

# Equity Lens Protocol: Systematically Reflecting on Harms and Mitigation Activities Related to the COVID-19 Response<sup>1</sup>

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## INTRODUCTION/ORIENTATION:

**The Problem:** Although necessary to control the pandemic, the public health response to COVID-19 has had undesired consequences; especially for vulnerable populations (e.g., those of low-income, racial/ethnic minorities, women). For instance, public health measures, such as home confinement and school and workforce closures, had adverse effects including overcrowded housing and lack of income.

With attention to equity, some public health systems have implemented mitigation strategies, targeted policies and programs, to minimize adverse effects for vulnerable populations.

Yet, challenged in responding to demands of the pandemic, few public health systems have been able to systematically reflect on potential harms and mitigation strategies to help assure a more equitable response to this public health emergency.

**Approach:** This protocol or guide uses a participatory approach to engage stakeholders—those with direct experience and responsibility—in systematically reflecting on potential harms of COVID-19 response activities and mitigation strategies implemented to minimize harms.

The protocol enables an equity lens by offering questions, and illustrative lists of potential harms and mitigation strategies from PAHO Guidance, to support systematic reflection, dialogue, and collaborative planning. Intended participants include those with knowledge and experience with the COVID-19 response, especially as it affects vulnerable populations. This protocol can be implemented at different levels, including at the local/municipality or broader level (e.g., state, province, country).

**Purpose:** The primary aims of this systematic reflection process are: 1) To better understand potential harms of COVID-19 response activities, especially for vulnerable populations; 2) To help document and communicate mitigation strategies/activities implemented to minimize harms; and 3) To reflect on what was learned and implications for practice.

<sup>1</sup>**Footnote:** This protocol is based on a PAHO Guidance document for an equitable response to COVID-19 prepared by the Pan American Health Organization (Dr. Orielle Solar-Hormazabel, lead author): Pan American Health Organization (2020). *Guidance for implementing non-pharmacological public health measures in populations in situations of vulnerability in the context of COVID-19*. Regional Team, Health Promotion and Social Determinants of Health, PAHO/WHO Regional Office, Pan American Health Organization, Washington, DC.

## **A. CONTEXT of the COVID-19 RESPONSE EFFORT**

We invite you to reflect on the context, individually and in dialogue with partners.

**Please describe the context or situation of the COVID-19 response to be reflected upon.**

For this section, please include:

1. Name of the place (city/municipality/county, state/province, country) in which the COVID-19 response occurred:
2. Description of the place/territory (i.e., population size, demographics, etc.):
3. Groups in a vulnerable situation to which mitigation efforts are focused (e.g., those experiencing inequities associated with social class, race/ethnicity, gender, income level, disability, and/or place):
4. Objectives of the mitigation, or harm reduction, effort:
5. Partners, structures, and factors enabling or making easier the mitigation effort:
6. Barriers, challenges, and factors impeding or making difficult the mitigation effort:
7. Other aspects of the context:

## **B. BRIEF DESCRIPTION OF PRIMARY COVID-19 RESPONSE ACTIVITIES IMPLEMENTED IN YOUR CONTEXT**

[Ideally, before the meeting/dialogue, please review and reflect on primary activities]

Please prepare a brief description of primary response activities implemented; by each type of response activity.

- 1) Individual quarantine of cases and contacts:
- 2) Home confinement:
- 3) School closure:

- 4) Workplace closure:
- 5) Public transit restrictions:
- 6) Congregate settings (e.g., nursing homes, shelters, prisons):
- 7) Limitations on gatherings and mass events:
- 8) Handwashing with soap and water:
- 9) Mask-wearing mandates:
- 10) Testing for COVID-19:
- 11) Vaccine distribution:

[OPTIONAL: To more fully document primary COVID-19 response activities implemented, consider providing a brief name or title for each primary response activity implemented; and include requested information in a 2-3 sentence entry (i.e., WHAT was done; BY WHOM; To address WHAT GOAL; WHEN done (month/year; when begun, when ended); WHERE was this done; WITH WHOM was this done.)]

### **C. DESCRIPTION OF HARMS EXPERIENCED BY VULNERABLE POPULATIONS IN YOUR CONTEXT**

[In advance of the group meeting/dialogue: **Please review some potential harms of COVID response measures, especially for vulnerable populations (see Table 1 below). In the second column, check all that may apply in your context, and be prepared to describe specific harms in Table 1 below.**]

When different COVID-19 response activities (e.g., home quarantine, school closure) are implemented, there are potential harms or adverse effects; especially for vulnerable populations.

