world. We could be charting a different pat other countries which are inundated with huge numbers of patients. We are worried about winter when there is going to be an "explosion"; we are worried about the lifting of the lockdown when there might also be a "explosion".

The Minister thanked the Chairperson and advised that he and his team were ready to take questions.

***Discussion***

The Chairperson thanked the Minister for his remarks, but advised that it may be difficult to take questions in an orderly and manageable fashion over the audio conference, given the number of participants. He was a under the instruction of the House Chairperson to limit the time spent in the meeting given that it was occurring on a public holiday. He conveyed his hope that in two weeks another meeting of this nature will be sche By bringing in an epidemiologist of the calibre of Prof Karim and having him explain the curve and the effects of the lockdown has assisted the Committee a great deal. He also commended and encouraged MECs to continue the work they are doing in the provinces.

Mr P Van Staden (FF+) asked if the next meeting could take place as soon as possible, perhaps next week.

The Chairperson said he was not sure if that was possible, but perhaps a meeting could be arranged toward the end of the succeeding week if need be.

Mr Van Staden said he was happy with that.

*Polokwane Hospital and List of Quarantine Sites*

Ms E Wilson (DA) said that the Committee owed the Minister and his team a "huge thanks" for the fact that they have been working "unbelievably hard" for "fierce hours" and that they must be "absolutely exhausted". S thanked the Minister personally and he was in the Committee's thoughts and prayers. She referred to the "bad news" at Polokwane Hospital where there is a spread of infection amongst the doctors there and asked whether the hospital may be vacated. She also requested the Committee be provided a list of all the current quarantine sites.

*Consistent Reporting and Additional Interventions*

Ms S Gwarube (DA) asked if it was possible to have consistent reporting of the pandemic statistics, for example each day at 12pm. This helps with consistency and quelling panic. She asked what health interventions w going to be pursued since lockdown was not a sustainable strategy for the pandemic.

The Chairperson requested Ms Gwarube forward her question to the secretary for response.

*Moonlighters*

Dr P Dyantyi (ANC) thanked the Minister and his team. She expressed concern about the moonlighters at St Augustine's Hospital. She asked that those working at "our facilities" who have the virus, if they could "not sp it".

*Information and Communication System, Regulation of Private Sector, Worker PPE*

Ms N Chirwa (EFF) echoed thanks to the Minister. She sought clarity on information and communication systems. She said she feels like we have a huge backlog in this respect which is affecting reporting. She asked wh Department strategy was in strengthening the system during the lockdown. She also requested a list of all the quarantine sites. She asked about the jurisdiction of the Department in regulating the private sector. She to know more about the PPE concerns raised by the health workers and cleaners. She asked about the progress of the laboratory services in conducting more tests.

*Reporting per Region, Mobile Testing Sites and Supply of Raw Materials during Lockdown*

Ms H Ismail (DA) thanked the Minister. Her worry was about reporting per region and if it was plausible for hospitals and clinics to use a universal app, such as that used for TB and HIV, where the information can be aggregated at once. She asked where the mobile testing units would be situated. She asked if manufacturers are allowed to obtain the requisite materials for the PPE supply during the lockdown.

*Measures if Curve Flattening does not Occur as Predicted and Food Parcels*

Dr K Jacobs (ANC), after thanking the Minister and his team, asked Prof Karim about the probability of the epidemic curve in South Africa flattening further. He asked if additional measures are in place if the flattening curve did not occur. His second question related to food parcels to vulnerable persons. His province was having a "serious problem" with SASSA and the Department of Social Development, and he asked if the Ministe assist with this.

*Handling of Positive Transferred Patients, and Local Producers of Additional Masks*

Mr Shaik Emam (NFP) thanked the Minister and his team. He asked if the patients transferred from St Augustine's Hospital to other hospitals had been tested to ensure the receiving hospitals have no increase in infec and similarly in other cases such as at RK Khan Hospital. On the shortage of masks, he asked the Minister whether it would not be prudent to relax the regulation to allow for small and informal manufacturers to prod additional masks.

*General Remarks on Science and the Number of Recoveries*

Mr M Sokatsha (ANC) thanked the Minister as well as the Chairperson. He expressed his appreciation of the Department's use of science during the pandemic and expressed his gratitude for giving South Africans conf in science. He referred to the recoveries. He wanted to know how many persons have recovered and if they can re-enter the economy.

*Worker Safety, Food Parcels, Water Tanks, and Temporary Shelters for the Homeless*

Ms A Gela (ANC) thanked the Minister, his team, the MECs and the Chairperson for their work. Her questions concerned PPE and worker safety, food parcels and water tanks, and temporary shelter for the homeless. S asked the Minister to look into providing water tanks to areas which require them.

