EVIDENCE SYNTHESIS BRIEFING NOTE

TOPIC: COMMUNITY-TAILORED INTERVENTIONS FOR COVID-19

Information finalized as of November 23, 2020.[a]

This Briefing Note was completed by the Research, Analysis, and Evaluation Branch (Ministry of Health).

Purpose: This note summarizes research evidence on community-tailored interventions for COVID-19.

Key Findings: The literature search identified 61 systematic reviews, reviews, or studies that suggest the following interventions are important for successful outbreak control:

- Eviction moratoriums and COVID-19 transmission: Renters are both more financially vulnerable and more apt to be financially affected by the virus. Evictions lead to significant increase in COVID-19 infections, particularly in heterogenous cities in which both evictions and contacts occur more frequently in poorer neighborhoods. Research suggests that policies to stem evictions are important components of COVID-19 control (e.g., municipal eviction moratoriums).
- Increased testing and decreased epidemic growth: Along with early adoption of testing and contact tracing, factors including prevalence of the infection, test targeting, and regional implementation of strong social distancing measures are critical factors in decreasing epidemic growth.
- Job protections: Research suggests that job protection policies across jurisdictions are urgently needed to reduce the spread of COVID-19. These include paid sick leave policies, as well as policies that emphasize flexibility for the diversity of childcare needs, easy and quick access to government relief funding, and child-care support programs that allow parents to better cope with their responsibilities during the pandemic.
  - New Canadian initiatives include: Employment Insurance Sickness Benefits, Canada Emergency Response Benefit, Canada Emergency Care Benefit, Temporary wage top-up for low-income essential workers, Canada Child Benefit, and Canada Emergency Student Benefit.
- Support and interventions through community agencies: Collaborations among public health authorities and community-based organizations (e.g., welfare agencies, corrections facilities, religious institutions) is critical for promoting health, protecting communities, and supporting vulnerable populations throughout all phases of the COVID-19 response.

Analysis for Ontario: In terms of evidence on job protection, the Government of Ontario's Employment Standards Act (2000) was amended to include an unpaid, job-protected infectious disease emergency leave for employees that is retroactive to January 25, 2020. The Act stipulates that employers cannot require employees to provide medical notes to prove they are eligible for the leave.

[a] This briefing note includes current available evidence as of the noted date. It is not intended to be an exhaustive analysis, and other relevant findings may have been reported since completion.

Supporting Evidence

Table 1 summarizes the findings of 59 articles from the scientific literature (i.e., systematic reviews, reviews, single studies) and the grey literature on community-tailored interventions for COVID-19, including:

- Eviction moratoriums and COVID-19 transmission;
- Adjustments to sick leave practices;
- Association between increased testing and decreased epidemic growth;
- Protections against firing employees declining to work when ill;
- Job protection;
- Messaging and communication;
- Provision of support and interventions through community agencies;
- Community-based local testing strategies; and
- Case management practices and adherence to public health interventions.

The information presented below is taken directly from the original articles. Some of the information contains recommendations on selected interventions, such as job protection policies (e.g., “family-friendly” policies), approaches to support laid off employees, and community-based strategies for COVID-19 prevention and control. These recommendations are those of the researchers and authors, and the Research, Analysis, and Evaluation Branch does not have the expertise to evaluate such recommendations.

Table 1: Summary of Community-Tailored Interventions for COVID-19

Reference	Description of Findings
Eviction Moratoriums and COVID-19 Transmission	
Sheen, J., et al. (November 1, 2020). The Effect of Eviction Moratoriums on the Transmission of SARS-CoV-2. *medxRiv.*	• Massive unemployment during the COVID-19 pandemic could result in an eviction crisis in American cities. Here researchers model the effect of evictions on SARS-CoV-2 epidemics, simulating viral transmission within and among households in a theoretical metropolitan area. Researchers recreate a range of urban epidemic trajectories and project the course of the epidemic under two counterfactual scenarios, one in which a strict moratorium on evictions is in place and enforced, and another in which evictions are allowed to resume at baseline or increased rates. • Researchers find, across scenarios, that evictions lead to significant increase in COVID-19 infections. • Applying a model to Philadelphia using locally specific parameters shows that the increase is especially profound in models that consider realistically heterogenous cities in which both evictions and contacts occur more frequently in poorer neighborhoods. • Results provide a basis to assess municipal eviction moratoriums and show that policies to stem evictions are a warranted and important component of COVID-19 control.
Goodman, L., & Magder, D. (2020). Avoiding a COVID-19 Disaster for Renters and the Housing Market: The Renter Direct Payment Program. *The Urban Institute.*	• As COVID-19 has ravaged the US economy, the impact has not been uniform. Low-income hourly workers have been more likely to be laid off than their salaried counterparts. The virus has affected the entertainment, travel, retail, and manufacturing sectors more heavily than other sectors, such as finance and technology. A disproportionate number of people affected are renters. • Using American Community Survey data, researchers find that workers in the four industries most likely to be affected by the virus—food and accommodation, entertainment, retail, and transportation—compose 26% of the labor force. Twenty-three percent of homeowners are employed in these four industries, versus 31% of renters. Service workers are apt to be the most affected. These workers constitute 18% of the labor force, 15% of the homeowner labor force, and 23% of the renter labor force. The American Community Survey shows that in 2018, there