Using Table 1 below (adapted from the PAHO Guidance document), please check off and describe the **specific harms or adverse effects** (e.g., lack of housing, lack of income) noted for each general type of harm (e.g., material living; income and employment).

Focus on those harms experienced by vulnerable populations in your context; adding others as appropriate, and ignoring those not relevant to your situation. Be specific.

**REFLECTION/DIALOGUE:** *What specific harms were experienced, especially by vulnerable populations, related to each aspect of living (e.g., material living, income and employment)?*

**Table 1: Specific harms experienced by vulnerable populations, by general type of harm.**

<b>GENERAL TYPE OF HARM</b>	<b>SPECIFIC HARMS EXPERIENCED BY VULNERABLE POPULATIONS</b> <i>(What harms were experienced, especially by vulnerable populations? Be specific.)</i>
<b>1. Material Living</b> [Related to Individual quarantine; Home confinement; Handwashing]	a. ___ Lack of housing: b. ___ Overcrowded housing: c. ___ Limited public areas: d. ___ Absence or irregular water supply: e. ___ Other (be specific):
<b>2. Income and Employment</b> [Related to Home confinement; Public transit restrictions; Limitations on gatherings; Handwashing]	a. ___ Lack of income: b. ___ Lack of unemployment benefits: c. ___ Inability to get to work: d. ___ Other:
<b>3. Social Protection</b> [Related to Individual quarantine; Home confinement; Workplace closure, Mask wearing mandates]	a. ___ Absence of social rights: b. ___ Absence of labor rights: c. ___ Absence or weakness in protections from government: d. ___ Loss or child care: e. ___ Other:
<b>4. Education and learning</b> [Related to School closure, Mask wearing mandates]	a. ___ Changes in school operations and learning: b. ___ Lack of experience and means for distance learning: c. ___ Differences in supports for learning: d. ___ Other:
<b>5. Cultural relevance</b> [Related to Individual quarantine; Home confinement; Congregate settings; Limitations on gatherings; Handwashing, Mask wearing mandates, Vaccine distribution]	a. ___ Clash with ancestral community values, traditions, symbols, beliefs, and behavioral practices: b. ___ Resistance from some faith communities: c. ___ Cultural differences for mask wearing: d. ___ Cultural distrust of vaccines: d. ___ Other:
<b>6. Psychosocial risk and healthy environments</b> [Related to Individual quarantine; Home confinement; School closure; Workplace closure; Congregate settings; Limitations on gatherings; Mask mandates]	a. ___ Social isolation: b. ___ Deterioration in community relations: c. ___ Conditions adverse to healthy behaviors: d. ___ Greater uncertainty: e. ___ Other:

<p><b>7. Gender inequity and burden of care</b> [Related to home confinement; School closure; Workplace closure]</p>	<p>a. <input type="checkbox"/> Caregiver overload: b. <input type="checkbox"/> Overload of housework: c. <input type="checkbox"/> Loss of women’s autonomy: d. <input type="checkbox"/> Other:</p>
<p><b>8. Delivery of basic services and supplies</b> [Related to Home confinement; School closure; Workplace closure; Public transit restrictions; Testing for COVID-19, Vaccine delivery]</p>	<p>a. <input type="checkbox"/> Difficulty or inability to access food vendors or the purveyors of other services: b. <input type="checkbox"/> Difficulty accessing or purchasing medicines: c. <input type="checkbox"/> Difficulty accessing essential protection services for children at risk for violence, persons with disabilities, etc.: d. <input type="checkbox"/> Difficulty accessing personal protective equipment (PPE): e. <input type="checkbox"/> Other:</p>
<p><b>9. Access and continuity of health care</b> [Related to home confinement; Public transit restrictions; Congregate settings]</p>	<p>a. <input type="checkbox"/> Lack of continuity in follow-ups, medical exams, and health care: b. <input type="checkbox"/> Lack of access to health services: c. <input type="checkbox"/> Postponement of consultations and neglect of health needs: d. <input type="checkbox"/> Other:</p>
<p><b>10. Human rights</b> [Related to Individual quarantine; Home confinement; Congregate settings, Mask wearing mandates]</p>	<p>a. <input type="checkbox"/> Rights violation (be specific): b. <input type="checkbox"/> Gender discrimination: c. <input type="checkbox"/> Gender-based violence and violence against children and adolescents: d. <input type="checkbox"/> Other:</p>
<p><b>11. Social participation and intersectoral work</b> [Related to Individual quarantine; Home confinement; School closure; Workplace closure; Public transit restrictions; Congregate settings; Limitations on gatherings; Handwashing, Mask wearing mandates]</p>	<p>a. <input type="checkbox"/> Lack of participation in the adaptation and implementation of measures: b. <input type="checkbox"/> Lack of coordination between sectors and local actors: c. <input type="checkbox"/> Less social support: d. <input type="checkbox"/> Other:</p>
<p><b>12. Communication</b> [Related to Individual quarantine; Home confinement; School closure; Workplace closure; Public transit restrictions; Congregate settings; Limitations on gatherings; Handwashing; Testing for COVID; Vaccine distribution, Mask wearing mandates, Vaccine distribution]</p>	<p>a. <input type="checkbox"/> Lack of access and information for persons with disabilities: b. <input type="checkbox"/> Inability to understand the official language: c. <input type="checkbox"/> Lack or regular and timely access to the media: d. <input type="checkbox"/> Lack of technology fluency: e. <input type="checkbox"/> Discordant messages from different sources: f. <input type="checkbox"/> Misinformation: g. <input type="checkbox"/> Other:</p>

