

MINISTERIAL STATEMENT

ON THE

STATUS OF COVID-19 SITUATION IN THE COUNTRY

BY THE

THE MINISTER OF HEALTH (DR CHANDA), MP

Mr Speaker, I wish to start by thanking you for the opportunity to address this august House, and through it the nation at large, in order to give an update on the Coronavirus Disease 2019, famously known as COVID-19, situation in the country.

Sir, the Government under the able leadership of His Excellency the President of the Republic of Zambia, Dr Edgar Chagwa Lungu, prioritises health and wellbeing of Zambians as critical investments necessary for sustainable development. This aspiration is aligned to the country's twenty-five year development plan, the Vision 2030, whose goal is for the country to become a prosperous middle income country by 2030. This is also amplified in our Seventh National Development Plan (7NDP).

Mr Speaker, to achieve this goal, the Government remains committed to ensuring that universal health coverage is attained, leaving no one behind, using a primary healthcare approach across a continuum of care which includes primitive, preventative, curative, rehabilitative and palliative interventions.

Sir, the Government has also embarked on safeguarding public health security through the enactment of the Zambia National Public Health Institute Act No. 19 of 2020. Strengthening public health security is cardinal in addressing all the core capacities, capabilities and technical areas needed to contain epidemics and pandemics within the country and across the borders.

Mr Speaker, currently, Zambia is grappling with the global COVID-19 pandemic. It is just slightly over one year since the first COVID-19 cases were reported in Wuhan City, China and approximately ten months from the time that Zambia reported its first two cases. The COVID-19 outbreak, which was declared a global pandemic by the World Health Organisation (WHO) on 11th March, 2020, continues to evolve and has become complex and dynamic in its presentation and management. Its catastrophic effects on human life and country economies cannot be overemphasised.

Sir, I should also hasten to say that no country or healthcare system in the world was ever prepared for the COVID-19 pandemic and the result has been overwhelming for public health systems across the globe.

Mr Speaker, following the confirmation of 1,256 new cases out of a total of 10,730 tests performed in the previous twenty-four hours as of today, 3rd February, 2021, Zambia has now crossed the 50,000 cases mark. The cumulative number of COVID-19 cases recorded on this date is 57,489.

Sadly, ten new deaths were recorded in the last twenty-fours, hence bringing the cumulative number of deaths to 804, classified as 364 COVID-19 deaths, 411 as COVID-19 associated deaths and twenty-nine deaths are pending classification.

Sir, a cumulative number of 50,479 people have recovered since the beginning of the outbreak as of today, 3rd February, 2021. As you can see, our recovery rates are quite encouraging, with up to 88 per cent of cases recovered to date. We currently have 6,206 active cases, of which 5,771, that is 93 per cent, are under community management and 435, or 7 per cent, are currently admitted

to our COVID-19 isolation facilities, with 296 on oxygen therapy and forty-six in critical condition. This means that about 11 per cent of all admitted cases are in critical condition and 70 per cent of all patients admitted in facilities require oxygen support.

Mr Speaker, this highlights the demand on our health services that this pandemic is creating. The disease, which initially affected mostly the elderly and those with underlying conditions in the first wave, is increasingly being noted among young people, especially during this current second wave.

Sir, the Government of His Excellency the President of the Republic of Zambia, Dr Edgar Chagwa Lungu, continues to use a multi-sectoral approach to respond to the COVID-19 pandemic. Various well coordinated platforms are in place to ensure technical and policy aspects of the response are managed efficiently and effectively. The coordination platforms include:

- (a) the National Disaster Management Council of Ministers;
- (b) the Inter-Ministerial Multi-Sectoral Committee of Permanent Secretaries for Disaster Management;
- (c) the Epidemic Preparedness, Prevention, Control and Management Committees at national and sub-national levels; and
- (d) the Public Health Emergency Operations Centre at the Zambia National Public Health Institute (ZNPFI).

Sir, a COVID-19 national multi-sectoral contingency and response plan has been developed that outlines the various strategies being employed for mitigating the outbreak. The plan is reviewed and revised regularly depending on current and prevailing evidence as well as the trajectory of the pandemic. Currently, this plan is being updated through the leadership of the Disaster Management and Mitigation Unit (DMMU) and with support from cooperating partners.

The Ministry of Health is using an eight pronged approach to control and prevent the outbreak from spreading and this includes the following:

- (i) surveillance and case finding;
- (ii) case management;
- (iii) infection prevention and control;
- (iv) risk communication and community engagement;
- (v) laboratory diagnosis;
- (vi) logistics and supply chain management;
- (vii) appropriate, competent and adequate workforce; and
- (viii) routine essential health services.

Mr Speaker, the first wave characterised by escalated number of cases, increased hospitalization and high number of deaths was experienced between July and early September, 2020. Zambia experienced reduced cases and deaths from mid September to early December 2020 but unfortunately, as anticipated, we were hit with a second wave which begun in the second week of December, 2020. This period Mr Speaker coincided with the festive season, a period when there was increased gatherings by families and friends, including those who travel from abroad. Poor adherence to public health measures including lack of masking up, crowding, poor hand hygiene and law enforcement to adherence of these interventions in public places compounded by low temperatures are associated with the outbreak in this increased wave.

Sir, during this second wave, a new strain of the virus that causes COVID-19 was isolated in a number of patients; this variant called 501Y.V2, was found to be easily transmitted and was

associated with high number of cases, leading to more severe cases, hospitalisation and deaths. It was found to be similar with the one that was isolated in South Africa.

