

# WHAT ARE THE HEALTH AND SOCIO-ECONOMIC IMPACTS OF PHYSICAL DISTANCING IN AFRICAN COUNTRIES AND HOW CAN THEY BE MITIGATED?

## INTRODUCTION

In the absence of a cure or a vaccine, countries have to rely on a suite of nonpharmaceutical interventions that include: 1) testing, contact tracing, isolation and treatment, 2) hand and cough hygiene, and 3) a range of physical distancing measures (1). This brief reviews the health and socio-economic effects of physical distancing restrictions in Africa and provides recommendations on how to mitigate them. The method adopted to develop the brief was a rapid (unsystematic) review of available literature as well as the team's expert knowledge, with a caveat that, understandably, there is very little peer-reviewed literature available.

## HEALTH AND SOCIO-ECONOMIC IMPACTS OF PHYSICAL DISTANCING IN AFRICA

The overarching observation is that stringent physical distancing measures that are not adapted to the contextual realities of Africa's settings can or have led to serious negative impacts on the lives and livelihoods of the population (Table 1).

*Table 1: Multi-dimensional impacts of physical distancing restrictions*

Dimension	Impact
Health system	<ul style="list-style-type: none"> <li>• Reductions in availability and access to essential healthcare services, with negative impacts on health outcomes</li> </ul>
Economy	<ul style="list-style-type: none"> <li>• Slow-down of economic growth</li> <li>• Financial hardship for households because of lost jobs, and incomes</li> </ul>
Food systems	<ul style="list-style-type: none"> <li>• Reduction in availability and access to food leading to food insecurity</li> </ul>
Education	<ul style="list-style-type: none"> <li>• Reductions in level of education, widening inequality in learning access and outcomes, and increased school drop outs</li> </ul>
Gendered impacts	<ul style="list-style-type: none"> <li>• Disproportionate impacts on health access, financial hardship due to job and income losses, food insecurity, and access to education.</li> <li>• Increase in incidence of gender-based violence</li> </ul>
Informal settlements, and populations living in forced encampments	<ul style="list-style-type: none"> <li>• Disproportionate impacts on health access, financial hardship due to job and income losses, food insecurity, and access to education</li> <li>• Inability to observe physical distance because of small crowded houses. Houses often do not have water, toilets. Residents have to go outside to access these facilities that are shared</li> </ul>
Other vulnerable populations (the elderly, disabled, people with chronic diseases, the youth)	<ul style="list-style-type: none"> <li>• Disproportionate impacts across all health and socio-economic dimensions</li> </ul>

## KEY RECOMMENDATIONS

The recommendations outlined here are based on the recognition that while stringent physical distancing measures are expected to have a positive impact on the reduction of COVID-19 transmission, they are also likely to have substantial negative health and socio-economic impacts. These negative impacts are likely to be greater in African countries because of a range of vulnerabilities. African countries therefore need to consider the broader net benefit of measures that they choose to implement and they need to adapt and localize their response to align with the contextual realities of the continent, and to optimize expected benefits of physical distancing, while minimizing the undesired impacts. In considering these recommendations, governments will need to take into account the risks associated with each measure and their feasibility, including financial feasibility and implementation capacity, suitability and acceptability, to their specific contexts.

### Cross-Cutting Recommendations

Where feasible, governments should consider:

- **Adapting physical distancing measures:** Adapt physical distancing measures that minimize the negative health, and social-economic impacts of restrictions. Table 2 outlines examples of physical distancing adaptations that have been employed by African countries.