**Source from which this Table adapted:** Pan American Health Organization (2020). *Guidance for implementing non-pharmacological public health measures in populations in situations of vulnerability in the context of COVID-19*. Regional Team, Health Promotion and Social Determinants of Health, PAHO/WHO Regional Office, Pan American Health Organization, Washington, DC.

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## **D. DESCRIPTION OF MITIGATION STRATEGIES IMPLEMENTED TO MINIMIZE IDENTIFIED HARMS EXPERIENCED BY VULNERABLE POPULATIONS**

**[In advance of the group meeting/dialogue: Please review some illustrative mitigation strategies/actions (see Appendix A below). Check all that were implemented in your community/context, and be prepared to describe them in Table 2 below.]**

Public health systems have implemented a variety of mitigation strategies and activities intended to reduce harms or adverse effects experienced by vulnerable populations.

Using Table 2 below, please describe **mitigation strategies and activities** implemented in your context, by type of public health measure (e.g., home confinement, school closure). As you work on each aspect of Table 2, please review examples of potentially relevant mitigation strategies displayed in Appendix A: “Systematic Reflection on Mitigation Strategies to Minimize Adverse Effects with Vulnerable Populations.”

Focus on those mitigation strategies implemented to reduce harms for vulnerable populations in your context; adding others as appropriate, and ignoring those not relevant to your situation. Be specific.

**REFLECTION/DIALOGUE:** *What mitigation strategies were implemented to reduce harms, especially for vulnerable populations? Consider those programs and policies intended to reduce exposures and enhance opportunities, reduce vulnerabilities and enhance capabilities, and increase access.*

**Table 2: Mitigation strategies implemented to reduce potential harms for vulnerable populations, by type of public health measure implemented.**

<b>TYPE OF PUBLIC HEALTH MEASURE IMPLEMENTED</b>	<b>MITIGATION STRATEGIES/ACTIVITIES IMPLEMENTED TO REDUCE HARMS FOR VULNERABLE POPULATIONS</b> <i>(What mitigation strategies were implemented to reduce harms, especially for vulnerable populations? Consider those programs and policies intended to reduce exposures and enhance opportunities, reduce vulnerabilities and enhance capabilities, and increase access. Be specific.)</i>
1. Individual Quarantine of Cases and Contacts (see Appendix A, Part A).	
2. Home Confinement (Part B)	
3. School Closure (Part C)	
4. Closure of Nonessential Workplaces and Businesses (Part D)	
5. Public Transit Restrictions (Part E)	
6. Congregate Settings (e.g., nursing homes, shelters, prisons) (Part F)	
7. Limitations on Gatherings and Mass Events (Part G)	

8. Handwashing with water and soap (Part H)	
9. Mask-Wearing Mandates	
10 Testing for COVID-19	
11. Vaccine Distribution	
12. Risk Communication (Part K).	
13. Social and Community Participation (Part L).	
14. Human Rights (Part M).	
15. Other (be specific)	

[OPTIONAL: To more fully document mitigation activities implemented, consider providing a brief name or title for each mitigation activity implemented; and include requested information in a 2-3 sentence entry (i.e., WHAT was done; BY WHOM; To address WHAT GOAL; WHEN done (month/year; when begun, when ended); WHERE was this done; WITH WHOM was this done.)

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## E. OVERALL REFLECTION AND WHAT WAS LEARNED AND IMPLICATIONS FOR PRACTICE

[In advance of the group meeting/dialogue: **Please review the four questions and be prepared to discuss and offer your ideas.**]

This *Equity Lens Protocol* concludes with four questions to guide overall reflection and dialogue on what was learned and implications for practice.

