COVID-19 Supplemental Policy Recommendations

POLICY BRIEF: ADDRESSING COVID-19

BACKGROUND

COVID-19 is a highly infectious virus that originated in China, Hubei province in November 2019. As of March 17, it has affected countries in Asia, Europe, the Americas, and some countries in Africa. The virus has put significant pressure on healthcare systems in highly impacted countries. Governments in less-affected countries will need to act quickly to prevent its spread.

This policy brief shares health and economic policy recommendations aimed to help governments contain the spread of the virus and support economic activity during this tumultuous time.

This brief shares policy recommendations for urban and low-middle, middle, and high-income settings. It is from these centers that the virus is spread, and ideally, countries can halt it at these epicenters. Policymakers and researchers should further explore effective mitigation approaches in rural, under-resourced settings. Note that these policy recommendations are not a comprehensive list, but meant to provide a starting point. Tailored recommendations can be made in consultations with individual governments with considerations of context and capacity/budget constraints.

1. HEALTH POLICY RECOMMENDATIONS

1.1 IMPLEMENTING SOCIAL DISTANCING

The first activities to stop the spread of the virus are testing individuals at risk of carrying the virus (ensuring tests are widely available) and effectively tracing their contacts. However, the recent spread demonstrates that the majority of developed countries were unable to effectively contain it at the early stages, and needed more drastic measures. Given the global context, the evidence base strongly supports moving quickly to implement social distancing measures to control the spread of COVID-19 before there is wide-reaching community transmission. Governments have successfully used these measures — in conjunction with other aggressive, evidence-based, and contextually driven policies — to slow the rate of infection in hard-hit areas like Hubei Province (China), Daegu (South Korea), Singapore, and Hong Kong.

The ultimate goal of social distancing is to “flatten the curve” to ease the burden on the health system. Social distancing is not expected to stop the spread of COVID-19 altogether; rather, it is intended to:

- Reduce the chance of infection among high-risk groups, including older people and those with pre-existing conditions.¹

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- Slow the rate of transmission in the population, so that the health system is not overwhelmed by the number of people seeking treatment all at once (Figure 1).

In addition to current case studies from neighboring cities and countries, evidence shows that social distancing reduces the attack rate\(^3\) of diseases similar to COVID-19. A systematic review of workplace social distancing measures to prevent the spread of influenza from 2000-2017 found that workplace social distancing alone reduced the attack rate for influenza-like epidemics by 23% and delayed and reduced the peak of the disease.\(^4\)

With that in mind, **understanding a health system’s capacity is a crucial determinant of how extreme social distancing measures need to be and when to implement them.** In high-functioning health systems, with robust human resource capacity, rapid testing capability, reliable supply chains, and trusted public communications, the system may be less dependent on social distancing to slow the spread of COVID-19.\(^5\) But in health systems that face systemic challenges, governments should employ as many evidence-based social distancing practices as possible, as early as is feasible.

**Social distancing in practice**

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\(^2\) Figure from Dr. Drew Harris. Available from: [https://twitter.com/drewaharris?lang=en](https://twitter.com/drewaharris?lang=en)

\(^3\) The attack rate is the proportion of the population that become ill in a population initially free from exposure.


According to the US Centers for Disease Control, social distancing is “remaining out of congregate settings, avoiding mass gatherings, and maintaining distance (approximately 6 feet or 2 meters) from others when possible.” To be effective, social distancing should be practiced by everyone, not just those who are sick or may have been exposed to the virus. In fact, evidence from South Korea, where widespread testing of the whole population is taking place, suggests that people ages 20-29 represent 30% of all cases, making them very likely to spread to others even while they do not experience strong symptoms themselves.

While the spread of COVID-19 remains uncontrolled in many parts of the world, we can look to the successes of South Korea, Taiwan, Singapore, Hong Kong, and China, as well as studies of social distancing measures in previous influenza outbreaks, to understand what specific policies may work in other countries. Each country has taken its own measures based on the strength of its health system, its ability to rapidly implement social distancing, and its community’s needs.

