EXECUTIVE SUMMARY

Since the beginning of the COVID-19 pandemic, published briefs and best practice documents generally focus primarily on middle- and high-income countries. Much of the literature around social distancing, which aims to slow the spread of the virus and avoid over-burdening the healthcare system, does not take into account the unique challenges faced by decision-makers across African countries. This brief – part of several on COVID-19 response efforts¹ – provides initial suggestions to help policymakers in African contexts design and implement social distancing measures. We offer specific suggestions for social distancing policies that governments can implement at three different levels: 1) community 2) businesses (including transportation and markets), 3) households.

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<tr>
<th>Level</th>
<th>Recommendation</th>
<th>Key Elements</th>
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<tr>
<td>Community</td>
<td>1: Limit community activities to reduce the spread</td>
<td>- Limit religious services and extended family events</td>
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<td>- Close education facilities, while paying attention to school feeding</td>
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<td></td>
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<td>- Ban all sports, leisure activities, and political gatherings</td>
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<td>- Address urban-rural migration</td>
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<td>Business</td>
<td>2: Provide guidance for essential business activities to ensure the health and safety of those operating and patronizing</td>
<td>- Provide guidance for semi-formal and informal stores and businesses</td>
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<td>- Encourage social distancing in markets</td>
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<td>Household</td>
<td>3: Provide guidance for social distancing at the household level</td>
<td>- Limit contacts with other households</td>
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<td>- Context-specific hygiene recommendations</td>
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<td></td>
<td>- Protecting the sick and vulnerable in the household</td>
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Where possible, this brief recommends approaches that have minimal or short-term economic repercussions with significant public health gains. However, it is important to acknowledge that some types of prolonged social distancing will require significant personal and economic consequences for many people. Furthermore, given the diversity across African countries, it is impossible to generalise measures that will work perfectly in all contexts. This is why we also chose to provide guidance for decision-makers on how they can ground social distancing policies in local contexts, communicate these guidelines effectively to the public, and begin to consider mitigating some of the long-term negative impacts. In all of these recommendations, this brief draws on lessons learned and evidence from past and current outbreaks and epidemics, while recognising that COVID-19 is aggressive in how fast it spreads, its relatively high morbidity rate, and global reach.

Strategies for successful implementation of social distancing measures:

- Localise and contextualise social distancing practices
- Identify which local practices might naturally support positive health outcomes (enablers)

¹ https://www.idinsight.org/covid-19
Identify which local practices might make social distancing or other measures more difficult (barriers)
- Develop policies that support the enabling factors and limit the barriers

Prioritise communicating with the public
- Identify trusted leaders, which might include traditional chiefs, religious leaders, local public figures, and civil society activists
- Package and disseminate messages in different languages and across different platforms
- Collaborate with organisations to align on practices and implement support
- Monitor the effect of preventative measures

Consider measures to limit long-term negative impacts of social distancing
- Increase compliance with social distancing policies by limiting negative consequences through measures like cash transfers and remote education

BACKGROUND
“Social distancing” – maintaining physical distance between people to prevent the spread of disease – is a key, if blunt, measure to mitigate the health threat posed by COVID-19. Encouraging people to stay home or avoid crowds and stay at least one meter away from others when they are out, can slow the spread of the virus and reduce the burden on healthcare systems. Social distancing measures vary (from providing guidelines, to enforcing lockdown) as do its implementers (from central governments to individual religious leaders and shopkeepers). From a strictly public health perspective, more measures to cut down on social contact during a pandemic will always be better to stop the spread than no action at all.

As Professor Moussa Seydi, head of infectious diseases at Dakar’s Centre Hospitalier Universitaire Chu de Fann University Hospital said, “We must take the lead: when experts advise two measures for a given situation, it is better to take three… we don’t have the resources of Italy, France, or China. Our fight is here: in prevention.”

Several factors make it difficult to design and implement extensive social distancing measures in African countries, and those that are low-income in particular, including large households, overcrowded dwellings, frequent and close contact between the young and elderly, constrained access to clean water, inability to earn a living while staying at home, or lack of liquidity to stock up on food and other supplies, which requires frequent shopping trips. Designing and implementing social distancing measures in these contexts can be difficult, but putting more measures in place is still necessary to save lives.

