COVID-19: Social Distancing in African Contexts

30 March 2020
Alongside rigorous contact tracing and testing, social distancing is vital to slow transmission

Social distancing introduces restrictions that limit physical distance between people in order to try to reduce the transmission of Covid-19.

It includes:

- Quarantine and isolation approaches
- Limiting number of people in one place
- Limiting direct person-to-person contact
- Increasing physical distance between persons (recommended 2 metres)
- Closure/reduced hours of government & businesses (‘Stay at Home’)
- Limiting travel (international, cross-country, inter-city, intra-city)
- Barriers/cordon sanitaire for affected buildings or communities
- Hand-washing & personal protective equipment (aka, PPE, including masks, gloves, etc.)
- Disinfection of surfaces, e.g. market areas
A range of social-distancing approaches are possible depending on testing capacity and availability of support for people’s livelihoods.

Much of Europe has deployed very strict measures to alleviate health-system pressures while South Korea had the testing capacity to deploy more flexible measures.

**Low Restrictions (South Korea)**
- Testing and isolation of identified cases and associated high-risk contacts
- Travel limitations
- Limitations on public gatherings
- Commercial business as usual with advice about limiting person-to-person contact

**Partial Restrictions (Singapore)**
- Testing and isolation of identified cases and high-risk contacts
- Additional bans on public gatherings
- Limitations on commercial, cultural, social and educational activities
- Traffic and public-transport congestion restrictions
- Isolation of highly contaminated areas

**Full Lockdown (Italy)**
- All people, aside from those in essential services, forced to stay at home (except for medical care or food supply)
- All but essential activities stopped
- Full, nationwide travel ban

The more restrictive the social-distancing measures, the greater the impact on individual livelihoods and deeper the subsequent economic shocks and likelihood of social unrest amongst poor communities.
There is a wide spectrum of approaches in place across the world. Their efficacy in Africa remains to be seen

<table>
<thead>
<tr>
<th>Ban Gatherings</th>
<th>Close Businesses</th>
<th>Restrict Movement</th>
<th>Lockdown/Curfew</th>
</tr>
</thead>
</table>
| **South Korea** | • No ban on gathering  
• No ban for religious services  
• Schools closed | • Businesses open | • No lock down, but stringent quarantine of known/suspected contacts |
| **Singapore** | • No mass gatherings  
• No religious services  
• Schools open | • Businesses open  
• Homworking strongly encouraged | • No lock down, but stringent quarantine of known/suspected contacts  
• Fine/prison for breaches |
| **Kenya** | • Courts shut  
• Schools shut | • Bars/restaurants shut  
• Those who can encouraged to work from home | • Curfew 7pm-5am |
| **Senegal** | • No ‘mass’ gatherings  
• Schools closed | • Businesses open  
• Restricted market hours | • Curfew 8pm-6am |
| **Rwanda** | • No gatherings  
• Schools closed | • Non-essential business closed  
• Vital industries (e.g. farming) continued | • Partial lockdown: citizens must stay home for 14 days – some food relief |
| **Italy** | • No gatherings  
• No religious services  
• Schools closed  
• 1 person per car | • Non-essential business closed | • Lockdown: citizens must stay home for 14 days  
• Prison/fines for flouting isolation/quarantine rules |
Willingness to listen to behavioural messaging: South Korea and Singapore’s success has been partly attributed to their recent experience of SARS. Countries that recently dealt with Ebola may have strategies that could be used to successfully mobilise behaviour-change and counter misbeliefs.

Testing capacity: In countries like South Korea and Singapore, which have started to decelerate the rate of transmission, tests have been widely available and used for all suspected cases and their contacts.

Social welfare: In Europe, those states on lockdown have introduced wide-ranging social welfare measures, e.g. income subsidies, tax relief for companies, and feeding vulnerable groups in their homes to cushion the economic shock and enforce compliance.

Resources to **test, isolate and protect livelihoods** during lockdowns are critical to ensure social distancing is followed negative impacts are mitigated.

**Delay transmission and protect livelihoods**

**Intensify surveillance**

**Strategic testing**

Given the limited availability of testing and social safety nets across Africa, we recommend deploying **partial restrictions**, while testing capacity is developed, to protect citizen’s livelihoods.
We recommend deploying **partial restrictions** now, while testing capacity is developed.

### Ban Gatherings
- Tell people who can they **must stay home**.
- **Overhaul markets to ensure physical distancing.** Crowd flow should be controlled by police or others to ensure there is one route in and one route out, hand-washing and temperature checks on arrival, use of masks, and physical distance maintained between stalls, market workers and customers.

### Close Businesses
- **Allow exceptions** for essential business including buying and selling food, accessing water, essential supplies and medical care, i.e. protect livelihoods.
- Where possible **encourage home delivery** of essential items, to limit crowding in markets.
- Provide **guidance** to market traders, business and essential service providers, including on wearing PPE.

### Restrict Movement
- **Limit movement within the country**, e.g. barriers at city limits.
- Regulate numbers on **public transport**.
- **Monitor and enforce** the range of measures while allowing the population to move freely for exceptional reasons.

### Lockdown/Curfew
- A curfew will increase density at markets, so as a rule, **allow normal operating hours to continue**.
- Consider the value of curfews in the **cultural context** against the economic and public-health impacts.

