A collective responsibility: shielding and social distancing – practical advice (to save lives)

August 2020

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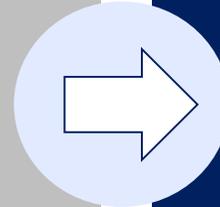INSTITUTE
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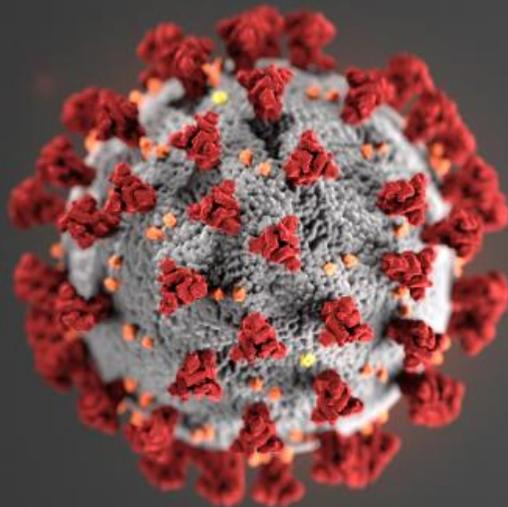
Covid-19 poses a **long-term challenge** and **lockdowns are unsustainable** – both economically damaging and costly to enforce. As society reopens, **practical mitigations remain essential.**

Lockdowns (March–June)

What did it entail?
- Business, workplace and school closures
- Stay-at-home orders and curfews
- Essential trips only (food, medicine and essential services)

Why was it necessary?
- Prospect of eliminating the virus before community transmission
- Limited scientific knowledge of the virus
- Low public awareness of risks and mitigations
- Flatten the curve to relieve pressure on health system
- Buy time to prepare systems, procure equipment, train staff etc.

What were the challenges?
- Disruption to livelihoods and economies
- Psychosocial impacts of sustaining lockdowns for long periods
- Restrictions drive resistance and social unrest

Reopening Society (Present)

What does it entail?
- Keeping as much of society open and moving as possible while:
  - **Shielding**: isolating people most vulnerable to severe symptoms/death with Covid-19.
  - **Social distancing:** keeping as much physical distance between people as possible, erecting physical barriers and wearing masks.

Why is it more appropriate now?
- Caseloads are growing exponentially and we will be living with the virus for the foreseeable future
- Need to achieve a balance between containing the spread of the virus and protecting the economy
- Move away from top-down imposed lockdowns to greater community ownership of measures and collective responsibility
- Growing knowledge of risk factors based on age/health conditions
- Greater public knowledge of symptoms/routes of transmission

What are the challenges?
- High population densities makes distancing difficult
- Some businesses are not viable under reduced capacity
- Lack of space and incidence of intergenerational households complicates shielding

Through a **combination of shielding and social distancing,** societies can balance the need to **save lives** and **protect livelihoods.**

Shielding

Elderly people and people with certain underlying conditions are more likely to develop complications or die if they are infected.

They should **shield –** spend as much time in a self-contained/separate space away from other people as possible and take extra precautions to ensure the virus does enter. Shielding can be understood as a type of targeted lockdown for the most vulnerable people.

Limit pressure on health systems and reduce the total number of deaths

Social Distancing
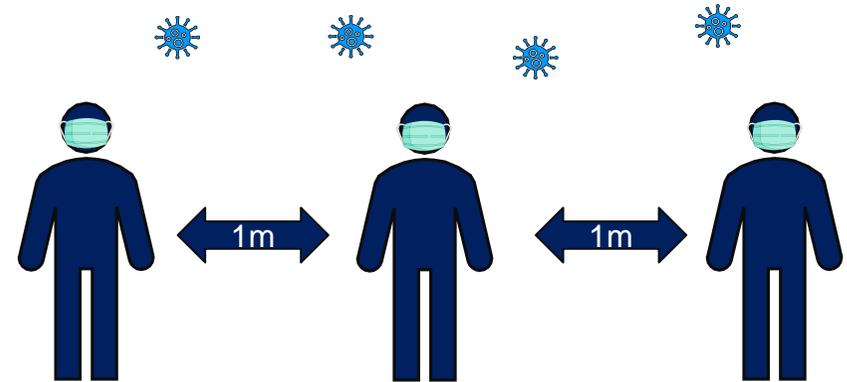
Most people who get Covid-19 will experience only mild or moderate symptoms, won't require treatment and may not even know they have the virus.

These people should still **socially distance** with people outside of their household and wear a mask in public to contain the spread of the virus, even if they themselves are unlikely to experience severe illness.

Limit the number of cases

Key: Person at standard risk of Covid-19 complications   Person at elevated risk of Covid-19 complications

Sustained, widespread individual **behavioural change** is needed to **limit the spread and recurrence of Covid-19**. All sections of society have a role to play in supporting that transition.

Government

Inform – develop and issue timely, evidence-based and practical guidance that is widely communicated in an accessible way and targeted to different stakeholders.

Encourage – use government influence and behavioural nudges to encourage and make the case for compliance with Covid-19 guidance.

Empower – practically support individuals to comply with the guidance via targeted economic measures.

Enforce – take action, where necessary, to enforce guidelines and redress violations.

Individuals and Communities

Engage – keep abreast with developments and take personal responsibility for playing their part in good faith; adhere to the guidelines as much as possible to protect themselves and their communities.

Innovate – work together as a community to mutually support and adapt to the changing circumstances.

Businesses

Enable – support customers to follow guidance by adjusting the customer experience (e.g. shop layouts) and selling goods at a fair price (e.g. masks, cleaning products).

