

REPUBLIC OF NAMIBIA



MINISTRY OF HEALTH AND SOCIAL SERVICES

STATEMENT BY DR KALUMBI SHANGULA, MINISTER OF HEALTH AND SOCIAL SERVICES AT THE 39TH COVID-19 PUBLIC BRIEFING ON AMENDMENTS TO PUBLIC HEALTH GENERAL REGULATIONS: PUBLIC AND ENVIRONMENTAL HEALTH ACT, 2015

13 January 2021

STATE HOUSE

WINDHOEK

**Check against Delivery.*

Your Excellency, Comrade President

1. I extend my festive greeting to Your Excellency and to all fellow Namibians. It is our hope that the New Year will deliver us from the worst form of Covid-19 and that the country will embark on a road to recovery and prosperity!
2. Last year was the second year we spent a consecutive festive season amidst a wave of COVID-19. The fourth wave is driven by Omicron variant that was detected towards the end of November 2021. The Omicron variant proved to be highly transmissible, albeit not as severe and virulent as Delta variant which we controlled successfully after it caused devastation on health, economy and livelihoods. We are currently observing a significant number of people getting infected and hospitalized. Some of them have succumbed to the disease.
3. As at 11 January 2022, Namibia has recorded a total of 153 290 new confirmed COVID-19 cases, out of the 893 635 samples tested. This translates into an additional 19 846 new confirmed cases since the last briefing on 14 December 2021. We have noted with concern an increased number of people who were infected previously getting infected again. We have recorded a total number of 1 876 reinfections, since the 8 December 2021. A total number of 140 973 recoveries were reported, translating into a recovery rate of 92%. This is a reduction of 2.7% from where we were during the last briefing owing to increased number of cases reported during the Fourth Wave. Active cases have also increased three-fold to 10 418 compared to 3 392 active cases we had during the last briefing. More 183 lives were lost bringing the number of deaths to 3 761 since the beginning of the pandemic.
4. The Fourth Wave started on 29 November 2021. The cases peaked on 19 December 2021, when we recorded a total of 1 334 new cases in a day. The cases have since started to decline from the 26 December 2021 with an average of 450 cases per day. From 16 December 2021 to 11 January 2022, a period of 27 days covering the current dispensations, a total of 68 975 samples were tested of which 18 586 new cases were confirmed giving a positive ratio of 27% compared to 11% positivity ratio during the preceding period. These figures indicates that the number of tests conducted increased by 37.2% and number of new cases increased by 69.8%, while the positivity ratio increased by 59.3%. Correspondingly, the number of deaths increased exponentially from 13 deaths reported during the preceding 27 days to 181 deaths reported during the period of 27 days during this dispensation, an increment of 92.8%. The number of inpatients increased to an average of 362 per day as compared to 198 reported during the preceding 27 days.
5. Vaccination remain one of the most effective preventive interventions we continue to promote. Vaccines helps the body to fight the infection and prevent severe disease thereby reducing hospitalizations and deaths. There are few vaccinated individuals who may get

severe illness and succumb as a result, mainly due to existing medical conditions or co-morbidities. It is for this reason that as a scientific community, we encourage individuals, especially the vulnerable ones due to co-morbidities, to get the booster doses.

6. As at 11 December 2021, a total of 411 163 persons have received the first dose of COVID-19 vaccine nationally. This translates into 22.7% of the target population. Of these 408 658 are person aged 18 years and above representing 27.2% and 2 478 are children aged 12-17 years, representing 0.8% of that target population. Collectively, 348 552 eligible persons are fully vaccinated, inclusive of 410 children aged 12-17 years. We are content that the daily vaccination uptake increased by 52.7% from 2 112 on 13 December 2021 to 4 466 on 11 January 2022.
7. Following the introduction of the booster doses, 8 290 people has received their booster doses thus far. We encourage more people to enhance their protection by going for the booster vaccines.
8. We are observing many instances of reinfection and breakthrough infections among the population. During the last briefing, I explained in details the mechanism of reinfection and breakthrough infections such that I do not need to repeat that today. These phenomena are expected to happen. Nonetheless, the occurrence of reinfection and breakthrough infection should not discourage us to get vaccinated. We should continue to adhere to all preventive measures in order to protect ourselves, family, friends, colleagues and anyone else we may come into contact with, even after full vaccination and after full recovery from Covid-19.
9. We have noted with utter disgust, the persistent and sustained anti-vaccination campaigns laced with false narratives that people who are dying from Covid-19 are those who are vaccinated. Whereas the antivaccination proponents de-campaign vaccination, they have no viable alternative to offer in relation to vaccination. An analysis of the Covid-19 statistics from the 1st -11th January shows that:
 - 81% of new infections is among the unvaccinated individuals;
 - 97% of admissions to hospitals is of the unvaccinated individuals;
 - 94% of ICU admissions is of the unvaccinated individuals; and
 - 91% of deaths is of the unvaccinated individuals.