First, slowing the spread of the virus will buy valuable time to better prepare the health system for the incoming influx of patients.\textsuperscript{6, 7}

Second, delaying the spread in a fragile country can be done in tandem with other measures, like social protection to support vulnerable communities. This will also provide additional time for countries to prepare, learn from others whose curve is decreasing (including potentially better medical protocols), while also allowing for better resource mobilization (domestic and international) to support response efforts.

**SOCIAL DISTANCING IN AFRICAN COUNTRIES (AS OF MARCH 27, 2020)**

Because COVID-19 is extremely contagious, the World Health Organization\textsuperscript{8} recommends all people maintain a physical distance of at least one meter or three feet between themselves and others, especially those who are coughing or sneezing.\textsuperscript{9} Many countries recommend two meters or six feet distance,\textsuperscript{10} which we also recommend based on the evidence.

COVID-19 spreads quickly, in part because contagious individuals may be asymptomatic or the disease is passed on surfaces.\textsuperscript{11} Because COVID-19 is difficult to track and data about its spread is often lacking, policymakers will need to make decisions with incomplete evidence. As with elsewhere, is difficult to predict how widespread the disease will be in Africa,\textsuperscript{12} due to the lack of testing capacity, making response efforts often look like an over- or under-reaction.

To date, most African country governments have already taken initial steps to encourage social distancing. Initially, many focused on border closures and travel restrictions (suspended flights or airport closures). Nearly all countries have temporarily closed schools\textsuperscript{13} and non-essential businesses or banned social gatherings.

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\textsuperscript{10} “Coronavirus Disease (COVID-19) Advice for the Public.”


Governments have taken various approaches to manage social distancing in transport. South Africa has begun a 21-day period of full lockdown. Other countries have instituted curfews, partial lockdowns, or are discussing full lockdown measures.

**RECOMMENDATION 1: LIMIT COMMUNITY ACTIVITIES TO REDUCE THE SPREAD**

Community activities are likely to be a leading vector for contamination in low-income countries especially where community life is a significant component of daily life. Policymakers should consider restricting (capping number of people) or banning community activities and events, especially before the disease has spread in their countries. These measures are unlikely to significantly affect the economy.

- **Focus on meeting or convening spaces:** When adapting social distancing policies to rural communities especially, work with local community leaders to identify potential risks unique to their context. This might include limiting community meetings, practicing social distancing at water collection points, or putting in place guidelines for agriculture activities.

**1A. LIMIT RELIGIOUS SERVICES AND EXTENDED FAMILY EVENTS**

Several countries have banned all religious gathering and services, or just large ones. Short of cancelling religious services, less extreme options include working with religious leaders to adapt practices:

- Limit the attendance at services, conduct them outside, enforce safe distance between worshippers, or avoid sharing utensils and food.
- Consider a temporary ban or capping the size of extended family gatherings including naming ceremonies, baptisms/circumcisions, weddings, and funerals.

**1B. CLOSE EDUCATION FACILITIES, WHILE PAYING ATTENTION TO SCHOOL FEEDING**

Closing all education facilities, from kindergarten to universities and TVET has been a common policy response globally. Evidence is still mixed for kindergarten and primary school, but many African countries have already closed all pre-primary, primary and secondary facilities.

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○ Consider replacement options for school-feeding programs that still maintain social distancing.23
○ If a decision is made to close down tertiary education (universities), TVET institutions should also be closed.

1C. BAN ALL SPORTS, LEISURE ACTIVITIES, AND POLITICAL GATHERINGS

Large sports and cultural gatherings facilitate quick spread of the virus. Stopping these activities can and will save lives.

○ Ban all collective sports activities (sports involving more than one individual), including major sporting events and gatherings.24
○ Ban regular group practice by the public and the youth at the community level. Close down all gyms (indoors and outdoors using public equipment). Individual practice without equipment may continue.
○ Close parks that draw crowds as well as children’s playgrounds. Consider patrolling beaches and other leisure areas to limit public gatherings.

1D. ADDRESS MIGRATION

○ Urban-rural migration: Within African countries, existing data suggest that COVID-19 is more severe in urban settings as of March 27, 2020. As governments announce restrictions on mobility, rural-urban migrants may decide to return home, where things seem safer and there are fewer expenses.25 By doing so, they may unintentionally spread the disease to rural areas. Banning transportation options might not be sufficient to prevent these migrants from returning home.26 Governments could consider enacting quarantine rules and guidelines for migrants returning home.27

RECOMMENDATION 2: PROVIDE GUIDANCE FOR ESSENTIAL BUSINESS ACTIVITIES TO ENSURE THE HEALTH AND SAFETY OF THOSE OPERATING AND PATRONIZING

Where possible, business activity should be halted or reduced. However, recognize that these shutdowns will lead to some short-run economic costs, both at a micro and macro level.28 Furthermore, overly harsh restrictions could lead to social unrest and will exacerbate difficulties already faced by many people who will temporarily lose their livelihoods and lack the savings or

assets to support themselves. Therefore, leaders should carefully determine which businesses are and are not “essential,” in their specific contexts. For essential businesses which do remain open, governments must establish guidelines to ensure that customers and employees maintain physical distance and hygienic practices.