Protect – employers must protect frontline workers so they can do their jobs as safely as possible. They also have wider corporate responsibilities (e.g. fair treatment of suppliers).
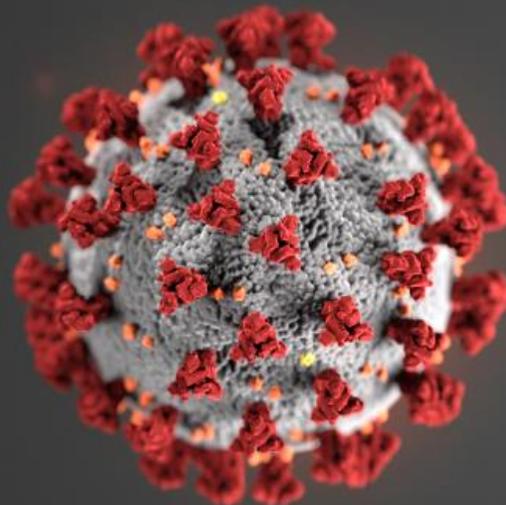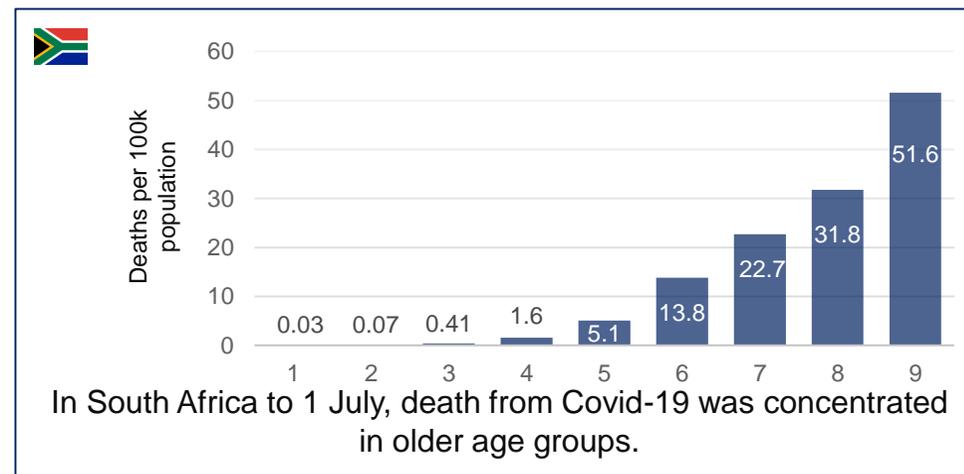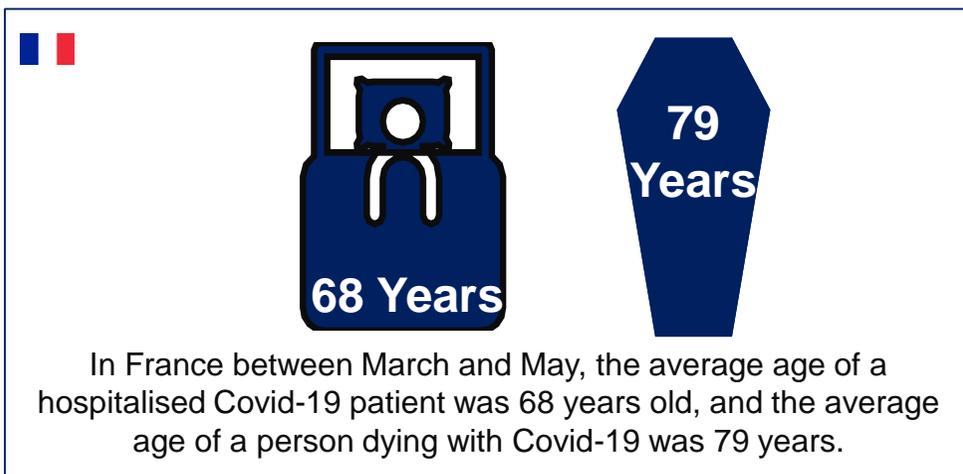
Shielding

How to shield

Who to shield

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While anybody can be infected with Covid-19, **fatality rates increase exponentially with age –** whether calculated as case fatality rate or deaths per 100k of population.

In the UK in April, almost nine out of ten people whose death was related to Covid-19 were 65 years old or over.

In the United States in March, people with Covid-19 were more commonly hospitalised the older they were.

In France between March and May, the average age of a hospitalised Covid-19 patient was 68 years old, and the average age of a person dying with Covid-19 was 79 years.

In South Africa to 1 July, death from Covid-19 was concentrated in older age groups.

People with certain **underlying conditions** are also more vulnerable to complications from Covid-19.

In the United States between January and May, Covid-19-related deaths were 12 times higher among people who had underlying conditions than those without, and hospitalisations were six times higher.

In China between January and February, case fatality rate was higher among those with a range of underlying conditions than the overall case fatality rate.

In the UK between February and April, less than a quarter of hospitalised Covid-19 patients had no documented major comorbidity. The most common comorbidities among hospitalised patients were heart disease, diabetes, lung and kidney diseases.

138 Hospitalised Patients

102 do not require ICU	36 sent to ICU
63% have no underlying conditions	72% have underlying conditions

In Wuhan in January, hospitalised patients who had underlying conditions were more likely to be subsequently sent to intensive care than those who did not.

Sources: Centres for Disease Control and Prevention, British Medical Journal, JAMA, JAMA

People more vulnerable to severe symptoms should **take additional precautions to minimise their risk of infection by 'shielding'.** This can minimise pressure on the health system and reduce infection fatality rates.
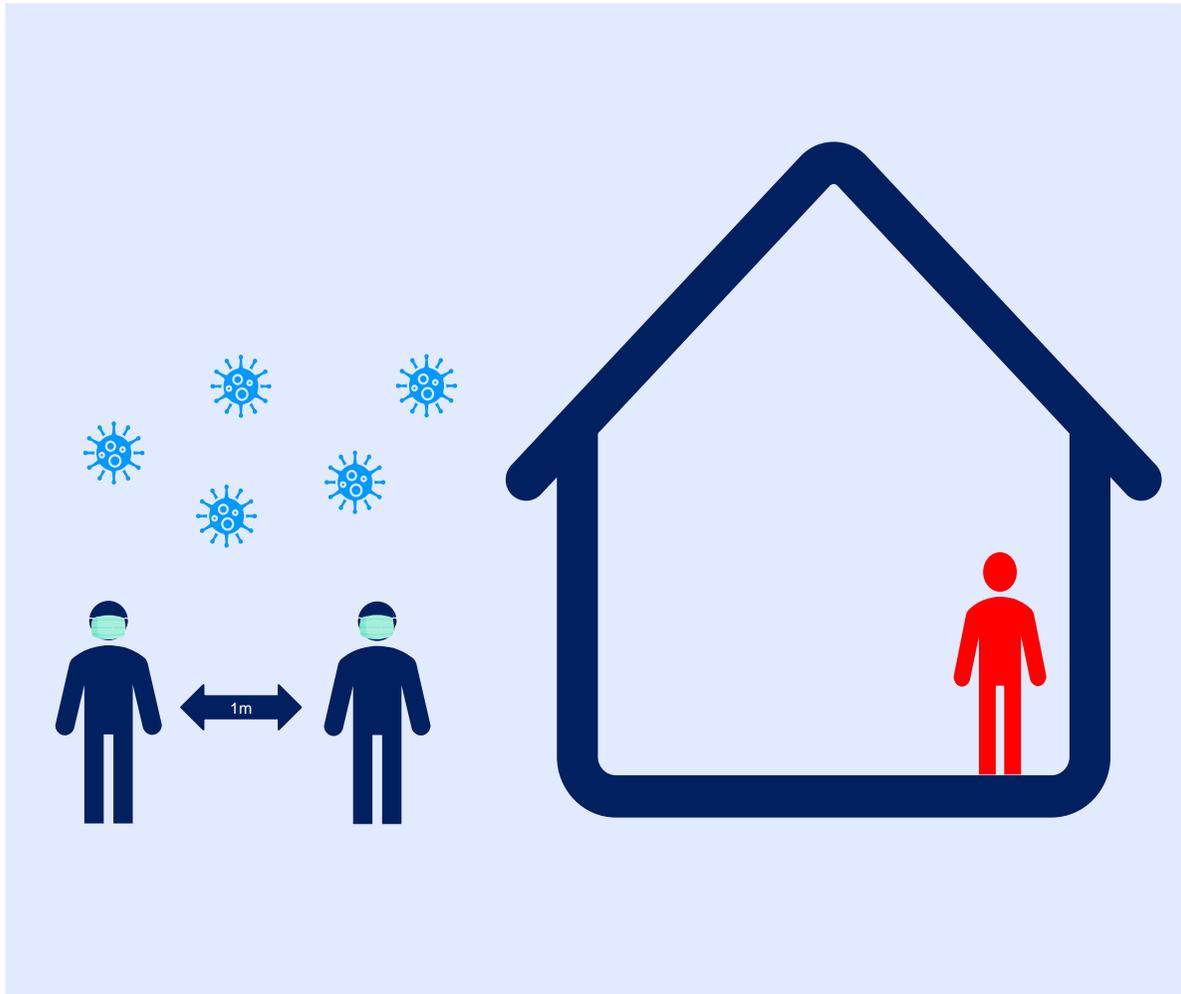

Additional precautions include:

Spending as much time indoors/away from others as possible – especially at busy times of day.

