

REPUBLIC OF NAMIBIA



STATEMENT BY DR. KALUMBI SHANGULA, MINISTER OF HEALTH AND SOCIAL SERVICES ON THE OCCASION OF BRIEFING THE NATION ON THE COVID-19 NATIONAL RESPONSE UNDER THE NEW APPROACH POST THE STATE OF EMERGENCY.

30 NOVEMBER 2020

WINDHOEK
**Check Against Delivery.*

BRIEFING ON COVID-19 RESPONSE UNDER THE NEW APPROACH POST THE STATE OF EMERGENCY AND THE EWAY FORWARD

1. One of the central tenets of Namibia's strategy and approach in our National COVID-19 response and preparedness has been and continues to be regular engagement, information sharing and awareness creation so that the public is informed at all material time about the activities on the response front. In this regard, our Government, at the highest level has created platforms, including Media Briefing Sessions, moderated and chaired by His Excellency, the President. To date, 19 such Briefing Sessions have taken place. They are broadcast live on various media platforms, including radio, television and social media channels, thereby allowing the broader public to receive correct information, first hand.
2. Five weeks ago, at the 18 COVID-19 Briefing Session at this venue, our President reaffirmed the government's bold and strategic commitments to continue responding to the COVID-19 pandemic in order to save lives and secure the livelihoods of our people and the economy. Cabinet also approved the implementation of a new approach in the COVID-19 national response in the post State of Emergency dispensation. This includes the relaxations of certain targeted public health measures and restrictions, such as the increase in the number of people allowed at public gatherings. It continues to be a fine balancing act, because we are dealing with a new disease and its epidemiology is still evolving.
3. The current dispensation which came into effect on 22 October 2020, remains in force until the 30 November 2020, covering a period of 40 days. Our teams of professionals continue to monitor the pandemic on a regular basis to gather data in order to advise policymakers and inform our response. Today, as the period of this dispensation ends, His Excellency the Head of State, has updated the nation on the novel corona virus situation in the country. We are grateful to His Excellency for providing the necessary and unwavering political leadership for effective preparedness and response to the COVID-19 pandemic in the country.
4. The transition from the State of Emergency restrictions to the new approach included strategies to prevent further transmission, saves lives, protect livelihoods and revive the economy. This included lifting or relaxation of some public health measures to allow for the re-opening of social and economic activities. Restrictions on public transport were also lifted. Amongst others, long distance public transport buses, both nationally and cross borders have resumed with normal business operations. This has allowed Namibian citizens who have been stranded in neighboring countries to return home by road. We are emboldened by the fact that our country has since experienced encouraging developments both epidemiologically and on the socio-economic fronts.
5. Let me first put in context the Covid-19 situation in the world, in Africa and how Namibia relates to the rest of the world.
 - 5.1. The world has recorded 62 336 859 cases of Covid-19. Africa contributes 3.3% to these cases. Namibia has recorded 14 345 which is 0.023% of the world total.

- 5.2. The world has recorded 1 454 012 deaths. Africa contributes 3.4% to these deaths. Namibia has recorded 151 deaths or 0.01% of the world total.
- 5.3. Europe and the United States of America are experiencing what can be described as a second wave of COVID-19 and are re-introducing lockdowns after they were lifted.
6. I wish to share some details on analysis of some data sets on COVID-19 response. I will start with the COVID-19 Disease Projection and Modeling for Namibia.
 - 6.1. Planning and modelling for Namibia's COVID-19 preparedness is based on the models developed by institutions such as the World Health Organization and the Centres for Disease Control and Prevention. These models have been customized to our local conditions. According to the disease projection models deployed at the beginning of the pandemic, for fifty-two (52) weeks or one year, approximately 1% of Namibia's population or twenty thousand, eight hundred and ninety-two (20 892) persons would have required hospitalization due to COVID-19 at the peak of the pandemic which, according to projections would have occurred by 15 May 2020.
 - 6.2. Of these, about three hundred (300) persons or 1.4% of that number, would have needed admission for critical care. This equates to approximately twenty-one thousand (21,000) patients being admitted to health facilities because they require one or other medical interventions arising from COVID-19 infection and not less than three hundred (300) ICU admissions within a period of 1 year. About 427 were projected to succumb to COVID-19 at the end of 52-week period following the confirmation of COVID-19 cases in Namibia. Today, we are 37 weeks since we declared an outbreak. By this time, three hundred and forty-seven (347) lives would have been lost due to COVID-19. Our statistics indicate that since the beginning of the pandemic, 1 626 patients have been admitted for COVID-19 related ailments and to date one hundred and fifty-one (151) lives have been lost which represents a case fatality rate of 1%. It therefore follows that through our response activities 19 374 severe infections and 196 deaths were averted thus far.
 - 6.3. We now look at the country's COVID-19 **epidemiological status**. As of 29 November 2020, a cumulative number of one hundred and fifty-five thousand, five hundred and forty-three (155 543) COVID-19 tests were conducted, translating into sixty-two (62) tests per 1 000 population. Standing in third place on the continent, Namibia is doing remarkably well, in terms of testing coverage. In the SADC Region, the testing coverage for South Africa stands at eighty-nine (89) per 1 000 population, while Zambia and Zimbabwe have recorded twenty (20) and eleven (11) tests per 1 000 population, respectively. At continental level, Morocco remains the country to have conducted the highest number of tests in Africa, with 103 tests per 1 000 population.
 - 6.4. Our current testing strategy includes, expanded targeted testing of at-risk populations, selected geographic locations where cluster of infections have been confirmed or are suspected, confirmed and suspected contacts of confirmed cases, arriving travelers whose test results are older than 72 hours, Health Care Workers, and other at-risk demographics.

