

REPUBLIC OF NAMIBIA



MINISTRY OF HEALTH AND SOCIAL SERVICES

**STATEMENT BY DR. KALUMBI SHANGULA, MP, MINISTER OF HEALTH AND
SOCIAL SERVICES AT THE OCCASION OF THE 30th COVID-19 PUBLIC
BRIEFING.**

30 JUNE 2021

**STATE HOUSE
WINDHOEK**

**Check Against Delivery.*

Your Excellency, Dr. Hage G. Geingob, President of the Republic of Namibia

Your Excellency, Dr. Nangolo Mbumba, Vice President

Honourable Ministers

Members of the Media

Ladies and Gentlemen!

1. Our country is facing an unprecedented emergency, arising out of the COVID-19 pandemic. The 3rd wave we are experiencing currently has impacted all corners of our country with devastating ferocity. New infections have increased exponentially, so has the number of hospitalizations and deaths. There is hardly a family or a community in this country that has not been touched. We have all either buried a loved one whose death is attributed to COVID-19, or we know a friend or a neighbour who has. Our country is literally in an existential struggle against this pandemic. We are in a fight for our very lives.
2. In recent weeks, health facilities in the public and private sector around the country have recorded the highest number of patient admissions in our country's history. This has exerted tremendous pressure on the health system. Our mortuaries have reached maximum capacity. There are funerals taking place in different communities on a daily basis. Our health care workers are working long hours taking care of the patients. This is true for all frontline workers in the national effort to combat COVID-19. I salute them for their commitment to duty and selfless patriotic service.
3. The nurses, the doctors, the porters, the emergency care practitioners, the social workers, the pharmacists and other healthcare workers put their own lives on the line every day to fight for our nation, to save lives and to help heal the sick. Their efforts are evident in the number of patients who are treated in our health facilities across the country and are able to return home healthy after having recovered. It is the responsibility of each and all of us to protect this valuable resource for our country because without them, there is no delivery of health care services.
4. The measures announced by His Excellency, the President here today are designed to help Namibia break the chain of transmission and the occurrence of new infections. The overall goal is to protect lives and preserve livelihoods in the face of this devastating wave. We have a non-immune population, highly susceptible to COVID-19 infection which is highly transmissible. It is very difficult to control because people serve both as a vector and a host of the infective agent.
5. In addition to these measures, Government has taken decisive action to strengthen and expand the capacity of our health system to withstand the impact of the pandemic. These include: the construction and repurposing of treatment and isolation facilities for those who fall ill due to coronavirus infections; increasing capacity to supply much-needed oxygen for patients, procurement of medical equipment such as ventilators, hospital beds, and clinical supplies, as well as the procurement of pharmaceuticals.

that are used in the treatment of COVID-19 patients. The Government is also pursuing efforts to secure COVID-19 vaccine doses for the country. Towards this end, a warchest of N\$484 million has been set aside to procure vaccines for Namibia. While the doses received during March and April, have largely been used up, deliveries of more doses are expected in the country starting during the month of July and also in August, 2021.

6. The Government is seriously concerned about the delays that have hampered to delivery of the vaccines to the country. We will spare no effort in our engagement with the potential suppliers of vaccines in order to vaccinate more people in Namibia. Our systems supported by the existing Expanded Programme on Immunization are ready to go and once more supplies arrive in the country, the vaccines will be deployed speedily. In the meantime, vaccination is continuing at sites around the country where doses are still available. I urge our people to avail themselves for vaccination in order to protect themselves, their families and their communities. This is an aspect critical in our strategy to defeat the pandemic.
7. I now turn to outlining the details of the COVID-19 public health regulations that will come in force at midnight tonight, 30 June 2021, following the expiry of the current dispensation, which came into force on 16 June 2021. The new measures will, as the President stated, be in force for 14 days. They will be reviewed regularly to determine their effectiveness in addressing the situation facing our country at this time. As approved by Cabinet, the measures are designed to curtail the further spread of the COVID-19 after 30 June 2021. I will confine myself to those measures that need further elucidation and articulation.