Reference	Description of Findings
	were roughly 122 million households: 78 million were homeowners and 44 million were renters. But there was a huge income gap between homeowners and renters. The 78 million homeowners have a 2018 median annual household income of $78,000: the 48 million with a mortgage have a median annual income of $93,000, and the 30 million without a mortgage have a median annual income of $55,000 but are free from the financial obligation of a mortgage. In contrast, the 44 million renters have a median annual household income of $41,000. Thus, renters are both more financially vulnerable and more apt to be financially affected by the virus. • Policymakers talking about rental housing typically imagine households in multi-family apartment buildings. But the American Community Survey shows that 51% of US rental units are single family rentals, comprising one to four units, which must be included in any relief program. Furthermore, despite headlines in recent years about large institutional investors moving into the single-family rental Housing Finance Policy Center. Avoiding a COVID-19 Disaster for Renters and the Housing Market, the Renter Direct Payment Program, Avoiding a COVID-19 Disaster for Renters and the Housing Market space, the overwhelming majority of units, 88% of single-family rentals, are owned by mom-and pops or small businesses who own no more than 10 units (Freddie Mac, n.d.).
Canada Mortgage and Housing Corporation. (2020). COVID-19: Eviction Bans and Suspensions to Support Renters. Canada Mortgage and Housing Corporation.	• The COVID-19 crisis has left many in Canada without a job or with reduced hours and wondering how to pay their rent. The scope and scale of the Government of Canada's COVID-19 Economic Response Plan includes income support measures to help Canadians pay their rent and put food on the table. Although rental housing falls under provincial jurisdiction, CMHC wants to do their part to help ensure that individuals feel supported during this challenging time. Provinces and territories are continuously working to address this issue. Many have already announced measures to suspend evictions in their respective regions. The CMHC provides the latest updates on eviction moratoriums related to COVID-19. This information is updated regularly as new information becomes available.

Benfer, E. A., et al. (2020). Approaches to Eviction Prevention. *SSRN*.	• This article provides a general overview of eviction prevention approaches and strategies that are currently being employed, or could be adapted, to prevent eviction and homelessness during the COVID-19 pandemic. This document provides an overview of strategies that could prevent or mitigate eviction for nonpayment of rent, including:
	    o Eviction and foreclosure moratoria;
	    o Housing stabilization;
	    o Landlord relief programs;
	    o Equitable approaches to the eviction process; and
	    o Post-eviction mitigation measures.
	• Many of these policies and interventions predate the COVID-19 pandemic, and were employed during the Great Recession of 2008, and could be adapted to the pandemic environment.

Chandler, C. E., et al. (2020). Association of Housing Stress with Child Maltreatment: A systematic Review. *Trauma, Violence, & Abuse.*	• This systematic review on the association of housing stress and child maltreatment examined 21 peer-reviewed studies conducted in the US concluding that housing stress including homelessness and eviction is associated with an increased likelihood of caregiver or child self-reported maltreatment, child protective services (CPS) reports, investigated and substantiated CPS reports, out-of-home placements, and maltreatment death.
Singh, A., et al. (2019). Housing Disadvantage and Poor Mental Health: A systematic Review. *American Journal of Preventive Medicine*, *57* (2), 262-272.	• This systematic review on the longitudinal impact of housing disadvantage on mental health examined 12 studies (based on tenure, precarity including eviction, and physical characteristics) confirmed that prior exposure to housing disadvantage may impact mental health later in life.
Adjustments to Sick Leave Practices	
Government of Ontario. (2020). Your Guide to Employment Standards: Sick Leave. Government of Ontario.	• The Employment Standards Act, 2000 was amended to include an unpaid, job-protected infectious disease emergency leave. This leave is available to employees who are not performing the duties of their position for certain reasons related to COVID-19, including: o Personal illness, quarantine or isolation in specified circumstances;

