



Key Public Health Considerations/ Recommendations for Countries conducting elections in the context of COVID-19

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I. Background

In response to the COVID-19 pandemic, countries are implementing several public health and social measures (PHSM), including limiting mass gathering, physical distancing, closure of schools and businesses, geographical area quarantine, and movement restrictions. As the local epidemiology of the disease changes, countries will sooner or later adjust these measures. accordingly.

On the 14th May, 2020, WHO released a guidance document (https://apps.who.int/iris/bitstream/handle/10665/332079/WHO-2019-nCoV-Adjusting_PH_measures-Mass_gatherings-2020.1-eng.pdf) that provides some key considerations to health authorities and event organizers for reopening mass gathering.

WHO currently defines four transmission scenarios for COVID-19 (**no reported cases, sporadic cases, clusters of cases and community transmission**). As the pandemic evolves, countries or areas will move from one transmission scenario to another (in either direction) depending on the level of compliance to PHSM implementation by the countries and may experience a resurgence in cases interspersed with periods of low-level transmission and easing of PHSM prematurely.

In countries where the overall intensity of transmission is decreasing, and public health and social measures are being gradually lifted, reopening mass gathering (in churches, mosques, sports events, weddings, burial events,) could be considered under a strict risk assessment based on science-based evidence and clear conditions that need to be reinforced by national health authorities. As these measures are adjusted, countries should recognize that it may be necessary to reintroduce such measures to manage an increased number of cases.

The process leading to restarting mass gathering should be guided by a thorough risk assessment preferably using the WHO Mass Gatherings COVID-19 risk assessment checklists (<https://www.who.int/publications-detail/how-to-use-who-risk-assessment-and-mitigation-checklist-for-mass-gatherings-in-the-context-of-covid-19>). The checklist considers the risk factors associated with an event and the organizers' capacity to mitigate these risks. In some settings where elections have been conducted without due consideration for public health measures and social / physical distancing there has been an upsurge of COVID-19 cases.

II. Purpose

The purpose of this document is to provide key guidance to be considered while conducting elections, should countries opt to do so. It suggests actions that countries should take to reduce the risk of exposure to COVID-19 by limiting the release of droplets to and survival of the virus in the environment. The decision must be made taking into consideration the transmission scenarios and the level of readiness of the country to test, isolate and care for COVID-19.

In areas where there are no cases and where there is optimal capacity to detect, test, isolate and contain should COVID-19 resurge, countries could decide to ease the limitations on mass gathering, while ensuring that:

1. **physical distancing is enforced,**
2. **monitoring for resurgence is conducted,**

This guidance will be updated when additional information becomes available.

III. Key Public Health Considerations/ Recommendations

Mass gathering during elections will likely occur during campaigns and during election days. **At all times physical distancing, hand hygiene, respiratory etiquette and wearing masks should be ensured.**

(a) Pre-campaign Period

Sensitization of communities and all politicians

The precampaign period provides an opportunity to share with the public the right information on individual responsibilities in limiting the spread of COVID-19 by creating an enabling environment to protect from, prevent and control of the pandemic. Promoting behaviors such as hand hygiene, respiratory etiquette, practicing physical and social distancing, among others is likely to enhance protection of healthy individuals, families and communities from the disease. In view of this, the following actions are advised.

- **Create understanding of the spread of COVID-19 in the country** (distribution of confirmed cases in the country, what is being done to protect people, and the preventive measures). The role of the citizen in protecting (self and others), preventing and controlling the spread of infection must be emphasized. Everyone has a role and responsibility in stopping COVID-19.

- Recognize symptoms of COVID-19, promote self-initiated isolation of people with mild respiratory symptoms, advise when to seek medical care.
- Build understanding and trust among the public in health measures conducted by health authorities: case findings, testing, contact tracing, isolation, and quarantine.
- Promote health information-seeking from credible sources.
- Promote health protection and preparation steps.
- Prevent stigma against people associated with COVID-19.

(b) Campaign Period

Based on risk level countries should consider limiting the number of people for in person campaign rallies or opt not to gather people at all. For example, in areas with no case or sporadic imported cases, the public health authorities should consider not allowing gathering of more 50 people and **SHOULD** ensure that all PHSM measures are in place. In areas with clusters of cases, local transmission and community transmission, in person rallies should be prohibited, rather countries could consider virtual campaigns including televised or radio campaigns, and mobile vans).

The duration of the campaign period should be discussed by the contending parties so that they agree to shorten it as much as it is possible. However, given the challenges in ensuring a well-functioning surveillance system to provide timely information, inadequacy of testing capacity, not knowing the real-time situation of the infection in all locations and owing to the difficulty of limiting the people at campaign rallies it is always safe to resort to virtual campaigns.

(c) Election Period

In the African setting electronic voting is still a long way to go, so elections will have to be through in person voting. To limit crowds and encourage physical distancing there should be a maximum number of people to vote per day based on the population for each polling station. This will mean that the duration of elections will have to be increased or add more polling stations that are widely distributed with adequate hand washing points and demarcate spacing for queues.

This will depend on the population of the country, but the reality is that an election cannot be completed in one or two days as is the case presently. **Wearing facial masks by all voters correctly at the polling station is advised. Polling stations should be well aerated and lighted. The surfaces (tables) must be regularly cleaned.**

(d) Polling station staff

Staff should be on the lookout and stay at home if they have fever, respiratory symptoms, or believe they are sick. There should be a temperature control point at the entrance of the polling station to check temperature and people with high temperature may have to be barred from entering the voting area. In addition, they should practice hand hygiene frequently: wash hands often with soap and water for at least 20 seconds. If soap and water are not readily available, use an alcohol-based hand sanitizer that contains at least 60% alcohol; practice routine cleaning of equipment. Toll free numbers to ambulance services may have to be present at all polling station to take sick people to a health facility for emergency.

(e) External election monitors

Should there be a requirement for external election observers and monitors coming into the country such monitors and observers may need to be quarantined for 14 days. Consequently, they **SHOULD** come more than 14 days in advance of the election day commencement.

(f) Ensuring compliance

Local authorities must ensure the availability of all hand washing stations and or sanitizers and adequate space for physical distancing in and outside the polling centers.