

REPUBLIC OF NAMIBIA



MINISTRY OF HEALTH AND SOCIAL SERVICES

**PRESS STATEMENT ON THE NEW MEASURES AGAINST COVID-19
PANDEMIC**

16 JUNE 2021

WINDHOEK
**Check Against Delivery*

Good evening fellow Namibians,

1. Yesterday, His Excellency Dr. Hage Geingob announced to the nation, tighter measures aimed at stemming the growing tide of COVID-19 infections in our country. This comes in the wake of increasing new infections, hospitalizations and deaths recorded in the past few weeks. As the President announced, Namibia has surpassed the 1000 mark of deaths attributable to COVID-19 infections. Indeed, the high number of lives lost is difficult to bear.
2. For purposes of emphasis, I would like to cite some statistics regarding the COVID-19 pandemic situation in our country. I will compare the current situation (the Third Wave) to the peak of the Second Wave which occurred during December 2020.
 - 2.1. Testing: In terms of COVID-19 testing, Namibia is now ranked Number 2 in Africa, second only South Africa. Namibia has a testing ratio of 94 persons per 1,000 population. Testing is important because it enables us to identify new cases, clusters of infections, the extent of the spread of the virus in the country and the general trajectory of the disease to help us respond in a more effective and targeted manner. With the addition of genome sequencing capabilities, testing also allows us to identify the type of variants circulating in our country. We did not have this capacity at the peak of the second wave in December last year.
 - 2.2. The positivity ratio (the percentage of positive samples as a percentage of the total samples tested in a given days) is now 34 percent on average, as compared to 24 percent in December 2020.
 - 2.3. The highest number of positive cases in a single day was recorded at 683 on 25 December 2020, as compared to 1,432 new cases recorded on 11 June 2021.
 - 2.4. On 25 December 2020, a total number of 224 people were hospitalized, with 36 in ICU while on 13 June 2021, the total number of 374 were hospitalized, with 68 in ICU. This is almost double the number of critical, hospitalized cases.
 - 2.5. Unfortunately, the mortality rate has also increased 6-fold from 16 deaths per week in December, to 83 deaths per week on average in June.
 - 2.6. Windhoek alone has recorded 52% of total number of confirmed cases of the country.
3. By any measure, these numbers are indeed alarming. Increased hospitalizations are placing immense pressure on the health care system, with respect to available personnel, facilities, equipment, supplies and commodities. For instance, there is an observed high demand for oxygen and personal protective equipment. Consistent and high quality supply of oxygen is critical to saving lives.
4. The increasing number of new infections and new hospitalization of patients presenting with severe to critical COVID-19 illness, as reported in recent weeks means that there is increased pressure on available high care and intensive care units both in the private and public health facilities. In fact, the occupancy rate in most COVID-19 isolation

and Intensive Care Units (ICUs), both in public and private sector ranges between 67% to 100% on any given day.

5. For this reason, and the fact that COVID-19 is highly infectious, measures are being implemented to decongest referral hospitals by reducing the number of cold cases and elective surgical procedures to referral hospitals for the time being. This will help to ease the burden and human resources, space and on supplies at referral hospitals and allow them to effectively deal with the COVID-19 emergency. The cost of not acting now would be far greater.
6. When COVID-19 confirmed cases flare up, countries around the world respond by closing down places that are considered high risk for further transmission, such as schools, some workplaces and international borders in order to contain the spread of the virus. Restricting people's movements in and out of the highly affected areas for specific period(s) is one of the proven interventions to curb further spread of infection. Specific Guidelines were considered to effect the measures as announced by the President.
7. The Restriction of movement from and into the Windhoek, Rehoboth and Okahandja Local Authorities Areas will apply and remain in force for fourteen (14) days. However, essential services providers as defined in the Regulations are exempted.

Regulation 1: Definitions

The definitions will be expanded to include concepts that were excluded from the consolidated Public Health Regulations. These include terms related to contact sports among others.

Regulation No. 2: Application of Regulations: The restrictions on entry into and exit from apply to the Windhoek-Okahandja-Rehoboth local authority areas because Windhoek is currently the epicenter of COVID-19 in the country and effective restriction to the capital cannot be achieved without including the Okahandja and Rehoboth Local Authority Areas. Commuting for work within and between these local authorities is permitted. The other measures are applicable to the whole country, including the Restricted Areas.

Regulation No. 3: Wearing of masks remains unchanged.