**REFLECTION/DIALOGUE:** *Using the space below, record your reflections on these four questions: a) What factors impeded or made more difficult an equity response?; b) What factors enabled or made easier an equity response?; c) What are the lessons learned from equity work in this public health response?; and d) What are your recommendations for assuring an equitable public health response?*

1. Factors impeding or making more difficult an equity response:

2. Factors enabling or making easier an equity response:

3. Lessons learned from equity work in this public health response:

4. Recommendations for assuring an equitable public health response:

## **Appendix A: “SYSTEMATIC REFLECTION ON MITIGATION STRATEGIES TO MINIMIZE ADVERSE EFFECTS WITH VULNERABLE POPULATIONS”**

**Source** (from which this Appendix was adapted): Pan American Health Organization (2020). *Guidance for implementing non-pharmacological public health measures in populations in situations of vulnerability in the context of COVID-19*. Regional Team, Health Promotion and Social Determinants of Health, PAHO/WHO Regional Office, Pan American Health Organization, Washington, DC.

Appendix A is designed to support Part D of this protocol, “DESCRIPTION OF MITIGATION STRATEGIES IMPLEMENTED TO MINIMIZE IDENTIFIED HARMS EXPERIENCED BY VULNERABLE POPULATIONS.” It can also be useful in identifying planned (but not yet implemented) mitigation strategies.

Considering the identified harms (those noted in Part C. of this protocol), this Appendix helps address the question:

**What MITIGATION STRATEGIES have been implemented to minimize harms for vulnerable populations?**

(Ideally, in advance of the group meeting) **Please review the recommended mitigation strategies/actions below and check all that were actually implemented in your context to reduce harm for vulnerable populations.**

NOTE: You may also use Appendix A to identify new or planned mitigation strategies that are not yet implemented, noting “planned” in parentheses next to the planned strategy/action.

### **RECOMMENDED MITIGATION STRATEGIES (from PAHO Guidance document):**

**Source** (from which this Appendix was adapted): Pan American Health Organization (2020). *Guidance for implementing non-pharmacological public health measures in populations in situations of vulnerability in the context of COVID-19*. Regional Team, Health Promotion and Social Determinants of Health, PAHO/WHO Regional Office, Pan American Health Organization, Washington, DC. [Note: The numbers in parentheses refer to references in the PAHO Guidance document.]

#### **Using this list below:**

- 1) Please review and check mitigation strategies implemented to be discussed further, adding others as appropriate;**
- 2) (in dialogue) Please describe what was implemented in this context to reduce harms for vulnerable populations:**

#### **A. Individual quarantine of cases and contacts**

**Actions prior to or immediately after implementation of the measure:**

\_\_1. Guarantee a safe distance of one meter between cases and their close contacts, good ventilation in the home, use of masks, and adequate isolation, as well as information and support (103, 104). For people in conditions unsuitable for isolation in the home or who live with high-risk family members, alternative residential facilities should be set up that provide food, water, hygiene products, and other basic articles so that cases and their contacts remain in isolation for the required period (14, 103, 105, 106).

\_\_2. Improve household hygiene and disinfection following the recommendations, and offer alternatives when soap is unavailable (103, 107, 108).

\_\_3. Provide food, water, hygiene and disinfection products, and other basic articles for cases and their contacts during the isolation and quarantine period (103, 109).

\_\_4. Ensure the continuity of treatments and medical exams for people with chronic diseases, especially those whose treatment is critical—for example, oncology services (110). Health checks should also be provided for quarantined cases and their close contacts at home or in alternative residences through home visits or remote consultations (87, 111).

\_\_5. Provide support in indigenous communities through the establishment of community facilities for the isolation of COVID-19-positive cases, suspected cases, and their contacts, in keeping with the local situation and culture (78, 112).

\_\_6. Guarantee income during sick leave or preventive quarantine through existing protection systems and emergency mechanisms (4, 8, 95, 98).

\_\_ Other (be specific):

## **B. Home confinement**

### **Actions prior to or immediately following implementation of the measure:**

\_\_1. Guarantee the supply of essential goods, including healthy food and hygiene products, and consider strengthening support systems through networks of neighbors, community volunteers, municipal personnel, food delivery systems, etc. (4, 96)

\_\_2. Facilitate measures to adapt homes so as to ensure physical distancing. For example, prioritize alternative spaces for the high-risk population, provide adequate ventilation, separate beds, etc. (103, 108, 133)

\_\_3. Create temporary residences (shelters) for homeless people or people unable to isolate at home, and facilitate the monitoring of basic prevention measures, including frequent handwashing with water and soap and sanitation in these centers (134-137).

