

# **Risk Communication and Community Engagement Guidance for Physical and Social Distancing**

## Background

Physical and social distancing measures are associated with limiting contact between people during disease outbreaks. These measures when applied are often enhanced by lockdowns or shutdowns as part of broader risk communication and community engagement strategies to halt the transmission of disease outbreaks. As the COVID-19 situation evolves, WHO has recommended the practice of physical distancing through various tools, in particular, the guidance on risk assessment for mass gatherings during COVID-19.

## Definitions

**Physical distancing** refers to individual distancing and is defined as an act of keeping distance or space between one person and another especially if they are coughing, sneezing, or have a fever.<sup>1</sup> Examples include the use of non-contact greetings, maintaining a given distance of at least one metre between individuals, staying at home, individual quarantine, etc.<sup>2</sup> It is one of the most effective measures recommended to avoid being exposed to COVID-19 and slowing its spread locally, nationally and globally. It entails limiting close contact with others outside one's household, indoors and in outdoor spaces. However, physical distancing may, in some settings like the African Region, have adverse effects and contribute directly and indirectly to COVID-19-related deaths. It is therefore important that while practising physical distancing, people should maintain and even increase social proximity through non-physical means, for example through social media platforms and communication technologies.<sup>2</sup>

**Social distancing** refers to community distancing and is a set of interventions or measures taken to prevent the spread of a contagious disease by maintaining a physical distance between people and reducing the number of times people come into close contact with one another. It typically involves keeping a certain distance from others – the distance specified may differ from time to time and from country to country –, and avoiding gathering together in large groups. Examples are closure of schools, workplaces and places of worship, community quarantine, cancellation of mass gatherings such as festivals and sporting events, and in some places, prohibition of public transport.<sup>2</sup> Social distancing is not to be confused with “social distance”.

**Social distance** refers to the level of acceptance people have of others outside of their own social group or class. This level of acceptance is defined by their general feelings toward others, and the amount of social interaction they have with people whose characteristics are outside of their social norm.

<sup>1</sup> <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen-279k>

<sup>2</sup> Social Science in Humanitarian Action (2020). Compliance with physical distancing measures for COVID-19 and implications for RCCE in Eastern and Southern Africa. [www.socialscienceinaction.org](http://www.socialscienceinaction.org)

Social distance is a measure of perceived difference (or distance) among groups such as social class, race/ethnicity, gender or sexuality.

It can be small, for example, when people are receptive of others, or when people reject other groups.

Many common phrases refer to social distance, such as 'out of your league' and 'birds of a feather flock together'.<sup>3,4</sup>

The term “social distancing” has, in the past, been used negatively to refer to the practice of maintaining distance from individuals from a different socioeconomic background, from those who have a mental illness or an illness such as HIV, due to stigma. Such negative connotations should be actively avoided.<sup>2,5,6</sup> In order to address that perception, and in line with the recommendations of WHO<sup>7</sup> and other social scientists,<sup>2</sup> we encourage the use of the term “physical distancing” with emphasis on the essence and meaning of both individual and community distancing as defined above.

### Physical and social distancing measures

COVID-19 risk communication and community engagement (RCCE) strategies include physical distancing to reduce transmission. There is an urgent need for countries that have implemented physical distancing before and during lockdowns to plan for continuation once the national lockdown has been suspended.<sup>8</sup> Physical distancing needs to be sustained post-lockdown to enable the sustainable suppression of COVID-19 transmission while allowing for the phased and targeted resumption of some aspects of economic and social life.

Physical distancing is critical to reducing transmission of COVID-19 including during and after national lockdowns. The following are actions that are required for obtaining adherence to physical distancing in different settings and among different population groups:

- Provide information and education to individuals, households and communities regarding the merits of physical distancing in the prevention of COVID-19;

<sup>3</sup> Marian B, Pastor-Satorras R, Díaz-Guilera A, Arenas A (2004). Models of social networks based on social distance attachment. *Physical Review*, 70,1-8.

<sup>4</sup> Helfgott JB, Gunnison E (2008). The influence of social distance on community corrections officer perceptions of offender reentry needs. *Federal Probation*, 72(1):2-12.

<sup>5</sup> Afe TO, Ogunsemi O (2016). Social distancing attitudes toward the mentally ill and victims of sexual violence among college students in Southwest Nigeria. *Indian Journal of Social Psychiatry*, 32(4):320–324.

<sup>6</sup> Chan B, Tsai A (2017). Personal contact with HIV-positive persons is associated with reduced HIV-related stigma: Cross-sectional analysis of general population surveys from 26 countries in sub-Saharan Africa. *Journal of the International AIDS Society*, 20(1):21395.

<sup>7</sup> World Health Organization (nd). *COVID19 WHO Press briefing*. [https://www.who.int/docs/default-source/coronaviruse/transcripts/who-audio-emergencies-coronavirus-press-conference-full-20mar2020.pdf?sfvrsn=1eafbff\\_0](https://www.who.int/docs/default-source/coronaviruse/transcripts/who-audio-emergencies-coronavirus-press-conference-full-20mar2020.pdf?sfvrsn=1eafbff_0)

<sup>8</sup> <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-mission-briefing-on-covid-19---2-april-2020-68>

- Seek and obtain the consent of individuals, households and communities in implementing physical distancing in order to gain community trust and build collective social responsibility;
- Identify trusted channels and key actors at local level to explain physical distancing measures that can be adopted in local contexts and situations;
- Listen to people's concerns, challenges and obstacles as experienced in implementing physical distancing measures;
- Work with local leaders including traditional and religious leaders in supporting, for example, outdoor worshipping, maintaining a distance of 1 meter between worshippers, and refraining from sharing utensils and consumables;
- If someone has fever, cough and shortness of breath, encourage them to stay at home, avoid unnecessary travel, and get checked by a doctor or go to the nearest health centre;
- Limit the number of people attending funerals and weddings or any other gatherings to about 50 people or less.
- Discourage attendance of sporting activities which attract huge crowds such as football matches;
- Ban or restrict opening of night clubs, restaurants and bars;
- Promote virtual meetings/training and where that is not possible; limit the number of attendees and maintain shorter sessions.

In the event of the lifting of national lockdowns, a step-by-step relaxation of the physical distancing measures could be adopted based on the following:

- Some of the physical distancing measures including cancelation of mass gatherings, school closures, suspension of non-essential services, closure of work sites, movement restriction and home confinement should be based on the local context and their impact on health outcomes;
- Plan for appropriate contingency measures to reinstate physical distancing in case disease outbreaks re-emerge, based on settings, populations groups, sectors, regions etc.;
- Deciding which measures to be relaxed and in which order should be based on the efficacy of the measure to limit transmission, its ability to be maintained in the medium term, and its negative consequences and impact in disrupting the well-being and livelihood of communities. For example, school closures and mass gathering restrictions were in most settings the first measures implemented because of the relative ease of enforcing them in the medium term;
- Monitoring of implementation and progress of physical distancing, evaluation of the impact and documenting the experiences of these preventive measures in the fight against COVID-19.