Regulation No. 4: Public Gatherings

Public gatherings (as defined) during this period may not exceed more than 10 persons per event. Indoor events may not held continuously for longer than two hours at a time. Organizers of funerals must limit the number of attendees to not more than 10 persons. Food items served during these events must be strictly on a take away basis only. Schools and all institutions of high learning in the restricted local authority areas must transition to e-learning and hybrid teaching modes for the period of 14 days.

Workshops and training meetings in the restricted areas are limited to emergency and COVID-19 related activities only. No meals may be served at such meetings to prevent further spread of Covid-19 infection. Organisers and attendees are advised to limit the duration of these gatherings to not more than 2 hours per session.

Traditional Authorities should engage their communities to amend cultural practices, which are contrary to this restriction, especially during the funeral virgils and wakes, whether it is before or after the funeral.

Regulation No.5: Curfew:

The curfew is imposed for the stated period in order to restrict movement of people and lessen the risks for infection and further transmission.

Regulation No. 6: Measures relating Education:

Preventive measures will be put in place at schools to ensure that students and learners are fully protected. The Ministry of Health and Social Services has been, and continues to work together with Ministry of Education, Arts and Culture as well as Ministry of Higher Education to coordinate the most effective mode of learning during this period. The aim is to protect learners and teachers from picking up infections from the community and taking it to schools and vice versa.

Regulation No. 7: Restrictions relating to liquor:

The sale and purchase of liquor from all establishments, is permitted from 09:00 to 18:00, Monday to Saturday, on take-away basis only. There is concern that after bars and shebeen closes at 18:00, people congregates at hotels, restaurants and guesthouses to drink alcohol. This poses a challenge to law enforcement and fuel further spreading of the infections. Such practice is not permissible.

Sale of liquor on take-away basis will mean that members of the public will be able to buy liquor but consumption must take place at home or at other private location, while businesses continues to generate income. At the same time, interactions amongst people will be reduced, with the concomitant reduction in the risk of the spread of new infections.

Regulation No. 8: Resumption of businesses, operations and activities:

Gambling Houses, Casinos, betting houses and Night Clubs are deemed to be high-risk under the circumstances and will not be permitted to operate.

Selling kapana on take away basis will mean that people can buy and have their food at home or away from one another, while the businesses can still generate incomes. However, the interaction amongst people will be reduced, with the concomitant reduction in the risk of the spread of new infections. Patrons at clubs and gambling houses are known to interact in close proximity, increasing the chances for infections and the further spread of the virus.

Regulation No. 9: Additional provisions relating to workplace:

Managers and employers are encouraged to introduce shifts at workplaces in order to decongest workplaces and limit interactions amongst staff. This will help to reduce infections.

Regulation No. 10: Restrictions relating to certain activities:

Prohibition of contact sports as well as the prohibition of spectators at live sports events will go a long way to curb the spread of the virus. Training for contact sport shall be done in accordance to the Regulations. Netball is added to the definitions as a contact sport. Gyms and fitness facilities shall be closed during the restriction period.

Regulation No. 11: Restrictions relating to entry into Namibia:

Entry into Namibia by air or road is permitted during this period. Travellers who have made prior arrangements can proceed to their destinations. Tourists who wish to depart Namibia through or traversing via the restricted areas (by road or by air) will be granted passage on providing relevant proof.

Regulation No. 13: Public transport

As stated by the President, in order to make adequate provision for physical distancing and to avoid overloading in motor vehicles, all public transport operators may only load passengers to half the capacity of the vehicle. This measure applies to public transport in all parts of the country.

Regulation No. 16: Testing:

Individuals who have been swabbed and are suspected of being infected with COVID-19, either because they are symptomatic or are contacts of positive cases, must remain in home quarantine after swabbing until their results are released. Where a person becomes ill, such person must seek medical attention immediately. Where a person tests positive but asymptomatic, he or she must remain in isolation for a period of ten days and resume normal activities after receive a Certificate of Discharge from Isolation. These Certificates are issued by the Ministry of Health and Social Services.

Regulation No. 17: Contact tracing:

With a high number of active cases, now standing at more than 10,000, there is additional pressure and demand on our contact tracing teams. In this regard, the public is urged to contact the COVID-19 Call Centre by calling Toll Free to 0800 100 100 to report any person who may fall ill as a COVID-19 suspected case.

