Overview of public health and social measures in the context of COVID-19

Interim guidance
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World Health Organization

Background

The overarching goal for all countries is to control COVID-19 by slowing down transmission of the virus and preventing associated illness and death. In response to COVID-19, every country should be implementing a comprehensive set of measures, calibrated to the local context and epidemiology of the disease.[1] Central to this comprehensive strategy are time-tested, core public health measures that break chains of person-to-person transmission, including (i) identification, isolation, testing, and clinical care for all cases, and (ii) tracing and quarantine of all contacts,[2-6] which should be a part of all national COVID-19 responses.

A comprehensive strategy to control COVID-19 will also include other public health and social measures, which are actions by individuals, institutions, communities, local and national governments, and international bodies to suppress or stop community spread of COVID-19.[1]

Public health and social measures contribute to stopping individual chains of transmission and preventing outbreaks, and are therefore critical in limiting further spread of COVID-19, particularly while vaccines and therapeutics are not yet available. These measures include the following:

- **Personal measures** aim to limit person-to-person spread, protect individuals and their contacts, and reduce contamination of frequently touched surfaces.[6,7] Personal measures include frequent hand hygiene, physical distancing, respiratory etiquette, use of masks if ill or attending to someone who is ill, and environmental cleaning and disinfection at home.
- **Physical and social distancing measures** in public spaces prevent transmission between infected individuals and those who are not infected, and shield those at risk of developing serious illness. These measures include physical distancing, reduction or cancellation of mass gatherings,[8] and avoiding crowded spaces in different settings (e.g. public transport, restaurants, bars, theatres), working from home, staying at home, and supporting adaptations for workplaces[9] and educational institutions.[10] For physical distancing, WHO recommends a minimum distance of <u>at least</u> one metre[a] between people to limit the risk of interpersonal transmission.
- **Movement measures** aim to prevent introduction and limit movement of the virus from one area to another. Measures include limiting movement of persons locally or nationally, offering guidance regarding travel, arranging orderly travel in advance to avoid congestion at travel hubs, including train stations, bus terminals and airports, and considering a *cordon sanitaire* or other selected measures when justified by the local epidemiology of COVID-19.
- **Special protection measures** aim to protect special populations and vulnerable groups:
  - Persons at risk for more serious illness from COVID-19 (e.g. older people, persons with underlying medical conditions)
  - Persons or groups with social vulnerabilities (e.g. migrant workers, refugees, displaced populations, the homeless)
  - Persons or groups living in closed settings (e.g. long-term living facilities,[11] places of detention, camps/camp-like settings)
  - Persons or groups with higher occupational risk of exposure to the virus (e.g. staff of institutional settings, health workers and frontline responders). Protecting health and care workers also prevents outbreaks in health facilities and residences for seniors.

Public health and social measures provide a toolkit of interventions that countries can select and calibrate based on their local context. National and local authorities must, however, balance interventions to address the direct health impact of COVID-19 with strategies to limit short- and long-term consequences on health and socioeconomic wellbeing, such as arise from loss of income or access to services, that may result from putting in place certain measures.[1] Advance planning and preparedness are also critical to avert the indirect health impact that may result when health systems are overwhelmed or other essential health and social services are interrupted.

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[a] One metre is equivalent to three feet and 3.4 inches. WHO is monitoring ongoing research on risks of COVID-19 transmission.

Purpose

The purpose of this document is to provide an overview of public health and social measures that can be implemented to slow or stop the spread of COVID-19, and to propose strategies to limit any possible harm resulting from these interventions.[b]

The document is intended to inform national and local authorities and other decision-makers, who must balance public health interventions to control COVID-19 while seeking to minimize their social and economic impact.

Applying public health and social measures according to level of disease transmission

Each category of public health and social measures—including personal, physical distancing, movement and special protection measures—contains a range of interventions that should be selected, calibrated, and implemented based on the local intensity of COVID-19 transmission (no cases reported, sporadic cases, clusters of cases, community transmission).[6] Public health interventions should be commensurate with the intensity of COVID-19 transmission, and any measures that countries seek to implement should be safely adapted to ensure they are feasible, sustainable, and acceptable in the local context.

