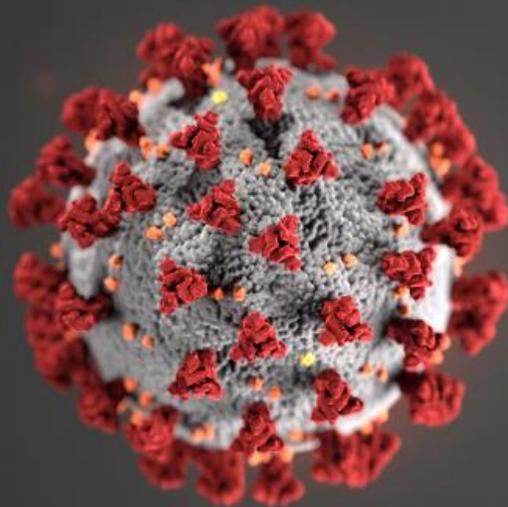




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FOR GLOBAL
CHANGE

Navigating the Covid-19 era in developing countries

July 2020





Foreword by Tony Blair

I am proud to share with you this easy-to-follow guide my Institute has put together for tackling Covid-19 in a developing country.

It is based on a simple premise: for a developing country, where much employment is informal and where there are a multiplicity of health challenges, a heavy lockdown is not possible and risks the cure being worse than the disease.

However, on the other hand, countries cannot ignore the virus and in order to rejoin the international community for the purposes of travel and trade, must at least have taken certain basic steps.

We have analysed from round the world the lessons of what can and should be done in this context. We identify 12 different categories of action and then describe what we consider best practice in each.

This can serve as checklist of measures against which governments can assess readiness. It is the type of thing I would want if still in government.

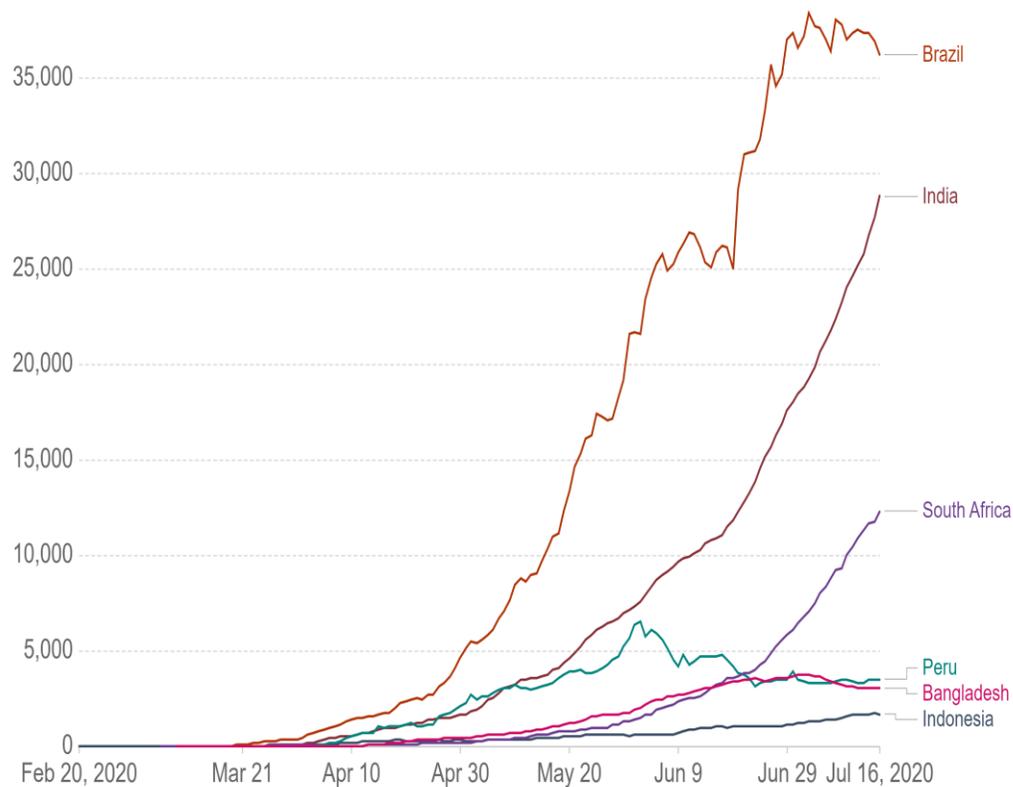
One final point. I'm more and more convinced that until we have a workable vaccine which can be produced and distributed at scale globally, the only way of controlling the disease is through testing. At present tests are complex and require lab verification. But easy-to-use, on-the-spot tests are being trialled. It is essential countries keep abreast of developments here because low-cost rapid testing makes tracking and dealing with the disease much easier.

Yours sincerely,



The path of the disease remains highly uncertain across developing countries and the risk of acceleration remains real.

Daily confirmed Covid-19 cases in selected countries* (*rolling 7 day average)



Source: European CDC – Situation Update Worldwide – Last updated 16 July, 10:07 (London time)

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Brazil continues to record the second highest case numbers globally. Low rates of testing means actual cases are expected to be significantly higher. **India** has experienced record single day jumps over the past week with the country's share in daily global cases rising to 12%. Some states are now returning to lockdowns. **South Africa** continues to lead cases in Africa and there are signs transmission rates are picking up across the continent. Over a fifth of all South Africa's Covid deaths have been recorded in the past 7 days. In **Peru**, while case numbers have begun to fall, death are rates continuing to rise. **Bangladesh** has low levels of testing overall, which makes it hard to accurately gauge the picture. **Indonesia** recorded its highest daily spike in cases on the 9th of July.

