

**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 31<sup>ST</sup> COVID-19 PUBLIC  
BRIEFING.**

**15 JULY 2021**

**STATE HOUSE  
WINDHOEK**

*\*Check Against Delivery.*

1. Since the last public briefing by H. E. Dr Hage G. Geingob on the 30 June 2021, the Covid-19 epidemiological situation in the country has remained static in terms of new infections, hospitalisation and deaths. For the entire duration of the country-wide restriction of movement the daily new infections remained high above the one thousand mark. The number of deaths has correspondingly remained above 20 deaths per day, peaking at 150 deaths announced on the 13 July 2021. The pressure on the hospital beds and oxygen supply has remained sustained at high levels.
2. On 5 July 2021, I have officially announced the presence of delta variant of Covid-19 in Khomas based on laboratory determination. The current epidemiological situation is defined by a number of variables. This infective agent can spread rapidly and appears to be more transmissible. It is virulent causing severe illness which require hospitalisation and intensive care. Secondly, the high interactions among the public aid its high transmissibility. Although several public health measures are put in place to curb its spread, these are rendered less effective due to non compliance with them and inadequate enforcement. Since the infective agent is relatively new, as it enter in a non immune population in Namibia, its infectivity is greatly enhanced.
3. In response to the challenges, the government undertook certain measures in order to address the situation and to mitigate the impact of the pandemic. The government has adopted the policy of strengthening and expanding the existing hospitals instead of creating stand-alone facilities. In this way, the new facilities benefit from the existing health infrastructure like theatres, intensive care units, X-ray facilities, dental services, maternity services, and not to mention the scarce human resource like medical specialists, doctors, nurses, pharmacists, dentists, social workers, physiotherapists as well as other support structures among them, mortuaries, laundry, kitchen and others. I shall expnd on specific interventions later on. I shall now elaborate on specific public health measures as announced by H. E. the President. The continuation of the measures is justified given the little dividends we have received thus far.

#### **4. Restriction of movement**

- 4.1. Restriction of movement into and out of zones as provide for under Government Notice No 138 of the 30 June 2021 will continue until the 29 July 2021. Permits to enter into or leave the restricted zone may be issued by officers as authorised by the Minister of Health and Social Services in terms of the Public and Environmental Health Act, 2015 and as advertised in Public Notice No. 8/2021. The following officers are authorised to issue travel permits:
  - 4.1.1. Police Officer at the level of Station Commander or higher rank, or as designated by Inspector General of the Namibian Police.
  - 4.1.2. Executive Directors or Regional Directors or Staff Member as designated by the Executive Directors or Regional Directors of the following Offices, Ministries and Agencies:

- Agriculture, Water and Land Reform;
- Defence and Veterans Affairs;
- Education, Arts and Culture;
- Environment, Forestry and Tourism;
- Health and Social Services;
- Higher Education Technology and Innovation;
- Industrialization and Trade; and
- Namibia Central Intelligence Agency.

These Office, Ministries and Agencies will only issue permits that relate to their line functions. Within the restricted zones, employers must issue letters of authorization to employees who are required to perform essential service during the curfew hours.

## **4.2. Burials**

- 4.2.1. Burials of persons who have died of Covid-19 complications remain a contentious issue in Namibia. I repeat again that we need to adjust and conform to the new imperatives imposed on us by Covid-19 pandemic. A 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.
- 4.2.2. It is discouraged for mourners to congregate after the burial, either at the residence of the deceased person or at any other place for whatever reasons. The so-called “after tears” parties are disrespectful to the departed individual, are in bad taste and are therefore prohibited. 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!
- 4.2.3. Let me also clarify the issue of attendance of burials and the prescribed number of attendees. The number of ten (10) persons applies strictly to mourners. It does not include service providers. The service providers are the crew of the transport vehicle that contain the casket and the pall bearers, who are also the same persons to cover the grave and a religious person who performs the Rite of Committal. The number of ten does not include persons who attend the burial in official capacity and who deliver tributes on behalf of the government and political parties as well as the crew for the the gun salute. No any other service provider is allowed at the burial site. In cases of a State funeral, the ceremonial crew is part of the service providers. It is advised that the number of the ceremonial crew be kept at the minimum in order to avoid overcrowding.
- 4.2.4. Where media coverage is required, media practitioners are allowed to cover the burial but must observe public health measures like anybody else at all times.

5. I shall now clarify the current situation related to hospital beds, mortuaries, oxygen and vaccination campaign.

### 5.1. Hospital beds

The increase in the number of new infections resulted in the increase in the number of patients who need hospitalisation. This means that more beds would be required. The Ministry responded by providing additional beds at existing hospitals.

• Windhoek Central Hospital:	72 beds
• Katutura Hospital	410 beds
• Robert Mugabe:	17 beds
• Walvis Bay Hospital:	122 beds
• Swakopmund Hospital:	26 beds
• Mariental Hospital:	20 beds
• Rehoboth Hospital:	36 beds
• Oshakati Intermediate Hospital:	80 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
<b>Total:</b>	<b>1 010 beds</b>

Oshakati additional 40 beds

**1 050 beds**

Total ICU **143 beds**

Currently, any patient that need hospitalisation is guaranteed a bed with oxygen supply.

