# NATIONAL ASSEMBLY

**FOR WRITTEN REPLY**

**QUESTION NO. 3012**

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**(INTERNAL QUESTION PAPER NO. 51)**

**Mr M S F de Freitas (DA) to ask the Minister of Health:**

(a) What (i) criteria and (ii) scientific data are used to create the red list of high-risk countries from where persons are permitted to travel to the Republic, (b) on what date is the list updated and (c) what criteria determine that the list needs to be updated?

###### NW3840E

**REPLY:**

1. (i) The model that South Africa used to determine the red list of high risk countries from where persons are permitted to travel to the Republic is based on a scientifically robust and tested approach that was benchmarked with other countries. The benchmarking process assisted the country to understand how best other countries are implementing interventions to enable proactive risk categorisation processes. The model and the criteria applied were based on globally accepted standards taking into consideration the guidelines as set by the World Health Organisation.

(ii) Several criteria and scientific data are utilised to design, develop and refine the RSA risk categorization model. The primary considerations include the following:

(1) the number of new cases per 100,000 persons over 14 days;

(2) the number of new deaths per 100,000 persons over 14 days; and

(3) the total number of accumulated cases in the given country since the first case.

Furthermore, the model also considers sensitivity analyses to assess the tolerance level rate to the RSA baseline. Other parameters such as testing data and active cases are considered. However, due to the absence of sufficiently updated data across different countries, it was recommended that these factors are not significantly relied upon. Based on all these factors, countries were classified according to three distinct categories: “Low Risk”, “Similar Risk” and “High Risk”. The “High Risk” category is what is used to create the red list of high risk countries.

1. The list was updated fortnightly, that is, every 14 days. Given the nature of the pandemic and the evolving data dynamics in every country, the model that was utilised could not be static as the baseline was expected to change over time. The considerations include the 10% tolerance level on the South African baseline which are used to compare against other countries. Countries with an estimated baseline of +/-10% to South Africa were considered “**Similar Risk”**; those with a score that was higher than the baseline + 10% were classified as “**High Risk**”; and all other countries with a population of less than 1 000 000 people were classified as low risk (or ignored). All countries in Africa were classified as low risk (or their high scores are ignored).
2. Taking into account recent global developments and trends, the Cabinet resolved that the strategy of using the red list of high-risk countries should be changed and instead use the 72 hour PCR test and the screening of incoming passengers to determine if they should be allowed into the country.

END.