Selected countries	Cases as of 16 July 2020	Deaths as of 16 July 2020	Confirmed cases past 14 days as % total cases
Bangladesh	193,590	2,457	22.90
Brazil	1,966,748	75,366	26.33
India	968,876	24,915	37.59
Indonesia	80,094	3,797	27.87
Peru	337,724	12,417	14.58
S Africa	311,049	4,453	48.78

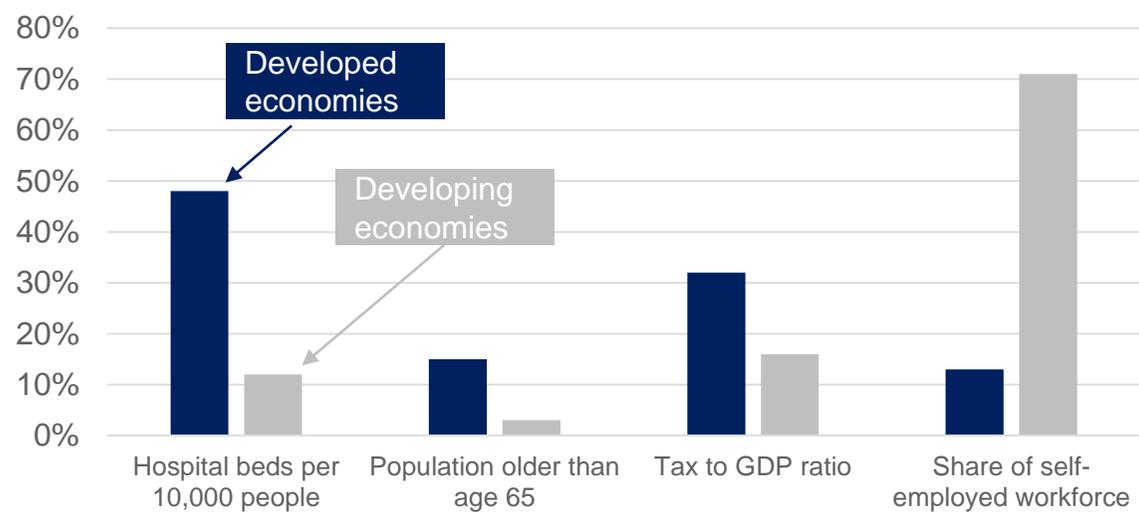


Developing countries can't use stringent measures for significant lengths of time, but can't ignore Covid-19 either

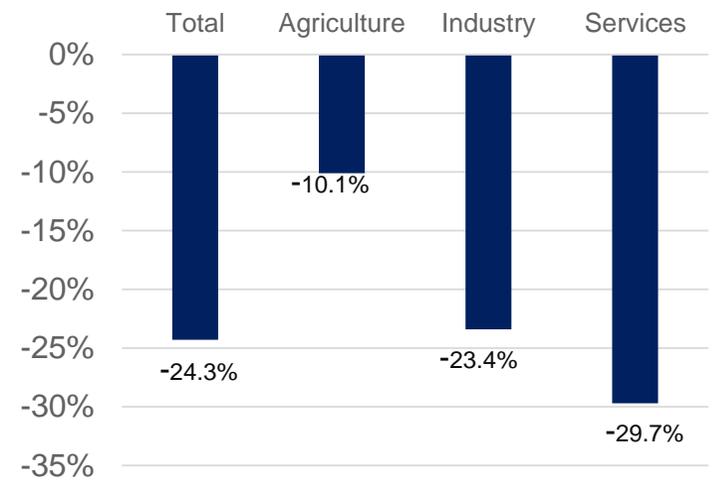
This document provides practical advice to political leaders on how to proactively manage Covid-19 without a heavy locking down of the economy, while ensuring the international community doesn't keep countries disconnected from it. Covid-19 remains unpredictable and the peak is likely still ahead for many countries.

The large informal sector, limited fiscal space and food security and broader health risks in developing economies mean lockdowns are not feasible. So far the health impact of Covid-19 itself has not been as severe as initially predicted. However, political leaders cannot ignore it. They need to continue to monitor it because the virus is unpredictable. Cases are spiking in South and South East Asia, Latin America and Africa where health capacity is weak and health sectors can easily become overwhelmed as happened in Brazil and may be close to happening in South Africa, Ghana and many other countries whose peak is likely yet to come.

Developed vs developing economies, key differences for Covid-19



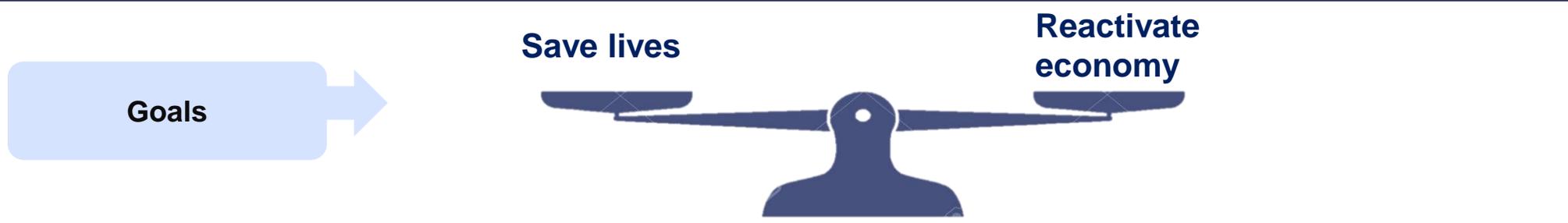
Indonesia – Change in GDP by sector during 4 week lockdown period



Sources: VoxEU, IFPRI



With competing goals of saving lives while reactivating the economy, there are 12 issues that need to be managed



Policies need to balance sometimes competing objectives:

- 1
- Reconnect economy
- 2
- Minimise deaths
- 3
- Mitigate spread of Covid-19
- 4
- Protect wider health
- 5
- Economic recovery



These are the 12 issues to navigate to be successful:

- | | | |
|---|--|--|
| <ul style="list-style-type: none"> <li style="margin-bottom: 15px;">1 Border management <li style="margin-bottom: 15px;">2 Frontline healthcare workers <li style="margin-bottom: 15px;">3 Shielding most vulnerable <li style="margin-bottom: 15px;">4 Social distancing | <ul style="list-style-type: none"> <li style="margin-bottom: 15px;">5 Hotspot management <li style="margin-bottom: 15px;">6 Feasible testing strategy <li style="margin-bottom: 15px;">7 Covid-19 treatment <li style="margin-bottom: 15px;">8 Vaccine preparation | <ul style="list-style-type: none"> <li style="margin-bottom: 15px;">9 Non-Covid healthcare <li style="margin-bottom: 15px;">10 School management <li style="margin-bottom: 15px;">11 Economic fallout and food <li style="margin-bottom: 15px;">12 Political command |
|---|--|--|

Source: TBI. This document only gives the top line summary on each of this issues. Detailed guides on these and other topics can be found in TBI's only guide repository [here](#).



These 12 issues can be prioritised based around achievable political narratives

Despite the difficulties many developing countries are facing in containing Covid-19, and while recognising the need to keep the economy open and to reconnect to international travel, political leaders need to keep up efforts to fight the virus. For this they need credible political pledges around the disease. Otherwise the risk is herd immunity, a major health crisis, further economic hardship and an inability to re-connect to the global economy or trading partners. We recommend political leaders use this list of issues in two ways:

01

Political Command

Appoint a focal point within government who is focused on each of these areas and impose a battle rhythm for regular reporting to the Head of State. See Issue 12.

Make a realistic pledge that can be met. Examples (with associated priority issues)

1

We will protect healthcare workers and keep the health system functioning: (1) protect healthcare workers, (2) treatment of Covid, (3) shielding (4) hotspot management (5) non-Covid healthcare

2

We will maintain a global connection and keep 75% of the economy open: (1) border management to limit imported cases and meet bilateral travel arrangement requirements, (2) reporting (3) shielding (4) feasible testing strategy (5) protect healthcare workers (6) treatment of Covid (7) social distancing

3

We will support communities to make shielding and social distancing work: (1) shielding (inc with cash transfer support) (2) provision of PPE (3) social distancing and community sanitation (4) hotspot management

02

Political Pledge

In each case the economic fallout needs to be managed and political narratives can adapt as Covid-19 situation changes.



3 key steps for managing borders, preventing further case import and allowing ongoing connectivity of the country to the world

01 Consider tiered country/bloc and mode system for travel arrangements

This depends on capacity to implement. Countries with tight capacity should only differentiate by travel mode.

Base the tier system on Covid-19 metrics, economic and strategic importance and on border procedures (pre-departure/departure testing). Set lower requirements (e.g. shorter quarantining) for passengers from countries in higher tiers. Consider if access to strategic blocs (e.g EU) is feasible.

03 Travel and tourism industry protocols

Include safe corridors during travel and between ports, business and tourist hubs.



Rwanda Example: Reopening of parks with strict distancing measures of metres apart, testing before visit, limit to number of guests/tourist per car. Conducting targeted communications. PCR tests offered on arrival for free. Bilateral agreement with Tanzania on land border measures.

02 Establish affordable port measures

These apply predominantly to air travel; some apply to land and sea

1. Identify manageable number of key ports of entry (air, land or sea) to prioritise.
2. Assign health workers (inc. PPE) to key ports to set protocols, inc. contact tracing. Adapt for land, sea, air.
3. Apply social distancing protocols, inc. for test waiting.
4. Designate isolation space to rapidly identify & isolate ill people (thermal screening, self-reporting, coughing).
5. Set testing protocols for staff and travellers. PCR testing is preferred. Include cost in airline or visa fee.
6. Ensure sufficient lab capacity to run tests for passengers within at least a 24 hour period.
7. Establish accommodation options for supervised quarantining passengers waiting for tests.
8. Identify resources for supervised self-quarantining with tracing or require 2 –ve PCR tests to avoid quarantine.
9. Establish streamlined passenger movement protocols, including rapid links to local transportation.

With land border crossings: Government coordination, community based surveillance, health screening, joint localised by-laws and social mobilisation on both sides of border are essential.



Striking the right balance on port testing and quarantining for safe re-opening based on priorities and capacity



Screening/Testing

Least Restrictive

- None
- Non-invasive screening (temperature checks, symptom self-declaration)
- Proof of negative pre-departure PCR test
- On arrival PCR test at port of entry, with short period of isolation during turnaround window

Most Restrictive

- Pre-departure and on arrival PCR test

Country Examples (least to most restrictive)

 Maldives
<ul style="list-style-type: none"> • Non-invasive screening identifies suspected cases for on-arrival testing. Confirmed cases must isolate for 14-days. • Entry banned for arrivals from certain countries.
 Kenya
<ul style="list-style-type: none"> • Negative pre-departure test required for entry. • All arrivals must quarantine for 14 days, regardless of test result.
 Jamaica
<ul style="list-style-type: none"> • Visitors from high-risk countries must upload recent negative test result to obtain travel permit • On-arrival test for all arrivals. 14-day quarantine for all positive results. Tourists staying outside resorts must quarantine even if testing negative. No quarantine for business travellers if negative.
 Cambodia
<ul style="list-style-type: none"> • Negative pre-departure test required for entry and mandatory on-arrival test for all. • 14 day quarantine whatever the test result.