*Table 2: Adaptations to physical distancing measures*

Physical distancing adaptations	Examples of Countries that have implemented the adaptation
Imposing of dusk to dawn curfews or partial lockdowns rather than full lock downs	Kenya, Senegal
Staggered introduction of physical distancing measures	Kenya, Senegal
Risk based movement restrictions rather than blanket restrictions across the country. For instance, in Kenya, movement restrictions have been imposed in transmission hotspots - Nairobi, and coastal counties, and a residential neighbourhood in Nairobi and Mombasa, rather than the entire country (2)	Kenya, Ghana, Nigeria
Keeping the informal economy operational – allowing food markets and small-scale traders to operate with measures to reduce physical distance such as reducing the number of traders and customers, relocating traders to decongest markets, and hygiene	Kenya, South Africa
“Temporal distancing”(3) – opening markets on specific days and times of the week, and closing them on other days and times. For instance, in Nigeria, markets are open on specific days of the week, and for a shorter time on the open days	Nigeria
Allowing public transport to operate with guidelines reduce carrying capacity, space out seating, and hand hygiene	Ghana, Nigeria, Kenya, Senegal

- **Augmenting adapted measures to minimize risks:** Less stringent physical distancing measures may come with risks of increased transmissions. Options for minimizing risk include:
  - Where possible, ramping up active case finding, testing, and isolation. This may however not be feasible in countries with severe financial constraints, and because of supply chain challenges for testing reagents.
  - Advising the public to wear (cloth-based) face masks in public spaces (4). The availability and affordability of face masks at scale may be a challenge.
  - Setting minimum capacity and spatial proximity requirements in public spaces such as markets, shops, and public transport. There are several examples where business have used innovative approaches such as using paint to draw spots where people can stand while queuing in shops.
  - Setting guidelines for promoting hand hygiene for businesses and communities such as washing or sanitizing hands and wearing of gloves. Challenges that will need to be addressed include availability of clean water, soap, or hand sanitizers.
  - **For instance**, instead of a full lockdown, Ghana implemented a partial lockdown backed by aggressive testing and contact tracing. It is worth noting however that Ghana has greater capacity for testing compared to most other African countries. Ghana, Kenya, and several other countries have implemented disinfection programs in informal markets that have been left to operate(5), and provide water and other sanitary facilities to markets and informal settlements (6).
- **Contextualizing physical distancing practices:** Engage communities to find out how to localize physical distancing measures and communicate risk effectively in ways that will enhance acceptance and compliance, (7).
  - **For instance**, the COVID-19 taskforce in Nigeria has a cultural arm that uses cultural messaging and comedy to reinforce physical distancing interventions (8)
- **Shielding high risk population groups:** Shielding entails identifying and isolating high risk populating groups to protect them from infection. Shielding could take various forms (9). It could involve requiring elderly persons and/or persons with comorbidities that increase the risk of COVID-19 severity to self-isolate or stay at home while low risk groups can go to work.
  - **For instance**, the Kenyan government has asked public servants above the age of 58 to take paid leave and advised the private sector to do the same (10), while the South African government has advised the elderly to shield (11). Shielding should also be considered in forced displacement camps where a separate section of the camp, “a green zone”, could be set up and high risk groups relocated there temporarily and so they have minimal contact with the rest of the camp residents (9).
  - The feasibility of shielding may however meet with resistance and become infeasible to implement. Therefore shielding approaches should be designed in consultation with communities to ensure that they are culturally appropriate and gain acceptance (9).
- **Leveraging on community structures and networks:** Work with and leverage on community structures, local leaders, respected individuals in the local societies, religious organizations etc to engage communities to enhance compliance of physical distancing measures.

- **For instance**, in Ethiopia, the international organization of migration (IOM) is working with local community leaders to enhance the awareness of communities about risks and prevention measures (12).
- **Facilitating bottom-up community responses:** Facilitate and enable bottom up, community driven initiatives to support communities to cope with the health and socio-economic effects of restrictions.
  - **Examples** of such networks include the community action networks (CANs) in South Africa (13,14), and community based organizations like Mutual Aid and Ghetto foundation in Kenya that are helping communities with initiatives such as cash transfers and food distribution (15,16)
- **Consult and engage with vulnerable populations:** Engage with vulnerable groups to co-produce health, social, and economic responses to COVID-19. This will enhance the sensitivity of these responses to their specific vulnerabilities (17–20).
- **Make the dissemination of COVID-19 information disability inclusive:** This could include the use of sign language interpreters when making announcements, during briefings and other communication, and distributing braille versions of information, education, and communication materials (21).
- **Monitoring and responding:** Set up mechanisms to regularly monitor the multi-dimensional impact of physical distancing restrictions to inform timely responses (7). This could include periodically conducting community surveys by leveraging on and working with a network of existing academic and research institutions. It should also include a resident feedback mechanism by setting up a toll-free call center to receive information about citizen experiences, including reporting about human rights violations by security forces.