\_\_4. Provide preventive solutions in dwellings, tailoring them to the national and local cultural context to ensure their acceptance by the entire population. These solutions include ventilation, cleaning, and disinfection, especially for housing in indigenous communities (houses, tambos, malocas, rancherías, community council rooms, quilombos, kumpanias, etc.) (78, 112, 138).

\_\_5. Authorize measures and residences that facilitate safe departure from the home for people seeking help or at risk of violence (98, 139, 140).

\_\_6. Improve dissemination and monitoring of the standards and regulations governing the control of alcohol and weapons sales, as well as drug-dealing practices and locations (98, 139, 140).

7. Limit entry of outsiders to indigenous territories and help indigenous communities remain in their territories by guaranteeing the availability of essential supplies (78, 30, 112).

\_\_8. Provide free health care to informal workers and their families, as well as people who have lost their jobs and associated health insurance as a result of the pandemic (4, 94, 95, 96, 98, 141-143).

\_\_9. Facilitate healthy settings by promoting physical activity and good nutrition on television, radio, and online (144-146).

\_\_ Other (be specific):

### **Short-term actions:**

\_\_1. Prevent the social isolation of people living alone through call systems, home visits, and support from networks of neighbors, community volunteers, municipal personnel, etc. (102, 147, 148).

\_\_2. Provide stress management and mental health information and recommendations tailored to the situation of populations, setting up emergency telephone hotlines, mass media, networks of community psychologists, and telehealth and telemedicine services (147, 149, 190).

\_\_3. Ensure the continuity of medical care for patients with chronic diseases through home visits and follow-up calls, as well as the provision of medicines (150-152).

\_\_4. Support mothers, fathers, and caregivers through tools that support healthy parenting in the context of teleworking or teleschooling (153).

5. Set up a system for monitoring families at risk of domestic abuse and violence, facilitating access to abuse emergency key codes and strengthening community networks and support (98, 139, 140).

6. Guarantee that survivors of violence (including older persons and children) have access to social services and free helplines, including telephone and text messages, chats, or silent calls (98, 139, 140, 154).

7. Waive or subsidize payments for public utilities such as water, electricity, and heating to guarantee the basic conditions for implementing the measures (8).

8. Provide rent support, including installment options; do not raise rents; and suspend evictions (6, 95).

9. Establish an emergency basic income equivalent to the poverty line for six months for the entire population living in poverty in 2020. This would imply an additional cost of 2.0% of GDP. This income would make it possible to maintain consumption and meet basic needs, promoting compliance with social distancing and quarantine measures (6).

10. Provide support against hunger to keep the pandemic from leading to a food crisis. This could take the form of money transfers, food baskets, or food vouchers for the entire population living in extreme poverty for a six-month period. (6, 95, 96).

Other (be specific):

### **C. Closure of nonessential workplaces and businesses**

#### **Actions prior to or immediately following implementation of the measure:**

1. Facilitate internet and computer access to create suitable conditions for teleworking whenever the type of work and job permits it (161, 162).

2. Adopt measures to maintain employment and limit mass layoffs (161).

3. Provide free health care for informal workers and their families, as well as people who lose their jobs and associated health insurance.

4. Establish paid occupational sick leave (workers compensation) if COVID-19 is contracted in the workplace, and in cases of preventive quarantine.

5. Introduce supplementary measures such as cash subsidies and basic goods for workers who lose their job and income, especially for informal workers and their families (6).

6. Guarantee the supply of basic goods (healthy foods, hygiene products, and essential medicines).

Other (be specific):

#### **Short-term actions:**

1. Expand social protection, increasing the coverage of existing programs (horizontal) or the amount or duration of the benefits (vertical) to compensate for the loss of income in the population, particularly among groups in situations of vulnerability.

2. Provide inclusive unemployment benefits for an adequate period for workers who have lost their jobs.

3. Provide information and recommendations on stress management and mental health tailored to the situation of groups in situations of vulnerability, addressing family life, the burden of caring for others, teleworking, and other issues.

4. Increase access to telephone hotlines to meet mental health needs (147, 149).

5. Waive or subsidize payments for public utilities such as water, electricity, and heating to guarantee the basic conditions for implementing the measures (8).

6. Provide rent support, including installment options; do not raise rents; and suspend evictions (6, 95).

Guidance for implementing non pharmacological public health measures in populations in situations of vulnerability in the context of COVID-19

Other (be specific):

### **D. School closures**

#### **Action prior to and immediately after implementation of the measure:**

1. Facilitate the provision of food outside schools, replacing school breakfasts and school food (97, 172, 173, 174).

2. Support families and schools, providing them with tools for distance learning (connectivity, equipment, etc.) (172, 175, 176)

3. Propose alternative forms of learning (e.g., distance learning, guidance from library staff or older siblings, or networks of telephone friends) (101, 175, 177, 178).