8. Restriction of movement

- 8.1. Restriction of movement applies to the whole country. Permits to enter into or leave the restricted zone may be issued by Persons/Officials/Officers as authorised by the Minister of Health and Social Services in terms of the Public and Environmental Health Act, 2015. The following officers are authorised to issue travel permits.
 - Police Officer (Station Commander) or higher rank, or as designated by Inspector General of the Namibian Police,
 - Executive Directors or Regional Directors or Staff Member as designated by the Executive Directors or Regional Directors of the following Offices, Ministries or Agencies, that is Ministries of: Agriculture, Water and Land Reform; Defence and Veterans Affairs; Education, Arts and Culture; Environment, Tourism and Forestry; Health and Social Services; Higher Education Technology and Innovation; Industrialization and Trade; and the Namibia Central Intelligence Agency. Within the restricted zone, employers must issue letters of authorization to employees who are required to perform essential service during the curfew hours.

8.2. For the purpose of achieving the objectives of the restriction of movement and the ease of implementation of the regulations, the country is divided into 10 zones as follow:

- Zone 1: Zambezi region;
- Zone 2: Kavango East and Kavango West regions;
- Zone 3: Ohangwena, Oshikoto and Oshana region;
- Zone 4: Omusati region;
- Zone 5: Otjozondjupa and Omaheke regions but excluding Rehoboth and Okahandja Local Authority Areas;
- Zone 7: Erongo region;
- Zone 8: !Karas region;
- Zone 9: Hardap region, excluding Rehoboth; and
- Zone 10: Kunene region.

9. Restrictions related to alcohol

No alcohol may be consumed at all alcohol outlets, being restaurants, bars, shebeens and other alcohol outlets. No sale of alcohol may take place on Fridays, Saturdays, Sundays and Public Holidays. Consumption of alcohol beverages may only take place in homes or in hospitality establishments that host guests. House parties and other celebrations like birthdays and other anniversary celebrations are prohibited.

10. Business operations

All food establishments, including kapana, restaurants, to serve food on a take-way basis only, this includes food vendors selling ready cooked meals. High risk businesses such as gyms, swimming pools, playgrounds and sports clubs will remain closed from 1 July to 15 July 2021. Salons and beauty parlors will be allowed to operate, subject to adherence to health regulations. Specifically, not more than ten (10) person at a time will be allowed in the premise. Workers, patrons or clients in these premises must wear masks all the time. They must maintain physical distance of not less 1.5 meters and sanitise regularly.

11. COVID-19 Laboratory testing:

Only the approved and validated Antigen-Rapid Diagnostic Test (ag-RDT) kits will be authorized for use in Namibia. Use of these kits must be linked to an approved local laboratory, clinic, hospital and casualty settings only. No other Ag-RDT will be allowed to be used in the country without authority from the Namibia Medicines Regulatory Authority (NMRC). All testing institutions or labs are required to complete the Case Investigation Forms (CIFs).

12. Burials

We need to adjust and conform to the new imperatives imposed on us by Covid-19 pandemic. This is specifically true in respect of the way we mourn and bury our loved ones. Covid-19 burials must conform to procedurs for safe burials. Covid-19 burial must strictly take place within ten (10) days after the death has occurred. The

attendance at the burials site is limited to ten (10) mourners only. Physical distance of not less than 1.5 meters must be maintained at all times. It is discouraged for mourners to congregate thereafter, either at the residence of the deceased person or at any other place. It is also discouraged to serve meals after the burial. Where food is to be served, it must be on a take-away basis. As I always say, we do not want one funeral to breed more funerals!

12. I shall now articulate the current situation related to availability of hospital beds, oxygen and our vaccination campaign.

12.1. Infrastructure

In total, there are 1 732 isolation beds countrywide, in the public and private sectors of which 143 are ICU beds. In the next few days, Government will commission two Field Hospitals in Windhoek and Oshakati, with the capacity of 70 and 40 beds, respectively. Another building at the Katutura State Hospital Complex, with a capacity of 46 beds and the Katutura Hospital Nurses Hall have been repurposed and will also be opened for use in the coming days. Another 100-bed unit will be constructed at Katutura Intermediate Hospital soon. The site works has commenced. This will increase the number of isolation beds to 2024 countrywide and enhance access to medical care for those who will need it most.

12.2. Oxygen

Deliberate steps have also been taken to improve the supply and availability of **life-saving oxygen** to our health facilities. There are three ways in which oxygen is supplied to health facilities, namely by free standing oxygen/gas generating systems, installed at all district and referral hospitals, bulk oxygen tanks and refillable portable oxygen cylinders. Three weeks ago, a 20-ton bulk oxygen tank was installed to provide oxygen to the 76-bed Respiratory Unit at Katutura Hospital, where COVID-19 patients are admitted. The existing bulk oxygen tanks at Tsumeb and Walvis Bay State Hospitals, with the capacity of 6.5 tons each will also be filled as required to ensure adequate care. We have also engaged Afrox to install a 13-ton bulk oxygen tank at Oshakati State Hospital soon.

