

COVID-19 PANDEMIC RESPONSE HIGH LEVEL MEETING OF MINISTERS OF HEALTH

DOCUMENT 1
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AN OVERVIEW OF CURRENT SOCIAL DISTANCING MEASURES AND REQUIRED EVIDENCE FOR DETERMINING OPTIMAL TIME FOR RELAXING SUCH MEASURES

BACKGROUND/INTRODUCTION

1. Non-pharmaceutical measures include personal protective measures, environmental measures, social distancing measures, and international traffic-related measures. While the adoption of such measures has been historically embedded in preparedness plans to respond to pandemic influenza, they are currently being implemented worldwide in response to the spread of COVID-19. The considerations presented in this document refers to social distancing measures, and international traffic-related measures, which are strictly intertwined.
2. The public health rationale warranting the adoption of social distancing measures lies in minimizing the opportunity for exposure to individuals infected with SARS-CoV-2 virus, causing COVID-19, hence decreasing the number of cases, including deaths; decreasing the burden on health services, so that their capacity is not exceeded and an even larger health crisis is averted; and, by flattening the epidemic curve, buying time for specific pharmaceutical measures to become available (e.g., specific efficacious treatment of COVID-19, vaccine).
3. The public health rationale warranting the adoption of international traffic-related measures lies in limiting, or avoiding, the introduction of new additional cases of COVID-19, which might increase the burden on the already limited health services capacities (human resources, health technologies, physical infrastructures) in the Region of the Americas.

SITUATION ANALYSIS/CURRENT KNOWLEDGE

4. Notwithstanding the persisting uncertainties related to the route of transmission of SARS-CoV-2; the role of asymptomatic and pre-symptomatic infected individuals in driving the COVID-19 pandemic; as well as shortages of molecular diagnostic resources, the evidence regarding the effectiveness of social distancing and international traffic-related measures as interventions to control pandemic influenza is consolidated in the WHO document Non-pharmaceutical public

health measures for mitigating the risk and impact of epidemic and pandemic influenza,¹ and, by inference, it is being extended to COVID-19 control interventions.

5. Starting on 30 January 2020, when the Director-General of WHO determined COVID-19 as a Public Health Emergency of International Concern (PHEIC), countries in the Region of the Americas initially implemented measures aiming at restricting the entry of international travelers originating from specific countries experiencing COVID-19 transmission. Coinciding with the spread of COVID-19 to Europe at the end of February 2020, and, subsequently, with the declaration of the pandemic associated with COVID-19 by the Director-General of WHO on 11 March 2020, these measures have both, progressively become more restrictive and have been adopted by an increasing number of countries. As of 10 April 2020, of the 35 countries in the Americas, all but two are implementing measures drastically limiting the flow of incoming international travelers and conveyances, or completely prohibiting the incoming and outgoing flow. Generally, international travelers and conveyances on missions with the following purposes are exempted from the above-mentioned measures – humanitarian (e.g., repatriation, medical evacuation, transport of supplies for the response), national security, maintenance of essential services.
6. Social distancing measures apply to individuals (e.g. isolation of cases and quarantine of contacts), or to the community (to specific segments of the population [e.g., home confinement for the elderly]), or to the population as whole (e.g., home confinement and closure of all non-essential businesses). These measures are not mutually exclusive. Coinciding with the declaration of the COVID-19 pandemic on 11 March 2020, community-wide measures have been adopted by an increasing number of countries. As of 10 April 2020, of the 35 countries in the America, all but one (Nicaragua) are implementing measures drastically restricting the movement of the population, and involving the cancellation of routine and major mass gatherings, closure of businesses, closure of schools, and home confinement. Notwithstanding that most of the countries which have adopted community-wide measures have initially envisaged their time-limited duration, thanks to whole of government efforts, virtually all countries currently implementing community-wide measures have promulgated legal tools allowing for the provision of financial and fiscal protection to specific segments of the population; for the meeting of essential needs (e.g., food distribution schemes, maintenance of supermarkets in operations); as well as for the maintenance of essential services.
7. In the context of an unprecedented event such as the COVID-19 pandemic, at present, the effectiveness of stringent social distancing and international traffic-related measures in decreasing the rate of spread of SARS-CoV-2, and related mortality, is inferred from empiric observations of their application in countries experiencing different transmission scenarios (e.g., Australia, China, Germany, Italy, New Zealand, and Spain). Such observations are consistent with and corroborated by mathematical models.