\_\_4. Facilitate the continuity of school psychosocial support programs through telephone or virtual follow-up, and implement strategies to prevent cyberbullying (139, 167, 179, 180).

\_\_5. Promote measures to help workers with care responsibilities harmonize them with their paid work. For example, create and maintain opportunities for alternative care, such as daycare centers or schools that practice hygiene and strict physical distancing for the children of essential workers, depending on the phase of the pandemic (124, 101, 172).

\_\_6. Create virtual forums for dialogue with parents, teachers, and students to discuss the options available after school closures in terms of school programs, home schooling, care, etc. (172).

\_\_ Other (be specific):

#### **Short-term actions:**

\_\_1. Upgrade the competencies of teachers and schools, providing the technical support they need to develop learning strategies that consider the socioeconomic situation of students (177).

\_\_2. Target and channel support to children in situations of vulnerability due to abuse, neglect, violence, etc., including children with disabilities (98, 122, 139).

\_\_3. Provide information, recommendations, and options for managing stress and promoting the mental health of children and their families tailored to the situation of groups in situations of vulnerability (120, 181, 182).

\_\_4. Provide support for achieving equitable distribution of the burden of care between men and women, raising awareness through campaigns promoting the participation of boys and adult men to ensure that they are doing their part in shouldering household chores (183).

\_\_ Other (be specific):

### **E. Enclosed facilities (nursing homes, quarantine centers, penitentiaries, extended-stay facilities, shelters, etc.)**

#### **E.1. Extended-stay facilities:**

##### **Actions prior to and immediately following implementation of the measure:**

\_\_1. Identify children in situations of vulnerability due to mistreatment, abuse, or overcrowding, and provide support (136, 188).

\_\_2. Introduce and ensure physical distancing in these institutions (136, 189).

3. Facilitate frequent handwashing with water and soap and regularly disinfect the facility (136, 190, 191).

\_\_4. Restrict visits and provide alternative contact methods, such as telephone calls or video conferences with families and close relatives (136).

\_\_5. Educate the staff of nursing and retirement homes and extended-stay facilities, as well as their residents, about the importance of personal protective measures and physical distancing, with special emphasis on older persons, given their higher risk of death (136, 191).

\_\_6. Develop rapid procedures for returning people under alternative care (children, persons with disabilities) to their families and communities. Their reintegration should be a priority whenever feasible (101, 136, 184, 185, 188).

##### **Short-term actions:**

\_\_1. Ensure that extended-stay facilities for older persons have policies and procedures in place to respond to violence (136, 139).

\_\_2. Improve psychological support for residents of extended-stay facilities (136, 188, 191).

\_\_3. Offer guidance to asylums, shelters, and other institutions to facilitate ongoing support for violence survivors and individuals at risk (192).

#### **E.2. Enclosed facilities under judicial authority**

##### **Actions prior to and immediately following implementation of the measure:**

\_\_1. Introduce and ensure physical distancing in activities in these institutions.

\_\_2. Facilitate frequent handwashing with water and soap and regularly disinfect the facility (197).

\_\_3. Restrict visits and provide alternative means of contact, such as telephone calls or video conferences with family and close friends, as well as attorneys (66).

\_\_4. Educate staff and inmates about the importance of personal protective measures and physical distancing, with special emphasis on older persons, given their higher risk of death (66).

\_\_5. Improve psychological support for inmates, both adults and young people (136).

**Short-term actions:**

\_\_1. Reduce the prison population and provide alternatives to imprisonment for inmates who have committed minor and non-violent offenses, those who have almost served out their sentence, and those in preventive or administrative detention<sup>14</sup>. Special care should be provided for older persons or persons with chronic or respiratory diseases, guaranteeing their human rights (67, 198, 67).

\_\_2. Seek alternative solutions for people detained for immigrating or because of their immigration status, guaranteeing their human rights (66).

\_\_3. Ensure that penitentiaries have policies and procedures in place to respond to violence (136).

## **F. Restrictions on gatherings and mass events (cultural, sports, social, religious, and political events)**

**Actions prior to and immediately following implementation of the measure:**

\_\_1. Promote healthy living conditions by promoting physical activity and healthy nutrition through media such as television, radio, the internet, etc.

\_\_2. Conduct spiritual practices or rites virtually through different media (television, radio, internet) and include persons with disabilities (200).

\_\_3. Facilitate the dissemination of cultural content and virtual alternatives for cultural, social, and religious events through the media and social networks (199, 201).