## Recommendations to Mitigate the Impacts on the Health Sector

Where feasible, governments should consider:

- **Identifying essential services to be prioritized for continuity of service delivery:** Map and identify essential health services and those most susceptible to disruptions and put in place measures to ensure continued availability and access of these services. These measures could include(22):
  - Active communication and outreach to engage with citizens about the importance of these services, and their availability under the physical distancing period, and reassure them of their safety should they need to seek care.
  - Develop priority lists of essential supplies, stock-pile and pre-position supplies at the national and regional and local levels, and network supplies and redistribute supplies to mitigate supply chain disruptions (22,23).
  - Ensure healthcare facilities remain open to provide essential healthcare services (24).
  - Provide transportation to healthcare facilities for patients needing very essential services.

- **For instance**, the City of Nairobi in collaboration with health stakeholders such as Amref and taxi platform company Bolt are providing free transportation for expectant mothers to hospital for delivery.
- **Leveraging on technology:** Explore innovative models of care such as telemedicine to enhance continuity of care for services that are amenable to remote consultations. For example Kenya has outlined a plan to establish tele call centers to facilitate continuity of provision of reproductive, maternal, and child health services (24). However, digital technologies carry the risk of exacerbating existing inequalities in access to healthcare services because the poor, those in rural areas, and other vulnerable groups are less likely to have access to digital technologies. For these groups measures to maintain physical access to healthcare services could be explored.
- **Leverage on community health workers:** Leverage on community health workers to deliver essential health services to communities and households (25,26). While this will likely improve the pro-poorness of mitigation measures, it carries the risk of transmission because of physical contact between community health workers and households. Measures to reduce these risks include equipping community health workers with personal protective equipment and ensuring hand hygiene is observed during household visits.
- **Facilitating health worker movement in contexts of movement restrictions.** Most African countries have designated health workers as essential frontline workers and provided them with exceptions to move around in places where lockdowns, curfews, and movement restrictions have been imposed. However, the enforcement of these exceptions should be monitored given reports from several African countries that health workers are finding it difficult to get to work and citizens cannot access care (27,28).

## Recommendations to Mitigate Economic Impacts

Where feasible, governments should consider:

- **Cushioning firms providing essential services:** Providing targeted subsidies to firms that provide essential services such as healthcare, electricity, water, agriculture and food production, and communication. For instance, subsidies to telecommunication companies will enable them to support access to cheaper mobile money transactions, and data to enhance efficiency of employees working from home.
  - **For instance**, the South African government is providing financial support to local firms that are providing essential service in the form of credit facilities at subsidized interest rates (29).
- **Supporting vulnerable groups:** Implement social protection programmes targeted at vulnerable segments of the population especially the poor, those in the informal sector, and people living in informal settlements and forced displacement camps. These include indirect tax reductions, and cash transfers leveraging on the efficiency of mobile money transfers (30–34), waivers for basic services such as electricity, water, money transfer transactions, and moratoriums on individual loan repayments.
  - **For instance**, the government of Togo is providing cash support to low income residents of

its capital Lome (9) while Kenya, Nigeria, and South Africa are scaling up existing cash transfer programmes to vulnerable households leveraging on mobile money transfer platforms (35). Ghana is helping households by paying their water bills (36).