¹ Non-pharmaceutical public health measures for mitigating the risk and impact of epidemic and pandemic influenza, WHO, 2019, <https://apps.who.int/iris/bitstream/handle/10665/329438/9789241516839-eng.pdf?ua=1>. (Accessed 10 April 2020).

CONCLUSION/RECOMMENDATIONS

8. Until (i) critical parameters concerning the dynamic of the transmission of SARS-CoV-2 (e.g., route of transmission) and its natural clinical history (e.g., role of SARS-COV-2 specific antibodies in protecting against re-infection) are fully elucidated; (ii) a safe and effective treatment becomes available and it is widely accessible; and, most importantly, (iii) a safe and effective vaccine becomes widely available (at least 12 months); it is unlikely that community-wide social distancing and international traffic-related measures can be completely discontinued.
9. Except for a limited number of countries in North America, Central America and South America,² where in some areas the current rate of COVID-19 spread is high, the remaining countries in the Americas, thanks to a timely implementation of community-wide social distancing measures as the pandemic was burgeoning, are experiencing transmission scenarios allowing health services to operate within their capacity. Therefore, maintaining the current level of transmission, and possibly further curbing it, should represent the overall objective of current national response efforts.
10. However, the actual or potential catastrophic socioeconomic impact, determined by the adoption of stringent social distancing and international traffic related measures, is translating into a mounting pressure on national leaders to call for a transition to less stringent measures which would allow the economy to regain some momentum without precipitating a dramatic evolution of the pandemic, and, *de facto*, nullifying efforts and sacrifices incurred so far. Mindful of that, the Pan American Sanitary Bureau is working with the WHO Secretariat to finalize a logical framework to assist national authorities in these considerations.
11. Any decision-making process at a national or subnational level, in larger countries, concerning the timing of transitioning to less stringent community-wide social distancing measures, should be undertaken with extreme caution and be based on reiterative in-depth analysis of epidemiological data, health service data, level of community engagement. The following more practical considerations should be factored in:
 - a) Any transition must be gradual, prioritized, and planned for (e.g. staggered mobility of productive segments of the population such as by car plates number; staggered opening of businesses by typology; and encouraging social distancing measures, hygiene of surfaces and other measures adapted to each sector opening of schools by grade; etc.). Ideally each step should be taken 14 days apart.
 - b) Public health and health services capacities must be in place to detect, including through decentralized laboratory testing, and to contain new COVID-19 cases (isolation of cases, and identification and quarantine of their contacts for 14 days).

² Please refer to Interactive Map on PAHO COVID-19 webpage <https://www.paho.org/en/topics/coronavirus-infections/coronavirus-disease-covid-19>.

- c) Infection prevention and control measures should be applied – enforced if feasible – in settings that might constitute amplifiers of COVID-19 transmission (e.g., health care facilities, nursing homes, educational institutions, prisons, etc.).
- d) While points of entry should remain operational to ensure the traffic of essential goods in the context of the global supplies chain, as well as to guarantee essential traffic related to the response to the COVID-19 pandemic, and humanitarian operations, the re-establishment of non-essential traffic should be carefully weighed against the capacity of the country to manage imported COVID-19 cases and to quarantine incoming travelers.
- e) There should be capacity to communicate the reasons for, the modalities, and the practical implications of any transition to the population.
- f) There should be capacity to immediately re-institute the nation-wide implementation of stringent, community-wide social distancing measures.

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