

Africa Centres for Disease Control and Prevention

Guidance on EASING LOCKDOWN

Considerations for easing public health and social measures including lockdown in African Union Member States





Key Messages

- ✓ Public health and social measures (PHSM) are **critical for SLOWING COVID-19 transmission**
- ✓ Sustained PHSM **can be detrimental** to routine medical and public health services, social and mental health, and the economy
- ✓ Restrictions should be **eased slowly** in a stepwise approach and **monitored continuously**
- ✓ Easing restrictions **may result in** additional transmission and **new cases – systems should be in place to respond effectively to the increased burden on the healthcare system**
- ✓ Easing strategies need to be **adapted to the local context, protect vulnerable groups and engage local communities**
- ✓ COVID-19 is likely to be here long-term and **social behavioural change will need to be sustained**





Background

In response to the first cases of coronavirus disease 2019 (COVID-19) reported on the continent, many African Union Member States implemented large-scale public health and social measures (PHSM) rapidly. These measures were aimed at reducing transmission and the number of new cases being reported, protecting the most vulnerable populations, and allowing time for countries to ramp up critical healthcare and diagnostic services. While these quick actions bought time for Member States, the negative socio-economic impacts are being felt widely, and countries are now exploring how best to ease these measures back while still managing the outbreak.

Public health and social measures (PHSM)¹ include:



Individual physical distancing: personal protective measures such as use of non-contact greetings, maintaining at least one metre distance from others, hand and respiratory hygiene, use of face masks, isolation of cases, and quarantine of contacts.



Community physical distancing: applies to a community as a whole and includes movement restrictions, shielding the medically vulnerable, stay-at-home orders, closure of schools and businesses, geographical area quarantine, restriction on community events and mass gatherings, and domestic and international travel restrictions. Sometimes referred to as “curfews”, “lockdown” or “shutdown” measures.

¹ Africa CDC Guidance on Community Physical Distancing during COVID-19 Pandemic: <https://africacdc.org/download/guidance-on-community-social-distancing-during-covid-19-outbreak/>



Challenges to implementing PHSM in Africa

Widespread distancing measures may not always be feasible, particularly in settings like informal settlements or other crowded urban environments, and/or may cause more harm than benefits through indirect effects on access to healthcare and on livelihoods.

Where access to WASH infrastructure is limited, maintaining appropriate hygiene is likely to be a greater challenge. Where household composition is large and multi-generational, isolating the sick or quarantining contacts risks requiring individuals to adhere to policies that are not locally feasible. Similarly, where livelihoods are dependent on the informal sector and therefore do not entail access to formal relief measures provided by employers or the state, adhering to PHSM is likely to be harder.

Public support for wide-ranging control measures may also be weaker under these conditions, increasing the risks of insecurity and violence in response to measures. These harms are likely to disproportionately affect the poorest and most vulnerable, and therefore to exacerbate existing inequities.

Strategies combining self-isolation, moderate physical distancing and shielding will probably achieve substantial reductions in mortality in African Union Member States. Temporary lockdowns, where socioeconomically acceptable, can help gain crucial time for planning and expanding healthcare system capacity ².

Given the likely duration of this epidemic, it is important to plan for easing measures in ways that allow the trajectory of the virus to be controlled.

² Response strategies for COVID-19 epidemics in African settings: a mathematical modelling study <https://www.medrxiv.org/content/10.1101/2020.04.27.20081711v1.full.pdf> [not yet peer reviewed]

This document outlines the implications of sustained PHSM, including lockdowns, and aims to provide a framework for easing such measures while ensuring COVID-19 case numbers remain under control. It is aimed at policy makers and public health agencies in African Union Member States.

Impact of Sustained PHSM

Rapid implementation of large-scale PHSM actions, such as lockdown, by many Member States bought time to plan and prepare health services, as well as establish and/or expand testing capacity. But there are wider consequences of these actions. Three main areas impacted by sustained lockdowns are the (1) medical and public health sectors, (2) social and mental health, (3) and the economy:

1. Medical and Public Health Sectors

The delivery of routine medical and public health services has been severely interrupted in many countries because of COVID-19. The reasons for these disruptions are multiple but include population reluctance to seek services because of fear of getting COVID-19, mandatory stay-at-home orders, healthcare systems overburdened by caring for COVID-19 patients, fear of healthcare workers, and diversion of human and other resources from routine services to deal with COVID-19. The disruptions include:

- Reduced attendance at healthcare facilities for non-COVID 19 related conditions;
- Disrupted public healthcare services such as immunisations, increasing the potential for large outbreaks of vaccine preventable diseases such as measles;

- Reduced access to diagnosis and treatment for chronic diseases (e.g. diabetes, high blood pressure and infectious diseases such as TB and HIV);
- Interrupted malaria prevention programs, including bed net distribution;
- Reduced access to antenatal care and delivery in healthcare facilities;
- Disrupted family planning services.

