

## BRIEFING NOTE

# Adapting Public Health and Social Measures for Resource-Constrained Settings

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## Purpose

This briefing note outlines practical guidance for adapting public health and social measures (PHSMs) to local contexts in resource-constrained settings, with a focus on maintaining public health benefits while reducing negative social and economic impacts.

## Background

COVID-19 is an infectious disease that causes respiratory illness, with symptoms including cough, fever, and in more severe cases, difficulty breathing, pneumonia, and even death. As of April 2020, there were more than 1 million cases worldwide, with confirmed cases in nearly every country. Roughly one in five people infected requires hospitalization, with higher rates of severe illness in people over 60 and those with underlying conditions. Because COVID-19 is transmitted by droplets that require humans to be closer than 1.5 meters together, improved hygiene practices and physical distancing measures—known as “public health and social measures (PHSMs)”—can slow the spread of disease and save lives.

Aggressive application of PHSMs has successfully slowed the spread of COVID-19 in a number of countries, including China and South Korea. But PHSMs can cause devastating social and economic disruption. They must be managed carefully, using evidence to drive decisions and balancing public health benefits against erosion of social and economic systems.

## Considerations for Implementing PHSMs in Resource-Constrained Settings

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Economic and social conditions in resource-constrained settings can present specific barriers to adherence with PHSMs and exacerbate their negative impacts, especially for vulnerable populations.

**Physical environment.** Many PHSMs are premised on individuals being able to physically distance themselves from others, both in public spaces and at home. In some settings with high population density, and/or where many people share residences (for example, urban slums or informal settlements), this may be unrealistic.

Visit [PreventEpidemics.org](https://www.PreventEpidemics.org) for more.

Prevent Epidemics is a project of Resolve to Save Lives, an initiative of Vital Strategies.

**Access to clean water, electricity and food.** Limited access to clean water and soap can make frequent hand-washing unfeasible. In communities where food insecurity is common, closing or limiting access to marketplaces can result in significant hardship, as individuals may not have sufficient resources to buy or store large stocks of food. Lack of reliable electricity or refrigeration can also limit people's ability to store food for long periods of time.<sup>1</sup>

**Workforce composition.** Workplace closures, quarantines and stay-at-home orders can threaten the economic survival of hourly workers and those in informal economy, who make up a large proportion of the workforce in low- and middle-income countries and have little safety net or recourse for lost wages. Some firms may offer workers protections, such as sick pay, but for the most vulnerable, loss of income will have almost immediate consequences. Telework may be an option for only a small proportion of the workforce.

**Availability of relief packages and social safety net.** Many high-income countries that have successfully implemented PHSMs have adopted massive fiscal and monetary packages to lessen hardship for individuals and damage to the economy. Governments in low- and middle-income countries may have less fiscal and economic space, and may need to explore locally-driven and adapted relief measures.

## Adapting PHSMs to Low-Resource Settings

Low- and middle-income countries can effectively implement PHSMs by taking into consideration local context and community resources.

**Engage trusted community leaders.** Policymakers should engage with religious, business, and influential leaders when considering the implementation of PHSMs. Collaborating on designing and adjusting PHSMs can increase support from trusted leaders, who are key to building public confidence, encouraging compliance and ensuring adaptation to the local context.

**Engage the community.** When policymakers consult local counterparts, relevant organizing bodies and community stakeholders, and communicate clearly and do as much as possible to adapt PHSMs to local needs, communities are more likely to adhere voluntarily. During the 2014–15 Ebola epidemic, West African countries that applied interventions coercively sometimes experienced violence and erosion of public trust, which was counterproductive.<sup>2,3,4</sup>

**Narrowly tailor PHSMs to minimize adverse impacts.** As soon as COVID-19 risk is identified, policymakers should introduce personal PHSMs (for example, encouraging increased hand-washing). and should consider introduction of other categories of PHSMs use. Additional measures should be “stacked” or added based on epidemiology, adjusted to fit community needs, and limited to the minimum geographic unit necessary. **SEE TABLE 1 FOR EXAMPLES OF TAILORING PHSMs AT THE COMMUNITY LEVEL.**

1 <https://economictimes.indiatimes.com/blogs/et-commentary/the-hidden-truth-behind-indias-low-refrigerator-ownership/>

2 Calain P, Poncin M. Reaching out to Ebola victims: Coercion, persuasion or an appeal for self-sacrifice? Soc Sci Med 2015;147:126–33.

3 Ebola Riots in Sierra Leone Highlight Marginalized Youth Population. 2014.

(Accessed Mar 22, 2020, at [https://www.vice.com/en\\_us/article/8x73dk/ebola-riots-in-sierra-leone-highlight-marginalized-youth-population.](https://www.vice.com/en_us/article/8x73dk/ebola-riots-in-sierra-leone-highlight-marginalized-youth-population)) <sup>2</sup>

4 Rothstein MA. From SARS to Ebola: Legal and Ethical Considerations for Modern Quarantine. Indiana Health Law Rev 2015;12:227–80.

**Eliminate barriers to effective hygiene.** Hand-washing is a fundamental means of slowing COVID-19 transmission. To improve adherence, policymakers may need to subsidize access to clean water and soap or hand sanitizers, or establish hand-washing stations in public places. They should also ensure access to these goods, including through prohibitions on hoarding.

**Shield vulnerable populations.** Where large numbers of people share limited household space and self-isolation is difficult, policymakers can encourage elderly people and others at high risk to quarantine separately in their household compounds or neighborhoods. To protect older people who might be called upon to care for children during school closures, governments can provide families with support for child care. Vulnerable populations should be more cautious in relaxing adherence to PHSMs, and may need additional social support until vaccines or treatments are developed.