Quarantine

Least Restrictive - None

- None where test result is negative; up to 14 days quarantine where result is positive
- Arrivals from specific countries only, regardless of any test result
- All passengers, regardless of place of origin or test result

Most Restrictive

Among countries requiring pre-departure tests, the average requirement is 3-4 days before departure (e.g. Laos, Slovakia)

Turn-around time for on-arrival tests vary from 3hrs to 2 days. (e.g. Rwanda 8 hours). Most require traveller payment.

Quarantine or test waiting locations vary by traveller type, spanning government holding facilities, designated hotels and residences



Protecting frontline healthcare workers through two practical mechanisms:

Protecting healthcare workers is essential for two reasons: (1) **mitigate against staff shortages** resulting from illness, self-isolation or strikes, and (2) **prevent them contributing to the transmission of Covid**. Two key actions are needed:

01

Implement virus control strategies in health sector

Part A: Ensure proper PPE management

1. Provide PPE for all healthcare workers in all settings (including door to door workers).
2. Understand inventory, supply chain and utilisation rate for the full range of PPE.
3. Implement clear guidance and training so it is used optimally.
4. Apply modified practices where shortages.
5. Identify and engage with domestic manufactures who are repurposing their capacity to produce PPE.

Part B: Ensure application of safety protocols in hospitals, clinics, communities:

1. physical barriers
2. triage patients waiting for tests
3. cohort sick patients into separate wards
4. ventilation of hospital spaces

02

Ensure proper staff management scheme

1. **Quantify healthcare worker numbers**, needs and risks for those working in health facilities and in communities.
2. **Routine PCR tests** for all exposed healthcare staff. Prioritise testing symptomatic workers to determine whether to self-isolate or work, and identify staff with probable immunity.
3. **Implement clear guidance** on job roles. What workers with asymptomatic Covid-19 can perform and which patients they may interact with if surge capacity is needed.
4. **Deploy student doctors and nurses** near qualification where they can be appropriately used and supervised, as well as asking recently retired staff.
5. **Consider cancelling non-essential procedures.**

Support: CHAP is a group of venture philanthropists (working with the WHO to strengthen community health workers. It is quantifying health worker numbers and needs across various countries. It has several platforms, including the Financing Alliance for Health, to support community health workers. Contact [WHO Ambassador for Global Strategy](#)



Plugging into procurement platforms is helpful given direct procurement challenges

01

Platforms to ease procurement

Lending terms vary widely, so plan accordingly



WHO – WFP Covid-19 Supply Portal includes guide on how to access supplies.



PAHO Revolving Fund and Strategic Fund for the Americas.



Global Fund Pooled Procurement Mechanism for its members. See www.Wambo.org



African Union/Africa CDC Africa Medical Supplies Platform. Request equipment [here](#).



APRA → www.africapra.org



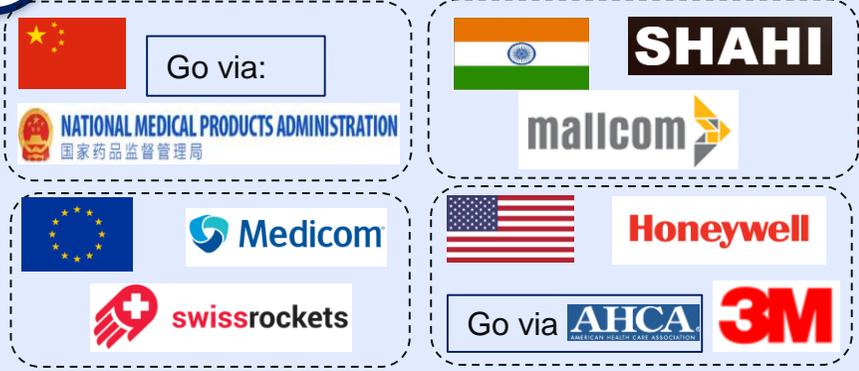
South Africa Solidarity Fund allows its procurement machinery to be used to supply other countries in Africa.

See also CDC [guidance](#) on procuring from another country

02

Main suppliers

Some countries are going direct to suppliers



03

Funding options

1. Include in economic stimulus plans and financing asks to IMF, WB and various development partners, inc Chinese donations.
2. Set up funds (e.g. Solidarity Funds) for equipment donations.
3. Humanitarian agencies like Direct Relief.
4. Venture Philanthropists like CHAP (via WHO).
5. WHO Covid-19 Response Fund.
6. UNICEF Solidary Fund.



Shielding 80% of vulnerable people from Covid-19 is a low cost way to minimise deaths and keep economy open

01 Shielding most vulnerable is low cost way of minimising hospitalisations and deaths

Shielding allows for economic damage to be limited while keeping excess deaths low. Evidence shows that age-targeted shielding can save **95 lives per 100,000 people per unit of GDP lost** compared with just **10 lives saved under blanket lockdowns**, allowing those least at risk of severe symptoms to drive economic recovery.

02 Identify who should shield

- Groups with high risk of severe illness, hospitalisation and death from Covid-19:
 - Age over 60 years
 - Hypertension / diabetes
 - Cardiovascular disease
 - Respiratory diseases e.g TB
 - Other pre-conditions that weaken immune system, e.g. HIV.
- At the discretion of clinician, assessing patient's disease severity, history and treatment.

03 How countries are generally approaching it

1. Engage local communities and private healthcare providers to **identify at-risk individuals**. Make shielding voluntary and obtain compliance through engagement rather than punitive enforcement.
2. **Issue realistic guidance** for both vulnerable people and their low-risk carers that reflects local context – e.g. how to isolate vulnerable people in intergenerational/mixed-risk households.
3. **Consider practical interventions to facilitate shielding** e.g. equipping vulnerable people with appropriate PPE and distributing food and essential items to minimise need to travel.
4. **Cash transfers to support people needing shielding and their carers**, as well as e.g. transport operators who need to assist.
5. Implement **threshold based system for easing shielding guidelines** – e.g. fall in new cases locally.