Statistics do not lie. Numbers do not lie. The benefits of vaccination are convincingly demonstrated even in Namibia. It is unethical and morally repugnant to deny a scientifically proven benefit to an individual without offering a viable alternative to the proven benefits.

10. It has come to our attention that some unscrupulous individuals are obtaining Vaccination Cards fraudulently while not being vaccinated. This is a criminal offence which is punishable by law. We caution the public to desist from such criminal activities.
11. As the Government is addressing the pandemic, efforts to ensure adequate preparedness are ongoing. These includes infrastructure enhancements in terms of isolation as well as provision of adequate Intensive Care Units, adequate oxygen supply, procurement of equipment, provision of sufficient mortuary facilities and recruitment of additional healthcare workers.
12. The COVID-19 Epidemiological trajectory helps us to make informed decisions when reviewing the current Public Health General Regulations. We remain committed to strike a fine balance between public health and the imperatives of safeguarding peoples' livelihoods and the revival of the economy as we adjust the public health measures.
13. I will now proceed to unpack the amendments to the public health measures.

14.1. Duration of the public health measures

The duration of the new public health measures will run from **16th January 2022 to 15th February 2022**. If the situation deteriorates, which we do not anticipate now, the measures may be reviewed at an earlier date.

14.2. Gatherings

As the number of cases has plateaued, the number of attendees at public gatherings will remain unchanged at not more than 200 persons per event. I should emphasize here that if the venue where an event is taking is small, the organisers must ensure the maintenance of the minimum physical distance and adjust the number of attendees accordingly. Public gatherings offer fertile ground for Covid-19 transmission.

14.3. Curfew

Lockdown and curfew served us well in reducing transmission during the Third and earlier Waves. The current epidemiological environment does not warrant the re-introduction of a curfew.

14.4. Education

The general health regulations related to education are retained without change. Educational institutions are allowed to operate at full capacity. Schools that are not equipped to operate at full capacity, should make their own internal arrangements to adhere to the COVID-19 prevention protocols such as rotational or alternate attendance of classes by learners. The MOHSS and MOEAC will continuously engage to find the best balance between adherence to the prevention measures and the provision of quality education.

14.5. Restrictions related to liquor

The measures related to the sale of liquor are retained without change.

14.6. Business operations

Business owners shall continue to operate in line with the provisions of their business licenses. Business owners of restaurants, bars, kapaņas, hair saloons and others must enforce the compliance with Covid-19 protocols by employees such as the strict wearing of masks. It is also the duty of the clients to demand the wearing of masks by waitresses, hairdressers and other service providers. The wearing of masks by all in public space remains a mandatory requirement in Namibia.

14.7. Contact Sport

The total number of spectators at the sporting event should not exceed 200 persons. In other words, the number of spectators at sports events should remain aligned with the regulation on public gatherings, where the limit is 200 persons per event.

14.8. Public transport

Measures related to public transport remain unchanged.

14.9. Burials

14.9.1. In line with the evolving scientific evidence, the rituals related to burials of persons who succumbed to COVID-19 and those who died due to other causes will proceed in the same manner, but with due regard to infection control measures when a COVID-19 positive body is handled by health care workers and undertaker personnel. Physical contact with the remains of a person who had COVID-19 by a person not trained in infection prevention and control such as a member of the public or family members is strictly forbidden. The Standard Operating Procedures with regard to burials will be adjusted accordingly.