- 6.5. COVID-19 laboratory testing capacity in Namibia has increased significantly. As a result, the turn-around time is reduced from an average of 5-10 days to 24-72 hours for result to become available. Instead of only one laboratory conducting tests at the beginning of the pandemic, there are now six laboratories with the capacity to do so. A testing backlog that stood at more than 5 000 samples in August/September has since been cleared. All laboratories continue to test, and there are no backlogs experienced. Efforts to improve operational efficiencies are continuing, especially with respect to the transportation of specimens and the resultant delays. Namibia is considering the introduction of COVID-19 antigen Rapid Diagnostic Testing (RDT) as part of our response.
- 6.6. The Laboratory Services Pillar with support from developmental and multilateral partners, have identified WHO pre-qualified antigen rapid diagnostic testing kits that Namibia may use. We have received commitment from development partners to avail one hundred and fifty thousand (150, 000) antigen RDT kits to the country. Once available, antigen testing will be conducted at Port of Entry and for patients requiring emergency surgery.
- 6.7. During the review period, one thousand nine hundred and thirty-nine (1 939) new COVID-19 cases were confirmed, compared to two thousand eight hundred and two (2 802) cases confirmed during the period of 39 days prior to the implementation of the approach. This is a reduction by 31% which is quite significant. The previous dispensation ran from 24 September to 21 October 2020.
- 6.8. To date, thirteen thousand four hundred and thirty-nine (13 439) cases have recovered. There are now seven hundred and fifty-two (**752**) active cases. We have observed a significant increment in the percentage of recoveries during the period under review. By 21 October 20230 the percentage of recovery was 85%. This has increased to 94% by 29 November 2020.
- 6.9. Whereas fewer COVID-19 positive cases were recorded during the last 39 days, it is encouraging that there has been a progressive reduction in the positivity ratio. During the period of 39 days from 08 August to 12 September 2020, the positivity ratio stood at 15%, which further reduced to 7% during the period from 13 September to 21 October 2020. This has since reduced to 5% during the period under review which translate in 67% total reduction. Cumulatively, the number of confirmed COVID-19 cases in the country stands at fourteen thousand, three hundred and forty-five (14 345) as of 29 November 2020.
- 6.10. We have observed an uptick of clustered infections in institutions and congregated settings, such as hostels at boarding schools, police holding cells and correctional service facilities. This is due to the fact that in these settings, it has proven a challenge to implement social distancing measures. Additionally, a concerning situation is observed in Luderitz district in the //Karas region where a sharp increase in the number of confirmed cases have been recorded. In the last seven days alone, 102 cases were confirmed as compared to 63 cases confirmed in the previous two weeks together. We are monitoring the situation closely and have also dispatched a reinforcement in the form of additional staff to Luderitz.