### 5.2. Mortuaries

With the increase in the number of deaths, coupled with the delays in conducting burials by relatives, the demand on mortuary space has increased. This is exacerbated by the limited capacity of the private undertakers to conduct burials timely. The shortage of coffins has also been experienced. The State has obtained refrigerated containers to serve as additional mortuary space.

- Two (2) refrigerated containers with 32 cabins each were secured and delivered at the State Mortuary at Windhoek Central Hospitals.
- One (1) refrigerated container with 25 shelves was delivered to Mariental hospital, by a private company.
- One (1) refrigerated container with 45 cabins donated by private company was delivered to Okahandja hospital.
- One (1) refrigerated truck with 45 shelves was delivered at Grootfontein hospital.
- Four (4) refrigerated containers are being fitted with 16 shelves each and are earmarked for Otjiwarongo, Gobabis, Keetmanshoop, Onandjokwe and Outapi.
- One refrigerated container with 16 shelves was delivered to Rehoboth hospital.

All in all, additional 214 mortuary space was created to accommodate equal number of bodies. More over, most of the body that have been laying in the mortuaries, some for a good ten years have been either buried or cremated with the assistance of the City of Windhoek.

### 5.3. Oxygen

5.3.1. 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.

5.3.2. A 20-ton bulk oxygen tank was installed to provide oxygen to the 74-bed Respiratory Unit at Katutura Hospital, where COVID-19 patients are admitted. It is being filled every week courtesy of the Namibia Chamber of Commerce and Industry. 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. Afrox is installing a 13-ton bulk oxygen tank at Oshakati State Hospital.

5.3.3. Also, a new gas generating unit with a capacity of producing 370 liters of oxygen per minute, was installed at the Windhoek Central Hospital. It is supplying the dedicated 15-bed COVID-19 ICU and High Care Unit at the Windhoek Central Hospital. A similar unit was installed at Walvis Bay Hospital with the support of the private sector last year.

5.3.4. I also wish to inform that three hundred (300) portable oxygen cylinder were delivered in Windhoek. They are being filled at Afrox. Some have already been distributed to health facilities across the country, especially to facilities in remote areas.

5.3.5. Oxygen supply to the hospital has been addressed to a large extent. The oxygen is being procured from South Africa and brought into Namibia by trucks. The current events in South Africa may pose a threat to the seamless supply of oxygen to Namibia.

#### **5.4. Vaccination campaign**

We launched our vaccination drive after we received 197 200 doses of COVID-19 vaccines. As of yesterday, a total of 132 784 people received the first dose and 31 833 are fully vaccinated. We have temporarily suspended the vaccination at the sites where vaccines were used up. We expect delivery of vaccines according to the following schedule:

- 250 000 doses of Sinopharm will arrive on Saturday. Distribution of the vaccines will be done over Saturday and Sunday. Vaccination will resume on Monday the 19 July 2021 countrywide. These vaccines were bought from China by government.
  - We expect delivery of 40 800 doses of AstraZeneca from Covax Facility as from next week. The exact date of arrival of the vaccines has not been communicated yet.
  - Government has procured 333 333 doses of Johnson and Johnson from the Africa Union Platform. These doses will be delivered in a staggered fashion from August to December.
  - Namibia will receive donation of 168 000 doses of Johnson and Johnson from the United States of America via the Covax Facility between July and September 2021.
6. The Ministry is identifying new vaccination sites in order to improve access. We have noticed great interest among the public to get vaccinated. We are pleased with this development. We therefore assure the public that we shall do everything possible to make sure that vaccines are available.
7. We appreciate the fact that the international community is responding positively to our request for assistance in combating Covid-19. We have received support from Finland, Germany and Belgium through the European Union Civil Protection Mechanism. The United States of America has pledged 165 200 doses of vaccines. We express our great appreciation for this expression of solidarity.
8. We are encouraged and incentivised by the support we are receiving from the private sector under the Namibia Chamber of Commerce and Industry for assisting us with oxygen supply and expansion of bed capacity. The City of Windhoek has assisted us to decongest the mortuaries with the disposal of unclaimed bodies. We are sustained in this fight by the support of the people of Namibia. It is humbling to see individuals members of the public visiting our vaccination sites and bringing refreshment to the

vaccinations teams and giving messages of encouragement. It is such spirit of oneness that will make Namibia conquer Covid-19. It is such act of caring that eventually make Namibia a winning nation.

9. I conclude by acknowledging the unwavering support of His Excellency the President and the entire government. In the same vein, I acknowledge the hard work the contribution of the health care workers and all the frontline cadres. O once more call on the public to assist us in order for us to assist you. If one part of the body is sick, the rest of the body becomes also sick. Let us all work together so that we can all be healthy.

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