14.9.2. Restrictions on the number of persons permitted at memorial services and burial sites should not exceed 200 persons as per the Regulations and all prevention protocols should be strictly enforced so that we do not revert back to the time when the burials of people who have succumbed to COVID-19 have to be strictly regulated in order to contain the spread of the virus.

14.9.3 We observe with compassion that people are taking long to find closure after losing their loved ones especially those that succumbed to COVID-19 during the early days of the pandemic when burials were only allowed in localities where the death occurred. I should emphasize here again that exhumation of the remains of those who passed on due to COVID-19 for the purpose of reburial at the preferred burial site is possible. All lawful procedures should be followed in case this is opted for. The first step is to approach a competent Court to authorise the exhumation.

14.10. Rapid Antigen Tests

There are several COVID-19 Rapid Antigen Test products on the market. It is important to ensure that the products approved for use are validated by the Ministry of Health and Social Services. We have noted with concern that some service providers are inflating prices. It is unethical to cash in on the misery of others. The measures related to the use of COVID-19 Rapid Antigen Tests is retained without change.

14.11. Requirements for entry in the country.

- 14.11.1. Fully vaccinated Namibians, Permanent Residents and Truck Drivers will no longer be required to present a negative PCR test result upon entry into Namibia. The abovementioned categories of people can enter the country at any time with a valid and authentic **Vaccination Card**.
- 14.11.2. For all other categories of travelers, including truck drivers who are not fully vaccinated, the validity of a negative PCR COVID-19 test results remains 72 hours from time of the collection of the specimen to the time the individual presents him/herself at the point of entry into Namibia.
- 14.11.3. Non-Namibians who arrive with PCR test results older than 72 hours and are not in possession of a de-isolation certificate, will be denied entry in the country. Namibians who arrive without a valid PCR test result or a De-isolation Certificate will be subjected to a PCR test at own cost at the port of entry and will be quarantined at own cost. Such traveler will be released from quarantine if the PCR results are negative.
- 14.11.4. Namibia citizens and permanent residence permit holders who present **positive** PCR test results at points of entry may be allowed to proceed to the final destination and be subjected to isolation at own cost or to supervised home isolation provided that they have obtained approval for such supervised home isolation from the responsible officials Ministry of Health and Social Services.
- 14.11.5. During the 38th Covid-19 Public Health Briefing, the Ministry proposed some measures to understand the extent of Omicron variant distribution in Namibia. These included random testing of travelers arriving in Namibia, and further subjecting the positive samples to genome sequencing. It is now clear that Omicron variant is widely present in the community, and therefore random testing will not be implemented as it will not add any value to the pandemic response. The situation will however be closely monitored and this may be revisited if the need arises.

15. I thank all my fellow Ministers and their staff for working with the Ministry of Health and Social Services shoulder to shoulder in fighting the pandemic within a “Whole-of-Government” approach. Heartfelt appreciation to the private health sector, diplomatic community, the Namibian business sector, development partners and civil society organizations for their swift and relentless support. Our elected, traditional and religious/faith-based leaders have been great catalysts in improving the uptake of the vaccines and ensuring adherence to the public health measures. We thank them most sincerely and encourage them to continue to do so.
16. I applaud all health care and frontline workers for standing firm in the face of this invisible but, deadly enemy. I am humbled by your compassion, resilience and bravery.
17. To those health care workers who have kept the fire burning by providing continuous essential health and social services to our people, you are equally heroes and heroines who deliver in trying times with diminished resources due to diversion of resources to the pandemic responses. Thank you for upholding the mandate and ethos of public health.
18. We are invigorated by leadership and guidance of H.E. The President as he steers the nation into doing what is right and in the interest of our nation and ultimately, making a contribution to pandemic control in the world at large.
19. Finally, I implore the vaccine sceptics to abandon the antivaccine campaign and join the nation to successfully fight Covid-19 together. There is nothing for you to gain in opposing vaccination.

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