Modelling studies suggest that the disruption of these critical public health services is likely to result in higher overall mortality than that directly attributable to COVID-19 infection – similar to what occurred during the Ebola outbreak in West Africa.³ While the negative impact of these disruptions may be mitigated in part by catch-up activities after the crisis has passed, for some services such as antenatal care this is not possible.

2. Social and Mental Health

The social and mental health impacts of prolonged closure and stay-at-home orders are significant. Social isolation, loss of wages, disruption of routine related to the pandemic and mitigation efforts have exacerbated mental health disorders including anxiety and depression. This has also resulted in an increase in domestic and gender-based violence. The disruption of education for children will likely have a long-term impact on the future of society, particularly the already disadvantaged who do not have access to online learning.

³ Roberton, et al. Early estimates of the indirect effects of the COVID-19 pandemic on maternal and child mortality in low-income and middle-income countries: a modelling study. *Lancet* 2020. Published online: [https://doi.org/10.1016/S2214-109X\(20\)30229-1](https://doi.org/10.1016/S2214-109X(20)30229-1)

3. Economic

Economic disruption associated with the pandemic and related mitigation measures has exacerbated pre-existing wealth disparities on the continent. Day laborers and people working in the informal economy do not have jobs that allow them to work from home or the resources to remain without income for extended periods of time.

A conservative forecast by the International Monetary Fund⁴ predicts an increase in extreme poverty this year of 84 to 132 million people, with 40–50% of the increase in Africa. The choice between protecting livelihood and protecting life is a false one for people living at poverty level; loss of income itself will result in an increase in mortality due to deterioration in nutritional status and diminished access to care and other necessities. The global economic impact will likely be long-lasting.



Easing of Restrictions

In view of the risks of sustained restrictive measures, many countries are exploring how these can be eased while maintaining a sustainable response and controlling the transmission of COVID-19. Before easing restrictions, a risk assessment should be done to consider the likely impacts of lifting PHSM on transmission and epidemic control, and how to mitigate these. The risk assessments particularly need to balance the negative health, social, and economic consequences of retaining measures, which may be considerable, with the risk associated with increases in the number of cases of COVID-19.

⁴ IMF online blog: https://public.tableau.com/profile/laborde6680#!vizhome/IFPRI_Blog_Coronavirus_LMV_032020/MainStory

Risk assessment

A staged approach will be needed so as not to trigger an unmanageable resurgence of COVID-19 cases and further jeopardize the health of the population. The first stage will focus on resuming services that are most critical to health and society, and which can be carried out with policies in place to minimize the risk of transmission. Rollback will begin with the restrictions that have the most severe negative consequences on health and society. Until effective pharmaceutical interventions (e.g. therapies and vaccines) are available, countries may need to continue to loosen or reinstate measures throughout the pandemic.

Even a gradual rollback of PHSM may well lead to an increase in new COVID-19 cases. The key is to be vigilant and ready to respond if cases reach levels unmanageable for healthcare services. Most experts anticipate waves of COVID-19 transmission, so policy makers will need to be nimble in adapting PHSM. Constant monitoring and a readiness to adjust and reintroduce new measures will be required.

What should be in place

A capacity for widespread testing and the ability to rapidly detect a resurgence of cases, to identify, isolate and care for those infected, and trace contacts should be in place before any easing of restrictions. A healthcare system able to absorb an extra patient load is also important.

Africa CDC's Partnership to Accelerate COVID-19 Testing (PACT) Initiative⁵ aims to increase continental case finding, testing and isolation/treatment efforts to reduce COVID-19 transmission in Africa. This initiative should be leveraged by Member States to ensure these capacities are in place prior to lifting PHSM.

⁵ Africa CDC – ref 1-pager

Questions to consider before easing restrictions

WHO advises asking three main questions before starting to consider how to ease restrictions⁶:

1. Is the epidemic controlled?
2. Is the healthcare system able to cope with a resurgence of COVID-19 cases that may arise after adapting some measures?
3. Is the public health surveillance system able to detect and manage the cases and their contacts, and identify a resurgence of cases?