Based on evidence from other countries, as well as simulations of COVID-19 and other similar outbreaks, we know that to maximize the effectiveness of social distancing policies, they must be implemented:

1. **As quickly and as early as possible**
   - By implementing social distancing policies rapidly, they can be more effective.

2. **In combination with each other** (e.g. closing schools without canceling large events is likely not enough)
   - a. Ban large gatherings, including conferences, concerts, and religious gatherings.
   - b. Require closure of offices and workplaces for all non-essential functions, and recommend businesses move to remote work whenever possible.
   - c. Limit travel in and out of large metro centers to slow the spread to neighboring areas.

3. **In a sustained manner**. Implementing social distancing for a week or two will not be enough. It is important that the policies are continued in order to give the health system adequate time to identify and respond to current cases, while reducing community spread.

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4. In tandem with robust public health measures, including active contact tracing, widespread testing, strong isolation function when cases are identified, and large-scale social and behavioral communication change campaigns.\textsuperscript{12}

Even as it spreads globally, it is not too late to slow the spread or lessen the impact of COVID-19. By drawing on the strong evidence base for social distancing and taking supplemental measures to support the well-being of those most affected by social distancing policies, governments can protect those most vulnerable to COVID-19 and invest in their long-term economic well-being.

1.2CREATE MASS PUBLIC AWARENESS CAMPAIGNS AND INSTALL HAND-WASHING/SANITIZING STATIONS

Governments should educate the public using all means possible (television, radio, billboards) and install hand-washing/sanitizing stations. In creating the message, it is important to keep it concise and consistent across sources, and inform the audience about the existence of unverified information to encourage skepticism\textsuperscript{13}. For example, developing consistently formatted information materials with the official stamp of the government will help individuals determine the validity of the information. Furthermore, installing a free hotline/phone-based information service\textsuperscript{14} will help the public access correct information easily. It’s crucial that the public can access products they need to follow recommendations, for example, sanitization products, therefore, the intervention should follow with providing discounts on soaps/sanitizers and installing handwashing facilities in all public places (markets, public squares, churches, schools, clinics).

1.3USE MOBILE HEALTH CLINICS TO EXTEND SERVICES

Mobile health clinics can provide adequate health access to living in areas outside of urban centers. A mobile health clinic operates as a primary health center with a doctor’s office, exam room, or can contain testing facilities located inside a large van or bus. These vehicle-based clinics travel to medically underserved areas to help connect patients to care, and overcome financial and access barriers to care. They have been endorsed by the World Health Organization (WHO), and used in the US and several low and middle income countries to expand access to primary care, provide HIV testing, and provide vital health services in refugee settings. These clinics can combine COVID-19 testing services as well as other primary care services. During the COVID-19 pandemic, mobile clinics have the added advantage of minimizing transport to health centers and the associated risk of spreading disease by bringing healthcare directly to communities. The risk of pulling healthcare workers away from health facilities must be weighed with the benefits of providing services outside existing health centers.

\textsuperscript{12} Cowling & Lim 2020.
\textsuperscript{13} https://jamanetwork.com/journals/jama/fullarticle/2763372?utm_source=undefined&utm_campaign=content-shareicons&utm_content=article_engagement&utm_medium=social&utm_term=031620#Xm_S9pXuCWQ.email
\textsuperscript{14} For example, 3-2-1 service provides information about agricultural practices, financial services, gender equality and WASH http://321service.org/countries/malawi/
1.4 ENABLE WORKERS TO REMAIN HOME WHILE SICK

Providing sick leave can help ease layoff pressures by allowing employers to retain their employees while containing the spread of disease. Policy measures to this end include: 1. A layoff freeze. 2. Mandated minimum of 14 days paid sick leave for all workers, with no doctor note required. 3. In addition to 1 and 2, provide government-subsidized sick leave for workers who have been diagnosed with COVID-19, caring for a sick family member, or responsible for a child due to school and facility closures. This effort should prioritize extending the publicly-funded benefits to small-and-medium sized businesses with less capacity to absorb productivity and profit losses, as well as to businesses in sectors anticipated to be hardest hit by COVID-19. Similar approaches have been proposed and implemented in Australia and the US. Note that this approach primarily affects workers in formal businesses, as it will not be possible to enforce in the informal sector.