Also, a new gas generating unit with a capacity of producing 370 liters of oxygen per minute, was installed one week ago at the Windhoek Central Hospital. It will supply the dedicated 15-bed COVID-19 ICU and High Care Unit at the Central Hospital. A similar unit was installed at Walvis Bay Hospital with the support of the private sector last year. I also wish to inform that three hundred (300) portable oxygen cylinder have been delivered in Windhoek. They will be taken to Afrox to be filled and will be distributed to health facilities across the country, especially to facilities in remote areas. Government is also pursuing the option of procuring oxygen concentrators to be distributed to various public health facilities around the country as part of the

intervention. The concentrators can play a significant role in assisting patients in respiratory distress, but do not require high flow oxygen.

12.3. Vaccination campaign

The nationwide vaccination in Namibia was launched on 19 April 2021 in all 14 Regions. We have to date received 197, 200 doses of COVID-19 vaccines. The majority of these doses have been used up and only a limited stock remains. We will continue to vaccinate at sites where vaccine stocks are still available. This is international best practice as other countries that have faced vaccine supply constraints have done the same. The fact of the matter is that some protection is better than none. As of yesterday, the 29 June 2021, there were a total of 35 503 doses of vaccines in different districts around the country. Of these, 12 195 are AstraZeneca and 23 311 are Sinopharm. Some five (5) districts have exhausted their allocated stock of AstraZeneca vaccine, while two (2) districts have used up all the allocated Sinopharm doses.

Getting vaccinated is the most effective way to protect our country against the onslaught of this dangerous pandemic. As per WHO guidance, even the first dose, provides important protection against COVID-19. The available doses will be used to vaccinate those receiving the first dose as well as identified persons considered to be at highest risk of the severe disease, hospitalization and death. Namibians must stand together to fight and defeat the infodemic of false information and conspiracy theories. I urge all Namibians to form a united front in order to continue combating this pandemic. Assuring the continuity and uninterrupted vaccine in order to reach herd immunity is an ongoing pursuit. It requires a combined effort from all stakeholders, using each and every tool in our arsenal.

I wish to address the concerns raised by members of the public regarding persons who will receive a delayed second dose due to delayed arrival of vaccines in the country. According to guidance from the World Health Organisation, a delayed administration of the second dose of the vaccine will not adversely affect individuals. In fact, the administration of the second dose may be delayed for up to 6 weeks.

The delivery of vaccines to the country have been delayed and we are working day and night engaging manufacturers and through diplomatic channels to get the vaccines soonest. Namibia has paid up in full for 108 000 doses of Astra Zeneca via the COVAX facility. To date, 67 200 doses have been delivered. We expect the balance of 40 800 doses of the AstraZeneca vaccine to reach our country during the month of July 2021. We have also finalized orders for doses of Sinopharm, Astra Zeneca and Johnson & Johnson vaccines. We await delivery of these vaccines in the coming weeks and months. In terms of estimated dates of arrival, we have the following information at our disposal. We have completed orders for the following vaccines:

Table 1: The current status for the procurement of COVID-19 Vaccines

Vaccine	Quantity (Doses)	Supplier	Expected Date of Delivery in 2021
AstraZeneca	40 800	COVAX Facility	Remainder doses, early July, 2021
AstraZeneca	120 000	AZ Europe	Mid July, 2021
Sinopharm	150 000	Sinopharm	Early July, 2021
Sinopharm	100 000	UAE	Early July, 2021
J & J	250 000	AVATT	Early August, 2021

13. Government is continuing to ensure that our response as a nation to the pandemic remains robust. In this regard, Cabinet, yesterday approved the establishment of five Clusters to support the ongoing work carried out by the COVID-19 Preparedness and Response Pillars. The Clusters are made up of senior officials and experts from different Offices, Ministries and Agencies, Development Cooperation Partners and the Private Sector. They will operate under specific Terms of References, reporting to the National Disaster Risk Management Committee, which in turn reports to Cabinet. The following clusters have been established:

- Facility
- Human resource
- Epidemiology/Dashboard
- Security
- Vaccination and
- Information and Publicity.