National authorities should recommend or apply measures nationally and sub-nationally based on their specific context, risk, or level of spread, and review the situation regularly as the pandemic evolves. Communities might also adapt measures as needed, bearing in mind local culture, living environments, and access to resources and services.

The intensity of COVID-19 transmission is typically not homogenous within a country, so national authorities should ensure that measures that are applied are based on sub-national epidemiology and with time limits on their length of implementation. Any adjustments to public health and social measures, and the reasons for the adjustments, should be clearly communicated to the public.[12] WHO has issued guidance to national authorities and decision makers on considerations for adjusting public health and social measures in a gradual and phased manner as the local epidemiology of the disease changes.[12,13]

Table 1 outlines a range of public health and social measures countries can consider, to reduce transmission of COVID-19.

Balancing the benefits and risks of public health and social measures

The primary goal of public health and social measures is to protect health; however, the use of certain measures, including stringent physical and social distancing and movement measures, may have harmful effects on the health and socioeconomic wellbeing of individuals and communities. Potentially harmful consequences that may result from implementing the measures selected[14] need to be identified and managed, along with policies to maintain essential health services; protect access to food, water, and essential goods and services; protect incomes; support families and communities; and ensure human rights for all,[15] including gender considerations.[16]

Addressing these concerns at both national policy and local levels will help alleviate potential burdens associated with implementing public health and social measures and support adherence to the measures. It is also critical to adapt measures to the local context and consider how long they can be in place. Close coordination of public health and social services is also needed to ensure everyone knows how to seek testing or medical attention, to find and test suspected cases quickly, isolate and treat patients effectively, trace and quarantine contacts timely, and to ensure safe discharge and appropriate post-hospital care to protect others in the community setting.

To be effective, public health and social measures require the engagement of all members of society. Policies and interventions should be accompanied by regular dialogue through trusted channels to provide the right information at the right time to enable people to make informed decisions to protect themselves. Decision-makers should engage with communities and communicate openly and regularly with people about how to implement public health and social measures throughout all phases of the emergency response and recovery.

There is no single formula for which measures to include or how to implement them given the wide range of epidemiological situations and social and economic contexts in which the pandemic is occurring. Mindful attention to the dual objectives of controlling COVID-19 and protecting communities from unintended consequences of response measures will help to safeguard health and protect well-being through all phases of response and recovery.

Table 2 suggests considerations for successful implementation of public health and social measures. Table 3 provides an overview of policies to implement alongside public health and social measures to limit harm and support community resilience and social cohesion.

Further considerations for measures in low-income settings are available.[17]

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[b] Guidance for personal and environmental measures, infection prevention and control, case finding and management, mass gatherings, international travel, use of masks, schools and other topics is available at www.who.int/emergencies/diseases/novel-coronavirus-2019.

Table 1. Selected public health and social measures for consideration in the context of COVID-19*