Physically distancing from other members of the same household.

Key: Person at standard risk of Covid-19 complications   Person at elevated risk of Covid-19 complications

Age structure and incidence of underlying conditions means that a **smaller proportion of the African population are thought to be at risk of severe Covid-19** than in other parts of the world.

Proportion of Population Over 65/With Underlying Condition
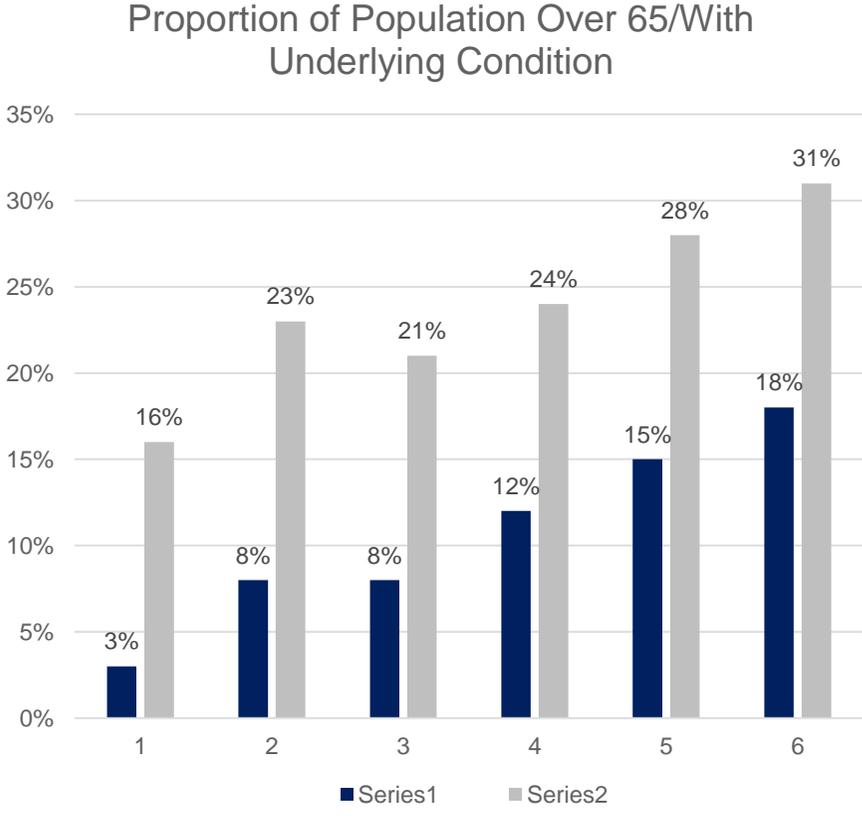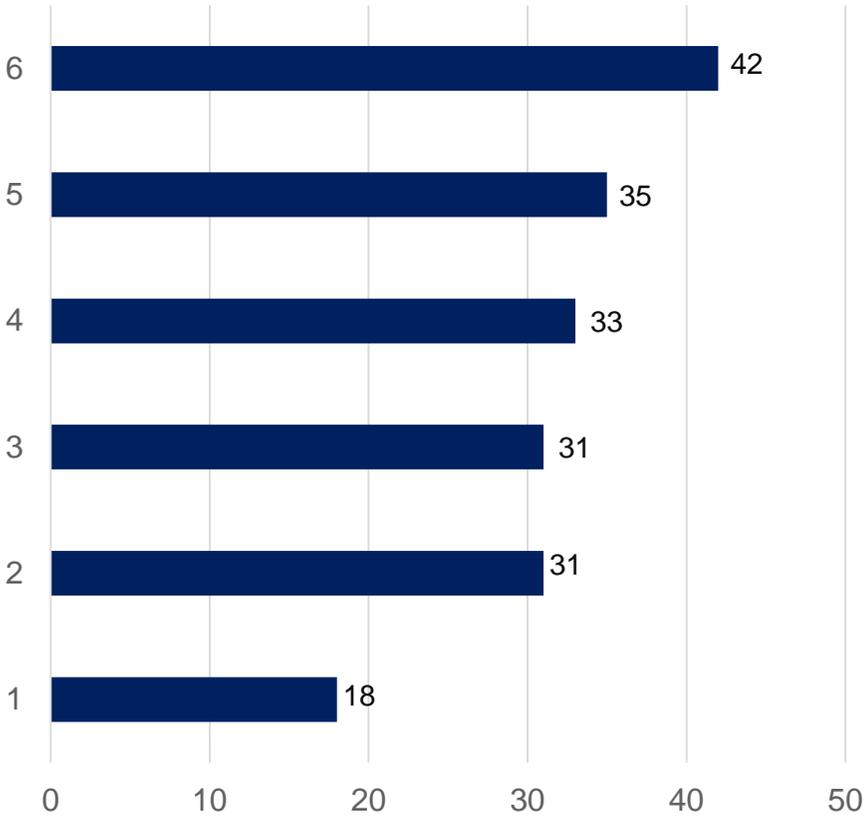
Africa has the **youngest median age**, the **lowest proportion of people over the age of 65** and the **lowest proportion of people estimated to have at least one underlying condition** of all continents. Simulation of epidemics in 146 capital cities suggested total expected number of clinical cases (cases requirement treatment) per capita is lower in countries with lower median age populations.

Sources: The Lancet, World Economic Forum, World Bank, London School of Hygiene and Tropical Medicine

Total lockdowns were necessary initially but are **disproportionately burdensome** for African countries. Targeted shielding is significantly more efficient in saving lives while protecting the economy.

Lower

Proportion of population likely to experience severe symptoms
Proportion of economic activity that can be sustained under lockdown
Fiscal capability to cushion economic impact

Higher

Lives saved per 100,000 people per unit of GDP lost	Developing Economy	Developed Economy
Blanket Lockdown	10	20
Age-Targeted Policy	95	54

Sources: NBER, VOXEU

Data on age and comorbidity-related risk in Africa from Covid-19 is still limited. A range of practical challenges will make it **difficult to optimise and implement shielding guidance.**

14% of African households include both a child under 15 and a person over 60 – so low- and high-risk persons with different patterns of behaviour are in close contact.[1]

Households are the largest and dwelling floor space is smallest of any region globally. Keeping distance at home or demarcating areas will be exceptionally difficult.