Setting feasible measures for behaviour change via social mobilisation, enforcement and President as mobiliser-in-chief

01

Set feasible and smart measures

Common examples include:

- Mask wearing
- Sanitation: sanitiser, hand washing, community clean water access; e.g. borehole
- Temperature checks
- Social distancing protocols (e.g. spacing) in public; e.g. markets, shops, offices
- Community mobilisation for rapid and humane isolation (7-9 days)
- Home isolation and
- Hotspot management protocols
- Avoidance of large gatherings

Community action examples



In Korogocho settlement in Nairobi, community volunteers are providing government advice door-to-door and via community radio stations.



In the Paraisópolis favela in Sao Paulo, the residents' association is training 'street president' volunteers to help households better understand hygiene.



In Majengo, Kenya, gov' is part-funding 20 hand-wash stations and an NGO is installing overhead rather than ground pipes to prevent contamination

02

Ensure behaviour change

- President as **social mobiliser-in-chief**
- Set up **social mobilisation team** in national response hub to coordinate actors
- Develop set of simple and clear **public messages** and circulate widely
- Engage in **dialogue and collaboration with communities**, civil society, religious, tribal and private sector leaders. Work through existing networks
- Develop **network of** and guidance for **social mobilisers** to galvanise community action
- Provide **low-cost mechanisms to support community behaviour change**, e.g. handwashing stations, guidelines on rapid, low-cost, safe isolation within communities
- Enforce social distancing in public places



Managing hotspots via community action: lessons from urban, informal settings like Dharavi in Mumbai, India are instructive



RISK FACTORS IN DHARAVI

- **One of the largest and most densely populated slums** in the world – population of 1m per square mile.
- 70% of population are daily wage earners. 15,000 single-room workshops in leather, textile and pottery industry with work and living facilities often in the same multi-storey building. 80% of population rely on 225 public toilets. Inhibits social distancing and increases risk of transmission.
- Located in municipal authority with one of the country's largest outbreaks. The city already faces **medical supply and hospital capacity shortage**.

POSSIBLE ADVANTAGES OF DHARAVI

- Slum's **young population**, most infections in 21-50 age group.
- **Smaller area** makes coordination and mobilisation easier than in scarcely populated areas. Areas of the slum are not equally densely populated.

INITIAL CHALLENGES IN DHARAVI

- **Severe trust deficit.** Reports of cruel punishment of curfew and lockdown violators by police. Enforcement capacity reduced by officers testing positive. Reports of growing community tension and fears municipal authorities were evicting people from their houses. Residents lying about number of people in their dwelling and their medical conditions.
- Residents **erecting barricades** can incite panic and depending on location can disrupt flow of traffic.
- **Economic fallout from major disruption to informal sector caused by lockdown and resulting food shortages.** 60% of workers had rations for a day or less.

WHAT HAS WORKED IN DHARAVI

- **Early and proactive** test and trace strategy, 11 days after initial case, door-to-door in high-risk zones, determined by proportion of residents with comorbidities. Use of mobile units and makeshift testing facilities, inc. fever spot checks. Progressively engaged residents' own **private healthcare providers** to build trust. Increasing numbers voluntarily submitting for testing.
- Individual sectors of Dharavi delineated for more **targeted containment**. 'Covid-warriors' recruited by government for **community sensitisation** with widespread use of **makeshift masks**.
- Officials and religious groups provide **twice daily cooked meals** to the population, reducing need to enter densely crowded markets.
- Overnight **fumigation and sanitisation** of public areas, including toilets.
- Positive patients immediately quarantined in **nine makeshift, government-converted facilities** including schools, community centres, with **free care**.



Making use of low-tech and low-cost, rapid-result testing options that are accessible and adapting testing strategy accordingly

01 3 types of tests to use:

1. **PCR tests** – high cost, slow results (weeks), most accurate but lots of false positives/negatives. *Use for epidemiological reasons in a targeted testing strategy (healthcare workers, symptomatic patients etc).*
2. **Antibody tests** – low cost, fast results, need to wait days after infection for antibodies to develop. *Use for rough indication of disease prevalence in various parts of country or groups of people and to understand state of immunity. In India, Kerala is using it where clusters of cases are reported in communities with an unknown infection source.* 
3. **Antigen tests** – low cost (no lab needed), fast results (10 mins), compliments PCR gaps. *Use where need rapid check of infectivity and address PCR gaps.*

02 A targeted testing strategy, based on 5 factors is key:

1. Ability to access low-cost high quality tests (of any kind).
2. Ability to secure sufficient technicians and lab facilities for PCR testing.
3. Set criteria for prioritised use of tests supply. Trade offs: test healthcare and frontline workers (most important) or vulnerable people or hotspot areas or dead people to know mortality rates. You will likely need to choose.
4. Ability to continue essential testing of other diseases (e.g. malaria, dengue, HIV).
5. Ability to engage in global advocacy with other developing countries and to set clear asks for testing needs to global community. These are important.

03 How to access tests:

1. **PCR tests** – there is a global shortage as advanced countries hog supply. Many countries are relying on the open market at high prices. Countries can go direct to China or US (e.g. Abbott, Roche) or seek donations (e.g. Jack Ma, Open Society Foundation or Islamic Development Bank) or support from CHAI or Global Fund. Some, e.g. Brazil's Bionmangínios are building local capacity.
2. **Antibody tests** – available now. FIND's Act Accelerator, Mologic or Liverpool School of Tropical Medicine can indicate reliable tests. It's best to go to Global Access Diagnostics which is supplying globally and setting up low cost manufacturing plants in Pakistan (Ali Sadiki) and Senegal (with Diatropix and Institute Pasteur) to supply Asia and Africa. In Brazil, Fiocruz is setting up.
3. **Antigen testing** – cheap test soon available (prototype in few weeks). Access is same as for antibody tests.



