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UK Government

Physical Distancing & Alternative Disease Control Mechanisms in South Asia

POLICY BRIEF

This brief provides an overview of the physical distancing measures that have been implemented in South Asian countries to date and recommendations on approaches that can be employed to prevent the spread of COVID-19, with a specific set of recommendations for India.

Disclaimer: This report has been commissioned by the South Asia Research Hub, Department for International Development, Government of UK. However, the views expressed herein do not necessarily reflect the UK Government's official policies.

The COVID-19 pandemic is evolving rapidly. The evidence, literature, and guidance in this policy brief reflect information as of May 12, 2020.

OVERVIEW OF RECOMMENDED POLICY ACTIONS

This policy brief describes a three-pronged approach for South Asian policymakers to control COVID-19. Physical distancing needs to be implemented as part of a tool-kit to protect both the health and economic well-being of populations.

Physical distancing mitigating actions

Enhance the effectiveness of physical distancing while minimising costs

Alternative disease control mechanisms

Strengthen and scale disease control measures to prevent the spread of COVID-19 and maintain essential health services

Learn from current and past pandemics

Use 'real-time' data and evidence to guide decision-making and strengthen health system

BACKGROUND: PHYSICAL DISTANCING IN SOUTH ASIA

South Asian governments moved quickly to implement some of the most stringent physical distancing measures in the world, with the goal of protecting their populations from COVID-19. These measures have helped with an initial "flattening of the curve", but have come at a price in South Asia:

Economic costs

Lockdowns have caused a rise in unemployment, particularly among informal workers

Food insecurity

Movement restrictions have created supply shocks, affecting food security

Foregone healthcare

Health-seeking behaviours have been affected by the focus on COVID-19 – such as reduced immunizations and provision of maternal health services

There is no 'one-size-fits-all' approach to deal with the effects of COVID-19. With 33% of the global poor[1], South Asian countries are characterized by densely populated informal settlement pockets. 15% of the South Asian population lives below the poverty line and the region accounts for 25%[2] of the world's internally displaced populations. The region is also home to various vulnerable sub-populations, including refugees, migrants, etc.

1 http://povertydata.worldbank.org/poverty/region/SAS, accessed May 4, 2020
2 https://www.internal-displacement.org/database/displacement-data, accessed May 12, 2020

The following approaches have ben taken in South Asia to implement physical distancing. Physical distancing measures come with costs, which are broadly categorized below.

Measures, risks and unintended consequences	Cost[3]	Likelihood of adherence
School closing: Disrupted education, particularly for low-income students who cannot access remote learning	High	High
Closing of non-essential businesses: Job losses, business closure	High	High
Cancelling public events: Loss of community, increase in mental health issues	Low	Medium
Closing public transport: Reduced mobility, ability to go to work, shop for essentials, and access health services	Medium	High
Restricting internal movement: Reduced mobility, ability to go to work, shop for essential supplies, socialize, or access health services	High	Medium
International travel control: No internal events, reduced tourism, disrupted trade	Medium	High

1. PHYSICAL DISTANCING MITIGATING ACTIONS

Physical distancing will continue to be a part of the COVID-19 tool-kit until treatment and vaccine options are found. The following complementary mitigating actions are recommended to deal with the unintended consequences of the above measures:

1.1. Safely maintain economic activity[4]

Rationale: Supporting economic activity using 'safe' measures can help crucial economic activity to continue and prevent dissolution of businesses that do not have the cash-flow to weather this crisis.

Approach: Keep businesses open with guidance on protecting the safety and health of employees and customers. Explore strategies like conducting temperature checks, encouraging hand-washing, working outside, staggered shifts, reduced office density, incentives to stay at home, and disinfecting of environments.

1.2. Distribute unconditional cash/in-kind transfers[5]

Rationale: Cash and in-kind transfers are crucial for the protection of low-income and vulnerable populations, many of whom have lost their source of income, and enable those who cannot work remotely to stay home.

Approach: Create fiscal space to scale-up social programs to include vulnerable and at-risk populations. To reach 'last-mile' populations, relax eligibility criteria to provide transfers to those who may not be registered or are not able to receive transfers. At the same time, governments should implement both cash and in-kind transfers based on participant preferences.

1.3. Targeted restrictions on internal movement

Rationale: Lockdowns will need to be lifted over time to maintain economic activity, these should be explored based on local ability and preparedness to lift measures.

Approach: Lift restrictions based on WHO guidance on transitioning to and maintaining a steady state of low-level or no transmission. Consider what the appropriate geographic units for these restrictions should be and provide local authorities appropriate autonomy to manage disease spread.