- 6.11. In terms of severity of cases, a record of 80% reduction in number of severe and critical cases was observed from the time of the peak in mid-August 2020 compared to the period under review. As mentioned earlier, since the beginning of the pandemic, Namibia has unfortunately lost 151 lives to COVID-19. It is comforting that we have been observing a decline in the number of fatalities over the past few months.
- 6.12. Although we have few severe cases that require admission in ICUs, I am happy to state that the investment in health related infrastructure as part of our COVID-19 preparedness and response, has significantly increased Namibia's public sector COVID-19 Intensive Care Units and High Care bed capacity to ninety six (76) additional beds compared to only 4 beds, which were available for COVID-19 cases at the beginning of this pandemic. The new ICU bed capacity is distributed as follow:
- Windhoek Central Hospital: 6 ICU beds and 9 High Care beds
 - Katutura Intermediate Hospital: 11 ICU beds
 - Oshakati Intermediate Hospital: 12 ICU beds
 - Onandjokwe, Hospital: 19 ICU beds (still under construction)
 - Walvis Bay State Hospital: 4 ICU beds
 - Keetmanshoop: 12 (still under construction)
 - Swakopmund: 3 ICU beds
- 6.13. For the period under review isolation facilities were constructed at the following hospitals: Windhoek Central and Walvis Bay - 24 beds each; Opuwo, Oshakati and Rundu - 4 beds each; Okongo and Gobabis - 8 beds each, Keetmanshoop, Nkurenkuru and Mariental - 12 beds each; Ariamsvlei and Noordoewer -4 beds each and Oshikango Border Posts -2 beds.
- 6.14. The retrofitting of health facility to respond to COVID-19 was done at the following facilities: Windhoek Central Hospital Casualty, Katutura Respiratory Unit, Robert Mugabe Avenue Clinic, staff accommodation at Hosea Kutako International Airport, Katutura Hospital Nurses Home, Walvis Bay Hospital Garages and General Wards, Swakopmund Hospital General Ward, Tamariskia Clinic, Omaruru Hospital General Wards, Oshakati Intermediate Hospital Ward 8, Oshikango Border Post, Nyangana Hospital and Andara Popa Falls Malaria Camp.
- 6.15. Other repurposed facilities to be used for Isolation include the National Youth Service facilities at Henties Bay and Khei-kanaxab Centres, NDF Military Field Hospital, Katima Mulilo Maternity Waiting Shelter and Outapi Maternity Waiting Shelter. The retrofitting of health facilities for dedicated isolation is ongoing at Keetmanshoop, Outapi, Oshakati, Katutura, Onandjokwe Hospitals, Otjiwarongo Hospital TB Ward as well as Outjo Hospital Old TB ward.
7. The number of COVID-19 confirmed cases amongst Health Care Workers has been and continues to be a matter of great concern to our Ministry and to the Government. I am pleased to report that infections among health care workers have reduced by 62% from 97 cases reported between 15 September 2020 to 21 October 2020 to 37. Health care staff and other frontline workers remain the country's key asset in fight against the COVID-19

pandemic. We will continue to do everything necessary to ensure that they are protected and equipped to do their work effectively. This is one way of demonstrating our appreciation for the selfless work that they continue to do for the nation. The total number of healthcare workers who have been infected with COVID-19 now stands at 554 of whom 530 have recovered and 3 have unfortunately passed away.

8. We have seen more tourists coming to Namibia as a safe destination. Since the start of the implementation of the Tourism Revival Initiative, four thousand one hundred and sixty-four (4 164) tourists have arrived in the country. Only three (3) tourists among these arrivals with a 72-hours valid Covid-19 negative results have tested positive for COVID-19 to date. Our requirement for a 72-hours valid PRC negative test has eliminated potential infective tourists coming to Namibia.
9. Namibia prepared and implemented a response plan in order to mitigate the impact of this global COVID-19 pandemic. The Ministry initiated a response strategy in accordance with WHO guidelines to support Namibia's preparedness. The Ministry was allocated a total amount of **N\$727 million** by the Treasury to help fight the pandemic. To date **N\$673 470 536.24** or **92%** of these funds was spent. The expenditure has mainly been incurred under the following main items:
 - Quarantine facilities accounts for 20%;
 - PPE Packs (Hartman, IPC Kit) /Other Protective equipment at 18%;
 - Construction Renovation and Other Supplies at 15%;
 - Procurement of Medical Equipment at 16%
 - The remainder 31% was spent on amongst others, COVAX Vaccine, COVID-19 Testing, Personnel Expenditure etc. The COVID-19 Accountability Report was tabled at Cabinet, and the COVID-19 Audited Report by the Office of the Auditor General is still to be finalized by that office.
10. The reduction in the number of new cases has provided a welcome reprieve that has allowed us to continue with the work we started with respect to strengthening the health system and prepare for any potential second wave. We are, and will continue to closely monitor epidemiological and scientific developments regarding COVID-19 in other parts of the globe. Although the data for Namibia is not yet pointing to a second wave, we must be vigilant and prepare appropriately to be able to respond effectively to any eventuality. With the re-opening of borders and trade activities, the importation of cases from other parts of the world remains a real risk that we must manage. In fact, for the past four (4) days, we have observed an upsurge in the number of new cases in Khomas and in Kharas.
11. During the months of October and November this year, Namibia received technical support and capacity building from the Robert Koch Institute and the WHO through the training technical staff on how to assess the progress made by each Thematic Pillar to inform decision making, via the process of Intra Action Review. This is a key step in managing the pandemic. The process is being replicated at regional level as we speak. The support also included exposure to electronic data management systems for possible adaptation and use in Namibia.