Accessing the three drugs, and future ones, that can help manage the disease (although none are a cure)

01 Drug candidates

1. **Remdesivir** reduces mortality and shortens average recovery time for patients on supplemental oxygen. Licensing agreements for manufacture in developing countries are in place.
2. **Dexamethasone** reduces deaths in patients on ventilation. Access to Covid-19 Tools Accelerator purchasing for 4.5m in low and middle-income countries.
3. **Hydroxychloroquine** is cheap and widely used for prevention/treatment of mild symptoms but Recovery and Solidarity trials show no effect on mortality. Data on other clinical outcomes is still emerging.

02 How to access drugs

1. Follow trial and regulatory developments concerning repurposed drugs especially **Recovery** (UK), **Discovery** (Europe) and **Solidarity** (Global) trials and US Food and Drug Administration and European Medicines Agency decisions. Consult **COVID-Evidence database** for expert reviews of drug candidates.
2. Connect with the **COVID-19 Clinical Research Coalition** and **European and Development Countries Clinical Trial Partnership** to access funding and support for treatment trials in your country.
3. **Manage communications sensitively.** Avoid bolstering black and grey market demand or self-medication, especially for drugs essential for treatment of other prevalent conditions e.g. HIV, malaria.
4. **Evaluate each option in context** e.g. magnitude of drug's effect on specific clinical outcomes in context of the current pressure on your health system/national demand forecasts, storage requirements and ease of administration.

03 Financiers, manufacturers and procurement mechanisms to engage

- **Global Fund.** Largest grant funding mechanism in Global Health. Sub-contracts market aggregators to procure and distribute drugs. Leads therapeutics partnership of Access to COVID-19 Tools Accelerator.
- **Unitaid.** Supports Medicines Patent Pool to share medicines IP and broker purchases. Has funding via airline levies.
- **Local, quality generic drugs manufacturers.**
- **Regional licensees** for Remdesivir.



Repurposing buildings and community facilities for both makeshift isolation and intensive care before hospitals get overwhelmed

01

Makeshift isolation for mild or high risk patients



Definition

- Temporary hospitals built by putting up tents or repurposing public venues, such as schools, conference halls, stadiums and exhibition centres with good natural ventilation.
- Used to isolate patients with **mild to moderate symptoms** of an infectious disease.
- Provide medical care, disease monitoring, food and activities.

Key Characteristics

- **Rapid construction:** based inside existing physical infrastructure or easy to procure tents with good natural ventilation. Avoid shipping containers. These require air conditioning and a constant power source.
- **Scale:** leverage large venues.
- **Low cost:** avoids costly construction of new physical infrastructure.



Makeshift isolation centre in converted stadium. Wuhan, China

Countries should also follow WHO's new guidance for releasing patients from isolation. Guidance [here](#).

02

Makeshift intensive care for severe patients



Definition

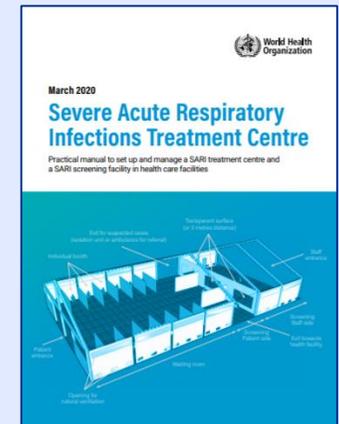
- Temporary structures to increase intensive care capacity for severe cases.

Key Characteristics

- Establish in line with WHO standards. See complete guidelines [here](#).
- The site needs to be close to the epicentre, in an area not prone to flooding and at least 30 metres away from water bodies.
- Countries can use existing buildings, check for basic serviced water, electricity and communications.

Minimum Requirements

1. Ventilation rate and air flow direction.
2. Spacious to ensure patient and staff flow to be clearly defined and distanced.
3. Cleanable and compatible with disinfectants: finishes and furniture can be effectively cleaned.





Accessing vaccines under development requires coordination with other developing countries

Leading candidates in clinical phase

		Phase 2/3
		Phase 2
		Phase 2
		Phase 2
		Phase 2
		Phase 2
		Phase 2
		Phase 1/2
		Phase 1/2
		Phase 1/2

Promising pre-clinical candidates

		Phase 1/2 starting late July
		
		Phase 1/2 to start in Q3/Q4 2020
		Two candidates to enter human trials by end of 2020

How to Access a Vaccine

Developing countries will need to lobby developed ones for an equitable distribution mechanism and secure aid and philanthropy funding to:

1. Finance advance market commitments for a portfolio of candidate vaccines rather than back a single one.
2. Agree that a reasonable percentage of doses allocated to LMICs are reserved for priority populations.
3. Upgrade and scale up manufacturing capacity at a regional level.
4. Prepare expanded programmes on immunisations (EPIs).

A significant aspect of this work for LMICs is being **spearheaded by Gavi and CEPI**, who should be contacted. TBI can support connections.

Source: TBI. Read our report on [Covid-19 Vaccines](#) for more details.



