

REPUBLIC OF NAMIBIA



MINISTRY OF HEALTH AND SOCIAL SERVICES

**AMENDMENTS OF PUBLIC HEALTH COVID 19 GENERAL REGULATIONS:
PUBLIC AND ENVIRONMENTAL HEALTH ACT, 2015: DR KALUMBI SHANGULA,
MP, MINISTER OF HEALTH AND SOCIAL SERVICES.
23RD COVID-19 PUBLIC BRIEFING**

13 January 2021

WINDHOEK

**Check against Deliver*

Hon Ministers
Senior Government Officials
Members of the Media
Fellow Namibians!

1. I extend to you and your families my best and heartfelt felicitations for the New Year. I extend my profound thanks and acknowledgement to you for the support and cooperation you extended to me and the entire team that is responsible for the prevention, control and management of Covid-19 in Namibia. The challenges we faced during 2020 were enormous but you were not never found wanting. We count on similar generosity in 2021.
2. As we are all aware, the measures that I announced on the 23 December 2020 to control and prevent Covid-19 will lapse midnight tonight. As I will demonstrate to you, the situation has even worsened than the time of the last announcement. It is therefore imperative that we strengthen our response and consolidate on our achievements. I have been mandated by His Excellency, The President to make further announcements, in terms of the Public and Environmental Act of 2015, that would disrupt the transmission chain of Covid-19 infection.
3. There is a continuing and rapid rise in COVID-19 confirmed cases in Namibia. Evidence demonstrates that the second wave has now far exceeded and eclipsed the first wave. Many state and private hospitals in Namibia have reached near full or full capacity and some are unable to admit due to lack of space, especially in terms of intensive care beds and facilities. The situation is affecting and has been experienced in most regions.
4. Together with the growing number of cases, healthcare workers are being infected and have thus to be demobilized. Namibia has so far recorded a total number of 1 350 healthcare workers who have been infected with Covid-19, including six (6) of them who lost their lives as a result. This is very worrisome as more staff are, and will be required to manage COVID-19 patients and clients.
5. For the period between 26 October 2020 to 22 November 2020, the average COVID-19 positivity ratio in Namibia stood at 4.7%. This has increased 5-fold for the period from 28 December 2020 to 3 January 2021, where the positivity ratio rose to 24% on average. During the past two weeks, a total of 6,402 newly confirmed cases out of 26,191 test results were recorded. While it is not confirmed yet, there is a high level of suspicion that the more transmissible and virulent variant of the coronavirus is now circulating in Namibia. Our scientists are currently busy with genome sequencing of samples to determine whether the new variant is present in Namibia.
6. The exponential rise in new cases indicates that there is active transmission of the virus in the community, affecting all age groups. For high-risk population groups, the infection is life-threatening. In order to control and suppress the further spread of COVID-19, there is a need to implement more targeted public health measures under the Public and Environmental Health Act of 2015. The measures should be implemented immediately as many people are travelling across the country from their holidays to resume work and school activities. Still more, there are those who are still enjoying themselves and

participating in social gatherings, at events such as braais, parties, bars, night clubs, and casinos around the country, without adhering to the preventive measures and health protocols. Additionally, the risk of transmission may also be fueled by large events such as the reopening of schools and institutions of higher learning.

7. The implementation of stricter public health measures is aimed at mitigating the spread of COVID-19 in the community and stem the burden on our hospitals to ensure that the provision of essential health services is not disrupted. Our response measures must of necessity match the evolving epidemiological situation. After wider consultations and taking into account both epidemiological and economic indicators, the following measures are introduced. These measures shall take effect on the 13.01.2020 at 23:59 and shall subsist for twenty-one (21) days until the 03.02.2020 at 24:00.

7.1. Public Gatherings

Public gatherings (social, religious, sports, entertainment, cultural) and any other form of public gathering are maintained at the current maximum of fifty (50) persons for any such event at any given time. Registers must be maintained at all public gatherings. Attendees of public gathering must sanitise and maintain a distance of not less than 2 meters between them. Public gatherings shall not exceed two (2) hours and shall not continue beyond 20:00.