1.4. Find equitable methods of remote learning

Rationale: Implement alternative approaches to delivering education, that account for differences in wealth and access to resources.

Approach: 1) Prior to schools reopening - Use non-internet-based technologies to provide education programs for students who do not have access to the internet[6], and provide meals to students who rely on school lunch programs 2) As schools reopen - Implement guidelines to maintain physical distance and a hygienic environment. See UNESCO distance learning solutions for more guidance.

3 Costs in terms of loss of productive income and health system disruptions, see accompanying report for full explanation on how ratings have been derived
4 https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html
5 https://www.brookings.edu/blog/future-development/2020/03/13/5-lessons-for-using-universal-basic-income-during-a-pandemic/
6 Additional examples are provided in the accompanying report, or refer to these solutions - http://graymatterscap.com/broadcast-the-new-edtech-part-1-non-internet-based-technologies-for-school-continuity/

2. ALTERNATIVE DISEASE CONTROL MECHANISMS

Policymakers must rapidly strengthen alternative disease control measures to control COVID-19. The following recommendations focus on priority public health measures, and how these can be adapted to the South Asian context.

2.1. Active contact tracing

Rationale: Contact tracing is a WHO recommended tool to contain the spread of the COVID-19 pandemic.

Approach: Tailor contact tracing based on individual risk (e.g. underlying health co-morbidities and exposure levels) and country COVID-19 disease burden and spread. To support with implementation, countries should intensify and sustain contact tracing with guidelines, training, feasible options for isolation, and involve trusted community members or health workers to support these efforts.

Note: Digital contact tracing methods should be complemented with clear communication on how information will be used and not infringe on citizen's rights and privacy. See IDinsight's brief on Using Digital Contact Tracing Tools for more guidance.

2.2. Scale-up testing

Rationale: Testing is an important tool to slow the spread and impact of the virus. Testing can identify infected individuals, trace and quarantine their contacts, and link positive patients.

Approach: Continue to invest resources in scaling up testing. Improve testing capacity by increasing the number of testing centres to include private laboratories, and by making tests affordable, timely, and easily accessible.

2.3. Health-systems adaptations

Rationale: Health systems are struggling to maintain utilization of services, which could lead to increase in indirect mortality from vaccine-preventable and treatable conditions.

Approach: Maintain essential health services by leveraging community health workers, explore public-private partnerships to increase health care worker capacity, enable physical distancing within facilities, provide health care and sanitation workers with personal protective equipment (PPE), and improve infection control.

Note: See WHO Operational guidance for maintaining essential health services during an outbreak.

2.4. Hygiene and protective measures

Rationale: Handwashing and mask-wearing are WHO recommended protective measures.

Approach: Adopt short-term cheap solutions to facilitate routine hygiene such as providing discounts on soaps/sanitizers, installing simple handwashing facilities (e.g. emergency tap stands) in all community toilets and public places, and maintaining access to water. Consider designating sanitation workers as essential staff. Consider implementing mask-wearing in combination with handwashing, but with strong guidance that a mask alone is not sufficient to provide an adequate level of protection.

Note: Evidence suggests that masks are beneficial but governments will need to communicate clear guidelines and potential trade-offs (see WHO, Royal Society), and how to put on and take off masks. Practical guidelines on local production and use of cloth masks should be followed. Evidence is still emerging on the most effective materials and design. There are risks that cloth masks may provide a false security that reduces compliance with other, effective measures such as handwashing, and could result in self-contamination during removal (e.g. touching eyes).

2.5. Large-scale social & behaviour change communication & information campaigns

Rationale: COVID-19 misinformation is disrupting response measures, and citizens need to be aware of their entitlements and relief measures[7].

Approach: Educate the public through all possible platforms (especially television, frontline workers, hotlines, mobile platforms) on key aspects of prevention, testing, treatment and relief options. Messages should be clearly communicated to a diverse public, including those who are illiterate or speak minority languages.

3. LEARN FROM PAST AND CURRENT PANDEMICS

3.1. Health system readiness for pandemics

Invest in long-term improvements in the health system to increase diagnostic and treatment capacity for infectious diseases. In parallel, pursue behavioural change communication of simple hygiene messages to limit transmission of respiratory illnesses.

3.2. Data-driven decision making

Invest early in systems to maintain real-time high-quality data on disease burden, testing capacity, and knowledge and attitudes on COVID-19. Set up effective systems to trace cases as they progress through the system. These data can be used to identify hotpots, target physical distancing mitigating actions, assess progress of alternative disease control mechanisms, and share evidence-based lessons learned.

