REPUBLIC OF NAMIBIA

MINISTERIAL STATEMENT IN THE NATIONAL ASSEMBLY BY DR. KALUMBI SHANGULA, MINISTER OF HEALTH AND SOCIAL SERVICES ON THE COVID-19 SITUATION IN NAMIBIA.

8 SEPTEMBER 2020 **WINDHOEK**

**Check*

Against Delivery.

Honourable Speaker,
Honourable Members,

1. I rise to share with the nation, through this August House, information about the ongoing National COVID-19 Response effort. On 30 January 2020, the Director-General of World Health Organization (WHO) declared the coronavirus disease 2019 (COVID-19) outbreak a public health emergency of international concern (PHEIC) under the International Health Regulations (IHR 2005), following advice from the International Health Regulations Emergency Committee. Namibia, like the rest of the world had to compile and implement a response plan in order to mitigate the impact of this global pandemic. The Ministry of Health and Social Services initiated a response strategy in accordance with WHO guidelines to support Namibia's preparedness and response. This enabled the country to swiftly outline the priority steps and actions to be included in the preparedness and response plans to combat the pandemic.

2. The preparedness and response plan was based on the following nine strategic pillars, namely:
   - Country-level coordination, planning, and monitoring;
   - Risk communication and community engagement;
   - Surveillance, rapid-response teams, and case investigation;
   - Points of Entry;
   - National Laboratories;
   - Infection Prevention and Control;
   - Case Management;
   - Operations Support and Logistics; and
   - Psycho-Social Support.

3. The plan was prepared with consultations and inputs from all Regional Offices and Stakeholders, for a period of six (6) months. The initial estimated budget for COVID 19 was N$1 billion. However, this amount was revised downward to N$727 million, the actual amount which was allocated for the response.

4. The funds, as allocated initially, were revised as the epidemiological situation evolved. The actual year to date expenditure for each Pillar is contained in the Accountability Report, prepared by the Ministry of Health and Social Services, covering the period from 1st April to 24 August 2020. The Report will be presented to Cabinet soon. At this point, it suffices to state that, the overall expenditure rate for the period under review currently stands at **78%** and includes all year to date commitments.

5. Allow me to share some information on our national preparedness and response.

5.1. PILLAR 1: Country-Level Coordination, Planning, and Monitoring

The primary aim under this Pillar is to coordinate the management of COVID-19 preparedness and response and to activate a National Public Health Emergency Management Mechanisms with the engagement of all relevant Offices, Ministries and Agencies. The Ministry is pleased to report that the Emergency Operation Center for COVID-19 was established to coordinate all activities in response to the pandemic. An Incident Manager was appointed and Training for

Trainers (ToT) for Field Epidemiologists and Infection Prevention and Control Practitioners on Standard Operation Procedures for COVID-19 response was conducted. The training covered Screening Procedures, COVID-19 epidemiology, Active Case Search Surveillance, Contact Tracing, and Mapping residences. In addition, the quarantining and isolation of suspected and positive COVID-19 cases were and continue to be coordinated under this Pillar.

It is important to note that most of the funding earmarked for training and technical support was not utilized as anticipated due to restriction imposed to curb the spread of the virus. Virtual training sessions were arranged instead. This had minimal financial implications. Some development cooperation partners also provided financial support for some of the activities. This will be detailed in the Accountability Report, I just alluded to.

5.2. PILLAR 2: Risk Communication and Community Engagement (RCCE)

Under Pillar 2, regular information was provided to the public on COVID-19. The Pillar also took active steps to combat fake news and misinformation. Community Health Workers were trained and deployed, the COVID 19 Communication Center was established and IEC material were printed, distributed in local languages.

5.3. Pillar 3: Surveillance, Rapid Response Teams, and Case Investigation

This pillar conducts active case finding in communities, health facilities, and at points of entry. Another goal is to enable the general population to practice self-surveillance, where individuals are required to self-report as suspected cases as soon as they experience symptoms or signs and/or if they are a contact of a confirmed case. Other activities under this Pillar include the monitoring of the geographical spread of the virus, transmission intensity, disease trends, characterize virological features, and assessment of its impact on health-care services.

Technical support training was also conducted through the support from development cooperation partners. The national toll-free hotline was established to enable the public to obtain information on different aspects of COVID-19. Several vehicles were procured to be used for rapid response. Details are contained in the Accountability Report.

5.4. Pillar 4: Points of Entry, International Travel, and Transport

This Pillar supports surveillance and risk communication activities. Appropriate public health measures are provided at Points of Entry and include: entry and exit screening; education of travelers on responsible travel behaviors before, during, and after travel; case finding; contact tracing; isolation; and quarantine. Under this Pillar we also manage the risk of imported cases through an analysis of the likely origin and routes of travelers. We have put in place measures to rapidly detect and manage suspected cases among travelers, including the capacity to quarantine individuals arriving from areas with community transmission; and cleaning and disinfection of the environment at Points of Entry and onboard conveyance. The Ministry was able to print and distribute screening forms for travelers and several meetings were conducted to address challenges concerning truck drivers.