7.2. Restriction of movement

A nation-wide restriction of movement is maintained from 21:00 to 04:00. A curfew remains an important tool in limiting human interactions, thereby limiting transmission.

7.3. Sale of Alcohol

Sale of alcohol and trading hours operations for on-site consumption (shebeens, bars, nightclubs, gambling houses, casinos and restaurants) is retained as per current arrangements from 09:00-20:00 Mondays to Saturdays. No sale of alcohol is allowed on Sundays and Public Holidays.

7.4. Compulsory correct wearing of face masks

Correct wearing of face masks continue to be a mandatory requirement in all public settings, including in vehicles, aircraft and other means of public transport with increased legal enforcement.

7.5. Saloons and beauty places and fitness centres

Saloons, beauty parlors, hairdressers, pools, spas, gyms, studios and fitness centres shall practice public health measures. Both the service providers and the clients must wear masks, sanitize and maintain the prescribed distance between them.

7.6. Restaurants, Cafes and Kapana Traders

All indoors and outdoor dining tables at restaurants must be positioned in such a manner that they are separated by a distance of not less than two (2) meters.

7.7. **Passenger transport**

Passengers in public transportation vehicles, including taxis and buses are allowed maximum carrying capacity. Public health measures (wearing of masks, sanitizing) shall be maintained throughout the voyage. Operators must plan the trip in such a way that public transport arrives at the destination before 21:00.

7.8. **Medical services**

All non-urgent medical procedures shall be postponed. Visitations to hospitalised patients is limited to not more than two (2) close relatives per visit. Visitation time is limited to not more than ten (10) minutes per visit. All health services shall continue within the prescriptions of these regulations.

7.9. **Reopening of Schools for the 2021 School Year**

Indefinite delays in re-opening of schools will have a detrimental effect on the learners. After extensive consultations all schools shall open as per Table 1 below:

Table 1

Categories	Original re-opening date	New re-opening date
Teachers	6 January 2021	14 January 2021
Learners		
Pre-Primary to Grade 11	11 January 2021	26 January 2021
Advanced Subsidiary Learners	Pending results	16 February 2021

7.10. **Sports**

All sports are allowed, but there shall be no spectators. The number of persons attending a sports event shall not exceed 50.

7.11 **International travel**

All non-Namibian travelers must present a negative **COVID-19 PCR test** result that is not older than 7 days (168) hours at Port of Entry. They will not be required to be quarantined or to be subjected to another test including when exiting Namibia. The period of 168 hours is reckoned from the time the sample was taken. Namibian citizen may enter Namibia with or without any result. In the absence of any result, they will be subjected to a 7-days quarantine and testing at own cost.

7.12. **Burial of Persons who succumb to COVID-19**

The period within which the human remains of persons whose deaths are attributed to COVID-19 is seven (7) days. Such burials are conducted by government officials in conjunction with the families and in line with strict requirements for effective infection control and prevention in order to reduce the risk of transmission of infection. Normal rituals before, during and after the burial are not prohibited provided that there is no risk of exposure to the attendees.

8. Penalties

The Public and Environmental Health Act makes provision for stiff penalties in the event of transgression of its provisions. The maximum penalty under this Act is N\$100 000 or 10 years imprisonment. However, we appeal on the public to practice voluntary compliance in order to make the imposition of penalties unnecessary. In the event of breach of the regulations, the Police is empowered to issue summons for the offender to appear in Court.

9. Protection for vulnerable persons

Vulnerable persons, i.e., persons above 60 years of age, persons with co-morbidities, expectant women, and children below the age of 10 years, are advised to stay at home, except for attending to essential requirements and for health purposes.