1.5 CREATE NON-COVID19 CLINICS OR SPACES WITHIN CLINICS WHERE PEOPLE CAN SAFELY SEEK CARE FOR OTHER CONDITIONS

One of the more dangerous places during the outbreak may be health centers/hospitals with a high concentration of sick individuals. However, there will be regular demand for other healthcare services that individuals need to access and having safety clinics or spaces/entrances will allow provision of those services without higher exposure risk.

1.6 CREATE MENTAL HEALTH POLICIES/PROGRAMS/RECOMMENDATIONS TO SUPPORT PEOPLE DURING SOCIAL DISTANCING

Social distancing is an inherently lonely experience, especially for those who are already marginalized. A survey of people who were forced to quarantine during the 2008 SARS epidemic in Toronto found that 28.9% experienced symptoms of posttraumatic stress disorder (PTSD) and 31.2% experienced symptoms of depression at the end of the ten-day quarantine. While their experience was different from what we are recommending, because they were quarantined due to exposure to SARS (rather than through mandatory social distancing for all citizens), it is important for us to learn from this example and consider ways people can be encouraged to care for their mental health during social distancing periods. For example, governments can work with mobile phone or internet companies to reduce their fees to enable people to easily connect, or provide free call-in mental health and wellness services.

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2. ECONOMIC POLICY RECOMMENDATIONS

The social distancing measures recommended here will have real, negative, and likely lasting impacts on the economy overall, business owners, and particularly the working poor. This is an unavoidable effect of shutting down most economic activity within the city, but it is worth it for the population’s health and long-term economic well-being. A Brookings Institution model of potential COVID-19 scenarios’ impact on the global economy found that, in a worst case scenario without appropriate policy responses to curb the pandemic, the global GDP could lose $2.3 trillion in 2020; the models show that the best way to avoid these losses are to prevent the pandemic from spreading, particularly in poor countries.\(^1\) That being said, these measures might not be as justified after the epidemic reaches a critical point in which case governments must weigh different options.

Responding to the pressures of an economic slowdown caused by the global outbreak of COVID-19 is different from dealing with a recession in a business cycle. Stimulating economic activities is likely to exacerbate disease transmission, while large-scale quarantine and social distancing measures implemented across the world have unavoidable economic and financial repercussions, which disproportionately impact low-income, vulnerable populations. This section summarizes policies intended to address the anticipated short-term economic costs of COVID-19, while keeping in mind public health objectives to minimize the spread of the disease. These policy recommendations are for formal economies and look to achieve the following:

A. Ensure financial stability of households (demand-side interventions)
B. Maintain economic activity safely during the time of outbreak (supply-side interventions)

2.A ENSURE FINANCIAL STABILITY OF HOUSEHOLDS

2.A1 CONSIDER UNCONDITIONAL CASH TRANSFERS

Unconditional cash transfers can help the most vulnerable households particularly vulnerable to economic shocks during a public health crisis. Unconditional cash transfers have widely been shown to be effective in maintaining food security during humanitarian crises, while also supporting the local economy.

In countries that have these mechanisms in place, we recommend this as the front-line option to insure the poor against the threat of income and consumption shocks from reduced economic activities arising from quarantine or social distancing measures. This is comparable to the approach instituted by the Australian Government as of March 12 of providing financial assistance to around 6.5 million lower-income Australians in response to COVID-19, and the US as of March 17.

Expansions to CCTs have also been used as a crisis-response measure in other contexts, as summarized in this paper.

2.A2 DISTRIBUTE IN-KIND TRANSFERS

Supplying people with cash transfers (as described in #1 above) tends to be more cost-effective than in-kind food distribution, and is also less disruptive to local food outlets. In this time of reduced market access, it is important to have an additional safety net to ensure those who are vulnerable have access to food and health necessities during quarantine, while reducing the need to travel to and convene in crowded public spaces to do so.