7 https://www.un.org/en/un-coronavirus-communications-team/un-tackling-%E2%80%98infodemic%E2%80%99-misinformation-and-cybercrime-covid-19

SUPPORTING VULNERABLE POPULATIONS

South Asian policy makers will also need to consider supporting vulnerable populations – urban informal settlers, informal workers, migrant workers, refugees, people with disabilities, elderly people, patients with underlying conditions such as TB, prisoners, and women. In addition to make sure that the above physical distancing mitigation actions (such as cash /in-kind transfers) and alternative disease control measures are able to cater to these populations, the following additional priority actions should be explored to account for the realities that these populations face:

Note: See accompanying report for references

Solutions	Informal Settlements	Informal workers	Migrant workers	Refugees	Elderly	Disabled people	Patients w/ comorbidities	Women	Prisoners
Physical Distancing Enablers									
Provide micro incentives such as phone credit to encourage social connection via mobile platforms	•	•	•	•	•	•		•	
Encourage social distancing for community 'units' (or social isolation circles)	•	•	•	•				•	
Stop evictions	•	•	•						
Use administrative data to identify areas that have concentrations of vulnerable groups and target populations most in need	•	•	•	•	•	•	•	•	
Support returning migrant workers to find quarantine options in home district if they choose to travel	•		•						
Accommodate stranded migrant workers in current district of employment if they choose to stay	•		•						
Build temporary structures for isolation and decongestion	•			•					
Direct and contactless delivery of transfers, food, and medicines					•	•			
Large-scale social and behavioural communication change and information campaigns									
Create community-led emergency planning groups	•	•	•	•					
Make sure information is available centrally, accessible, and understandable by all populations (e.g. explore braille for disabled populations, paper-based forms for migrants, etc.)	•	•	•	•	•	•	•	•	
Ensure services (e.g. hotlines) are available to help women experiencing increased abuse								•	
Share information on 1) the risk of increased domestic violence, sexual exploitation against children, and 2) services for support								•	
Clean and routinely disinfect prison areas									•
Providing infrastructure or materials for hand washing									
Provide sanitation solutions to accommodate space constraints. (e.g. restrict number of people at water source)	•	•	•	•					•
Make handwashing facilities accessible to people living with physical disabilities						•			
Health-system adaptations									
Continue to provide sexual and reproductive health services at facilities or within community mobile clinics								•	
Consider home based delivery or centralized community pick up points of TB or essential medications							•		
Increase remote capacity of psychosocial support and counseling services, protection services, and shelters				•	•	•	•	•	
Screen all new prisoners and staff to facilitate contact tracing, limit visitations									•

COUNTRY DEEP DIVES

APPLYING LESSONS LEARNED FROM VIETNAM

Despite limited resources, a shared border with China, a large population (97 million), Vietnam has been able to successfully control COVID-19 with zero deaths, and under 300 cases. Key success strategies include:

1. Scaled up temperature screening, testing, and complete contact tracing

- Isolated all COVID-19 positive patients, quarantined and monitored close contacts
- Developed cheap, domestically-produced, WHO-approved testing kits to scale-up testing
- Established social protection measures for those quarantined (e.g. food allowances)

Note: The government also published names of COVID-19 patients and their contacts, which may infringe on citizen rights in South Asian countries

2. Enforced and targeted lockdowns

- Strict lockdowns of an entire sub-national area if there was a single case found
- Release of government support package of USD 1.2 billion to support vulnerable and poor communities

3. Tailored communication approached that reach all citizens

- Early and constant communication from the start, reachable by all citizens, from different government officials.

THE WAY FORWARD FOR INDIA

India moved to implement one of the most stringent lockdown responses globally. While this may have helped initial disease spread, it left millions of migrant workers stranded, resulted in a decrease in income for 70% of the population, and disrupted essential health services. The solutions in this brief should all be considered for India, by local governments in particular, especially for migrant workers and informal settlements.

Below are some additional priority actions:

1. Stimulate economic activity and protect lower-income populations

- Agricultural sector- Expand input and wage subsidies to support future agricultural seasons
- Distribute universal unconditional transfers to minimize exclusion error (e.g. Uttar Pradesh has made food ration delivery unconditional)

2. Active contact tracing and scaled-up testing

- Swiftly develop high-intensity testing and contact tracing protocols.
- Improve the utility of Aarogya Setu through supplementing with clear follow-up protocols for exposed individuals
- Improve data management systems (E.g. ensure data can be linked across multiple districts and hospitals)
- Explore replicating Kerala's Kasaragod model which had GPS-tracked quarantine, delivery of essential services, increased social welfare, and scaled-up testing.

3. Protect health care workers

- Continue to enforce strict guidelines to protect health care and sanitation workers from violence, and scale-up access and production of PPE.