Mr Speaker, the fast changing epidemiology entails and increased disease burden that continues to negatively affect the socio-economic status of the country. The number of people requiring admission and specialist care in our facilities continues to escalate. This increased demand is overwhelming the health service delivery system and, therefore, has led to adjustments in the way of delivering these services. A home based care system has thus been devised and is as follows:

- (i) Those who test positive to COVID-19 but do not have complaints or symptoms, that is asymptomatic, are advised to self isolate and be managed from their homes; they are expected to monitor themselves and report any changes that they may experience while in self isolation. If they develop symptoms, they are supposed to report themselves to the nearest health facility for assessment. Once they are assessed at the health facility and are found to have mild symptoms not requiring admission, they are allowed to continue home isolation and monitoring of symptoms. If symptoms persist, they should go back to the health facility as soon as possible for further assessments.
- (ii) While on home based care management, the asymptomatic patients or those with very mild symptoms are advised to use some home remedies such as the following:
 - (a) supplementation with vitamins;
 - (b) balance diet with additional fruits and vegetables;
 - (c) taking plenty of fluids to ensure one is well hydrated at all times;
 - (d) engaging in light exercises; and

(e) steaming up commonly known as *ukufutikila*, in our local languages.

Mr Speaker, the Government has set up COVID-19 admission facilities across the country including private health facilities where those who require admission are managed. There has been a downward trend in the number of those in admission countrywide. From over 500 at the peak of this second wave to the current average of about 435. However, the Copperbelt Province is seeing an increase in admissions. Majority of our in-patients, that is 70 per cent, are still very sick and requiring oxygen therapy. Though the deaths have been reducing in the last week, we remain cautious as the situation may change any time and also the fact that those who are being admitted at this time are very sick.

Mr Speaker, the oxygen supply has been ramped up across the country in the health facilities in Lusaka, Levy Mwanawasa University Teaching Hospital, Maina Soko Military Hospital and the University Teaching Hospital, there is now adequate and reliable oxygen supply from the oxygen plants. Copperbelt has also received more support with more oxygen cylinders being sent over to the province through various partner support. We are still looking at means of having large oxygen plants on the Copperbelt and across the country as a long term solution. I must also point out that we are engaging key stakeholders for portable oxygen machines that will serve our rural areas better.

Sir, our patients in health facilities are being managed using various treatment regimens including Heparin, Remdesivir, Dexamethasone; and various antibiotics. Those that are critical require further interventions such as plasmapheresis, which is basically blood purification and do require albumin as well. The ministry is very active in looking at emerging data and evidence which can help manage those who are admitted and will continue revising guidelines whenever new reliable evidence comes up. I therefore, take this opportunity to thank our various co-operating partners and the United Nations family in Zambia for the great support we continue to receive in our COVID-19 response.

Mr Speaker, the Government has guided that schools reopen cautiously as scheduled on 1st February, 2021, following the two weeks which was given to enable preparations. In this, we are not applying a one size fits all or a one bullet theory but we will ensure that schools are assessed on a case by case basis as fit to enable learning to take place within the spirit of the five golden rules. The Ministry of Health staff at various levels have worked and will continue to work with various stakeholders including the Ministries of General Education and High Education to ensure that schools colleges and universities comply with the public health guidelines and those not ready will not be allowed to operate, or those which are open but flaunting these rules will be closed without hesitation.

Mr Speaker, I wish to emphasise that COVID-19 does not have a cure and therefore, prevention remains cardinal. The public health measures and the five golden rules must always be adhered to, these are:

- (i) masking up consistently and correctly in public;
- (ii) hand hygiene, washing your hands with soap and water or using hand sanitizer;
- (iii) social or physical distancing;
- (iv) avoiding crowded places wherever you can and if you have no business to go about, stay at home; and
- (v) in case you have COVID-19 seeking medical care early when symptoms develop.

It is very important for people to report to the nearest health facility when symptoms develop in order to avoid late presentation. Our observations are that people who present early to health facilities tend to have better outcomes than those who present late when the oxygen saturation levels are very low and have suffered hypoxic injury. I urge this august House, and through it, to the general public to adhere to these simple guidance.

Mr Speaker, as a preventive intervention, COVID-19 vaccines have since been developed and have shown to be effective and safe for use in the general populations. However, Zambia is consulting various stakeholders on the matter and in addition, the Ministry of Health has set up a task force of local experts and scientists to advise on the whole process and ensure due diligence is done considering the safety and efficacy of the vaccines. Of late, this matter has attracted a lot of attention by the public. A Cabinet Memorandum on acquisition, deployment and use of COVID-19 vaccines in Zambia has been prepared and will be tabled in Cabinet for consideration. After which the nation will be informed on the next course of actions. I want to assure Zambians that in the COVID-19 process there shall be total transparency, accountability and full information on efficacy and safety shall be availed. In short, there will no back room vaccines.

Mr Speaker, may I conclude by assuring this august House and the nation at large that the Government remains committed to ensuring the lives of Zambians are safe and the devastating social and economic effects of COVID-19 are adequately mitigated.

Sir, allow me to acknowledge the efforts and commitment of all the frontline health workers and responders who are working tirelessly beyond their call of duty to ensure the people of Zambia are well protected and cared for at all times. I also extend gratitude to all stakeholders who remain party to the prevention and control of COVID-19 including hon. Members of this august House who are our key ambassadors in the communities they represent. Additionally, I wish to request my fellow hon. Members of the House to continue urging the members of their constituency to continuously observe the prescribed public health guidelines. Together, we shall conquer the COVID-19 pandemic.

Mr Speaker, I thank you.