There is no consensus yet on what age entails enhanced risk – developed country policy ranges between 55 and 70 but a lower age threshold for shielding may be more appropriate given lower life expectancy across the continent.

Significantly higher proportions of elderly people in Africa require some care and assistance from other people than in more developed countries. Carers may transmit the virus to high-risk people they care for.

More than 75% of employment in Africa is in the informal sector. They must work to survive and many are exposed to the public constantly.

Of people over 65 in Sub-Saharan Africa who do work, 96% work in the informal sector – the highest proportion of all age groups.

As many as **half of diabetics** and nearly **three-quarters of people with hypertension** in Africa are undiagnosed – so vulnerable people may not know they need to shield.

Data on the risk posed by communicable disease comorbidities more common in African countries (such as TB and HIV) is still very limited.

Sources: United Nations, United Nations, International Labor Organization, The Lancet, Hypertension, Circulation, World Health Organization, Journal of Long-Term Care

[1] Under 20s may be less susceptible to catching the virus according to one analysis of the data and therefore unable to pass it on; those with milder symptoms may also be less effective transmitters.
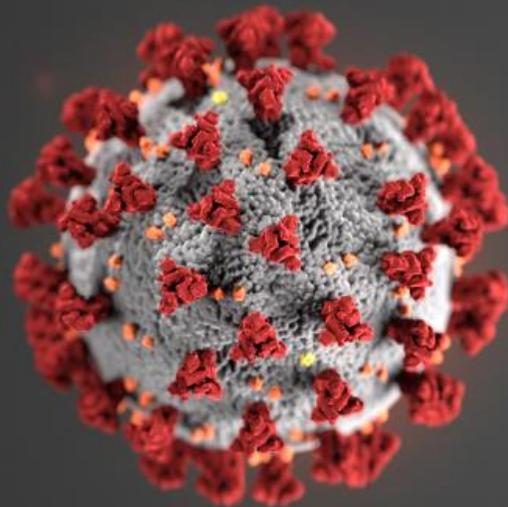
Shielding

Shielding guidance should therefore be:

1

Realistic
Grounded in a recognition that risk cannot be entirely eliminated under the constraints faced by the population. Clearly unrealistic guidance may damage government credibility.

Flexible
Provide alternatives and mitigations in recognition that households have different circumstances/resources. Clear baseline while empowering doctors to use clinical judgement in advising their patients. Conscious of the psychosocial impacts total isolation is likely to have.

2

Voluntary
Strongly encouraged but ultimately voluntary as some people will have no choice but to continue engaging in more risky behaviour. Enforcement and punitive measures could damage personal wellbeing and cause civil unrest.

Well Communicated
Evidence-based rationale for the guidance communicated in a way that the public can understand and by people and organisations they trust. Presented as fundamentally in the interests of the individual but also the whole country and health system.

3

Community Led
Developed with community organisations and representatives. Reliant on the knowledge of communities to identify people who are at most risk and community networks to engage and support high-risk people to adapt their living arrangements.

Government Backed
Supplemented with well-targeted social protection measures to support those who must shield to make compliance easier.

Key components in shielding high-risk people:

1 **Identify and establish the shielding area**
Choosing a practical, comfortable and contained place for high-risk people to isolate

2 **Minimise exit of the high-risk person**
Reducing a person's direct exposure to the virus as it circulates in the community

3 **Minimise entry of other people**
Reducing the likelihood another person will bring the virus into the shielding area

The ease with which a shielding environment can be created and maintained depends on the **size of a dwelling** and the **number of residents.**

Single occupancy dwelling	Multiple occupancy, multi-room dwelling	Multiple occupancy, single-room dwelling
High-risk person who lives alone **shields in their own dwelling.** Family and community support in delivering necessities to the external door.	High-risk person **shields in self-contained room within a multi-room dwelling.** Other residents stay out of the room as much as possible and support in delivering necessities to the door of the room.	High-risk person **isolated as much as possible in single-room dwelling**. As much distance as possible kept from other residents who should wear masks. Partitions are constructed. Windows are kept open to maintain ventilation.

Lower ← **Risk of infection** → Higher

Key: Standard-Risk Person   High-Risk Person   Shielding Area

Where possible, family and communities of high-risk people should mobilise to **adapt their living arrangements to make shielding more practical and/or safe.**
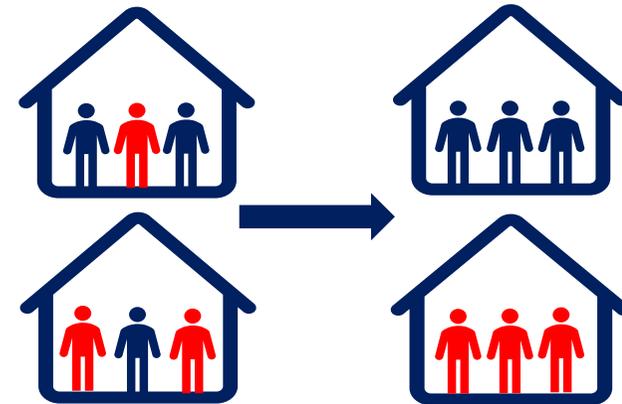
Moving high-risk people out of high-risk areas

A high-risk person may move to join family with more space or in a lower-risk area where case numbers or population density is lower e.g. outside of cities.

Any travel between locations be done as safely as possible to minimise risk of infection en route.

Segregating households according to risk factor

Extended families and communities may coordinate to segregate their numbers into separate standard-risk and high-risk households.

Choose dwellings for high-risk people that minimise the need for residents to leave and make the shielding experience as comfortable as possible – for example, in isolated area with access to private area and indoor/separate toilet. The dwelling should be thoroughly disinfected in advance of occupation. All occupants of this household should be known to be negative for Covid-19 before moving in.
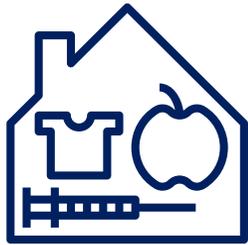
Government can support but should not mandate these adaptations

Shielding areas should be **adapted to cater to the needs of high-risk people as much as possible** and minimise their need to leave.

Minimise exit

When shielding in one room in a multi-room dwelling, ensure all basic necessities are available inside – for example, mattress, clothing, medication and entertainment. Consider keeping a supply of non-perishable snacks, bottled water, sanitiser and masks.

Friends and family should replenish supplies by dropping off food, water and other necessities at the perimeter of the shielding area. High-risk people should not leave the shielding area to do so themselves.

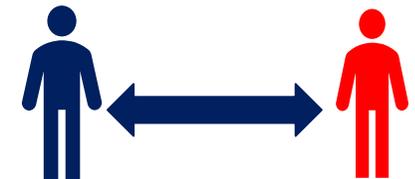## Safe exit – where exit is essential, the high-risk person should always:

Put on a disposable mask before leaving the shielding area and dispose just before re-entering

Avoid touching any surfaces or objects, their own face or readjusting the mask

Sanitise their hands and anything brought back just before re-entering

Keep as much distance as possible from other people

Exit may be necessary to meet the high-risk person's **basic physical needs,** especially toilet use or washing.