2A. REDUCE FORMAL BUSINESS ACTIVITIES, ESPECIALLY WHERE SPREAD IS LIKELY

Many countries have already taken steps to limit interactions facilitated through businesses in the formal economy. Businesses most likely to facilitate the spread of COVID-19 should be prioritised for restriction, including dine-in bars and restaurant chains, malls, gyms, salons, amusement parks, cinemas, clubs, bars and gambling venues.

Considerations for businesses:
- Policymakers should ask active restaurants to move to strictly takeaway and provide hygiene standards for workers.
- For large enterprises and corporations or other businesses continuing activities, publicly recommend shifting to work-from-home whenever possible.
- For active businesses, request the Labour Ministry provide guidelines to protect the safety and health of employees and customers. These measures might include temperature checks, hand-washing upon entering a building, working outside where possible, staggered shifts/reduced office density, and incentives for workers showing symptoms to stay at home.
- Provide guidelines for how people should queue for essential public services, encouraging waiting customers adhere to social distancing rules.

2B. PROVIDE GUIDANCE FOR SEMI-FORMAL AND INFORMAL STORES AND BUSINESSES

It can seem more difficult to regulate semi-formal and informal businesses, including small- and medium-sized enterprises. Nevertheless, policymakers should put in place strong guidance reinforced through media and direct communication channels for these businesses and their patrons, which represent the bulk of the market in many African countries.

For stores remaining open, policymakers should consider steps similar to those taken for the formal sector:
- Encourage social-distancing when stores remain open. Shopkeepers, vendors, and all facilities welcoming the public can use objects (stones, cans) to encourage these practices, or draw lines with chalk or paint to indicate how people should queue.
- Request restaurants, bars, and snack- and tea/coffee vendors – even the most informal ones – not allow people to sit down or congregate around their establishments;

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31 Essential services vary by country. Typically, essential services have included food stores and bakeries, pharmacies, medical facilities (including veterinary), minimal government services, IT stores and repair shops, petrol stations, banks, and mobile money stands. Some countries also included garden or agricultural supply stores, hardware stores, as well as takeaway restaurants, especially in countries where not all households can cook on the premises. Most countries have considered education facilities, sit-down restaurants, bars, clothing stores, malls, hairdresser/grooming, casinos, hotels, brothels, as non-essentials.
32 Including health facilities.
● Remind shopkeepers and vendors to practice excellent hand hygiene and wear a cloth over their noses and mouths as well as gloves. Vendors should wash with soap and water before and after each transaction, or use hand sanitizer in its place if running water is not available. In areas where these supplies are scarce, governments should consider disseminating basic handwashing stations (buckets with a tap), soap, and chlorine as part of their response efforts.

2C. ENCOURAGE SOCIAL DISTANCING IN MARKETS

Markets represent a significant part of the economy but also facilitate face-to-face interaction that can fuel the spread of the virus. While some countries or regions, like Makueni county in Kenya, have decided to suspend markets altogether, there are other options to consider.

● Policy-makers could shift sellers from large markets to smaller, local, open-air markets, where vendors can distance themselves and more easily control the flow of customers.

● For both large and small markets, consider erecting barriers and installing hand washing stations at entry points, monitoring and controlling the flow of people, or encouraging shoppers and merchants to respect hygiene measures and wear masks and gloves.

2D. CONSIDER CHANGES IN PUBLIC TRANSPORTATION

Overcrowded buses, trains, or taxis, can further the spread of COVID-19. While some African countries have already decided to ban all forms of public transport, the Africa CDC recommends public transportation to remain open to facilitate access to food, medicine, and social support.

● Consider banning forms of public transportation that are suspected to be particularly risky: Rwanda for instance banned moto-taxis.

● Limit the number of passengers. The DRC, Senegal, Kenya and Rwanda have limited the number of passengers able to board buses. In Senegal and the DRC, the number of people who can board the bus correspond to the number of seats available.