*Moonlight Staff*

Ms M Hlengwa (IFP), after conveying her appreciation and thanks to the Minister, sought clarity on the deployment of the field workers and clarity on the "moonlight staff".

*Purposeful Spreaders of the Disease*

Mr T Munyai (ANC) thanked his MEC of Gauteng who was present. He suggested that those carriers who purposefully spread the disease in social gatherings should be declared a "murder carrier" and that they should be treated any "different from a person who commits murder".

**Minister's response**
Minister Mkhize, on behalf of his team and advisors, thanked the Members, for their questions and messages of support. He commended the cooperation and teamwork of everyone, including all political parties.

He addressed the question on the consistency of reporting, saying that there is a lot of "data-cleaning" which may delay the consistent reporting of statistics. There is a process underway to streamline the data and ma available online more efficiently. On Ms Garube's question on the strategy of the lockdown, he indicated that this was the reason people were encouraged to wear masks and other such measures.

He replied that there will be close to an additional 4 000 new beds at field hospitals created across the country; sites have already been identified.

The Minister replied that it would be a bit tricky for national to supply a list of the quarantine sites since it is each of the provincial governments which identities and manages these sites.

In terms of the regulation of the private sector, the Minister indicated that they have authority to regulate them. Licences are done by the government and handled at the national level, but this will be delegated to the provinces. Inspections and management concerning COVID-19, however, gives the national government the right to step in at any time since it has an obligation to oversee.

He said the details on PPE have been shared [per the presentation] on how much supply is available. It is difficult to discuss this aspect from the point of view of anxiety, since in some cases workers want the equipme do not necessarily require it.

He requested clarity on the Polokwane hospital question so that he can follow up on this.

Regarding staff and moonlighting, he said the Department will be testing staff and then trace their movements to ensure there is no cross-contamination between hospitals.

Patients who were transferred between hospitals will be tested. This will be done in collaboration with Netcare. This is according to the Minister's discussion with the Netcare CEO.

On the question about the communication system delays, the Minister referred to his remarks about data cleaning and reconciliation as the reasons for the delay. He reiterated that this process will be streamlined.

Private laboratories are testing on demand since they charge for this service. As for public testing, the capacity has been augmented in every province.

He conveyed the importance of South Africans keeping abreast of research around the world, and assured members that South Africa would be participating in vaccine trials (which are still in phase 1) and therapeutic agents. South Africa has a team of about 30 scientists in this regard, led by Prof Helen Rees and 10 participating universities.

Since South Africa has technical capacity, it is imperative that we participate in trials, in order to be close to its development. The reason is that those who do not participate will be at a disadvantage as against those w close to the process. It is therefore strategic for South Africa to use their technical capacity to be involved in the vaccination development process.

The Minister advised that he would request the provinces to provide details about the location of the screening and testing sites.

The Minister replied to the question about the manufacturers who cannot get supplies for PPE production. The government needs to work together with the private sector because government is able to collectively approach China and other countries, South Korea, for the kinds of supplies that we need. Mr Stavros Nicolaou may be contacted by the private sector for help in this regard.

On what contingency measures will be undertaken should the curve not flatten in the coming days, the Minister replied that part of government's containment strategy is to put up additional beds and divert possible infected persons from hospitals. So we are ready in the event that we see another peak in infection. The first peak has been dealt with; the second peak was delayed; and the third peak will occur in winter which must defeated so that at all times the infection levels do not overwhelm the healthcare system.

The Minister said that the matter of food parcels will be raised with SASSA.

The RK Khan Hospital matter will be referred to the relevant MEC.

At the moment we have 57 000 community workers on the ground and the Department will look at which other categories may be activated should the need arise.

The Department encourages the development of three layer masks by small businesses.

On recoveries, 410 persons have recovered. Recovery takes a while since it requires on average about 14 days; this is an international trend. Fortunately, there is no risk of re-infection. Since December, the virus has sl no signs of mutation so that all those who are infected now have immunity.

The Minister indicated that the Department will work with the unions and management to pick up any issues which might arise. He reiterated that no member of staff will be required to work unprotected.

On the deployment of care workers, information will be released once available, but for the moment there are sufficient persons to undertake the requisite tracing and screening.

The Minister referred to the question about deliberate infections. Positively tested persons who have broken the quarantine will be - and several have been - charged with attempted murder.

On profiteering from the crisis, these traders will be reported which will risk the revocation of their trading licence. The Competition Commission and the Department of Trade and Industry are working on this. This inc the practice of price gouging.

The Minister thanked all Members and participants, and all those involved in the fight against COVID-19.

The Chairperson thanked the Minister and his team and adjourned the meeting.