Personal measures	Physical and social distancing	Movement measures	Special protection measures
Aim: limit person-to-person spread, protect individuals and their contacts, and reduce contamination of frequently touched surfaces Encourage the public to practice[18] • Frequent hand hygiene • Physical distancing • Respiratory etiquette • Proper use of masks if unwell or attending to someone who is ill • Environmental cleaning at home	**Aim: ensure safe physical distancing through reduced crowding** **Workplaces** [9] • Support businesses and workplaces to put in place hand hygiene, physical distancing, and environmental cleaning • Plan for business continuity and minimum services • Where feasible, encourage teleworking, staggered shifts, flexible leave policies, teleconferences, virtual meetings, and protection for front-line workers and service personnel • Conduct risk assessment by workstation or function according to the environment, expected tasks, possibility of exposure, and available resources • Close non-essential businesses as transmission intensifies **Schools** [10] • Support schools to put in place hand hygiene and distancing measures, as well as environmental cleaning • Consider distance learning, suspension of classes, rotation in attendance, or closing school buildings for a limited time • Hygiene and distancing measures in canteens and buses **Mass gatherings**[8,19] • Conduct risk assessment [20] for high visibility events, sporting [21] and faith-based events,[22] festivals, conferences • Adapt, postpone, or cancel public and private events • Limit size of public and private events • Adapt wedding, funeral and burial[23] customs **Public spaces and transportation** – • Reduce crowding, limit access to, or close public spaces, restaurants, sporting events,[24] sports clubs, entertainment venues, places of worship,[25] or venues with limited ventilation	**Aim: prevent introduction of virus from infected areas to non-infected areas** • Offer advice regarding travel[19] appropriate to circumstances, such as reducing non-essential travel or how to protect oneself while travelling • Limit movement locally, regionally, or nationally as necessary to interrupt transmission or prevent reintroduction • Arrange travel in advance as needed (students, workers, repatriation) • Consider a *cordon sanitaire* or border measures when justified by local epidemiology • Consider isolation or quarantine for arriving travellers, in line with national screening and testing policy	**Aim: reduce the risk of exposure of vulnerable groups** **Persons at risk, vulnerable persons, and others** • Shelter-in-place advice for older age groups • Protect closed settings - seniors' residences, long-term[11] or psychiatric care, prisons[27] • Limit visitors or allow visits only with safe distancing • Plan for migrants, refugees,[28] displaced[29] or homeless • Separation from others if appropriate to context and can be done safely and voluntarily • In special settings, identify and plan for those at higher risk, e.g. in shops, public transport, hospitals Plan to safely maintain essential health services including immunization, prenatal care, maternity care, cancer care and disease control efforts[30] **Health workers**,[31] frontline responders, caregivers, and the health system • Coordinate community services, phone hotlines, health facilities, and emergency response units to support testing, isolation, quarantine, and referral • Support telemedicine and remote health services • Reschedule non-urgent health and medical care • Organize services to reduce risk and frequency of contact, ensure physical distancing in all areas • Ensure availability of personal protective equipment[32] • Implement surge plans for community clinics, isolation units where preferred, hospitals, and palliative care [33]

	• Encourage physical distancing in public places and transportation (e.g. in queues and in waiting areas) • Reduce mixing between individuals and households • Communicate policy on wearing masks in public[26]		• Coordinate health care, rehabilitation centres, and community services to ensure hospital discharge planning and safe step-down care

WHO has developed a series of guidance on critical preparedness, readiness and response; clinical care; infection prevention and control; essential health services; essential resource planning; laboratory and diagnosis; risk communication and community engagement; surveillance and case investigations; travel and mass gatherings, vulnerable populations; schools and institutions, and other topics, which are all available at www.who.int.

Table 2. Considerations for successful implementation of public health and social measures in the context of COVID-19

	For individuals and the community	Collective action and support at higher levels of government
Communicate effectively, engage communities	• Communicate risk clearly[34] with information on how to protect oneself and others[18] • Demystify science, simplify messages, encourage sharing of information • Focus on what individuals and communities can do rather than on what not to do • Offer tips on actions people can take to help others who need assistance • Underline personal responsibility and the role each person plays in preventing disease and saving lives • Prevent stigma by emphasizing respect for human rights[35]	• Ccommunicate risk, policy and plans, regularly and often • Develop strategies and products to counter mis-information and myths • Engage with communities in decision-making and to strengthen engagement for public health measures • Identify local networks and engage communities, businesses, religious leaders, and local influencers; • Support police and security forces to ensure clear role and avoid mishaps
Enable adherence to measures	• Ensure access to affordable hygiene products and multiply wash points in public spaces,[36] transport hubs, taxi stands; deploy water cisterns or other water services where needed • Facilitate access to essential services such as food shopping, essential travel, exercise, emergencies • Provide support to persons in isolation or quarantine • Establish residential units for migrants and the homeless • Establish one-way flow for services, shops and markets, to reduce crowds and limit the number of contacts • Apply simple measures such as markings at > 1 metre intervals in shops, clinics, other queues, or for desk spacing in schools • Schedule appointments for essential services to reduce waiting time, offer online alternatives • Provide information on proper use, care, and disposal of masks, where used	• Train local workers or volunteers in case-finding, home visits,[3] contact tracing,[2] and communication • Encourage innovation (e.g. hands-free or pedal-activated water or hand gel dispensers) • Strengthen cleaning in offices, shops, transport, buildings, and restrooms • Maintain transport options for essential travel (e.g. for work, access to services and health care) • Plan early for student housing or repatriation of visitors as needed • Consider voluntary use of phone apps to support measures, while respecting human rights • Plan iterative assessment of response to adapt measures and communicate about changes