Early set up immunity registers to allow the roll out of a vaccine in country

Immunisation registers will become essential as Covid-19 vaccine programmes are scaled to identify who has protection against the virus. Decentralised, paper records are a sub-optimal solution and GAVI suggests Covid-19 provides an opportunity for centralisation and digitisation of records. Here are three recommended steps:

01

Early preparation

1. Engage private and public healthcare providers to identify priority candidates (certain pre-existing conditions, aged 60+) in anticipation of a vaccine.
2. Engage early with key players such as the **Better Immunization Data Initiative** (BID) to design and trial digital solutions.
3. Identify opportunities to expand use of and better integrate existing electronic immunisation registers (e.g. inducting more providers, improving connectivity).

02

Electronic immunity register

Its advantages are many:

- Monitor immunisation schedules, improve planning and aid patient follow up e.g. for additional doses.
- Generate reports about vaccine coverage geographically and demographically. Identifying at risk, unvaccinated individuals.
- Aid data collection for research into vaccine effectiveness and safety.
- Support the issue and authentication of immunity cards/certificates.

03

Immunity certificates

- Paper or digital immunity certificates may be issued to vaccinated people.
- As community transmission is brought under control, immunity certificates may become a prerequisite for international travel (as with yellow fever) to stem further outbreaks.
- Conditions of issue and duration of validity will depend on the nature of successful vaccine candidates.
- Immunity certificates should not be issued on the basis of a positive antibody test as the duration and quality of post-infection immunity remains poorly understood.



Preserving the health system to minimise deaths from non-Covid-19 causes, which may prove higher than Covid-19 deaths

Morbidity/mortality impacts from disruptions to non-Covid healthcare may be magnitudes more significant than Covid itself. WHO and UNAIDS estimate 500,000 more people may die of AIDS-related illnesses in sub Saharan Africa in 2020 and 2021 due to a 6 month disruption to anti-retroviral therapy. Preservation measures include:



Limit Covid-19 impact on health system.

1. Re-arrange **patient flow** to protect non-Covid-19 patients.
2. Where possible separate Covid patients into dedicated spaces.
3. **Prioritise infection prevention and control** across healthcare.
4. **Ensure adequate PPE and testing for health workers**, review SoPs to mitigate risks of health worker infection.



Sustain gains in health system and keep doing what you are able to well.

1. Prioritise services around main drivers of mortality and prevention: **maternal/child health, routine vaccines, TB, malaria and HIV.**
2. Strengthen **community based surveillance** (and data) of Covid-19 and other infectious diseases (e.g. measles, cholera).
3. Ensure remuneration incentives are aligned to balance workforce between Covid and non-Covid care.



Assure the public of the safety of seeking health care

1. **Mobilise community health workers** (CHWs) and community action to ensure widespread acceptance and access to services.
2. **Consider digital technologies** for programme management, e- care, community outreach and e-learning for health workers.
3. Roll out innovations and improvements in infection prevention and control, critical care and oxygen therapy for routine services.



Getting children to learn safely as soon as possible to prevent lasting impact on education and human capital development

01 Addressing learning loss

- **Identify learning gaps and children at risk** of being left behind to inform remedial programming.
- **Prepare accelerated learning programming or adjusted curriculum** to cover essential content that has been missed or only covered partially through distance learning.
- **Provide teacher refresher training** on both new learning programmes, existing curriculum and any new blended learning methods.
- **Consider adjustments to school calendar** to make up for lost learning and/or experiment with permanent changes to traditional calendar such as increased teaching hours or shorter school vacations.

02 Schools safety measures

- **Develop clear health protocols for school safety:**
 - a school level assessment of healthcare and WASH facilities
 - Identification of temporary isolation facilities
 - arrangements for cleaning and disinfecting buildings.
- **Procure and distribute school safety kits including infrared thermostats** to check temperatures of staff and students going to school **and basic PPE (such as masks).**
- **Train teachers and staff on distancing and symptom response.**
- **Consider staggered returns to school and rotational schedules or split shifts** to maximise distancing.

03 Maximising reach

- **Provide nutritionally balanced school meals** to encourage the most vulnerable to return to school.
- **Consider and include needs of private schools** in design of subsidy and donor funded support.
- **Maintain teacher salaries and consider waiving school, uniform and/or examination fees.** If possible, hire additional teachers and support staff where shortages.
- **Protect and, where possible, leverage education financing as part of Covid-19 response.** E.g: central government funding through budget reallocations. The **Global Partnership for Education (GPE)** and **UNICEF** both manage significant Covid support funds.



Rolling out an impactful and affordable economic recovery plan via a focus on 6 key aspects

The main categories of affected people and businesses are: 1. informal workers and the poor, 2. formal workers who have lost their jobs, 3. SMEs, 4. key industries 5. the financial sector 6. the government itself via tax losses. The most important areas to focus on in declining priority order, and with sources of support, are:

- 1 **Extend cash transfer and food relief programmes**

Stimulate demand in economy to address household dissaving and food. The traditional development partners, **G-20 countries and WFP**, are best for support.
- 2 **Support SMEs and key exporting industries**

Use public-private task forces with strategic firms and associations. Organisations like **ITC, UNCTAD, IFC, TBI, Mastercard Foundation** can assist in this space.
- 3 **Roll out investment facilitation programme**

Manage existing strategic investors and attract investment in sectors with business opportunities in Covid context, e.g. tech, agro processing, manufacturing, healthcare etc. **TBI, Mastercard Fdn and DFIs** can assist.
- 4 **Ensure food access**

Focus on requirements for good local food production or on undisrupted imports if countries rely on imports. **IFAD, regional development banks, bilateral donors and actors like AGRA in Africa** are best positioned to support.
- 5 **Ensure continuation of major infrastructure projects**

Secure emergency financing and establish task force with key donors and contractors to ensure continuation and limited force majeure. **Development finance institutions and multilateral development banks** are best sources of support.
- 6 **Resource mobilisation for economic stimulus**

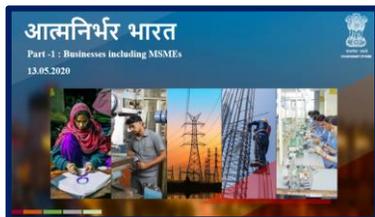
Engage in debt relief with creditor groups and emergency concessional financing from **IMF, World Bank, regional development banks and bilateral partners**. Synchronise with monetary and exchange rate policy adjustments.