**Short-term actions:**

\_\_1. Facilitate access by workers in the country's arts and culture industry, and their families, to healthy food, medicines, and basic services such as water, electricity, sanitation, and internet, and generate cultural and recreational content through alternative media (199).

## **G. Restrictions on public transit**

**Actions prior to and immediately following implementation of the measure:**

\_\_1. Prioritize continuity of the transportation routes used by groups in situations of vulnerability, especially in the more remote areas (205).

\_\_2. Ensure that safe transit<sup>15</sup> is available for people who need to go to work and require access to essential services (204, 206-208).

\_\_3. Facilitate physical distancing in critical spaces associated with public transportation, as such as bus stops, train stations, pedestrian walkways, and the vehicles themselves (buses, metro, trains, etc.) (209, 210).

\_\_4. Reduce the time spent on public transportation (to not more than 30 minutes), limit the number of passengers, and ensure adequate ventilation of the vehicles to help reduce infection (204, 210).

\_\_5. Facilitate payment by means other than cash (204).

\_\_6. Facilitate options for handwashing and regular hygiene in bus stations, metros, and trains, guaranteeing access for persons with disabilities (101, 203, 205, 211).

\_\_7. Issue clear messages and facilitate compliance with physical distancing and personal protective measures (206, 212).

**Short-term actions:**

\_\_1. Facilitate and promote dialogue with the community to identify the areas with the greatest need for public transportation and priority routes (213).

\_\_2. Facilitate access to and the use of other modes of transportation and mobility, widening bicycle lanes and facilitating pedestrian traffic, for example (204, 205, 214).

## **H. Handwashing with water and soap**

**Action prior to and immediately following implementation of the measure:**

\_\_1. Guarantee a minimum daily volume of drinking water for all households in situations of vulnerability that are not connected to the water supply system through unconventional solutions (e.g., the distribution of water to

homes or to specific points in the community, water tankers, water kiosks, etc.), always ensuring physical distancing (water access points separated at least by 1 m) (104).

\_\_2. Guarantee the accessibility and availability of water in households, neighborhoods, and territories, providing information and guidance on alternative forms of water capture (99, 101, 207, 217).

\_\_3. Establish basic vital water consumption for families free of charge, anticipating an increase in water use due to better hygiene and the confinement of many people in their homes (99, 217).

\_\_4. Provide free hand-washing stations with clean water and soap for the entire population in all public spaces and at critical points, guaranteeing access for persons with disabilities (99, 217).

## **I. Management of public health measures at the local level**

### **Local management and planning**

\_\_1. Adopt strategies for micromanaging public areas, especially at points of access to public and recreational services, and in particular, during periods of voluntary confinement and during the gradual easing of the measures (207, 104, 219, 220).

\_\_2. Create a one-way pedestrian walkway system, with markers on the ground and physical barriers in public settings to facilitate physical distancing (207, 104).

\_\_3. Establish local containment lines and quarantine areas in high-risk neighborhoods, guaranteeing the provision of essential supplies (food, medicines, basic services, etc.) (106, 221, 222).

\_\_4. Design strategies for the safe delivery of supplies and services (e.g., public health corridors) (222, 223).

\_\_5. Establish different time schedules for accessing public services and community provisions to prevent gatherings, whenever the context permits (104, 224).

### **Basic and community services**

\_\_1. Prioritize the provision of basic services, including water, and guarantee the availability of services in informal settlements (99, 104, 207, 225)

\_\_2. Install and guarantee the availability of public handwashing facilities in places where sufficient access to water is limited (95, 99, 207).

\_\_3. Guarantee access to mental health and psychosocial support services, including on-site services, emergency telephone hotlines, and other remote options, and disseminate key information on resilience strategies (120, 147, 104).

### **Community participation**

\_\_1. Facilitate local dialogue to identify and designate appropriate sites or spaces in the community for quarantine, isolation, and the care of cases, reorganizing facilities with adequate infrastructure (water and sanitation, bathrooms, electricity, and ventilation) (226).

## **J. Special considerations for essential workers and the continuity of the services they provide**

### **For essential workers**

\_\_1. Merchants in the risk group established by the ministry of health (people over the age of 65, patients with chronic diseases or those who are immunosuppressed) should refrain from working at markets in their districts, municipalities, towns, etc., or at least, refrain from serving the public (239).

\_\_2. Strengthen and follow the occupational health and safety guidelines using the hierarchy of controls (240-242).<sup>17</sup>

\_\_3. Guarantee the provision of personal protective equipment (240-243).

\_\_4. Guarantee cleanliness and hygiene in essential workplaces (240-243).

\_\_5. Introduce physical distancing, frequent disinfection, and use of personal protective measures in workplaces (211, 240).