It also includes six conditions for moving to ease restrictions. Countries must ensure that:

1. Evidence shows COVID-19 transmission is controlled.
2. Public health workforce and healthcare system capacities are in place to identify, isolate, test, trace contacts and quarantine them, and systems in place that can provide additional data for monitoring COVID-19 transmission and detect outbreaks.
3. Outbreak risks are minimized in high-vulnerability settings, particularly in homes for older people, mental health facilities and crowded places of residence.
4. Workplace preventive measures are established, including physical distancing, handwashing facilities and respiratory etiquette.
5. Importation risks can be managed.
6. Communities have a voice and are aware, engaged and participating in the transition.

African Union Member States should consider the above questions and conditions and ensure that appropriate systems are in place for managing a potential increase in cases before easing is considered.

⁶ <https://www.who.int/publications-detail/considerations-in-adjusting-public-health-and-social-measures-in-the-context-of-covid-19-interim-guidance>

WHO has also published criteria grouped into three domains to evaluate the three questions. However, **many of these quantitative criteria are more appropriate for countries now seeing decreasing transmission due to PHSM after an initial exponential increase in cases**, and so may not be applicable to the epidemiological situation in, or achievable by, many African Union Member States. Strict adherence to such criteria may also not account for contextual factors. Different economic and social pressures may affect the sustainability of and adherence to PHSM and change the risk/benefit balance.

If Member States feel that their data systems can support a meaningful assessment of quantitative criteria, then the WHO criteria may be used.⁷



Steps in Easing Lockdown

Lifting of PHSM should start by removing those measures that have the greatest local impact first, then gradually extending this removal to broader geographic areas, considering the national epidemiology and priorities. This will allow for tailored actions and swift redeployment of measures if the number of new cases starts to overwhelm local systems. **At minimum, two weeks should be left after lifting any lockdown measures to assess the effect on transmission, before proceeding to remove further measures.**

Easing restrictions should be tailored to physical, social, cultural, political and economic contexts, and to specific groups and workplaces where solutions can be created that are proportionate to risk. If physical distancing cannot be achieved in a situation or venue, then easing of restrictions should be reconsidered.

⁷ Public health criteria to adjust public health and social measures in the context of COVID-19, WHO <https://www.who.int/publications-detail/public-health-criteria-to-adjust-public-health-and-social-measures-in-the-context-of-covid-19>

A national multisectoral COVID-19 task force should develop a detailed plan for easing PHSM based on which measures are having the greatest impact on epidemiological, economic and social conditions and the national priorities. It should determine the rate at which change should be implemented. Some countries have done this through developing a detailed alert system.⁸ The steps below provide a framework for easing PHSM considering the priority of the activity and the ability to make it safe.

⁸ Resolve to Save Lives: Staying Alert: Navigating COVID-19 Risk Toward a New Normal, May 2020. <https://preventepidemics.org/covid19/resources/levels/>

Step

1

During this step, there is gradual easing of PHSM based on the greatest priorities and on reinstating or maintaining essential services while minimising the risk of transmission. Priorities will have been determined by the national COVID-19 task force, along with the timescale for easing.

Step

2

This step would be considered if the three WHO questions for easing actions have not been adversely affected during step 1. It aims to further ease those restrictions having most impact, while ensuring conditions in box 1 are maintained.

Step

3

If the measures in step 2 do not result in an unmanageable increase in cases, then further actions towards restoring normal activities can be introduced whilst ensuring that measures remain in place to minimize transmission and protect the most vulnerable (box 1).

Box 1: During ALL Steps:

- Maintain focus on protecting those most vulnerable to severe disease**
- Suspect cases must be rapidly detected and tested**
- Cases must be quickly isolated to decrease exposure**
- Physical distancing, hand and respiratory hygiene measures must be maintained**
- Working from home should continue wherever possible**
- Non-medical masks should be worn where physical distancing cannot be maintained**
- Adequate treatment should be available to minimize deaths**
- Transparent, clear and timely communication with citizens must be ensured, including correction of misinformation**