- **Providing income support to individuals that lose their jobs:** Provide income support and temporary employment to low income and informal sector employers who lose their jobs because of physical distancing restrictions.
  - **For example,** Kenya is providing a daily income supplement to more than 10,000 youths living in Nairobi's informal settlements in exchange for labour such as disinfecting markets (37). The government of Botswana is contributing to 50% of the salary of furloughed citizens, and providing a subsidy of between USD 80-170 per month to meet their basic needs (15).
- **Integrate a focus on the vulnerable in socio-economic responses:** Identify the vulnerable– the old, the elderly, women, the poor, the youth, and those with chronic conditions, and specifically target them with social protection measures such as income support (17–20).
- **Ensuring pro-poorness of interventions:** Align financial aid with the realities of vulnerable and marginalized populations. Reductions in direct taxes are unlikely to benefit the poor and those living in informal settlements or encampments. On the other hand, reductions in informal taxes, and direct cash transfers would.
- **Providing financial support to small informal businesses:** Provide liquidity support to SME. These include reduced bank loan interest rates, moratoriums on SME loan repayments, relief from business taxes, and specific financial subsidies to allow them to keep and continue to pay staff.
  - **For instance,** Botswana is providing a wage subsidy to SME's as an incentive to retain their staff during the lockdown (15).
- **Debt repayment moratoriums:** Multi-lateral and bilateral lenders should consider suspending debt repayments by African countries to provide temporary debt relief to support macroeconomic stability in the region(30,38). Debt relief will boost liquidity and expand the fiscal space of African countries, boosting their capacity to absorb the economic shocks due to COVID-19 (30,38).

## Recommendations to Mitigate Food Security Impacts

Where feasible, governments should consider:

- **Monitoring access to food and food prices:** In collaboration with other local and international organizations, establish mechanisms for the assessment of supply chains and food markets, availability and access to food, and fluctuations of food prices.
- **Keeping trade corridors open:** In collaboration with regional, and international organizations, foster cooperation to maintain trade corridors for agricultural inputs and food imports and exports (30). This may however carry the risk of cross-border movement of infected individuals. Mitigating measure could include border screening and testing where feasible.



- **Keep food supply chains functioning:** Designate workers involved in food supply chains such as transporters as essential frontline workers and enforce movement restriction exceptions for agricultural inputs, produce, and these frontline workers. This will sustain the logistical operations of local food supply chains (39).
- **Provide income support to vulnerable groups:** This could take the form of cash transfers to vulnerable and food insecure households leveraging on mobile money to improve the efficiency of disbursement and reduction of physical contact. Cash transfers will facilitate the purchase of food where markets are still operational and minimize market distortions.
- **Implement food distribution programs to the vulnerable:** Protect vulnerable populations such as the poor, the elderly, individuals living in informal settlement, refugee camps, internally displaced populations, and the homeless by providing and distributing food to households. Several African governments, including South Africa, Senegal, Uganda are implementing food distribution programs to the vulnerable in the community (40–42).
- **Sustain existing humanitarian and social protection programs:** While COVID-19 will require scaling up existing humanitarian and social protection programs, it is important to maintain and sustain existing programs to avoid disruption.
- **Set up public food kitchens:** Designate particular food retail outlets as public kitchens. Households could be provided with e-vouchers to purchase fresh, cooked food daily. The e-voucher system would help ensure that the micro-economy of these communities is sustained, while creating market incentives for food chains to keep running.
  - **For example,** the opening up of food kitchens in several townships in South Africa that have remained open during the lockdown is reported to have helped vulnerable families in these neighbourhoods (43).

## Recommendations to Mitigate Education Impacts

Where feasible, governments should consider:

- **Implementing equity responsive remote learning:** Implement remote learning programs using multiple rather than single platforms to ensure reach is optimized. The selection of platforms should consider reach, and equity implications. For instance, more people have radio's compared to TVs in Africa, and more people have basic phones compared to smart phones (44–46).
- **Distributing paper based learning materials to those that need them:** Implement arrangements to make paper based learning material physically available in low income areas with poor access to remote learning platforms (internet, radio, TV) by delivering a basic package of learning materials, including books and writing materials to households (32).
- **Implement targeted outreach to disadvantaged groups:** Implement targeted outreach and support to students and parents/guardians to enhance uptake of remote learning (44–46).