\_\_6. Ensure sick leave policies for workers.

\_\_7. Create opportunities for dialogue with essential workers, including unions, to learn about their concerns and needs in order to ensure the continuity of their work (240).

\_\_8. Designate an isolated space in the home to enable essential workers to minimize the risk of infecting their family, or open residences for essential workers with high-risk family members (236).

### **Burden of care on essential workers**

- \_\_1. Provide additional support for essential workers, especially female health workers, to care for their children (due to school closures) and other dependents (98).
- \_\_2. Distribute the burden of care among the different members of the household (98, 183).

### **For the customers of markets and other food vending locations**

- \_\_1. Take administrative steps to limit the number of people in the facility, through appointments, home delivery, schedules that designate specific hours for high-risk groups, etc. (219, 232, 244)
- \_\_2. Facilitate physical distancing at market entrances and in aisles, etc. (219).
- \_\_3. Facilitate the use of alternative modes of payment, limiting the use of cash.
- \_\_4. Facilitate options for regular handwashing and hygiene in facilities, with a view to providing access for persons with disabilities (233, 234).
- \_\_5. Issue clear messages and facilitate the observance of physical distancing and personal protection.
- \_\_6. Prevent customers from directly handling products (prepackaged bags, direct contact with the supplier, protection with plastic, prepackaged boxes for certain products – for example, a weekly basic basket) (239, 245).

## **K. Recommendations for RISK COMMUNICATION**

- \_\_1. Provide the population with regular, timely, specific, user-friendly, audience-appropriate, and reliable information on the status of the pandemic and the public health measures adopted; this includes where the measure is being implemented in a territory and how long it will remain in effect. Information about the measures should be updated periodically and it should meet the different needs of the population (246).
- \_\_2. Regularly disseminate messages through the various communication channels (radio, television, print, etc.) that are appropriate to the population and territory and that are adapted for persons with hearing and visual impairments (246, 247).
- \_\_3. Adopt risk communication strategies that guarantee the rights of individuals, with clear messages tailored to the situation of groups in situations of vulnerability, including persons with disabilities and indigenous populations (246-250).
- \_\_4. Guarantee the cultural relevance of the messages and adapt them to the respective languages and dialects of each country (78, 248, 251).
- \_\_5. Work with influential people and community networks to provide timely information (249).
- \_\_6. Monitor and respond to rumors, questions, and comments through reliable channels (249).
- \_\_7. Develop communication strategies to counter false information (infodemic19) and social stigma (252).
- \_\_8. Facilitate community participation, including indigenous communities in the preparation of messages, and provide community leaders with timely information to protect people infected with COVID-19 (78, 227, 246).

## **L. Recommendations to facilitate SOCIAL AND COMMUNITY PARTICIPATION**

- \_\_1. Provide the population with regular, timely, specific, user-friendly, audience-appropriate, and reliable information on the status of the pandemic and the public health measures adopted; this includes where the measure is being implemented in a territory and how long it will remain in effect. Information about the measures should be updated periodically and it should meet the different needs of the population (246).
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- \_\_8. Facilitate community participation, including indigenous communities in the preparation of messages, and provide community leaders with timely information to protect people infected with COVID-19 (78, 227, 246).



## **M. Recommendations to guarantee respect for HUMAN RIGHTS**

\_\_1. Ensure that restrictive measures that limit civil, political, economic, social, and cultural rights are evidence based and consistent with the principles of legality, proportionality, need, and temporariness and that their sole purpose is to protect public health (250, 256).

\_\_2. Ensure that the strategies adopted take human rights into consideration, especially the principle of nondiscrimination (247, 257).

\_\_3. Ensure that penalties for citizens who fail to comply with confinement, quarantine, business closure, and other measures are rational and proportional to the infraction (78, 250).

\_\_4. Provide special care for children in situations of vulnerability (due to mental health issues, disability, overcrowding) who are exposed to abuse and neglect (247, 250).

\_\_5. Prioritize service delivery in remote areas and informal settlements to guarantee the availability of basic public services, including water (207, 225, 250).

## **N. Recommendations for MONITORING AND EVALUATING the measures**

\_\_1. Strengthen capacity for monitoring and evaluation of the implementation of the public health measures at the national and local level by collecting data on compliance by groups and territories in situations of vulnerability (disaggregated by sex, age, ethnicity, socioeconomic status, geography, and the areas of vulnerability detailed in Table 1) and analyzing the results, based on the morbidity and mortality associated with the situations of vulnerability (260, 45, 261)

\_\_2. Improve the collection and analysis of data on inequalities detected in the public health measures and identify where these inequalities are created or exacerbated (45, 261).