Table 1. Steps for Easing the Lockdown by Sector

Step	Economic	Travel	Community	Healthcare and Social Services
1	<ul style="list-style-type: none"> Economic activity should be phased in starting with essential sectors and where authorities and businesses can adequately ensure that physical distancing can be applied. Essential retail settings only can open; not public markets. 	<ul style="list-style-type: none"> Any mitigation measures are reviewed as to their effectiveness and adjusted accordingly based on the expansion of the pandemic. A phased approach to opening internal and/or external borders to allow for the flow of essential workers and goods-based on transmission control in neighbouring regions or countries. Personal travel should be allowed for essential reasons only. 	<ul style="list-style-type: none"> Social gatherings should be limited to 10 at most, including specific family occasions and funerals. Limit the time, closeness and number of contacts to the minimum. Schools, colleges, universities should remain closed, with online teaching encouraged where feasible. 	<ul style="list-style-type: none"> Non-COVID-19 essential healthcare services should be re-instated/maintained including antenatal care, vaccination, HIV/TB and malaria programs. Community services (e.g. provision of food supplies, care to vulnerable groups) should continue.
2	<ul style="list-style-type: none"> Expansion into nationally-determined priority business sectors. Retail outlets for basic commodities including public markets can open under strict physical distancing but measures for controlling overcrowding should be in place, as well as consideration for moving markets to open-air settings 	<ul style="list-style-type: none"> International borders gradually re-open for trade and travel with PHSM measures in place to limit possible importation of cases from neighbouring areas (e.g. entry screening, entry quarantine). Non-essential or personal travel allowed domestically. 	<ul style="list-style-type: none"> Larger social gatherings permitted (up to 50) within the locality, including family gatherings and funerals. Larger venues (e.g. places of worship, restaurants, cinemas, sporting venues) can operate following the necessary physical distancing measures. Bars should remain closed. Nationally defined priority years of schools /colleges can resume classes (e.g. examination years) 	<ul style="list-style-type: none"> Non-COVID-19 healthcare services expanded to non-emergency services such as elective surgeries. Other community services gradually re-instated, however community building activities, such as sports programmes and engagements should be limited (e.g. no spectators) distancing measures are applied.
3	<ul style="list-style-type: none"> All business and trade sectors fully operational. All retail outlets open. 	<ul style="list-style-type: none"> Free trade and travel. 	<ul style="list-style-type: none"> No limit on social gatherings. Larger venues including bars open. Mass gatherings allowed. All schools, colleges, universities open. 	<ul style="list-style-type: none"> Normal healthcare services resumed – with catch up as necessary. Routine community services resumed

Monitoring Effects of Easing

It is important to continuously monitor the impact of lifting each restriction, leaving a gap of 2–4 weeks between each step to be able to observe any effects on transmission or on the health care system. Any risk assessments should be updated before proceeding further.

Monitoring effects and decisions to reinstate PHSM should consider the same three key questions (above): (1) is the epidemic controlled; (2) can the healthcare system cope; and (3) is the public health surveillance system able to detect and manage cases?⁹ Monitoring should consider both the overall picture and the effects on vulnerable groups, and take into account public acceptability and compliance with precautions¹⁰.

Longer Term Behavioural Changes

The virus is likely to be in circulation for a long time. Long term, individual PHSM should be retained as far as possible, with risk communications and community engagement activities focusing on preventive measures such as using non-contact greetings, hand and respiratory hygiene, maintaining at least 1-metre distance from those of different households, and remaining home when ill. A critical component of community engagement for these activities will be for Member States to provide appropriate support and materials for community members to maintain these behaviours, through the provision of hygiene materials, improvements to WASH infrastructure where necessary, and by strengthening healthcare service capacity to support appropriate healthcare seeking behaviours. Supporting these behaviours will have long term benefits for the prevention of disease more generally, not just for COVID-19.

⁹ Public health criteria to adjust public health and social measures in the context of COVID-19, WHO <https://www.who.int/publications-detail/public-health-criteria-to-adjust-public-health-and-social-measures-in-the-context-of-covid-19>

¹⁰ PERC <https://preventepidemics.org/covid19/perc/>

African Union Member States seeking to ease PHSM to mitigate the harm that these measures may be causing to communities, healthcare services, and economic life can use this document to help guide the process. Regardless of the approach taken, it is likely that **new cases will arise** when measures are lifted within Member States – the important point is to **ensure** that appropriate **systems are in place to manage** any increase.

Resources

- Resolve to Save Lives: Staying Alert: Navigating COVID-19 Risk Toward a New Normal, May 2020. <https://preventepidemics.org/covid19/resources/levels/>
- UNECA: COVID-19: Lockdown exit strategies for Africa: <https://www.uneca.org/publications/covid-19-lockdown-exit-strategies-africa>
- WHO: Public health criteria to adjust public health and social measures in the context of COVID-19. <https://www.who.int/publications-detail/public-health-criteria-to-adjust-public-health-and-social-measures-in-the-context-of-covid-19>





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