Governments should leverage existing distribution networks where possible, for example: via NGOs serving these communities or companies with wide-reaching and granular distribution networks. Where possible, partner with public transportation lines that access hard-to-reach areas to achieve multiple public health and economic security objectives: 1) Buy out their time to reduce public health risks of mass public transportation, 2) Provide a continued source of income of for drivers and other transportation workers. 3) Reach and deliver in-kind transfers to vulnerable areas by leveraging existing transport routes.

Partnering with the private sector to improve supply chains has been proposed for medicine supply chain distribution in low resource settings and has successfully been carried out in humanitarian crisis-response contexts, including Ebola crisis response.

2.B MAINTAIN ECONOMIC ACTIVITY SAFELY DURING THE TIME OF OUTBREAK

Supporting economic activity can help avoid dissolution of viable businesses who do not have the required cash-flow to weather this crisis. Ensuring cash-flow through this large systemic shock will facilitate economic rebound in upcoming months.

These approaches are intended to offset the drop in demand for local businesses, rather than contribute to the spread of COVID-19 by keeping them open. As such, these efforts should be combined with strong communications campaigns concerning best practices of businesses during COVID-19 and implementation plans to carry this out in the coming month or so.

2B.1 REDUCE OTHER FORMS OF FINANCIAL BURDEN TO BUSINESSES AND INDIVIDUALS BY EXTENDING OR DEFERRING TAX PAYMENTS.

Governments should reduce financial burden and allow for longer planning periods for individuals and companies who face increased financial uncertainty.

The following policies can be enacted at relatively low cost: Companies and individuals who struggle to meet tax deadlines may be automatically allowed a government-mandated delay, with waived late fees. Consider several months’ extension of tax due dates. These policies have been proposed in
If a broad-based policy is not possible, a more targeted approach may be to identify critical sectors that have been hit hard by COVID-19 and allow deferral of tax payments until next year.

### 2B.2 ENCOURAGE MOBILE PHONE COMPANIES TO PROVIDE DISCOUNTS DURING SOCIAL DISTANCING PERIOD

Social distancing may impact the mental health of individuals and severely impede with business activities. Enabling people to stay connected via mobile phones will alleviate some of the psychological effects of isolation and allow some business activities to continue. Individuals should be explicitly encouraged to use cellular connections as a primary means of communication by private companies and the government. Cell companies can also consider eliminating mobile money transfer fees to additionally decrease the financial burden on customers.

### 2B.3 FOSTER DEVELOPMENT IN BUSINESSES/BUSINESS ACTIVITIES THAT SAFELY PROVIDE SERVICES DURING THE SOCIAL DISTANCING PERIOD

It’s important to support businesses to transition into different services or to provide the same services in a different manner in order to remain profitable during the outbreak. This will allow for the continuation of economic activities. This can include:

1. **Encouraging lenders to provide low interest loans** to businesses that are in the private transportation sector (e.g. delivery services) and extend loans to businesses that are restructing their activities as a result of social distancing policies to be in compliance with safety measures. Due to limited mobility of individuals, home delivery services may experience heightened demand and may be a safer way to delivery services.

2. **Encouraging businesses to switch to a different mode of service/product delivery** utilizing safe transport networks. For example, bike/motorcycle/car drivers can deliver restaurant food/groceries/medicine to individual households around their neighborhood.

### 2B.4 WORK WITH THE PRIVATE SECTOR TO PROVIDE SOLUTIONS

The private sector has demonstrated willingness and ability to cooperate with governments on the containment effort. They have direct incentive to participate in the containment due to immediate profit losses associated with the slowdown of the economy and interest in developing a positive social standing. For example, Amazon monitored and regulated sales of masks on its platform\(^\text{18}\), Louis Vuitton (normally a luxury brand that produces perfume and other products) will start making hand sanitizers and distribute them for free\(^\text{19}\), Uber Eats (food delivery service) will provide deliveries free of charge\(^\text{20}\). Therefore, encouraging private sector’s participation may greatly improve the containment efforts, while maintaining economic activity.

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