### Social Mobilisation
- **Vast national social mobilisation for behaviour change** – communicate regularly, engage community and religious leaders.
- **Appeal to a national sense of community** to protect other people from the virus.
Achieving physical distancing and maintaining restrictions requires police and security services to be trained accordingly

Your police, health officials and other security forces are at the frontline of your crisis response

With suitable training they should:

- Help reinforce social messaging for behaviour change
- Help introduce systems for physical distancing in public spaces such as markets (pictured right)
- Localise responses and diffuse tension, including with regards to curfew or cordon sanitaire breaches
- Support vulnerable members of communities to access essential services
- Help identify potential cases for referral to the health response

A note on curfews:

Curfews curb the time in which the same number of people need to access public transport and markets, thus increasing congestion, not reducing it.

Curfews are already creating flashpoints for violence and instability in several countries.

Curfews are a recognised symbol for behaviour change in some places and reduce socialising at night. Where they are important to retain, consider adjusting to reduce gatherings at night while allowing movement for essential activities like markets.
The **Czech Republic** made it mandatory by law to wear **masks** in public. It is too early to evaluate the impact, but it could help reduce transmission by people who are contagious but asymptomatic.

Laws on covering the nose and mouth in public were introduced on March 18

- Based on evidence that **covering the face and mouth may be a protective factor** in stopping transmission.
- Since **50% of transmission during SARS was from asymptomatic patients**, it is hoped these laws could protect against spread cases who are not aware they are carriers.
- It is **not intended as a standalone measure** but to enhance social-distancing and hygiene protocols.
- Citizens are **making their own masks**.
- Requiring face masks may create **livelihood opportunities** for tailors and others as they are relatively easy and low cost to produce.

- There is no conclusive proof for the efficacy of face masks, but in countries like South Korea and Singapore they are **widely used as an additional defence**, particularly in **high-density areas**.
- They work on the basis that the **wearer protects others from any infections s/he has** (i.e., “I protect you so you protect me.”).
- As such they are assumed to be **most effective where use is widespread and encouraged**.
- If mandating/encouraging use of masks, social messaging should be clear that they **enhance rather than replace other measures**.
- Wearers should be told to **wash their hands before and after use**.

*Source: ’Rational Use of Facemasks in the Covid-19 Pandemic, The Lancet*
Restrictions and shut-down approaches are not enough on their own, they need to be accompanied by measures to forensically track, trace and isolate suspected cases

Delay transmission and protect livelihoods

Intensify surveillance

Strategic testing

Contact tracing, monitoring for symptoms and a national hotline for capturing potential community cases

- This should include all recent passengers through your airport and borders in the weeks preceding introduction of travel restrictions and/or quarantine.
- Train call-centre operators on the Covid-19 case definition and have that information lead automatically to referral for testing.
- Your crisis coordinator should have a contingency plan for when test capacity is running low and when community testing needs to be deprioritised.

Prioritise high-risk populations while you build up your testing capacity (kits, reagents, labs and personnel). These include:

- Quarantined passengers, hotel and other staff servicing them, and all of their contacts.
- Other recent travellers and their contacts.
- Health-care workers – you must protect health-care workers throughout so they can continue to serve the whole population.
- Symptomatic citizens.
While the wealthy will favour lockdowns, the price is too high for many. You will need a stratified **social mobilisation campaign** that helps everyone understand their responsibility to protect others.

### Stay at home where you can
- Those who can should be encouraged to stay at home, work from home and reduce contact with others, to help halt the spread of the virus.
- Equally those who can afford to stay home, need to understand that not everyone will be able to.

### Remember to maintain your distance in public
- For those who still need to work/buy food at the markets, ensure they understand the importance of keeping distance from each other.
- Help more vulnerable groups protect themselves – e.g. through provision of masks to market workers, or hand-washing equipment in communities.

### If you’re sick call for assistance
- Ensure you have a call centre so anyone who is displaying symptoms can call and report. It will help you monitor the spread of the disease.
- Test anyone who is symptomatic and make arrangements for them to be isolated, with necessary supplies.

*Further insights on best practice social mobilisation is forthcoming from the Tony Blair Institute*
Behavioural messages should emphasise that each individual has a role to play in protecting others. One missed case can lead to a thousand more.

**South Korea**: Contact tracing from imported cases seemed to be working, until patient 31. Unlinked to any previous case, patient 31 spread transmission into the 1000s.

<table>
<thead>
<tr>
<th>Contact Tracing Efforts</th>
<th>Implications</th>
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<tbody>
<tr>
<td><strong>Jan 20</strong></td>
<td><strong>Implications</strong></td>
</tr>
<tr>
<td>First case import from Wuhan</td>
<td>Even one missed case can lead to exponential exposure and infections.</td>
</tr>
<tr>
<td><strong>16 days</strong></td>
<td></td>
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<tr>
<td><strong>Feb 5</strong></td>
<td>Within a few days, community transmissions overtake import infections...</td>
</tr>
<tr>
<td>‘Virus contained’</td>
<td></td>
</tr>
<tr>
<td>Only 30 cases</td>
<td></td>
</tr>
<tr>
<td>Import: 30%</td>
<td></td>
</tr>
<tr>
<td>Community: 70%</td>
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<td><strong>Feb 6</strong></td>
<td></td>
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<tr>
<td>Patient #31</td>
<td></td>
</tr>
<tr>
<td>Unlinked to cases</td>
<td></td>
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<tr>
<td>Exposed 1,160 people</td>
<td></td>
</tr>
<tr>
<td>Case number</td>
<td>Case number</td>
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<tr>
<td>Traced contacts</td>
<td>Traced contacts</td>
</tr>
<tr>
<td>40 people</td>
<td>1,160 people</td>
</tr>
<tr>
<td>422 people</td>
<td></td>
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