Location of washrooms
In order of preference:
① **En-suite/adjoined to shielding area**
② **Indoor bathroom (ideally as close as possible to shielding area and accessible without passing through communal areas)**
③ **Outdoor bathroom**

Use of washrooms
In order of preference:
① **Exclusive use of person shielding**
② **Shared with other shielding people only**
③ **Shared with other members of the same household**
④ **Shared with wider community**

Washroom facilities should be thoroughly sanitised after each use by a person who has not been shielding

Consider options for locating the shielding area (including changing the room the high-risk person ordinarily sleeps) to make washroom access safer

Exit may be necessary to meet the high-risk person's **basic emotional needs.**

Physical necessity, emotional risks

Shielding requires a person to **significantly limit their in-person social contact to protect their physical health**.

But the **contribution of social isolation to poor mental health is well documented**. Under shielding, this burden is likely to fall disproportionately on high-risk people whose social contact is most limited.

People experiencing loneliness, boredom, isolation or a lack of physical activity may adhere poorly to guidelines, especially after a long period of time shielding.

Carers may also experience stress and anxiety caused by worry for the high-risk person's wellbeing.

Seek to mitigate loneliness during shielding as much as possible to reduce exits:

Ensure people shielding have access to a phone they can use to maintain virtual contact with friends and family and to alert carers about their needs

Be clear that shielding advice will be reviewed at specific intervals. Identify under what circumstances they will be eased (e.g. fewer new cases)

House high-risk people in dwellings together where possible to promote in-group social contact

If possible, where high-risk people do leave the shielding area for social contact, they should:

Do so as infrequently as possible and for short periods only

Avoid all physical contact – hugging, kissing or handshakes

Meet outdoors but without travelling – on a balcony, in a veranda, in a private garden

Limit to one social contact only – ideally the same person who does most caring for them

If going for a walk, do so close to home and at quiet times of day

Sources: The Lancet

Other people must **take all possible precautions to avoid bringing the virus into the shielding area.**

Minimise entry

Other people should enter the shielding environment as infrequently, and spend as little time there, as possible.

Designate one lower risk person who will enter, e.g. for caring responsibilities – ideally the household member who goes outdoors the least or works in the lowest risk environment. This should be the only person who enters, as far as possible.

A person should not enter if they have had Covid-19 symptoms at any point in the last 14 days. Carers and support networks should line-up alternative helpers in the event they get ill.

Examples of essential entry

Caring for person with limited mobility or cognitive function (e.g. preventing pressure ulcers, alleviating emotional distress, issuing medication, helping with eating and drinking)

Home visit by a medical professional

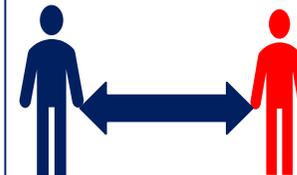### Safe entry – where entry is essential, the person entering should always:

Sanitise their hands and any items they are taking into the shielding area immediately before entering

Ask the high-risk person to open any windows before they enter

Put on a new or clean mask before entering the shielding area

Keep as much distance from the high-risk person as possible

If they must assist the person physically, they should wear gloves and avoid touching their face
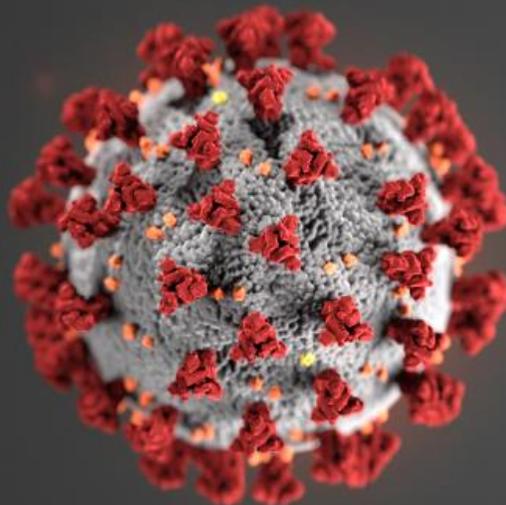
Shielding
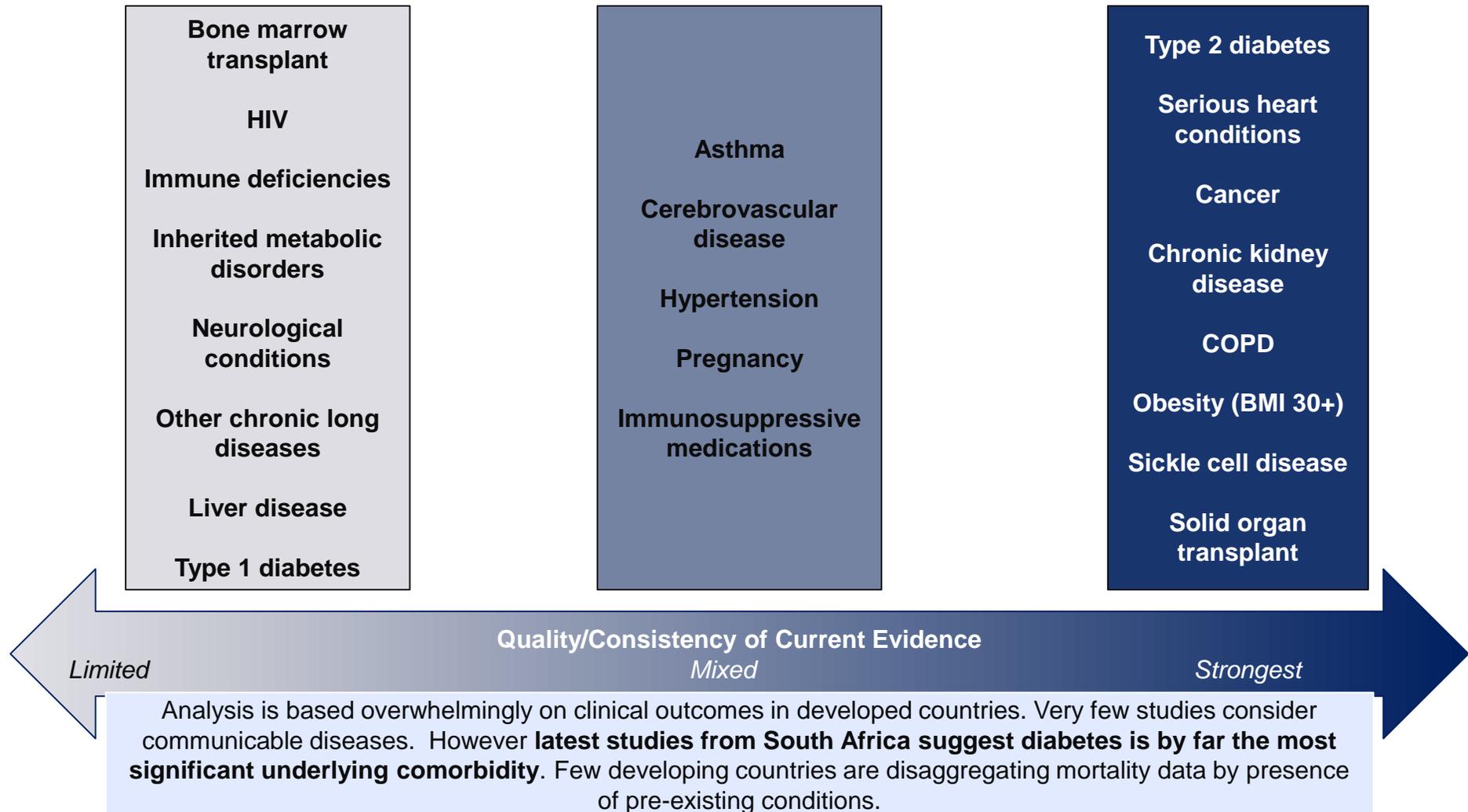
What is shielding and why do it?