Reference	Description of Findings
	○ Concern by the employer that the employee may expose other individuals in the workplace to COVID-19; ○ To provide care or support to certain family members for a reason related to COVID-19, including school or day care closures; ○ Due to certain travel-related restrictions; and ○ The leave is retroactive to January 25, 2020. Employers cannot require employees to provide medical notes to prove they are eligible for the leave. • Due to orders that have been issued under the Emergency Management and Civil Protection Act, the minimum standards under the ESA that are described in this Guide may apply differently to certain employees during the declared COVID-19 emergency.
Government of Canada. (2020). Coronavirus Disease (COVID-19): Employee Illness and Leave. Government of Canada.	• All employees who are in good health and able to work, including those required by a public health official or medical practitioner to quarantine (self-isolate) or isolate, should continue to work remotely, wherever and whenever possible. • Managers will need to examine individual requests relating to 'Other Leave with Pay (699)' on a case-by-case basis, in consultation with their Labour Relations Advisor. Generally, 'Other Leave with Pay (699)' can be considered if: ○ An employee would otherwise be available for work; and ○ Options have been explored for flexible work hours and remote or alternate work. • Other relevant paid leave, available through collective agreements or terms and conditions of employment. • The use of 'Other Leave with Pay (699)' by public servants during this pandemic has gradually decreased since the initial onset of remote work in March 2020. For details, you may refer to the summary dashboard.
Peninsula Group Limited. (2020). COVID-19 & Sick Leave in British Columbia. Peninsula Group Limited.	**New Sick Leave** • British Columbia has introduced a new sick leave under the Employment Standards Act (ESA). This change entitles employees with at least 90 days of service to 3 unpaid days of sick leave per year for personal injury or illness. This leave is job-protected, meaning employers cannot terminate an employee for taking it. However, employers may request reasonably sufficient proof of illness or injury to confirm that the employee is unable to work. • Previously, there was no minimum employment standard for sick leave in British Columbia. This is a general sick leave entitlement that is effective from March 23, 2020 onward. **Leave for COVID-19** • Another new unpaid job-protected leave was enacted on March 23, 2020 by amendment to the ESA to protect employees unable to work due to COVID-19. This new leave applies to the following individuals: ○ Employees diagnosed with COVID-19. ○ Employees who are in isolation or quarantine in accordance with: ▪ An order of the provincial health officer; ▪ An order made under the Quarantine Act (Canada); ▪ Guidelines of the British Columbia Centre for Disease Control; or ▪ Guidelines of the Public Health Agency of Canada. ○ Employees directed not to work by their employer due to concerns about the employee's exposure to other workers. ○ Employees providing care to eligible persons, including children during school/ daycare closures. ○ Employees who are out of province and cannot return due to travel restrictions. ○ Employees experiencing other circumstances to be prescribed by regulation. ○ Eligible employees may take leave for as long as the applicable situation justifies absence from work. In cases of personal illness, travel or exposure, the recommended quarantine period is at least 14 days. ○ The employer may make a reasonable request for proof; however, the employer may not ask for a medical note.

Reference	Description of Findings
	• This leave is effective retroactive to January 27, 2020, meaning that any employee terminated for taking COVID-19 related leave since then must be offered re-employment in the same or a comparable position.

Government of Alberta. (2020). COVID-19 Leave. Government of Alberta.	• As of March 5, 2020, all employees who are in quarantine due to COVID-19, are eligible for 14 days of unpaid leave.
	• All employees are eligible regardless of their length of service:
	  ○ Employees can take this leave more than once.
	  ○ Employees can take this leave, and any other job-protected leave, more than once consecutively.
	  ○ Employers and employees may explore alternate work arrangements such as working from home.
	  ○ Employees on COVID-19 leave are considered to be continuously employed for the purpose of calculating years of service.
	• Giving notice:
	  ○ Employees need to provide written notice to their employer as soon as possible and reasonable in the circumstances when they are taking this leave.
	  ○ Employees don't need a medical note in order to access this job-protected leave.
	  ○ Employees don't need a medical note to return to work unless their employer asks them for one.
	  ○ Employees don't need to give a written notice to the employer when they decide to go back to work.
	• Pay and overtime:
	  ○ Employers are not required to pay for sick time or time where an employee did not work or earn wages.
	  ○ Employees can request to use their available vacation pay or banked overtime.