Regulation No. 19: COVID-19 related deaths and Burials

The existing protocols for conducting COVID-19 burials will be maintained. This means that burials are to take place within seven (7) days. Where any meals are served at a funeral, this must be on Take-Away basis only. In fact serving meals at funerals is an unnecessary expenses and is discouraged. All persons, including immediate family members who were exposed must be tested immediately and quarantine at home. Visitation must be restricted. This shall apply to all funerals irrespective of cause of death.

Regulation No. 20: COVID-19 Awareness Creation Messages and Campaigns.

All Offices, Ministries and Agencies are urged to intensify messages urging people to stay home and to get vaccinated.

Regulation No. 24: Isolation facilities

Isolation and quarantine remain part of our national response to COVID-19. It is important that expectant women at term, the elderly and people with comorbidities who are COVID-19 suspects be isolated at facility for close monitoring by health personnel until it is confirmed that they are out of danger.

Regulation No. 25: Persons to be isolated

All newly confirmed cases, who lives in a house with person older than 50 years and above or with commorbidites must be isolated at a non-health facility.

Regulation No. 27: Requirements for homes for the aged

Standard Operating Procedures will be enhanced to include that visits to old age homes must be restricted. Employees at the old age home are encouraged to be vaccinated.

Regulation No. 29: Requirements for mental health institutions.

SOP's will be enhanced to include that visits to mental health institutions must be restricted. Employees at mental health institutions are encouraged to be vaccinated.

Regulation No. 31: Vaccines: The vaccination campaign is ongoing. We encourage Namibians to get vaccinated. Incentives will be rolled out to increase the uptake of vaccine.

Regulation No. 32: Offences and penalties

Consultation between MOHSS, Security cluster and Judiciary will take place to explore the possibility of spot fines to be introduced under the Public Health Regulation. Options are also being explored for sanctions to be levied on professionals registered with relevant Health Professional Bodies, or to lay charges ethically for the spread of fake news or conspiracies against interventions by Government. Concealing of COVID-19 contacts during the contact tracing process will also constitute an offence.

Before I conclude, I would like to clarify the issue of "Ramatex" as it appear in one of the local print media.

8. At the beginning of the pandemic, some members of the private health sector approached the Ministry to establish a Covid-19 treatment centre at the Lady Pohamba Private Hospital. The members would provide funding and all necessary expertise to build this facility and would only require the approval of the Ministry. The landlord gave permission for one year only and after one year, the facility has to be demolished.
9. This proposal was not supported by the Ministry, when taking into account the amount of investment for only one year. Secondly, the pandemic may persist beyond one year.

As a result, the Ministry looked for an alternative site and requested the Municipality of Windhoek to avail the Rhino Garment Factory, and not Ramatex, to convert it to a Covid-19 treatment facility. The City of Windhoek granted the Ministry permission to use the Rhino Garment Factory.

10. The members of the private health sector subsequently informed the Ministry that they are no longer going to pursue this project due to lack of funding. The Ministry however proceeded with architectural design and costing of the project. When the project was appraised by government, it was found to be not viable and not sustainable. It was directed that additional bed capacity be created within the existing hospitals in order to share the existing, infrastructure, support services and human resource. At all material time, the National Covid-19 Response Team was informed of all these developments.

11. Following that directive, the Ministry created the following additional Covid-19 beds which include high care and ICU beds:
 - Windhoek Central Hospital: 72 beds and 22 ICU beds
 - Katutura Intermediate Hospital: 120 beds
 - Robert Mugabe: 8 beds
 - Walvis Bay Hospital: 122 beds
 - Swakopmund Hospital: 26 beds
 - Mariental Hospital: 20 beds
 - Rehoboth Hospital: 36 beds
 - Oshakati Intermediate Hospital: 88 beds
 - Onandjokwe Hospital: 37 beds
 - Eenhana Hospital: 12 beds
 - Okongo Hospital: 8 beds
 - Nkurenkuru Hospital: 12 beds
 - Rundu Hospital: 28 beds
 - Katima Mulilo Hospital: 16 beds
 - Outapi Hospital: 32 beds
 - Okahao Hospital: 12 beds
 - Gobabis Hospital: 26 beds
 - Keetmanshoop Hospital: 24 beds
 - Total: 709 beds**

12. With the available resources we were able to cater for the whole country instead of Windhoek only. We are providing the necessary personnel, medical equipment and other consumables. The oxygen supply remain a challenge because the capacity of the suppliers to supply to the MOHSS remains constrained. However, despite these challenges, the Ministry shall provide adequate health services to those in need at all times.