How to shield

Who to shield

Evidence on **higher risk associated with different underlying conditions** is rapidly developing but the number of studies overall remains small.

| Bone marrow transplant

HIV

Immune deficiencies

Inherited metabolic disorders

Neurological conditions

Other chronic long diseases

Liver disease

Type 1 diabetes | Asthma

Cerebrovascular disease

Hypertension

Pregnancy

Immunosuppressive medications | Type 2 diabetes

Serious heart conditions

Cancer

Chronic kidney disease

COPD

Obesity (BMI 30+)

Sickle cell disease

Solid organ transplant |
|---|---|---|

Quality/Consistency of Current Evidence

Limited   *Mixed*   *Strongest*

Analysis is based overwhelmingly on clinical outcomes in developed countries. Very few studies consider communicable diseases. However **latest studies from South Africa suggest diabetes is by far the most significant underlying comorbidity**. Few developing countries are disaggregating mortality data by presence of pre-existing conditions.

Age is the most relevant factor in determining vulnerability to severe Covid-19 symptoms.

Analysis by the University of Cape Town suggests that risk of severe Covid-19 in patients substantively increases at age 55 and continually increases with each additional year.
This age threshold has been communicated widely to the public to support shielding behaviours.

Patchy and varying quality of data on risk associated with specific pre-existing conditions

Underdiagnosis of pre-existing conditions in low-income settings

Incidence of pre-existing conditions, frailty and weakened immune system is concentrated in the older age groups

"Until more nuanced data on comorbidities becomes available, the concentration of mortality risk in the oldest ages is one of the best tools we have to understand and deal with Covid-19 at local and national levels."
- Dr Jennifer Dowd, University of Oxford

"Because of low diagnosis of chronic conditions in low-income settings, age-based thresholds could play a key role"
- Dr Andrew Clark, London School of Hygiene and Tropical Medicine

"The greater prevalence in older adult patients of frailty and comorbidities… such as cardiovascular disease, hypertension and diabetes… has been associated with worse outcomes in Covid-19"
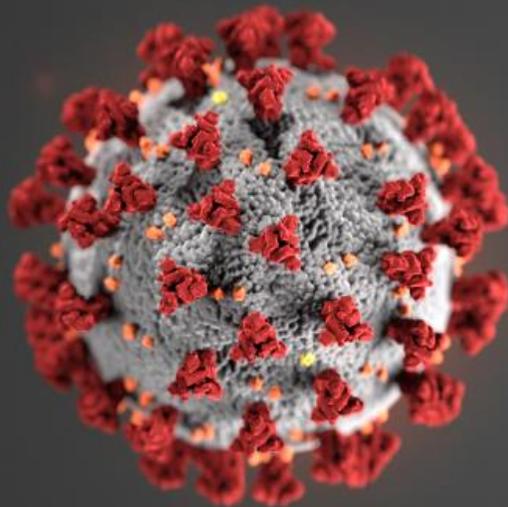- Dr Clara Bonanad, Hospital Clinico Universitario

Social Distancing

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What is social distancing and why do it?

Case studies

People who are not at elevated risk for complications still have a vital part to play in **reducing community transmission** of Covid-19. The most effective way to do this is by adopting a number of measures that together constitute **social distancing.**

1 If a person has been in close contact with a confirmed case or has any Covid-19 symptoms:

2 Otherwise, when a person goes into public spaces:

3 And whenever possible:

ISOLATE
Behave like a person who is shielding. Stay at home for 14 days from the appearance of the first symptom and keep as much distance from other household residents as possible
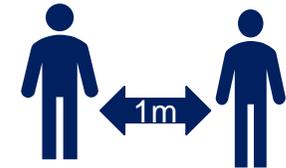
WEAR A MASK
Use a new or clean mask covering the nose and mouth at all times. Avoid adjusting the mask

SANITISE
Wash or sanitise hands regularly, before leaving and upon arriving home, and after touching surfaces outside

DISTANCE
Stay at least 1m from other people who are not members of the same household

These measures work especially well in combination and should be adhered to as consistently as possible. Mask wearing and good hand sanitisation are even more important where distancing is less practical

Social distancing should be **practiced anywhere that people from different households come into contact**. This will usually be in **communal** and **commercial spaces.**

Public Transport	**Hospitality**	**Markets and Shops**	**Schools**

Transport Terminals	**Places of Worship**	**Health and Wellbeing**

Proprietors of these spaces are likely to need to **make adaptations** so that patrons and customers can **practice social distancing** on their premises.

Universal Challenges
Facing most if not all commercial/public spaces

- Existing **layout** does not facilitate distancing and **limited space** available to adapt

- **Reduced capacity and customer throughput** affects viability of business or service provision

- **Protecting frontline staff** in constant contact with the public

- Limited **availability of sanitation and hygiene facilities** and additional staff costs for cleaning

- **Cash transactions** necessitate contact

Establishments will adapt to and be affected by these challenges in different ways depending on the industry they are in, the venue they occupy and its location, and their overall financial wellbeing.

They are likely to experience further challenges unique to their sector.

Sector Challenges
Facing particular kinds of establishment, e.g.

- **Food hygiene** and impractical mask wearing in *restaurants*

- Distancing people who **cannot understand guidelines and are not advised to wear masks**, such as young children in *schools*

- Services for which **close contact/touch is essential**, such as *barbering*

- Services where **equipment is shared** by customers and turnover is high, such as *gymnasia*
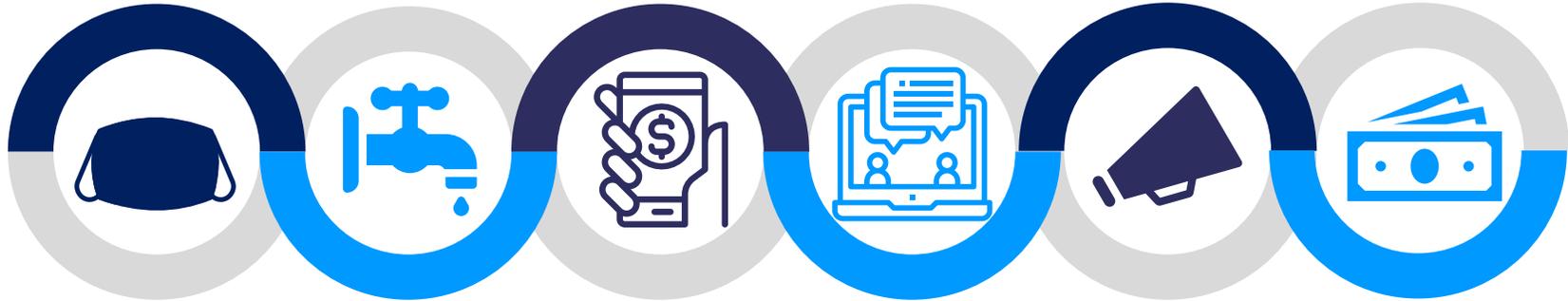
Government should empower and support communities and individuals to take steps to distance as effectively as possible.

