Namibia's Coronavirus Crisis Slips out of Control - What Next?

A commentary by Herbert Jauch for Informationsstelle Suedliches Afrika (ISSA), June 2021

At the onset of the coronavirus pandemic last year, the Namibian government was well aware of the limited capacity to deal with large numbers of infected people, and especially with rising numbers of people requiring hospitalisation. Thus, the country resorted first to a severe lock-down which was followed by a gradual process of relaxation, including the re-opening of borders. Standard measures like wearing of masks, hand sanitising, limits to social gatherings and social distancing were upheld throughout but increasingly violated in recent months as covid fatigue set in and Namibia's infection rates looked fairly stable.

The country's capacity in terms of beds for Intensive Care Unit patients stands at just above 60 in both public and private health care facilities combined. Private health care is only available to less than 20% of the population who are covered by private medical health insurance while the majority has to rely on public hospitals and clinics. These were neglected over the years and government's own assessments revealed severe shortcomings long before the corona pandemic. In recent years, Namibia resorted to austerity measures with cuts in operational expenditure which affected the health sector as well.

Although Namibia significantly improved its testing capacity during the cause of the covid-pandemic, the third wave hit the country extremely hard and resulted in exponential increases in infections, hospitalisation and deaths. In June, daily infection rates hit a high of over 2,000 (up from the "normal" rates of 100-300) while daily deaths increased from below 10 to over 30. Hospitals could no longer cope with the increasing demand despite the health minister's assurance that nobody would be turned away. In the second half of June, over 500 people were in hospital, 80 of them in intensive care units. Many more could no longer be accommodated as hospitals ran out of space and oxygen. Several patients had to organise their own oxygen bottles at home while others were told that they could only be admitted once some of the current patients died. Others had to be transported as far as 700 km away from their homes to access hospital facilities.

In terms of vaccination, Namibia was confronted with 2 major obstacles. Firstly, the needed vaccines were hardly available as the World Health Organisation was only able to supply 28,000 doses of vaccines so far. In addition, Namibia received 100,000 doses as a donation from China (Synopharm) and 30,000 from India (AstraZeneka). These vaccines were made available first to the identified priority groups such as health care workers. From April onwards they were offered to every citizen or permanent resident. However, all these vaccine doses combined were only sufficient to fully vaccinate about 79,000 people out of a population of about 2.5 million – a mere 3%. By 21 June, about 104,000 people had received their first doses of the vaccine and about 20,000 had received the second dose.

As long as patent rights are upheld countries like Namibia will remain unable to secure the needed vaccine doses and are thus unable to move towards "herd immunity".

Suspending patent rights and making vaccines available in the required numbers is certainly one of the interventions needed now to avoid further covid deaths. By June, over 1,000 Namibians had already died of covid, most of them above 50 years of age, with comorbidities and without having received the vaccine.

A second major challenge in Namibia was the widespread suspicion regarding the effectiveness and side-effects of the vaccines. Suspicions and deliberate misinformation were spread particularly via social media and led to reluctancy amongst many people to get vaccinated. An opinion survey earlier this year found that over 60% of Namibians believed that prayers were more effective against covid than vaccinations. This myth began to unravel in June when the number of deaths increased dramatically. These deaths included several well-known politicians such as former Cabinet Minister Willem Konjore, Prof. Mburumba Kerina, one of the first petitioners for Namibia's Independence to the United Nations and Advocate Vekuii Rukoro, Paramount Chief of the Ovaherero and one of the most outspoken campaigners for reparations by Germany for the genocide committed in Namibia (see article by Henning Melber).

These prominent covid deaths and the rising number of families directly affected by the tragedies seem to finally have resulted in a greater willingness to get vaccinated. Queues at vaccination centres increased but the vaccines will soon be depleted. Several people who were due for the second dose were turned away so that others could at least get their first dose. Crisis management is bound to continue and Namibians brace themselves for more deaths to come. While appealing to the public to adhere to health protocols, closing schools and limiting the movement of people in the most-affected central regions, some government officials continued to attend large social gatherings (and got infected). Also, borders remained open allowing tourists to move within Namibia which intensified the spread of the virus. In May, 36 of the 40 passengers of a bus returning to South African tested positive at the border post.

Government's ongoing appeals are increasingly falling on deaf ears and Namibians are realising that the pandemic has slipped out of control. The health system is collapsing despite the truly heroic work by health care workers under the most trying circumstances. There is no sign of a clear strategy to deal with the pandemic not only as a health issue but also as a socio-economic crisis which has driven so many households deeper into poverty. Namibians have to brace themselves for unprecedented hardships ahead.