US department of Labour. (2020). Temporary Rule: Paid Leave Under the Families First Coronavirus Response Act. U.S. Department of Labour.	• On September 11, 2020, the U.S. Department of Labor's Wage and Hour Division (WHD) announced revisions to regulations that implement the paid sick leave and expanded family and medical leave provisions of the Families First Coronavirus Response Act (FFCRA).
	• In this temporary rule, the Department:
	  ○ Issues rules relevant to the administration of the FFCRA's paid leave requirements.
	  ○ Provides direction for administration of the Emergency Paid Sick Leave Act (EPSLA), which requires that certain employers provide up to 80 hours of paid sick leave to employees who need to take leave from work for certain specified reasons related to COVID-19. These reasons may include the following:
	  ○ The employee or someone the employee is caring for is subject to a government quarantine order or has been advised by a health care provider to self-quarantine;
	  ○ The employee is experiencing COVID-19 symptoms and is seeking medical attention; or,
	  ○ The employee is caring for his or her son or daughter whose school or place of care is closed or whose child-care provider is unavailable for reasons related to COVID-19.
	• Provides direction for the effective administration of the Emergency Family and Medical Leave Expansion Act (EFMLEA), which requires that certain employers provide up to 10 weeks of paid, and 2 weeks unpaid, emergency family and medical leave to eligible employees if the employee is caring for his or her son or daughter whose school or place of care is closed or whose child care provider is unavailable for reasons related to COVID-19.

Labor & Workforce Development Agency. (2020). California COVID-19 Supplemental Paid Sick Leave. Government of California.	**COVID-19 Supplemental Paid Sick Leave**
	• If workers are:
	  ○ Subject to a governmental quarantine or isolation order related to COVID-19;
	  ○ Advised by a health care provider to self-quarantine or self-isolate due to COVID-19 concerns, or
	  ○ Are prohibited from working by the Worker's Hiring Entity due to COVID-19-related health concerns.
	• Up to 80 hours of supplemental paid sick leave for workers who work for hiring entities with 500 or more employees in the US and healthcare employees and first responders employed by

<table>
<tr><th>Reference</th><th>Description of Findings</th></tr>
<tr><td></td><td>employers with less than 500 employees, if their employers opted out of coverage under federal law.
• Paid to workers at their regular rate of pay, the state minimum wage, or the local minimum wage, whichever is higher, and not to exceed $511 per day and $5,110 in total.</td></tr>
<tr><td>Government of New York State. (2020). New Paid Sick Leave for COVID-19. Government of New York State.</td><td>New Paid Sick Leave for COVID-19
• Some employers in New York State are now required to provide at least five days of job protected, paid sick leave to employees who need to take leave because they are under a mandatory or precautionary order of quarantine or isolation due to COVID-19. The amount of paid sick leave an employer is required to provide depends on the number of employees they have and the employer's net annual income.</td></tr>
<tr><td>Employment New Zealand. (2020). Leave and pay entitlements during COVID-19 response and recovery. Government of New Zealand.</td><td>Employee entitlements to Leave and Pay
• If a worker is sick with COVID-19 or is required to self-isolate under Ministry of Health guidelines for COVID-19, the first consideration for an employer should be to look after people, contain COVID-19 and protect public health.
• Employers should not require or knowingly allow workers to come to a workplace when they are sick with COVID-19 or required to self-isolate (as a suspected case, a close contact, or on return from overseas) under public health guidelines for COVID-19. If they do, they are likely to be in breach of their duties under the Health and Safety at Work Act.</td></tr>
<tr><td>Fair Work Ombudsman. (2020). Sick and Carer's Leave. Government of Australia.</td><td>Pandemic Leave Disaster Payment
• The Australian Government has introduced a Pandemic Leave Disaster Payment for some workers during the pandemic. It is available to eligible workers in all six Australian states. The payment is available to workers who:
  o Don't have paid sick leave and can't earn an income because they have to self-isolate or quarantine due to a positive coronavirus case; or
  o Are caring for someone with coronavirus.
Sick Leave Due to Coronavirus
• Employers and employees have legal obligations to support workplace health and safety. Because of these obligations, employees who have coronavirus can't attend the workplace.
• Employers can direct employees not to come to work.
• Employers can direct employees who are sick with coronavirus not to come to work. Employers can do this if they're acting reasonably and based on factual information about health and safety risks. This includes relying on the Australian Government's health and quarantine guidelines.
• If an employer has directed an employee not to attend work in these circumstances, the employee isn't entitled to be paid unless they take paid sick leave or some other type of paid leave, or they're enrolled in the JobKeeper scheme.
Paid Sick Leave
• Full-time and part-time employees can take paid sick leave if they can't come to work because they're sick with coronavirus. If they have no paid sick leave left, they can take unpaid sick leave.
• An employer can't require an employee to use their accumulated sick or carer's leave. See Paid Sick and Carer's Leave.
• Under the Fair Work Act, an employee is protected from losing their job because of their temporary absence due to illness or injury. See Long Periods of Sick Leave.
• Employees also can't be dismissed or injured in their employment because they have a responsibility under a workplace health and safety law to quarantine or self-isolate. To learn more, go to Protections at Work.
Notice and Medical Certificates
• An employee needs to give their employer reasonable evidence that they aren't fit for work if their employer asks for it. This also applies to situations relating to coronavirus. See Notice and medical certificates.</td></tr>
<tr><td colspan="2">Association Between Increased Testing and Decreased Epidemic Growth</td></tr>
<tr><td>Dighe, A., et al. (2020). Response to COVID-19 in South Korea and Implications for Lifting Stringent</td><td>• Background: After experiencing a sharp growth in COVID-19 cases early in the pandemic, South Korea rapidly controlled transmission while implementing less stringent national social distancing measures than countries in Europe and the USA. This has led to substantial interest in their "test, trace, isolate" strategy. However, it is important to understand the epidemiological</td></tr>
</table>