10. Vaccines against Covid-19

- 10.1. Namibia has made progress in preparation to acquire suitable COVID-19 vaccines. The government has already paid an amount of N\$29 272 320 (US\$1 626 240) to acquire vaccine doses enough to vaccinate 20% (508 200 persons) of the population through the COVAX Facility. The government has also signed a Financial Commitment Agreement on the 5th November 2020 for the remaining US\$9 096 780. The Facility has informed us on the 6 January 2021 that it may be in a position to initiate a small scale “first wave” of deliveries using the Pfizer vaccine as early as end of January or February.
- 10.2. To achieve sufficient level of herd immunity, we need to achieve a coverage rate of 60-80% of the population. Apart from the COVAX Facility, there have been engagements with Pfizer on a bilateral basis, China, Russia, and other countries that are making great progress in the manufacturing of COVID-19 vaccines for possible bilateral deals and or donations.
- 10.3. Additional resources need to be secured for acquisition of additional doses to vaccinate at least up to 60% of the population in order to achieve a desirable level of herd immunity. Therefore, we call upon the medical aid industry to support beneficiaries of their medical aid scheme to access the vaccine. In the same vein, we will be engaging Cooperate Namibia for support. I have to acknowledge the support to date, that cooperate Namibia has provided during the course of the pandemic, and once again call for the support of all peace-loving Namibians, our partners and friends, to join hands in ensuring access and introduction of the vaccine. In coordination with the Ministry of Finance, the NAMFISA and NAMAF, consultations have started to explore avenue to fund the vaccine. We will provide additional details in coming days.
- 10.4. The COVID-19 National Vaccine Taskforce is busy at work to put mechanisms and logistics in place to roll out the vaccine. We will prioritize frontline Health Care Workers and population groups vulnerable to severe COVID-19 disease once the vaccine become available. Inventory of Cold chain equipment for storage and distribution of the vaccine is almost complete, however additional equipment for vaccines that require extreme cold temperatures maybe required. The Taskforce is also planning for Human resource and

training to deliver the vaccine rapidly once it become available. The National Medicine Regulatory Council (NMRC) is finalizing the framework approval of the WHO pre-qualified and other vaccines once dossiers become available. Public education and community engagement on correct and authentic information about the vaccines is ongoing. The vaccine will save lives once it become available.

11. Concluding remarks

- 11.1. The past few weeks, especially starting from the second week of December 2020, Namibia has witnessed greater numbers of infections, hospitalizations and deaths due to COVID-19. Infections among health workers have also gone up tremendously. This has placed increased pressure on our health system and facilities, both public and private. Without radical change in the behavior of our people in order to stem the avalanche of COVID-19 infections in our country, Namibia may face unprecedented devastation by this pandemic. Already, the pandemic has negatively impacted our way of life and it continues to do so. On the economic front, the economy has been severely battered with massive losses of jobs and closure of many businesses. The livelihoods of many of our people have been literally destroyed. On the education front, the national school calendar has been disrupted due to the closure of schools because of increased CVODI-19 infections. On the fiscal front, we face a need for more resources to combat COVID-19 at a time when state revenue is subdued due to the downturn in economic activities.
- 11.2. This reality tells us that we are confronted with unprecedented challenges and difficulties which demand united action and common purpose. Now more than ever, Namibians, all of us, must heed the call for change in behavior as the only way to save our country from devastation by the pandemic. Government recognizes and is committed to saving the lives and livelihoods of our people. We are committed to ameliorating the suffering of our people. However, ongoing efforts can only be successful if we all do our part to fight the pandemic.
- 11.3. It is vital for all, Namibians, especially the parents, community leaders, traditional authorities, elected officials at local, constituency, regional and national levels to spread the message of COVID-19 prevention at all times. It is our duty to do so and protect our country. The Government of the Republic of Namibia will continue to do everything in its power to ensure that the health of our people is secured and protected. In this regard, we will spare no effort and will mobilize the necessary resources, human and material to ensure success. The measures announced here today are clear and will be enforced fully.

I thank you.

-END-