12. By all indications, COVID-19 will remain with us for many more months. In this regard, greater engagement and coordination amongst O/M/As and agencies will facilitate effective interrogation of data sets from various sources for better decision-making as part of the activities of the Expanded National COVID-19 Dashboard Monitoring Team. This is inclusive of not only epidemiological and economic data, but also other spheres to give a comprehensive view of the impact of the pandemic in the country.
13. Interest in COVID-19 vaccines was rekindled with the announcement by Pfizer that it has developed a vaccine against COVID-19 that is 90% effective. Namibia has signed up to participate in the COVAX Facility, an international initiative to facilitate access to a COVID-19 vaccine, once it is fully approved. We signed the Commitment Agreement with the COVAX Facility on 5 November 2020, to secure COVID-19 vaccine doses which are sufficient to vaccinate at least twenty percent (20%) of our population. Treasury approval has been granted to make a 15% upfront payment to the COVAX Facility. In addition, a Communication Strategy on the COVID-19 Vaccine has been finalized. The Strategy creates a platform for the Government to engage with the public on matters related to the roll out of a COVID-19 vaccine in Namibia. The successful implementation of the vaccine, once it becomes available, requires support from all members of the public. On its part, Government will ensure sharing of factual and complete information so that our people are provided will complete and accurate information on this important and life-saving intervention. Of importance, it is critical to combat falsehoods and fake news related to this matter.
14. A decision was taken to pivot quarantine and isolation protocols towards supervised home quarantine and isolation. This policy change has been implemented successfully. As a result, the demand for facility based and Government funded quarantine and isolation have significantly reduced. Public expenditure on this item has also reduced correspondingly. We thank members of the public for cooperating and we urged them to continue playing their part and adhere to the regulations. By comparison, at the peak of the pandemic in Namibia, there were up to 1 766 individuals in quarantine at any one time. Today, there are only 377 in state funded quarantine.
15. There is a number of areas of concern in our national COVID-19 response and preparedness that I would like to highlight.
 - 15.1. During the period under review, we experienced incidences where family members intent to repatriate human remains of relatives who have died in neighboring countries. They arrive at our Ports of Entry without prior notification to the authorities and also without appropriate documentation or proof of COVID-19 test results to facilitate entry into the country. The transportation of human remains by bus, with passengers onboard, while the COVID-19 status of such remains is unknown, is a public health hazard and a potential risk for COVID-19 transmission. Human remains should only be repatriated after appropriate approval from the relevant authorities have been obtained. This will also help avoid unnecessary inconveniences and to safeguard public health.

- 15.2. We have received reports of foreign nationals gathering at our Ports of Entry, seeking to enter Namibia without valid COVID-19 test results. There are also those trading or conducting business activities at Ports of Entry, in what is known as “No-man’s Land”. This may pose a high risk for COVID-19 transmission, especially to Security Personnel, Immigration Officers, Port Health Officers and to truck drivers. For this reason, there is a need to strengthen law enforcement and bilateral engagements to disperse such crowds.
- 15.3. Another worrying factor we have observed is the continuing excessive use of alcohol among members of the public. Anecdotal reports of increased cases of Domestic and Gender Based Violence since the lifting of the curfew as well as growing numbers of Motor Vehicle Accidents on our roads, compared to what was experienced during the State of Emergency. The public is again strongly urged to refrain from excessive use of alcohol and thereby avoid its destructive impact on our society.
- 15.4. A worrying and disturbing trend has also developed in recent weeks. I am referring to growing laxity and nonchalance among members of the public in adhering to the public health measures to suppress the spread of COVID-19. Since the reported decrease in the number of positive cases, a disturbing wave of a false sense of security has swept over our country. For example, it has been observed that many people are no longer wearing face masks when they go out in public. Those who wear masks are not wearing them correctly. Physical distancing is not being observed. People are conducting themselves as if COVID-19 is no longer amongst us.
16. We may wish to know exactly where we stand as a country vis-a-vis others in the response to COVID-19 pandemic. The World Health Organisation Africa Region developed criteria to appraise Members States progress namely, the percentage change in new cases; the average weekly tests per 10 000 people; the positivity ratio; the percentage of change in the number of deaths and the percentage of change in new health worker infections. I am proud to announce that Namibia has met all the five criteria.
17. Moving forward and as I have mentioned before, we have to be ready for of a possible second wave. We will continue to analyze local, regional and international data to gauge the patterns and projections on the pandemic. Considering what we have learnt over the last 8 months, Namibia is in a good position to respond effectively.

-END-