Reference	Description of Findings
Interventions. *British Medical Journal, 18* (1), 1-12.	peculiarities of South Korea's outbreak and characterise their response before attempting to emulate these measures elsewhere. • **Methods:** Researchers systematically extracted numbers of suspected cases tested, PCR-confirmed cases, deaths, isolated confirmed cases, and numbers of confirmed cases with an identified epidemiological link from publicly available data. Researchers estimated the time-varying reproduction number, R_t, using an established Bayesian framework, and reviewed the package of interventions implemented by South Korea using the extracted data, plus published literature and government sources. • **Results:** Researchers estimated that after the initial rapid growth in cases, R_t dropped below one in early April before increasing to a maximum of 1.94 (95% CrI, 1.64-2.27) in May following outbreaks in Seoul Metropolitan Region. By mid-June, R_t was back below one where it remained until the end of the study (July 13th). Despite less stringent "lockdown" measures, strong social distancing measures were implemented in high-incidence areas and studies measured a considerable national decrease in movement in late February. Testing the capacity was swiftly increased, and protocols were in place to isolate suspected and confirmed cases quickly; however, researchers could not estimate the delay to isolation using the data. Accounting for just 10% of cases, individual case-based contact tracing picked up a relatively minor proportion of total cases, with cluster investigations accounting for 66%. • **Conclusions**: Whilst early adoption of testing and contact tracing is likely to be important for South Korea's successful outbreak control, other factors including regional implementation of strong social distancing measures likely also contributed. The high volume of testing and the low number of deaths suggest that South Korea experienced a small epidemic relative to other countries. Caution is needed in attempting to replicate the South Korean response in populations with larger more geographically widespread epidemics where finding, testing, and isolating cases that are linked to clusters may be more difficult.
Gray, N., et al. (2020). "No Test is Better Than a Bad Test": Impact of Diagnostic Uncertainty in Mass Testing on the Spread of COVID-19. *medRxiv*.	• **Context**: Testing is viewed as a critical aspect of any strategy to tackle epidemics. Much of the dialogue around testing has concentrated on how countries can scale up capacity, but the uncertainty in testing has not received nearly as much attention beyond asking if a test is accurate enough to be used. Even for highly accurate tests, false positives and false negatives will accumulate as mass testing strategies are employed under pressure, and these misdiagnoses could have major implications on the ability of governments to suppress the virus. • **Method**: The present analysis uses a modified SIR model to understand the implication and magnitude of misdiagnosis in the context of ending lockdown measures. • **Results**: The results indicate that increased testing capacity alone will not provide a solution to lockdown measures. The progression of the epidemic and peak infections is shown to depend heavily on test characteristics, test targeting, and prevalence of the infection. Antibody based immunity passports are rejected as a solution to ending lockdown, as they can put the population at risk if poorly targeted. Similarly, mass screening for active viral infection may only be beneficial if it can be sufficiently well targeted, otherwise reliance on this approach for protection of the population can again put them at risk. • **Conclusion**: A well targeted active viral test combined with a slow release rate is a viable strategy for continuous suppression of the virus.