● Institute new hygiene guidelines: In Kenya, matatu (private minibuses) drivers must provide hand sanitizer for passengers upon entering, they must clean vehicles twice per day, and for

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35 “Guidance on Community Social Distancing During COVID-19 Outbreak.”
long rides they must keep detailed list of passengers. Consider that drivers may hike fares in response. Governments can also encourage walking and cycling.

**RECOMMENDATION 3: PROVIDE GUIDANCE FOR SOCIAL DISTANCING AT THE HOUSEHOLD LEVEL**

Within households, social distancing measures should focus on three things:
- limiting contact with others not living in the same dwelling;
- developing context-specific hygiene recommendations; and
- protecting the sick and vulnerable within the household.

**2A. LIMIT CONTACTS WITH OTHER HOUSEHOLDS**

Some recommendations governments or communities might consider:
- Families should limit or altogether stop visiting others outside the nuclear family.
- Children should only play with others living under the same roof and maintain distance from those outside the household.
- For families with staff who commute to their dwellings, encourage them to offer on-premises lodging or to maintain their wages while encouraging them to stay home.

**2B. CONTEXT-SPECIFIC HYGIENE RECOMMENDATIONS**

In addition to COVID-related hygiene rules recommended elsewhere, citizens need guidance specific to local practices. For instance, locally relevant recommendations could include:
- Ban spitting in places where it’s a normal practice.
- Discourage households from eating from the same plate, drinking from the same cup, sharing cutlery, or toothbrushes.
- Encourage the production of traditional soaps, hand sanitiser, and virus protection equipment like cloth masks.
- Create content in local languages to explain how to practice proper handwashing.

**2C. PROTECTING THE SICK AND VULNERABLE IN THE HOUSEHOLD**

- Elderly people (aged 60 years and over), as well as people who are immunocompromised, have pre-existing respiratory conditions, tuberculosis, HIV/AIDS, heart disease, or diabetes should be separated from the rest of the household as much as possible (separate cutlery, separate mattress). Families may also choose to isolate the sick person and a caregiver in their home and send other household members (children, elderly) to stay with a relative or neighbour.
- A recent article from the London School of Hygiene and Tropical Medicine suggests that families reserve one room or area for high-risk members and identify a caregiver to be

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isolated with that person if they get sick. This will, however, be difficult for many households without a spare room or space to isolate someone. For these cases, consider isolating the individual with extended family or other options for quarantining nearby.

**RECOMMENDATION 4: LOCALISE AND CONTEXTUALISE SOCIAL DISTANCING PRACTICES**

The previous sections provided a summary of key common-sense social distancing measures that African countries should enact. These policies are not dissimilar to those being instituted in other countries currently affected by COVID-19. To make these measures effective, policymakers should consider which local practices might naturally support positive health outcomes (enablers) and which might make social distancing or other measures more difficult (barriers). Even for countries with similar GDP, their response will differ based on local constraints (e.g. literacy rates, phone penetration, mobile money adoption, access to water, density, etc.).

In this section, we provide some examples and suggestions of elements based on experiences of several countries during the recent epidemics of Ebola, HIV/AIDS, and polio. This framework will be most helpful when applied to individual country contexts, which may differ significantly from the general categories we outline here.

Consider the following barriers or enablers to enacting public health measures:

- **Awareness**: people may be unaware of the severity of COVID-19 or that asymptomatic carriers can spread the virus. They may not know hygiene best-practices if there haven’t been public health campaigns or other epidemics.
- **Traditional knowledge or practices**: Some communities have pre-existing cultural protocols to handle epidemics. Expanding on pre-existing religious guidance for handling diseases has also been successful in some places. Cultural practices may also hinder efforts, as was the case with Ebola where burial practices facilitated the spread.
- **Access to hygienic supplies**: Communities may not have running water or be able to afford or access soap or hand sanitizer.
- **Household communication equipment**: Most households, even in remote areas or within marginalized communities, own a mobile phone, which can be a valuable tool for information sharing, with smartphone penetration offering additional possibilities. Radios are also a plausible alternative where mobile phones are not available.
- **Extended social networks**: Families maintain strong ties with their extended families and neighbours, and are potentially able to offer a support network for the sick or share messages.
- **Social resilience**: Countries with recent virus outbreak experiences, especially those impacted by Ebola, may quickly be able to put in place health precautions including temperature checks and handwashing stations.