14. Other regulations

Other regulations that have not been amended shall remain in force.

15. I wish to conclude by thanking His Excellency Dr Hage G. Geingob for providing leadership even during the time of his indisposition. I thank the Rt Hon Prime Minister, the Deputy Prime Minister and Cabinet Colleagues for the steadfast support in controlling this pandemic. I thank members of the public, the private sector, NGOs, traditional, religious leaders and political parties. Let us all close ranks to defeat this pandemic.

Establishment of Clusters to support the COVID-19 Response

The Clusters listed hereunder are established, pursuant to the Recommendation from the National Disaster Risk Management Committee to supplement the work of the existing Pillars of the National COVID-19 Preparedness and Response Team. The Ministry of Health and Social Services has worked very hard, with some assistance from the rest of Government to deal with different aspects of fighting Covid-19. Therefore, given the elevated level of the pandemic, it was decided that there is a need to create additional clusters to assist the Ministry of Health and Social Services to combat the pandemic. In this regard, the following clusters were agreed to:

1. Facilities Cluster

This cluster will respond to the sourcing and availing of facilities to be used for Covid-19 patients. This includes finding additional hospital space, beds, oxygen etc. Members of this Cluster should identify senior people who will be freed from other responsibilities for the next two weeks to address the infrastructural issues.

Members:

- *Ministry of Health and Social Services (Chairperson);*
- *Ministry of International Relations and Cooperation;*
- *Ministry of Finance;*
- *Ministry of Works and Transport;*
- *Ministry of Defence and Veteran Affairs; and*
- *National Planning Commission.*

2. Human Resource Cluster

This cluster will manage the recruitment of additional personnel that are required to deal with the pandemic. Amongst the human resources constraints included limited number of doctors locally, nurses and other health personnel. This Cluster should note that a total of three hundred and fifty (350) locally trained nurses are due for graduation end of June 2021. Therefore, the Ministry of Health and Social Services intends to absorb the whole number to address the shortage of Human Resource.

Members

- *Ministry of Higher Education, Technology and Innovation (Chairperson);*
- *Ministry of Education, Arts and Culture;*
- *Office of the Prime Minister;*
- *Ministry of International Relations and Cooperation;*
- *Ministry of Health and Social Services;*
- *Ministry of Home Affairs, Immigration, Safety and Security; and*
- *Ministry of Labour, Industrial Relations and Employment Creation.*

3. **Epidemiology/Dashboard Cluster**

This cluster is already in existence and convenes every second week.

Members

- *Ministry of Health and Social Services (Chairperson);*
- *Ministry of Education, Arts and Culture;*
- *Ministry of Finance;*
- *Ministry of Justice;*
- *Office of the Attorney-General;*
- *Namibia Statistics Agency (NSA).*

4. **Security Cluster**

This cluster is already in existence and is functional. The cluster indicated that it is experiencing challenges with transportation.

Members

- *Ministry of Home Affairs, Immigration, Safety and Security (Chairperson);*
- *Ministry of Health and Social Services*
- *Ministry of Defence and Veteran Affairs;*
- *Namibia Central Intelligence Service;*
- *Ministry of Justice; and*
- *Office of the Attorney-General.*

Co-Opted Members

- *Ministry of International Relations and Cooperation;*
- *Ministry of Finance; and*
- *Ministry of Works and Transport*

5. **Vaccination Cluster**

This cluster should monitor the vaccination process, propose strategies to mobilize the Nation to be vaccinated, and ensure that the country has sufficient vaccines at all times.

Members

- *Ministry of Health and Social Services (Chairperson);*
- *Ministry of Finance;*
- *Ministry of Education, Arts and Culture;*
- *Ministry of Home Affairs, Immigration, Safety and Security;*
- *Ministry of Information and Communication Technology; and*
- *Namibia Medicines Regulatory Council (NMRC);*
- *Ministry of International Relations and Cooperation*

Co-Opted Members

- *Office of the Attorney-General*

6. Information and Publicity Cluster

This cluster should work in close consultation with the Vaccination Cluster to disseminate information and hold media campaigns in terms of testing and Vaccination.

Members

- *Ministry of Information and Communication Technology (Chairperson);*
- *Ministry of Health and Social Services;*
- *Ministry of Urban and Rural Development; and*
- *Association for Local Authorities in Namibia (ALAN).*