National Collaborating Centre for Methods and Tools. (2020, October 16). What Risk Factors Are Associated with COVID-19 Outbreaks and Mortality in Long-Term Care Facilities and What Strategies Mitigate Risk? McMaster University.	• This rapid review includes evidence available up to October 5, 2020 to answer the question: What risk factors are associated with COVID-19 outbreaks and mortality in long-term care facilities and what strategies mitigate risk?
	• In terms of strategies that mitigate risk of outbreaks and mortality within LTC, it was found that:
	  ○ Single studies consisted primarily of cohort or quasi-experimental designs.
	  ○ A number of interventions were described with the potential to decreased COVID-19 transmission including proactive facility-wide active screening and testing of residents and staff.

Telford, C., et al. (2020). Preventing COVID-19 Outbreaks in Long-Term	• **Findings**: LTCFs in which testing was conducted after a confirmed case of COVID-19 were found to have significantly higher proportions of infected residents and staff members at initial testing and after 4 weeks of follow-up compared with those testing as a preventive measure. The

Reference	Description of Findings
Care Facilities Through Pre-emptive Testing of Residents and Staff Members — Fulton County, Georgia, March–May 2020. *CDC Morbidity and Mortality Weekly Report, 69* (37), 1296–1299.	majority of LTCFs testing as a preventive measure identified an infection, although initial prevalence was significantly lower and fewer cases occurred during follow-up. ○ In 15 LTCFs that performed facility-wide testing in response to an identified case, high prevalence of additional cases in residents and staff members were found at initial testing (28.0% and 7.4%, respectively), suggesting spread of infection had already occurred by the time the first case was identified. Prevalence was also high during follow-up, with a total of 42.4% of residents and 11.8% of staff members infected overall in the response facilities. In comparison, 13 LTCFs conducted testing as a preventive strategy before a case was identified. Although the majority of these LTCFs identified at least one COVID-19 case, the prevalence was significantly lower at initial testing in both residents and staff members (0.5% and 1.0%, respectively) and, overall, after follow-up (1.5% and 1.7%, respectively). • **Conclusions**: These findings indicate that early awareness of infections might help facilities prevent potential outbreaks by prioritizing and adhering more strictly to infection prevention and control recommendations, resulting in fewer infections than would occur when relying on symptom-based screening. • **Implications**: Proactive testing of LTCF residents and staff members might prevent large COVID-19 outbreaks in LTCFs through early identification and timely infection prevention and control response.
Protections Against Firing Employees Declining to Work When Ill	
Sugerman-Brozan J. (2020). Measures to Protect the Health and Safety of Massachusetts Employees Who Must Work at the Workplace During the SARS-CoV-2 Pandemic. *New Solutions: A Journal of Environmental and Occupational Health Policy, 30* (3), 249-253.	• The Massachusetts Coalition for Occupational Safety and Health (MassCOSH) developed workplace health and safety recommendations for Phase 2 of the Massachusetts plans to reopen the economy as the spread of SARS-CoV-2 novel coronavirus was reduced in the state. The governor's plan included minimal measures for workplace health and safety protections during this pandemic. • One measure is the protection of workers' voices and workers' rights to information, to report and refuse dangerous work, to job retention without retaliation, and to pay or benefits if they are at high risk and cannot work. For workers who do become sick as a result of workplace exposure, Workers' Compensation benefits should be mandated, using a conclusive presumption. In particular: ○ Prohibit employers from enacting or continuing incentives or bonuses for not using sick time, for reporting to work for a certain number of days or weeks in a row, or related policies that discourage workers from being absent from work and from utilizing sick time. ○ Workers who have quit their jobs to protect themselves or were fired for refusing to work under what they reasonably believed were dangerous conditions should be granted "just cause" and deemed eligible for unemployment insurance. Furthermore, such "good cause quits" under UI should include a worker's need to quit to care for quarantined or sick family or household members. • By looking at patterns of COVID-19 across industry and occupation, it is possible to assess potential risks faced by different worker groups. The statewide public health surveillance system should collect information about whether individuals with COVID worked outside of their home in the 14 days prior to disease onset and their occupation, industry, as well as employer name and job site location. These data will allow us to assess which jobs in the economy may put workers at greater risk of illness and use that information to improve workplace protection. They will also allow us to identify employers who are failing to implement adequate steps, such as paid sick leave for isolation and quarantine, as well as adequate ventilation, social distancing, and paid time for hand washing.
Job Protections	
Jens Holst (2020). The world Expects Effective Global Health Interventions: Can Global Health Deliver? *Global Public Health, 15* (9), 1396-1403.	• **Introduction**: Well-designed paid sick leave is critical to ensure workers stay home when sick to prevent the spread of SARS-CoV-2 and other infectious pathogens, both when the economy is open and during an economic shutdown. To assess whether paid sick leave is available in countries around the world, researchers created and analysed a database of legislative guarantees of paid leave for personal illness in 193 UN member states.