**Cushion against anticipated impacts, and monitor closely to understand others.** Past experience shows that communities are more likely to approve of and adhere to PHSMs when steps are also taken to cushion their adverse effects and ensure basic needs are met, including through food assistance and income support. Understanding how communities are responding to COVID-19 PHSMs helps to identify changing barriers to cooperation and appropriate countermeasures to offset them.

**TABLE 1: EXAMPLE ADAPTATIONS TO TAILOR COMMON PHSMS TO LOW-RESOURCE SETTINGS**

PHSMs	Potential adaptation
<p><b>Closing markets or “locking down” communities</b></p>	<ul style="list-style-type: none"> <li>• Instead of closing markets hours, consider having alternating market days by neighborhood/block.</li> <li>• Limit the number of people in the same setting at the same time to ensure that there is enough space (1.5 meter) around each person to limit transmission.</li> <li>• Have orderly queues outside of market entrances with marking on the floor or ground to indicate where people can wait at a safe distance (1-2 meter apart).</li> <li>• Work with market organizers to increase the space between vendors, and select the number and type or origin of traders who can come on each day</li> <li>• Decontaminate the markets, including areas that are frequently touched (door handles, countertops, toilets) frequently.</li> <li>• Create “micro markets”: smaller, neighborhood stalls close to people’s houses, to reduce travel and crowd size.</li> <li>• Organize delivery services for highly vulnerable populations.</li> </ul>
<p><b>Suspending religious gatherings</b></p>	<ul style="list-style-type: none"> <li>• Work with religious leaders to identify relevant ways to engage with followers (e.g. relevant scriptures; adaptation of practices)</li> <li>• Consider remote “open hours” for followers to be able to engage with religious leaders</li> <li>• Instead of stopping religious services, broadcast them on radio, television or the internet.</li> <li>• Consider having groups of smaller services throughout the day in outdoor settings for specific communities, ensuring that there is enough space around people (2 meters) to limit transmission.</li> <li>• Engage communities and religious leaders in adjusting changes in an context-sensitive fashion.</li> <li>• Changes to funerals and weddings will be needed. Delay weddings when possible. Agree with communities on how to reduce the number of people at funerals. Ensure safe practices for body preparation and ensure any washing of the body is done with gloves on, and that people wash their hands after preparation is finished. Touching and kissing of the deceased should be limited.</li> </ul>

PHSMs	Potential adaptation
<b>Suspending entertainment and sports</b>	<ul style="list-style-type: none"> <li>• Work with community for alternatives, such as broadcasting major sporting events of the past.</li> <li>• Provide alternative ways for the community to connect; – the focus is on physical distance not social distance. Looking after people’s mental health will be important.</li> </ul>
<b>Maintaining health services</b>	<ul style="list-style-type: none"> <li>• Keep health clinics open in the community to ensure that essential services like antenatal care, immunizations, HIV/TB care, and management of noncommunicable diseases continue.</li> <li>• Work with local clinics to provide medications for a longer period of time (e.g., three months) to reduce the need to go to a clinic for refills.</li> <li>• Set up an outdoor screening area at local clinics to help people with COVID-19 get tested and wait in an outdoor area with enough space (2 meters) around them to prevent infecting others; allow people at low risk to enter the clinics to access regular care.</li> <li>• Use WhatsApp or other communication methods so that people coming to the clinic for questions can do so from their homes, reducing the need for a visit.</li> </ul>
<b>Care for isolated and quarantined people</b>	<ul style="list-style-type: none"> <li>• Reduce stigma in the community around illness; like the flu, COVID-19 spreads easily, and it is nobody’s fault.</li> <li>• Pool resources at the community level to provide food and water for people who cannot leave their homes and provide household disinfection kits.</li> <li>• If a household does not have a separate room for ill people, consider “house swapping” inside the community, designating some homes as safe spaces for people who are feeling unwell to isolate while recuperating to prevent transmission. The community can ensure these people have access to food, water and communication without leaving the compound.</li> <li>• Do not militarize quarantine orders, which will discourage sick people and their contacts from letting public health officials know they are unwell.</li> <li>• Create a sense of community and messaging that infection can happen to everyone, and that this is the time to support each other.</li> <li>• Create a community plan on how to transfer people who are very sick to the hospital.</li> <li>• COVID-19 affects older people and people who have other types of sickness more severely. The community should help keep these people safe by limiting contact and ensuring they have access to basic services.</li> </ul>
<b>School closures</b>	<ul style="list-style-type: none"> <li>• Identify people in the community in need of childcare if schools close.</li> <li>• When schools are open, children from households with ill persons inside the household should stay home to prevent transmitting to others.</li> <li>• Organize other activities for learning, including classes by radio, or have teachers allocate work for children to do at home.</li> <li>• Work to expand internet coverage to widen remote learning options.</li> <li>• Consider feeding program for school aged children.</li> </ul>

**Resolve to Save Lives’ COVID-19 PHSMs program:** Resolve to Save Lives has partnered with the Africa Centres for Disease Control and Prevention, World Economic Forum, and leading market research firm Ipsos to support decision-makers in countries in Africa to implement PHSMs effectively by providing real-time data and guidance about PHSMs impact on social and economic indicators. A team of researchers will collate and analyze big data from several sources, including social and traditional media, country-based polls, mobile phone movement, and indicators of economic and social unrest. Resolve to Save Lives will produce specific guidance and distribute its recommendations through a variety of channels to stakeholders including civil society, policy- and decision-makers, and business leaders. As the pandemic progresses, more detailed support and guidance will be provided to high-risk countries or countries with a high prevalence of disease.