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

Interim guidance
18 May 2020

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. 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, 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.

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. 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, 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 and educational institutions. For physical distancing, WHO recommends a minimum distance of at least one metre 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, 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. 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.*
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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).\(^b\) 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.\(^17\)

\(^b\) 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](http://www.who.int/emergencies/diseases/novel-coronavirus-2019).
Table 1. Selected public health and social measures for consideration in the context of COVID-19*

<table>
<thead>
<tr>
<th>Personal measures</th>
<th>Physical and social distancing</th>
<th>Movement measures</th>
<th>Special protection measures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aim:</strong> limit person-to-person spread, protect individuals and their contacts, and reduce contamination of frequently touched surfaces</td>
<td><strong>Aim:</strong> ensure safe physical distancing through reduced crowding</td>
<td><strong>Aim:</strong> prevent introduction of virus from infected areas to non-infected areas</td>
<td><strong>Aim:</strong> reduce the risk of exposure of vulnerable groups</td>
</tr>
<tr>
<td><strong>Encourage the public to practice</strong>¹⁸</td>
<td><strong>Workplaces</strong> ⁹</td>
<td><strong>Offer advice regarding travel</strong>¹⁹ appropriate to circumstances, such as reducing non-essential travel or how to protect oneself while travelling</td>
<td><strong>Persons at risk, vulnerable persons, and others</strong></td>
</tr>
<tr>
<td>· Frequent hand hygiene</td>
<td>· Support businesses and workplaces to put in place hand hygiene, physical distancing, and environmental cleaning</td>
<td>· Limit movement locally, regionally, or nationally as necessary to interrupt transmission or prevent reintroduction</td>
<td>· Shelter-in-place advice for older age groups</td>
</tr>
<tr>
<td>· Physical distancing</td>
<td>· Plan for business continuity and minimum services</td>
<td>· Arrange travel in advance as needed (students, workers, repatriation)</td>
<td>· Protect closed settings - senior's residences, long-term¹¹ or psychiatric care, prisons²⁷</td>
</tr>
<tr>
<td>· Respiratory etiquette</td>
<td>· Where feasible, encourage teleworking, staggered shifts, flexible leave policies, teleconferences, virtual meetings, and protection for front-line workers and service personnel</td>
<td>· Consider a cordon sanitaire or border measures when justified by local epidemiology</td>
<td>· Limit visitors or allow visits only with safe distancing</td>
</tr>
<tr>
<td>· Proper use of masks if unwell or attending to someone who is ill</td>
<td>· Conduct risk assessment by workstation or function according to the environment, expected tasks, possibility of exposure, and available resources</td>
<td>· Consider isolation or quarantine for arriving travellers, in line with national screening and testing policy</td>
<td>· Plan for migrants, refugees,²⁸ displaced²⁹ or homeless</td>
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<tr>
<td>· Environmental cleaning at home</td>
<td>· Close non-essential businesses as transmission intensifies</td>
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<td>· Separation from others if appropriate to context and can be done safely and voluntarily</td>
</tr>
<tr>
<td><strong>Schools</strong> ¹⁰</td>
<td><strong>Mass gatherings</strong> ⁸,¹⁹</td>
<td></td>
<td>· In special settings, identify and plan for those at higher risk, e.g. in shops, public transport, hospitals</td>
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<tr>
<td>· Support schools to put in place hand hygiene and distancing measures, as well as environmental cleaning</td>
<td>· Conduct risk assessment for high visibility events, sporting ²¹ and faith-based events, ²² festivals, conferences</td>
<td></td>
<td>· Plan to safely maintain essential health services including immunization, prenatal care, maternity care, cancer care and disease control efforts³⁰</td>
</tr>
<tr>
<td>· Consider distance learning, suspension of classes, rotation in attendance, or closing school buildings for a limited time</td>
<td>· Adapt, postpone, or cancel public and private events</td>
<td></td>
<td><strong>Health workers</strong> ³¹ frontline responders, caregivers, and the health system</td>
</tr>
<tr>
<td>· Hygiene and distancing measures in canteens and buses</td>
<td>· Limit size of public and private events</td>
<td></td>
<td>· Coordinate community services, phone hotlines, health facilities, and emergency response units to support testing, isolation, quarantine, and referral</td>
</tr>
<tr>
<td><strong>Public spaces and transportation –</strong></td>
<td>· Adapt wedding, funeral and burial²³ customs</td>
<td></td>
<td>· Support telemedicine and remote health services</td>
</tr>
<tr>
<td>· 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</td>
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<td>· Reschedule non-urgent health and medical care</td>
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<td></td>
<td>· Organize services to reduce risk and frequency of contact, ensure physical distancing in all areas</td>
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<td>· Ensure availability of personal protective equipment³²</td>
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<td></td>
<td>· Implement surge plans for community clinics, isolation units where preferred, hospitals, and palliative care³³</td>
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</tbody>
</table>
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](http://www.who.int).

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

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

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

Additional resources


Acknowledgements

This document was developed in collaboration with WHO Regional Offices, in reference to documents developed with UNICEF and IFRC.

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

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