Reference	Description of Findings
	• **Methods**: Original labour and social security legislation and global information on social security systems for each country were obtained and analysed by a multilingual research team using a common coding framework. • **Results**: While strong models exist across low- middle- and high-income countries, critical gaps that jeopardise health and economic security remain. 27% of countries do not guarantee paid sick leave from the first day of illness, essential to encouraging workers to stay home when they are sick and prevent spread. 58% of countries do not have explicit provisions to ensure self-employed and gig economy workers have access to paid sick leave benefits. • **Conclusion**: Comprehensive paid sick leave policies that cover all workers are urgently needed if the spread of COVID-19 is to be reduced, and people are to be ready to respond to threats from new pathogens.
Fong, C., & Iarocci, G. (2020). Child and Family Outcomes Following Pandemics: A Systematic Review and Recommendations on COVID-19 Policies. *Journal of Pediatric Psychology, 45* (10), 1124-1143.	**Findings** • Findings from this review suggest current gaps in COVID-19 policies and provide recommendations such as implementing "family-friendly" policies that are inclusive and have flexible eligibility criteria. Examples include universal paid sick leave for parents and financial supports for parents who are also frontline workers and are at an elevated risk for contracting the disease. • A significant source of stress for parents is the financial impact of having to miss work and concerns over losing their job. To address this, policies such as universal paid sick leave would allow parents to stay home if they become infected with the virus without having to worry about finances or losing their jobs. Policies are needed that emphasize flexibility for the diversity of childcare needs, easy and quick access to government relief funding to prevent financial burden and help ease the transition back to work, and child care support programs that allow parents to better cope with their responsibilities during the pandemic. These measures may help mitigate negative outcomes for children and their families. Additionally, it is important that governments protect and support civil society organizations and communities who play a critical role in implementing policies, protecting public health, and providing access to needed supplies, medical care, and social services.
Berger, Z., Evans, N., et al. (2020). Covid-19: Control Measures Must Be Equitable and Inclusive. *British Medical Journal, 368*, m1141	• Many places are encouraging or requiring people potentially exposed to COVID-19 to stay at home for 14 days. It is too demanding, however, to expect individuals to act in the interest of communal health at the expense of their need to work to support themselves and their families. Employment rights, including paid sick leave policies, vary across countries in the Organisation for Economic Cooperation and Development and between different types of employees and workers. • During influenza outbreaks, paid sick leave policies could lower influenza infection rates by up to 40%. Healthcare institutions should set the standard by guaranteeing paid sick leave for all employees. Governments should reimburse sick leave expenses for the healthcare enterprises counted on to respond to COVID-19 and implement similar programmes to support casual, small business, and gig economy workforces.
Thorpe, J., Viney, K., Hensing, G., et al. (2020). Income Security During Periods of Ill Health: A Scoping Review of Policies, Practice and Coverage in Low-Income and Middle-Income Countries. *British Medical Journal – Global Health, 5*, e002425.	• **Introduction**: The COVID-19 pandemic is a reminder that insufficient income security in periods of ill health leads to economic hardship for individuals and hampers disease control efforts as people struggle to stay home when sick or advised to observe quarantine. Evidence on income security during periods of ill health is growing but has not previously been reviewed as a full body of work concerning low-income and middle-income countries (LMICs). • **Methods**: Researchers performed a scoping review to map the range, features, coverage, protective effects and equity of policies that aim to provide income security for adults whose ill health prevents them from participating in gainful work. • **Results**: A total of 134 studies were included, providing data from 95% of LMICs. However, data across the majority of these countries were severely limited. Collectively the included studies demonstrate that coverage of contributory income-security schemes is low, especially for informal and low-income workers. Meanwhile, non-contributory schemes targeting low-income groups are often not explicitly designed to provide income support in periods of ill health, they can be difficult to access and rarely provide sufficient income support to cover the needs of eligible recipients.

Reference	Description of Findings
	• **Conclusion:** While identifying an urgent need for more research on illness-related income security in LMICs, this review concludes that scaling up and diversifying the range of income security interventions is crucial for improving coverage and equity. To achieve these outcomes, illness-related income protection must receive greater recognition in health policy and health financing circles, expanding the understanding of financial hardship beyond direct medical costs.