Government

Business

MANDATE MASK USE
Requiring citizens to wear a mask in public mitigates some of the risk where physical proximity is unavoidable. The science on mask wearing suggests a significant protective effect where universally applied.

PROVIDE WASH FACILITIES
To encourage handwashing and other sanitation measures, increase community access to clean water, subsidise the production of soap, and increase sanitation and disinfection of community facilities.

ENCOURAGE MOBILE PAY
As handling cash increases person to person transmission risks, work with TELCOs to incentivise the use of mobile money (e.g. through reducing/waiving transaction fees).

CONSULT BUSINESSES
Meet transport associations, market associations and other business associations to discuss the measures that they could take, and any support they may require from government.

ENGAGE INFLUENCERS
Ensure the public are aware of the risks of Covid-19 and measures they can take to avoid its spread. Engage with community, civic and religious leaders to discuss and get ownership for the changes that may be required.

PROVIDE SUPPORT
Some industries may be especially hard hit and become unsustainable operating at limited capacity. Limited financial assistance programmes may support them to make necessary changes.

Businesses and proprietors of public spaces will need to adjust their operations to protect staff and patrons

Government

Business

DEMARCATE SPACE
Approximate number of people safely able to occupy space while distancing. Use visual cues – such as signage and floor markings of distance/radius – to encourage and inform distancing efforts. Change layout as appropriate.

CONTROL FLOW
Where possible, designate specific doors as entry and exit only and implement a one-way direction of travel around a building. Consider the use of temperature guns at entrance, with entry denied to symptomatic persons.

PROVIDE SANITISER
Provide sanitiser or hand washing facilities for people to use on entry and exit.

DISINFECT SURFACES
Ensure commonly touched surfaces are disinfected on regular schedule.

PROTECT STAFF
Provide appropriate PPE for staff. Erect physical barriers at checkouts.

SHARE BEST PRACTICE
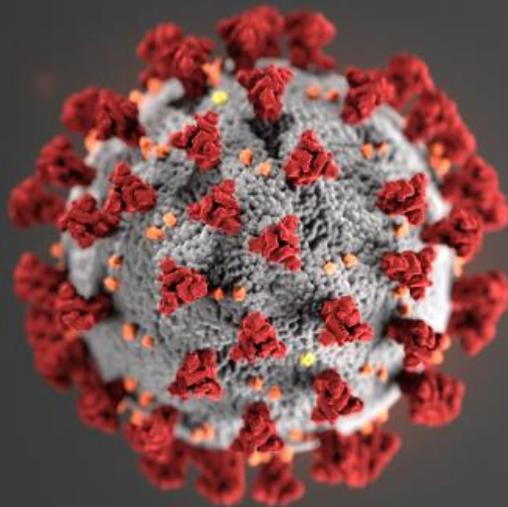Liaise with industry/business associations to develop best practice and share experiences.

Social Distancing

What is social distancing and why do it?

Case studies

Public Transport

Country	Government	Transport Providers	Passengers	Risks/Challenges
Motorcycle Taxis (boda boda) in Uganda	• Requires boda bodas to operate from designated locations throughout the city with unique reference code to aid contact tracing. • Enforce boda boda-free zones in Kampala.	• Associations and app operators share details of their drivers with government. • Drivers ask customers to wear a mask (especially important given close contact) and sanitise seat between journeys.	• Bring own masks. • Sanitise hands before boarding boda boda.	• Drivers unable to read/write fear they will be pushed out of jobs. Margins squeezed as they hire local teachers and students to record passenger details. • Concerns passengers will deliberately give incorrect information to avoid isolation. • Many passengers lack phones and identity cards.
Buses in Kenya	• Imposes 70% capacity limit. • Creates checkpoints to confirm vehicles are complying with rules/prevent violating companies travelling between counties. • Imposing fine of up to 20,000 shillings/six-month imprisonment if violations occur.	• Implementing new seat plans to maintain distance. • Remove seats to ensure passengers do not violate distancing rules. • Provide passengers' name, ID number, telephone number, address and allocated seat number to public health authorities.	• Comply with distancing regulations while waiting to board vehicle. • Provide accurate details for manifests.	• Ability to trace/enforce isolation on passengers moving between jurisdictions on long-distance buses may be limited.
Ubers and Taxis in Ghana	• Consulted with Ghana Private Transport Unit and the Ghana Road Transport Coordinating Council. • Imposes reduced capacity limits per seating row. • Permitted 15% price increase.	• Uber distributes sanitiser and masks to drivers.	• Should wear mask while riding.	• Poor compliance due to weak traffic enforcement capacity. • Concern some taxi drivers are providing a dummy, shared and contaminated, mask for passengers to wear briefly while passing checkpoints. • Increase in fares can make public transport inaccessible.

Sources: AllAfrica, CitiNewsroom, News Ghana

Hospitality

Country	Government	Hospitality Establishments	Customers	Risks/ Challenges
Restaurants and Coffee Shops in Rwanda	• Rwanda Development Board issues directive to all hospitality establishments requiring them to register customers to aid contact tracing (full names, telephone numbers, time of visit and district of residence collected). • Requires hospitality establishments to obey the overnight curfew.	• Rwanda Hospitality Association liaises with government. • Installing portable handwash basins and appropriately spacing tables. • Encourage customers to order food for delivery where possible. • Moving tables outdoors where possible and limiting number of seats per table. • Introducing manual sign-in book or digital registration of customer details. Prohibiting social gatherings. • Bars adapting business model to serve food, enabling them to trade under the restrictions. • Providing PPE for staff and reducing head-count to lower limits.	• Providing accurate contact details. • Minimising loitering after meal.	• Increasing ingredient costs and limits on capacity put severe pressure on margins, making reopening unfeasible.
Hotels and Tourist Resorts in Senegal	• International flights are resumed, reopening international tourist customer base. • Issues health protocol for resumption of tourism.	• Establish coordination committees in large establishments. Allocate responsibilities for dealing with suspected cases, liaising with health services and monitoring and reporting on compliance with protocol. Institute staff training. • Install sanitiser dispenser at entrance to hotel. Online check-in system established to minimise physical contact. Screens installed at check-in desk and all staff wear masks. Limits on number of people in elevators. Temperature of guests to be taken on check-in. Luggage disinfected before moved to rooms. At least one room reserved for isolation of suspected cases. • Completely disinfect rooms between guests and ventilate for minimum of three hours. Air conditioning filters cleaned and disinfected between guests. Housekeeping staff must wear masks and gloves. Prohibit access to non-residents. • Providing a la carte only services for meals – no self-service.	• Comply with all guidelines.	• Concern that government health protocol is impractical for smaller establishments.