11. Economy and food

Good plans are realistic, structured, make clear asks, show how domestic resources are being aligned and link short and long term goals

- | | | | |
|---|--|---|---|
|  <p>01</p> |  <p>Mitigate</p> | <p>Halt the economic collapse. Keep people alive and observing social distancing measures.</p> | <ol style="list-style-type: none"> 1. Scale up health spending to prepare health sector. 2. Adapt essential sectors of economy to social distancing. 3. Ensure availability of critical imported goods. 4. National level cash and/or food transfer programme. |
|  <p>02</p> |  <p>Preserve</p> | <p>Protect people's livelihoods and assets, as well as the government's finances and assets.</p> | <ol style="list-style-type: none"> 1. Protect micro firms, SMEs, job-creating industries and workers. 2. Ensure liquidity in financial sector. 3. Manage tax revenue hole in government budget. 4. Maintain critical infrastructure and provision of utility services. |
|  <p>03</p> |  <p>Recover</p> | <p>Assure people of an eventual recovery, and deliver on it, while driving economic transformation.</p> | <ol style="list-style-type: none"> 1. Manage monetary, fiscal, aid and debt policy to adequately resource the above, while maintaining macroeconomic stability. 2. Conduct investment facilitation in sectors with scope to transform economy. 3. Repurpose manufacturing for local production of key goods. |



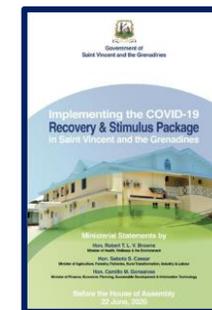
India
[click here](#)



Kenya
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Ghana
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St. Vincent and the Grenadines
[click here](#)



Cote D'Ivoire
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Various players can support stimulus plans but they need a clear ask

Common examples of measures		Examples of requests made to funders		
		Liquidity and financial resources	Expertise and technical assistance	In-kind resources
<div style="background-color: #003366; color: white; padding: 10px; text-align: center; font-weight: bold;">Easing of Regulations</div>	<div style="background-color: #e0e0e0; padding: 10px;"> <ul style="list-style-type: none"> Manage public-private dialogue sessions with key industries and SMEs, and problem solve together </div>	<div style="border: 1px solid #003366; padding: 5px;">  10 thousand USD Grant to support logistics </div>	<div style="border: 1px solid #003366; padding: 5px;">  2 Governance advisers Delivery capacity strengthening </div>	<div style="border: 1px solid #003366; padding: 5px;">  office space to house the agency </div>
		<div style="border: 1px solid #003366; padding: 5px;">  MSME financing instruments for Latin America & Caribbean </div>	<div style="border: 1px solid #003366; padding: 5px;">  2 consultants 3 weeks Technical assistance in targeting key sectors </div>	<div style="border: 1px solid #003366; padding: 5px;">  1.5 million USD In deferment of Gov't transfer fees </div>
		<div style="border: 1px solid #003366; padding: 5px;">  360 million USD Support to central reserves </div>	<div style="border: 1px solid #003366; padding: 5px;">  2 Remote fellows Technical assistance on privacy concerns of mobile tracing </div>	<div style="border: 1px solid #003366; padding: 5px;">  1.5 million USD Direct guarantees to the private sector </div>
		<div style="border: 1px solid #003366; padding: 5px;">  Budget support for the fiscal gap </div>	<div style="border: 1px solid #003366; padding: 5px;">  1.5 million USD Technical assistance for local vaccine testing </div>	<div style="border: 1px solid #003366; padding: 5px;">  0.5 million USD Donation of fertilisers to agro firms </div>

Sources: Various as per logos. TBI. See our [Economic Response Guides](#) for more details



Maintaining political control over all aspects of the crisis requires fast decision making, problem solving, data and comms.

- | | | |
|----|--|---|
| 01 | Active Head of State oversight and leadership  | <p>A proactive approach by Head of State (HoS) enables crisis management structures to be empowered, rapidly coordinate ministries, donors and local stakeholders. HoS can oversee the response, manage the politics and make decisions that cannot be resolved within a crisis management team.</p> |
| 02 | Strong, clear mandates with capable team  | <p>Decision makers within the crisis management structure should be given a strong and clear mandate, enabling them to make decisions that do not require Head of State approval and that other ministries and local government will respond to.</p> |
| 03 | Benefits of pre-existing structures  | <p>Countries that have a pre-existing structure, such as epidemiological surveillance teams (e.g. Nigeria NCDC) and delivery mechanisms (e.g. Kenya), benefit from organisational learning and existing infrastructure.</p> |
| 04 | Adaptive decentralisation for effective fit  | <p>Decentralisation of the implementation of measures is important in translating national level decisions "on the ground". Replicating crisis management structures locally and using existing local authorities has proven to be effective.</p> |
| 05 | Capability for data collection and analysis  | <p>A team responsible for data collection and reporting have played an important role in ensuring that decisions are evidence-based and informing the public. Accurate data is essential to inform government policy and model upticks and peaks.</p> |
| 06 | Transparent and consistent communication  | <p>Public communication enables a government to build trust with its citizens, be transparent and counter potential misinformation. It is key for allowing contact tracing, rapid isolation, social distancing, community mobilisation and to reconnect to the international community for economic recovery.</p> |