# NATIONAL ASSEMBLY

**FOR WRITTENREPLY**

**QUESTION NO. 1663**

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**(INTERNAL QUESTION PAPER NO. 28)**

**Dr M Q Ndlozi (EFF) to ask Minister of Health:**

Whether, in responding to the Covid-19 pandemic and making decisions on the lockdown to curb the spread of the coronavirus, he used any statistical data on the number of persons who stay in the (a) rural areas and (b) townships; if not, why not; if so, what statistical data did he use to source statistics on the number of persons living in the rural areas and townships?

###### NW2053E

**REPLY:**

1. The key statistic that we have been monitoring is the rate of spread of new infections i.e. the 7 day rate of change in COVID-19 cases. While the total number of infections are useful, the key statistic is the number of active cases particularly the rate of change of these active cases and the location of new cases.
2. The spread of the infection in South Africa has not been specific to rural areas or townships. The spread of the infection has been driven largely by movement and interaction by persons that are infected. The infection is droplet spread which would spread much easier in densely populated areas. The areas that have been most severely affected are the large Metros such as City of Cape Town, City of Johannesburg, Buffalo City, Nelson Mandela Bay and eThekwini. The more rural areas have been spared to a large extent from widespread infection due to our restriction on movement during level 5 and level 4. You would note to date that the more rural provinces have had much lower rates of infection – Mpumalanga, Limpopo, Northern Cape and Free State. The infection in the Eastern Cape and Kwa-Zulu is concentrated in the urban centres not rural areas.
3. The infection spread within urban areas has affected both the suburbs and the townships. There viral infection has not spared any community in terms of its transmission.

The increase in cases from the 5thto the 18th March was 1088% (5 to 58 cases). On the 25 March 2020 when the 21 day lockdown was announced the rate of change for COVID-19 cases decreased to 526% (58 to 362) then to 24% (362 to 1232) then to 33% (1232 to 1641 cases)-coinciding with the 14 day lockdown extension. The relatively slow rate of increase averaged about 47% until lock down level 4. It then gradually started to increase. This data proved that the lockdown achieved the objective of slowing down the rate of increase of cases, thereby giving health care authorities an opportunity to prepare the health system for the anticipated COVID-19 peaks.

END.