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41 Dahab et al., “COVID-19 Control in Low-Income Settings and Displaced Populations.”
42 Anthropologists in Northern Uganda during the spread of Ebola found that many communities had their own pre-existing cultural protocols for dealing with serious illnesses. For example, they led their own quarantine efforts, ensured that only survivors treated the sick, identified affected households using an arrangement of poles outside the home, and limited movement between villages Barry S. Hewlett and Richard P. Amola, “Cultural Contexts of Ebola in Northern Uganda - Volume 9, Number 10—October 2003 - Emerging Infectious Diseases Journal - CDC,” *Emerging Infectious Diseases Journal* 9, no. 10 (October 2003). https://doi.org/10.3201/eid0910.020493.
• **Agricultural livelihoods:** Many low-income countries, including in Africa, remain primarily agricultural. Small-holder farmers in particular should be able (and even encouraged) to continue farming while still following social distancing guidelines.

• **Institutions:** Weaker central government institutions may hinder the credibility, efficiency, and implementation of social distancing policies. Local institutions may be stronger and can provide tailored support.

**RECOMMENDATION 5: PRIORITISE STRATEGIC COMMUNICATION WITH THE PUBLIC**

**5A. IDENTIFY TRUSTED LEADERS**

In addition to mirroring the behaviours they expect from citizens, government officials should identify and partner with trusted leaders, public figures, and traditional institutions to disseminate key messages. Once trusted leaders are identified, governments can collaborate with these partners to craft, test, and disseminate messages as well as dispel rumours or misinformation.

- Leaders should mirror the behaviours they expect of their citizens, e.g. respect social distancing during press conferences and other gatherings. In countries where leaders haven’t role modelled social distancing, people are hesitant to follow guidelines or fail to grasp the severity of the situation.

- Governments can partner with trusted traditional leaders and respected figures including traditional chiefs, religious leaders, local public figures, famous artists, singers and nationally acclaimed athletes to spread messages. The public is more likely to comply with recommendations from sources they trust. For example, a study on Ebola response in Liberia found that those with lower trust in government (even when equally knowledgeable about transmission and symptoms) were less likely to comply with Ebola prevention measures. Those who experienced hardships such as job loss were also less likely to trust the government, and therefore less likely to comply.

- If enforcement is done by police or security forces, it’s important to make sure they build and maintain trust with the public. The main goal of enforcement should be educating the public, not repressing them. Repression destroys trust and will likely lead the population to follow the guidance less in the future.

**5B. PACKAGE AND DISSEMINATE MESSAGES IN DIFFERENT LANGUAGES AND ACROSS VARIOUS PLATFORMS**

- Messages should be clearly communicated to a diverse public, including those who are illiterate or speak minority languages. Ensure messages are widely understood across different groups. During the Ebola outbreak, some communications materials weren’t available in local languages, which hindered effective public health messaging.

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● **Test messages before scaling them up:** Test and refine messaging. A misinterpreted message can erode trust, create confusion, and waste resources. Because messages must be crafted in different languages, or with pictograms, test these messages to make sure that their target audiences clearly understand them. Testing their effectiveness, even with a small sample, before scaling can help ensure they work.

● **Keep messages straightforward:** Based on insights from behavioural science, messages need to be straightforward, with explicit instructions for how people should change their behaviours. They should emphasize the consequences of failing to follow instructions. All messaging should be clear and concise.

● **Keep messages consistent, but use multiple channels of communication:** Use radio at a set hour, SMS (pushed by Telecom companies), and apps like WhatsApp to send updates and messages (including vocal messages). During the Ebola outbreak NGOs, CSOs, and youth groups went door-to-door and person-to-person to share awareness campaigns. This will be more challenging given how COVID-19 spreads, but sending voice messages, putting up posters, or otherwise creatively tailoring messages to communities and individuals can be an effective approach.

● **Use thoughtful messaging to reduce stigma:** Negative associations about those diagnosed with COVID-19 could lead to stereotypes and discrimination. Social stigma can also discourage people from practicing social distancing, getting tested, self-isolating, and communicating their status to others, which will lead to further spread of the virus. Words matter, and the WHO has already published some guidelines on how to communicate about COVID-19 without creating stigma.

5C. **COLLABORATE WITH ORGANISATIONS TO ALIGN ON PRACTICES AND BUILD COLLECTIVE SUPPORT**

Government can’t do it alone and need to collaborate with other organisations and entities that have reach and access, especially to remote regions.