Table 3. Sample strategies and policies for limiting secondary effects of implementing public health and social measures

	For individuals and the community	Collective action and support at higher levels of governance
Support family and community	• Propose alternatives for education[10] (e.g. distance learning, coaching by library staff or older siblings, or buddy systems with phone support) • Care for children of essential personnel, e.g. keeping schools open for them with strict hygiene and physical distancing • Deploy alternatives to school meals for those in need • Encourage communities to support the elderly, sick, or vulnerable • Encourage social interaction by virtual means • Orient social and community services to enhance resilience of communities	• Keep pharmacies open, protect access to essential medicines[30] • Establish mental health strategies and crisis hotline • Ensure services and protection for migrant workers • Develop social services to reduce risk and respond to domestic violence • Innovate for emergencies, e.g. establishing safe codes for victims of abuse/interpersonal violence • Establish or advocate for suspension of health care user fees
Protect incomes and the economy	• Pilot or support teleworking, shift changes, and physical distancing[9] • Initiate flexible leave and payment policies at work • Encourage part-time work or adapted services (e.g. home delivery) • Implement business continuity plans for essential services and business • Engage occupational health and safety services • Ensure access to health and social care for employees	• Promote employee income maintenance, flexible leave policies[9] • Plan for income support by employers, communities, government • Offer social, economic, unemployment, and tax relief packages • Develop an integrated all-of-society approach across sectors to ensure essential services and supplies reach when and where they are needed • Devise strategies and approaches, such as public health corridors, to safely deliver supplies and services
Protect access to food and water	• Keep food shops and supply routes open[37] • Establish priority access to shops, markets for those who need it, e.g. early morning hours reserved for the elderly and the vulnerable • Encourage home preparedness for quarantine or isolation, and support access to food and supplies • Facilitate protection for store personnel – screens, distancing, masks	• Engage food producers, suppliers, and sellers to prepare, and to protect safe and efficient food supply[37] • Pre-position and deploy food supplies to priority groups and populations in special circumstances, including the displaced • Ensure food distribution in special settings and repeat as required, in humanitarian corridors where needed • Protect harvest and food services workers; arrange safe travel as needed
Maintain essential health services	• Schedule appointments for essential health services to reduce time in open waiting areas • Pilot telemedicine and strengthen and protect access to care • Facilitate protection for pharmacy staff – screens, distancing, masks • Maintain elective surgeries and procedures in safe environment where possible, reschedule where necessary • Guide safe care-seeking behaviours by disseminating information to the public, including new pathways for services, opening hours, precautions • Establish effective patient flow (screening, triage and targeted referral) at all levels	• Ensure adequate capacity for testing and contact-tracing including reassignment and training of non-public health staff from national or municipal levels • Establish mechanisms to govern delivery of core and community essential health services,[30] in coordination with response protocols, while scaling surge capacity as needed • Identify context-relevant list of essential services and medicines • Optimize essential service delivery settings and platforms • Re-distribute health workforce capacity as needed, including re-assignment and task sharing Identify mechanisms to maintain availability of and access to essential medication and supplies

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WHO continues to monitor the situation closely for any changes that may affect this interim guidance. Should any factors change, WHO will issue a further update. Otherwise, this interim guidance document will expire 2 years after the date of publication