Republic of Namibia

COUNTRYWIDE LOCKDOWN ON ACCOUNT OF COVID-19 PANDEMIC

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1. On the 31st December 2019, China notified WHO about covid-19 outbreak in Wuhan City, Hubei Province of China. On the 30th January 2020, the outbreak was declared a Public Health Emergency of International concern (PHEIC) by the WHO Director General. Since then, the COVID-19 situation has evolved rapidly within and outside China, involving over 180 countries. The risk of international spread has been determined to be very high and the outbreak has spread to all the regions of the world.

2. Namibia registered her first two confirmed cases of COVID-19 on 13th March 2020. By the 4thApril 2020, the number of confirmed cases increased to sixteen (16). Twelve (13) of the cases are travel related while three (3) are local transmission. Namibia has not registered any COVID-19 related deaths. COVID-19 cases have been contained to three regions during the current lock down, namely Khomas, Erongo and //Kharas.

3. On the 17th March 2020, H. E. Dr Hage G. Geingob declared a State of Emergency for the whole country on account of Covid-19. On the 27th March 2020 at 23:59, two regions, namely Khomas and Erongo were put under lockdown to last until the 17th April 2020. The reason for putting the two regions under lockdown is to maintain maximum suppression of transmission as a result of exposure of these regions to international travel.

4. When Covid-19 was announced to the world, the Ministry of Health and Social Services activated the Health Emergency Management Committee to prepare the country for a possible outbreak of Covid-19 in the country. On the 3rd February 2020, the Rt Hon Prime Minister established a multi-sectoral and multi-skilled National Health Emergency Management Committee, chaired by the Executive Director of the Ministry of Health and Social Services to spearhead the national response to coronavirus.

5. A costed Response Plan was developed and is being implemented. It involved public awareness and information dissemination about the disease and preventive measures. Health personnel was trained in various aspects of Covid-19. The Namibia Institute of Pathology was capacitated to do confirmatory tests locally. Infrastructure development was undertaken to provide facilities for quarantine, screening, diagnosis, treatment and counselling. Contact tracing was intensified. Medical equipment, medicines and personal protective equipment were sourced. At all material time, the public was informed of all development.

6. The public sector was joined by the private health sector, the business community and individuals in terms of cash and in-kind support. The contribution of the media has been indispensable. The response benefitted from the exceptional leadership of H. E. President Dr Hage G. Geingob and the support of the Rt Hon Prime Minister and the entire Cabinet. Individual countries and development partners continue to play a big role in terms of financial, material and moral support. The sum total of these efforts resulted in the fact that Namibia recorded only six cases during the currency of the lockdown of two regions. Three covid-19 patients were cured and discharged. So far, we have not recorded any Covid-19 death, a mean feat indeed!

7. Notwithstanding the noteworthy performance by Namibia, the job is not yet done. We are facing a new disease of which much is still to be learned and to be understood. COVID-19 is characterized by high intensity of transmission, extremely low immunity of the population, abundance of infective and susceptible individuals and a wide geographical distribution.

8. The rate at which Covid-19 infection spreads depends on the **basic reproduction ratio,** which is a measure of expected number of cases directly generated by one case in a population where all individuals are susceptible to infection. Epidemiologically, to keep the outbreak under control, the basic reproduction ratio (R_0) must be kept below one ($R<1$). While the lockdown has been effective in minimising the movement of people, the reported cases indicates a slow rise in detected COVID-19 cases in Namibia. If one takes the mean value of 2.3 as the **basic reproduction ratio,** five (5) cases of Covid-19 will generate 244 cases after 4 cycles and 36 643 cases after ten (10) cycles. This observation makes a compelling case for a country-wide lockdown and an extension of the lockdown period in order for the new regions to benefit from the lockdown process and the existing region to consolidate the gains made so far.

9. The purpose of a lockdown is to suppress transmission by reducing the possibility of asymptomatic people with COVID-19 from further infecting others in the community. Whilst a lockdown inevitably limits people's right to freedom of movement, such limitation is justified to protect public health. The goal is to ensure that each confirmed case infects less than one person, on average. It is proven that this level of transmission interrupts the growth of the epidemic, commonly referred to as flattening the curve.

10. The current lockdown in /Khomas and Erongo regions has not been efficient. There has been a breach of interventions with implications for potential community spread within the regions with confirmed cases, with the risk of wider spread in the entire country. I will give few examples.

10.1. Case Number 9

Case No 9 was diagnosed on 25th of March, 2 days before the lockdown came into effect. The case had a total of about 7 secondary contacts outside the nuclear family. These cases were discharged from quarantine without extended laboratory testing. There is therefore a small but practical risk that some of the asymptomatic cases discharged from quarantine might be infectious thus needing an extended period beyond the quarantine period to conduct surveillance to rule out possible infection.

10.2. Case Number 15

Case No 15 breached the self-isolation regulations while waiting for his results and was out and about in the community when the diagnosis was confirmed. Against recommendations for not using public transport when seeking health care, the case took a taxi from his house to Robert Mugabe Clinic for admission to isolation on the 7th April 2020. There is a potential that several contacts of this case may not be identified, and if these contacts became infected it could potentially mean some community spread might have been seeded by this case. If the last contacts to this case was on 7th April,

this would mean that their incubation period would end on the 28th April (21 days). This case was accompanied by 3 South African nationals who may still be within the country and their whereabouts are not known.

10.2. Case Number 16

Case No 16 was diagnosed on 5th April 2020. He too breached quarantine procedures and continued to work while waiting for his test results, interacting with more than 50 people. This case was taken into isolation on 6 April 2020. Furthermore, the travel history of this case and the interactions with visitors remain disjointed, leaving a potential that this case could either have been travel-related or acquired locally. If we assume that the last contacts of this case before going into isolation was 6th April, it would mean that his last contacts would need up to April 27th to be sure that we have confidence that his primary contacts have gone through the whole incubation period.

10.3. Release of travellers arriving at Hosea Kutako International Airport from COVID affected countries

About 85 travellers arrived at HKIA via a flight from Johannesburg on 26 March 2020. These travellers were coming from various parts of the world some of which might have been affected by COVID-19. This group was not sent into quarantine and went on to complete their destinations across Namibia. In the absence of full quarantine for this group there is a potential risk that some individuals within this group might have been infected and in turn seeded community transmission of the disease which is yet to be determined.

10.4. Release of travellers arriving at Walvis Bay International Airport from COVID affected countries

On the 25th March 2020, thirty-three (33) travellers from COVID affected countries arrived via Walvis bay but were allowed to go home without be quarantined. This goup poses the same risk those described above.

11. Given the scenario above, it is clear that the outbreak has not be suppressed. There is a case for a country-wide lockdown.

12. A further 13 days country-wide lockdown is required to suppress the further spread and save lives by ensuring that all people remain in localities where they currently are. This is to ensure that people who are not yet exposed will not be exposed by coming into contact with persons who may be infected. This also ensures that those who might have been exposed remain where they are in order to suppress transmission from infected to uninfected persons. Since inbound travel has been suspended, we expect less importation of COVID-19. The country will capitalize on the time during the countrywide lockdown and understand the dynamics of the disease spread patterns, in terms of places and persons. The information is crucial in developing additional targeted interventions focusing on persons and geographic locations or potential COVID-19 “hotspots”.