- **Training and supporting teachers:** Train teachers on remote learning approaches and equipping them with the resources required to implement these approaches (e.g. hardware, software, internet access) (32,44–46).
- **Adapting curricula:** Adapt curricula to enhance feasibility and effectiveness of remote learning. This includes simplifying curricula to prioritize areas that are most consequential for learning progression in the coming school year(46).
- **Implementing food programs for vulnerable children:** Introducing community food programs for children to replace school food programs and ensure that the nutritional needs of children are still met (32).
- **Make learning accessible to people with disabilities:** consider delivering remote learning in ways that are accessible to the disabled. This includes including sign language interpreters in online learning, and districting braille paper and braille readers at home (21).
- **Focusing on the vulnerable:** Finally, all these interventions should pay special attention to the poor, the marginalized and the vulnerable. For instance, pay attention to children from poor and marginalized households (e.g. those living in rural areas, informal settlements, refugee camps), girls that are more likely to taken on huge burdens of domestic duties, boys who are most likely to drop out of school to take up income generating activities, and cohorts transitioning between schooling levels (primary to secondary, and secondary to college). This includes raising awareness and sensitizing communities on the need to protect these children support them to continue with home learning.

## Recommendations to Mitigate the Gendered Impacts

Where feasible, governments should consider:

- **Tackling gender-based violence:** Institute multi-agency coordinated responses to tackle gender-based violence. These include:
  - Establishing national toll-free helplines (with the required infrastructure to sustain these numbers) (47).
  - Establishing shelters and safehouses, specialized (free) emergency medical and police services. This would also include successful mental health, social and legal services (48).
- **Implementing gender-responsive social protection programs:** The social protection measures implemented to cushion households from the socio-economic impacts of restrictions should be gender-responsive by paying special attention to the vulnerabilities and disproportionate effects on women (49).
- **Paying attention to educational needs and challenges of girls:** Given the gender-specific risks of school closures, education responses could prioritize the needs of girls and particularly adolescent girls. This requires a community approach that includes all necessary stakeholders such as the youth (to ensure youth-friendly messaging); and leverages on teachers and community members to raise awareness and sensitize communities on the need to protect girls and support them to continue with home learning.



- **For instance**, in the context of Ebola, in countries such as Sierra Leone, villages that established 'girls clubs' i.e. safe spaces where girls could go to during school closures, reported that fewer girls experienced adverse effects and were more likely to continue their learning (50).

## Recommendations to Mitigate the Impacts on Populations Living in Informal Settlements and Forced Displacements

Where feasible, governments should consider:

- **Stopping forceful evictions:** Forcefully evicting individuals living in informal settlements, or those that are internally displaced puts them at an even greater risk to contracting COVID-19. In addition to declaring a stop to forceful evictions, governments should allocate resources to implement, monitor and prevent extrajudicial evictions (51).
- **Improving housing and living conditions:** Improve access to water and sanitation amenities in informal settlements and forced displacement encampments. In the short term, this includes supplying water with water tankers, drilling boreholes, and building toilets.
  - **For instance**, the Kenyan government has installed hand washing stations and distributed soap in informal settlements in Nairobi (52).
- **Providing shelter** for the homeless: Provide shelters to the homeless and move them out of the streets into facilities that will keep them safe.
  - **For instance**, the South African government has set up shelters for the homeless (53).
- **Reducing overcrowding:** Consider reducing overcrowding in informal settlements by developing new shelters and upgrading the existing ones to improve the quality of housing.
  - **For instance**, the government of Djibouti has provided asylum seekers and refugees with new shelters, while the Somali government has upgraded shelters in high risk camps for internally displaced populations to reduce congestion (51).

However, the relocation of individuals and households should be done with close consultations with those affected and in a humane way to ensure that the rights and dignity of the individuals are safeguarded.

- **Keep informal supply chains open:** Identify essential services and informal supply chains that serve the residents of informal settlements and forced displacement encampments and keep them operational. These include supply and sale of food, energy, water, and transportation (51).

### ABOUT THIS BRIEF

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