5.5. Pillar 5: National laboratories

To respond effectively to the pandemic, it is important to have adequate laboratory testing capacity to manage large-scale testing for COVID-19 domestically, through public, private and

academic laboratories. The testing capacity in Namibia has been increasing progressively with the collaboration various laboratory services providers and agencies across the county. We are now able to test via NIP, UNAM, NAMDEB and Pathcare. Two other laboratories will come on stream soon.

5.6. Pillar 6: Infection Prevention and Control

Through this Pillar we review and update infection prevention and control (IPC) practices in health facilities and communities and to enhance preparedness for the treatment of patients infected with COVID-19, and also to prevent transmission to staff, between staff, between staff and patients/visitors, and in the community. We also ensure that there are sufficient supplies of Personal Protective Equipment (PPEs), Sanitizing Supplies, and Cleaning Materials.

Isolation Facilities

As part of the COVID-19 response, isolation facilities were constructed at Windhoek Central (10 beds), Opuwo, Oshakati and Rundu (4 beds capacity, respectively), Okongo and Gobabis (8 beds capacity, respectively), Keetmanshoop and Walvis Bay (12 and 24 beds capacity, respectively).

We have converted or retrofitted some health facilities to create additional capacity to prepare and respond to the COVID-19 pandemic. These include Windhoek Central Hospital Casualty, Katutura TB Ward, Robert Mugabe Avenue Clinic, staff accommodation at Hosea Kutako Airport, renovation of the East Wing of the Katutura Hospital Nurses' Home, Garages and General Ward at Walvis Bay State Hospital, General Ward at Swakopmund State Hospital, Tamariskia Clinic, ablution facilities at Henties Bay Youth Center, General Ward at Omaruru State Hospital, Ward 8 at Oshakati State Hospital, facilities at Oshikango Border Post, Nyangana, and Andara – Popa Falls Malaria Camp. Renovations are ongoing at Keetmanshoop Hospital, Uutapi Hospital and Onandjokwe Hospital.

5.7. Pillar 7: Case Management

Case Management is responsible for ensuring that that health facilities are prepared to effectively treat and manage COVID-19 patients. Staff are trained to be familiar with COVID-19 case definitions, and to deliver appropriate care, ensuring that patients with, or at risk of, severe illness are treated and/or referred immediately. In addition, the Pillar provides guidance on the management of asymptomatic and mild COVID-19 cases in home-isolation, as appropriate. As stated before, severe to critical cases are to be managed in health facility settings. As part of our response, we have acquired critical medical equipment, pharmaceutical and clinical supplies as well as ambulances. We have also recruited more than two thousand health professionals and administrative staff as part of the response.

5.8. Pillar 9: Psycho-Social Support

This pillar is unique in that it is country-generated and was not listed under WHO guidelines for the response to COVID-19. We created this Pillar given the need to provide psycho-social support to all individuals who are suspected and/or confirmed to have been infected with the coronavirus. Psycho-Social Support is also needed for Health Care Workers as well.

Honourable Speaker,
Honourable Members,

6. The measures and interventions we have implemented, have to a large extent been effective in controlling and suppressing the spread of the disease. However, the pandemic has been able to spread to other parts of the country. This is, and must be a source of concern for all Namibians. In this regard, I call for greater vigilance and personal responsibility of each and every Namibian to do our part to stop the spread of this disease. Therefore, all Namibians must continue to comply with the measures put in place. We mus:
   - Wear face masks each time they go out in public,
   - Practice prescribed social distancing protocols,
   - Avoid crowded places and public gatherings,
   - Practice hand hygiene, by using alcohol-based sanitizer or washing hands with soap and water for at least twenty seconds,
   - Go out in public only when it is absolutely necessary,
   - Avoid large meetings that are held indoors,
   - We must avoid unnecessary travel, especially from region to region.

7. Namibia continues to work together with international cooperating partners and to follow development in the pandemic response. Recently the country bought and took delivery of a medicine called Remdesivir that was found to enhance early recovery from Covid-19. This medicine has become part of our arsenal in the treatment of Covid-19.

8. Namibia has also signed up and is participating in the COVAX process, a collaboration under the auspices of WHO and GAVI for the development of vaccines in order to position ourselves favourably in accessing vaccines against Covid-19 when it becomes available.

9. The measures that Namibia has taken, though painful are starting to show positive outcomes. We are now observing that the number of new infection are showing a downward trend. I must however point out that the battle has not yet been won and we must redouble our efforts in order to defeat Covid-19. We are also called upon to accept the fact that Covid-19 will be with us for a long time and we must adjust to new normal.

10. These are the realities of our times. The only way Namibia can suppress the spread of the disease is by following and complying with these measures without fail, at all times, and by everyone.

I thank you.