● **Reach out and partner with others (including public entities)** with the human capabilities and knowledge of particular communities, that can help with a coordinated outreach effort. These partners may include those with broad distribution networks or close community ties like international and local NGOs, religious groups and institutions (i.e., Zakat), youth groups, women’s groups, microfinance groups, or postmen (if your country has at-home post-delivery) as well as utility companies (water, power) that may have access to hard-to-reach areas.

● **Set up a coordination structure** to ensure an entire territory is covered adequately. A solid coordination structure will also be a powerful tool for governments to receive feedback on how implementation is going, understand emerging needs from the population, and brainstorm about solutions moving forward.

● **Create distribution networks:** In West Africa, youth mobilization was key to community responses to Ebola. In the case of COVID-19, NGOs could also deliver essential services like shelf-stable food and hygiene products to more vulnerable neighbours, making social distancing

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possible. Out-of-school or unemployed youth may be interested in supporting their communities during COVID-19.52

5D. MONITOR THE EFFECT OF PREVENTATIVE MEASURES

Independent of the measures taken, governments will need to continuously monitor how these policies impact the public’s mobility. This can be done by analysing anonymized mobile phone data or surveying.53 Data captured from monitoring the effects of these measures can inform evolving policy decisions as the crisis unfolds.

RECOMMENDATION 6: CONSIDER MEASURES TO LIMIT LONG-TERM NEGATIVE IMPACTS OF SOCIAL DISTANCING

Social distancing can have deep, long-term ramifications. While some policies, like banning sports and cultural events, may not have any economic impact on the government, certain forms of prolonged social distancing require real economic and social compromises.54 The United Nations recommends governments carefully consider the effects these measures will have on people and communities, and adapting them to reduce negative consequences.55 If potential negative impacts are addressed early on, governments can increase the chances of widespread compliance, which is necessary for social distancing to work.56

- Cash transfers can effectively support people during a crisis, or in this case, a period of prolonged social distancing. (See more details in IDinsight’s related brief on cash transfers here.) Countries with pre-existing social protection schemes can leverage these structures to provide compensation for economic hardships that arise as a result of COVID-19. For others, it might be more practical to set up a limited program for the most vulnerable using geographic targeting.57 In South Africa, a coalition of ten organizations representing workers in the informal economy is currently lobbying the government for a “Living Cash Grant” for informal workers.58
- Because so many governments have already made the decision to close down schools, students should be engaged, both mentally and socially, through remote education or other means.59

CONCLUSION

As African countries prepare their response efforts, it’s in their best interest to enact social distancing measures now, even if it is unclear how COVID-19 will impact their communities.

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54 We didn’t discuss lock-down in this document because evidence is mixed on efficiency. For governments considering a lock-down, consider potential negative consequences (economic and others), taking the time to weigh these carefully against expected gains. If you still want to go ahead, lock-down needs to be adapted to your specific context.
56 Dahab et al., “COVID-19 Control in Low-Income Settings and Displaced Populations.”
59 Two upcoming briefs from IDinsight will explore these policy implications.
Policymakers must assess their constraints and challenges to develop effective preventative policies taking the below into consideration:

1. **Effective social distancing in African countries requires creativity and adaptation to local context, which could vary dramatically across regions.** Using practices from wealthier countries combating the virus can help to inform response efforts, but will need to be amended and adjusted for local needs.

2. **There are actions government actors can take now to protect their people and their economy.** They can put in place social-distancing guidelines and parameters for businesses, communities, and within households. In addition, they can set up effective communications channels to quickly disseminate messages and updates.

3. **Plan for effective mitigation.** Plan to protect vulnerable communities and anticipate both public health and economic needs in the short and projected long-term.

*This evidence-based policy brief should be considered a working and living document. We welcome your comments, feedback, examples and reflections. Email us at cassandre.pignon@idinsight.org.*

**ABOUT IDINSIGHT**

IDinsight is a global advisory, data analytics, and research organization that helps development leaders maximize their social impact. We tailor a wide range of data and evidence tools, including randomized evaluations and machine learning, to help decision-makers design effective programs and rigorously test what works to support communities. We work with governments, multilaterals, foundations, and innovative non-profit organizations in Asia and Africa. We work across a wide range of sectors, including agriculture, education, health, governance, sanitation, and financial inclusion. We have offices in Dakar, Johannesburg, Lusaka, Manila, Nairobi, New Delhi, San Francisco, and Washington DC.

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