Schools

Country	Government	Schools	Parents/Students	Risks/Challenges
Schools in South Africa	• Splits reopening of schools into multiple phases according to grade. Publishes amended school timetable and calendar, extending academic year into 2021. • Organises delivery of sanitisers, mask, water and PPE to schools. Requests provincial education departments makes health and hygiene packages available to schools. • Produces informational video on mitigation strategies aimed at students. • Issues standard operating procedures for schools and orientation guidelines for staff, including employment of full-time screener of people entering the school. • Convenes meetings with Heads of Provincial Education Departments to encourage dialogue and learnings.	• Staff with underlying conditions with heightened risk of severe Covid-19 stay at home. • Modify classrooms to ensure 1.5m distance between desks and students. • Free to adopt bespoke timetabling approaches, including platooning and opening for specific grades on certain days. • Implement daily temperature screening of students.	• Parents expressly permit their children to return to school and sign indemnity forms. Parents may keep children at home if there is uncertainty or heightened concern for family members over the age of 60 or with pre-existing conditions. • Parents inform schools if their child has pre-existing conditions. Parents may choose to keep these learners at home. • Non-teaching staff assist in ensuring compliance with distancing requirements. • All students wear masks at school.	• Forced to close schools three weeks after reopening them after surges in infections. • Repeated delays in confirming plans for reopening, partially driven by challenges securing PPE.

Sources: <u>Associated Press</u>, <u>Department of Basic Education</u>, <u>Department of Basic Education</u>, <u>Department of Basic Education</u>, <u>Department of Basic Education</u>, <u>Sunday Times</u>

Places of Worship

Country	Government	Places of Worship	Worshipers	Risks/Challenges
Churches and Mosques in Rwanda	• Cabinet permits local authorities to make decision about whether venues will reopen within their jurisdiction. • Prime Minister announces nationwide mitigation measures for reopening all places of worship. Mandates mask wearing for all congregants, registration, 1.5m physical distancing and exclusion of children under the age of 12.	• Live streamed on internet to reduce in-person demand. Increase number of services to compensate for capacity limits. • Make provisions for offerings to be given digitally rather than in cash, including mobile money and contactless. • Installing water supplies for hand washing at entrances. Only two attendees permitted per pew. • Create Google Forms to allow attendees to reserve place at their service of choice.	• Follow guidelines. • Bring own masks. • Avoid sharing holy books and song books. • Register online to prevent crowding at entrances while details are recorded.	• Limited local authority capacity to undertake inspections can impede and delay authorisation for reopening, especially where venue is far from government offices. • Concerns that local authorities are enforcing requirements that go beyond those prescribed by the national government, further heightening barriers for re-opening.
Churches and Mosques in Nigeria	• President permits reopening in early June but permits state-level discretion. Mandates mask wearing, social distancing and sanitisation. • Governor of Lagos initially keeps places of worship closed and then later delays plans to reopen until end of July as epicentre of cases nationally. Ekiti State requires certificate of fitness before reopening/limits services to once a week.	• Nigerian Supreme Council for Islamic Affairs coordinates mosques and orders continued closure while preparations are made to meet government requirements. • Christian Association of Nigeria liaises with government on behalf of members.	• Follow guidelines.	• Disparities in reopening across religious groups, states etc. may contribute to community tensions. Preachers in some states arrested for breaching guidelines. • Limiting opening to once a week prevents additional services to compensate for limits on capacity.

Sources: AfricaNews, CGTN, New Times, Rwanda TV, CNN, Associated Press, Reuters, Guardian Nigeria, Vanguard Nigeria

Transport Terminals

Country	Government	Transport Terminals	Travellers	Risks/Challenges
Airports in Kenya	• Works with Airports Authority and Civil Aviation Authority on frequency and timing of flights to facilitate distancing and identify mitigation measures. • Permits travellers to go to airport after curfew.	• Allows passengers to contact Port Health team with questions. • Temperature checks at entry to terminal and drivers must be able to prove they are picking up or dropping off passengers. • Queue areas marked with spaced floor stickers physical screens installed at check-in desks, counters and security trays deep-cleaned regularly. Preboarding seating appropriately spaced. • Staff wear PPE and health checks performed daily. Non-invasive security screening of passengers used wherever possible. Frequent sanitisation of hands after touching passengers or their property. • Appropriately cohorting transiting passengers in compliance with international travel guidelines. Arriving passengers must present negative PCR test result and medical certificate confirming they do not have Covid-19. • Places additional hand sanitiser points at departure and arrivals for free.	• Bring own masks or purchase at vending machines at airports. • Have documents ready for inspection to expedite flow of passengers. • Avoid touching surfaces.	• Sanitiser carried by passengers must be stored in maximum 100ml container and subject to usual liquid rules.

Sources: Kenya Airports Authority, Kenya Airports Authority

Health and Wellbeing

Country	Government	Fitness Centres and Pools	Patrons	Risks/Challenges
Gyms in Kenya	• Ministry of Health places 50% capacity limits on fitness centres.	• New online system for members to reserve their place so that capacity limits are respected. Changing opening times to maintain same number of operating hours despite curfew. • Requesting patrons sanitise hands before entering the gym and between using individual pieces of equipment. Regularly sanitising machines and barbells. • Installing floor markings to encourage social distancing and removing/moving equipment for adequate spacing. • Closing steam rooms to minimise social/sedentary interactions. • Shifting gym classes outdoors where possible. No hands-on assists by instructors.	• Bring own towels and mats to avoid contamination through sharing. • Mask wearing during exercises where it is practical to do so. • Limit visit to one hour.	• High customer turnover makes sanitisation of equipment between each individual use impractical.
Swimming Pools in South Africa	• Department of Sports, Arts, Culture and Recreation advises on likely time of reopening.	• Swimming South Africa produces readiness guidelines and appoints national safety officer for each provincial affiliate to enable dialogue with government in anticipation of reopening. Postpones competitions and events. • Regularly disinfecting lockers, changing room surfaces, showers, pool side area and pool equipment. Closing hot tubs and paddling pools. • Calculating pool capacity factoring 1.5m distancing and pool area in square metres. Staggering swim times and reducing lesson sizes. Using signage to indicate clear swim direction with lanes appropriate width. • Using parents to physically assist children during lessons but preventing poolside gatherings. Individual teachers assigned to single section of pool for entire shift to minimise movement and contact between groups.	• Arrive appropriately dressed for swimming to minimise time in changing areas. • Avoid social swimming.	• Managing flow of people through busy areas after lessons or swimming sessions

Sources: Business Daily, KTN News Kenya, CGTN, Swimming South Africa