Groshen, E.L. (2020). COVID-19's Impact On the U.S. Labor Market As of September 2020. *Business Economics*, 1-16.	• **Introduction:** This paper summarizes the impact of COVID-19 (through mid-September 2020) on the U.S. labor market through the lens of measures found in monthly Bureau of Labor Statistics' Employment Situation releases. It describes the pandemic's impact thus far by looking at payroll jobs, the unemployment rate, a broader measure of job disruptions, and disparities by race and sex. The conclusion discusses forces that will drive outcomes in the coming months.
	• **Findings:** The findings are as follows:
	  ○ The COVID-19 shock was very abrupt and deep by historical standards, and headline numbers understate the magnitude of job disruptions.
	  ○ The pace of the jobs recovery has slowed markedly since June.
	  ○ The share of disrupted workers with ties to employers, which began very high, is falling rapidly, dimming prospects for further rapid recovery.
	  ○ Hispanic, African American and women workers' jobs were more disrupted than others.
	  ○ Prospects for a speedy jobs recovery depend strongly on the path of the pandemic and degree of fiscal stimulus, both aided by official statistics to guide decisions at all levels during this critical time.

Korman, K. & Mujtaba, B.G. (2020). Corporate Responses to COVID-19 Layoffs in North America and the Role of Human Resources Departments. *Rep Global Health Research, 3,*122.	• The required quarantine and closure of thousands of small, medium and large-sized firms due to the COVID-19 corona virus pandemic has changed life for billions of people around the globe, in just a few months since the start of the year during 2020. Consequently, some firm executives announced that they would close parts of their operations and facilities, while laying off thousands of workers to prevent companies from going bankrupt. While some firms and managers have terminated or laid off their employees through a very socially responsible or ethical means, others have not been able to be as sensitive. Consequently, in this conceptual literature-based paper, using real-time data regarding infection and death rates from the US and various countries in the state of Florida, researchers discuss some of the challenges stemming from COVID-19 coronavirus and its corollary layoffs along with discussions about those who are involved in corporate employee terminations, bankruptcies and job transitions, some of which can serve as best practices, while other examples might be something that human resources professionals and managers should avoid in the future. • Layoffs have proven to be a highly traumatic experience not only for the employees directly affected, but also for the remaining workers in the organization, and even for top management. This explains why it is imperative for human resource professionals within the company to carefully orchestrate this practice of layoffs, in order to minimize the negative consequences and facilitate a successful economic journey throughout the layoff process. • The conclusion is that while providing a robust economic stimulus package might be necessary to assist those who have lost their jobs, it is not sufficient to curb the negative impact of COVID-19 on the economy; therefore, government policymakers should strategically assist hospitals, schools, and local leaders through a national and cohesive collective plan to effectively test, treat and trace the contacts of infected individuals so they can self-isolate in order to reduce and eliminate the spread of this virus. Furthermore, using unique examples and approaches from Canada and the United States (US), researchers offer examples, best practices, and recommendations for public sector policy-makers, organizations and managers on various approaches to help laid off employees' transition to new opportunities in a socially responsible and professional manner.
Bryant, T., Aquanno, S., & Raphael, D. (2020). Unequal Impact of COVID-19: Emergency Neoliberalism, and Welfare Policy in	• This paper examines Canada's liberal welfare state in relation to the COVID-19 pandemic. In stark contrast to the usual Canadian public policy approach to providing economic and social security to Canadians, the federal and provincial governments have recently implemented a rash of generous support programs and expedited the usual onerous reporting and form filling required to access funds. Even aspects of the workplace are being shifted with the federal

<table>
<tr><th>Reference</th><th>Description of Findings</th></tr>
<tr><td>Canada. Critical Studies, 15, 22-39.</td><td>government announcing plans to introduce ten days of paid sick leave for all workers across the country. The most important of these new initiatives are:

Employment Insurance (EI) Sickness Benefits: The government expanded the Employment Insurance sickness benefits by waiving temporarily the one-week waiting period and the need for a medical certificate (Government of Canada, 2020). These changes will enable individuals who contract COVID-19 or are in ordered self-isolation, or caring for someone in self-isolation, to be eligible for these benefits. Eligibility also requires that recipients have worked 600 hours during the previous year in order to receive this benefit.
Canada Emergency Response Benefit (CERB) provides $2,000 for four weeks or $500 weekly payments to employed and self-employed residents directly affected by COVID-19 (Government of Canada, 2020). This benefit targets those who are not working for reasons related to the pandemic, or who are eligible to receive EI regular or sick benefits or have exhausted their EI regular benefits or EI fishing benefits between December 29, 2019 and October 3, 2020. The federal government recently extended the CERB from 16 weeks to 24 weeks.
Canada Emergency Care Benefit: This is a taxable benefit of $2,000 to be paid out every four weeks for a period of up to 16 weeks to eligible workers who lost their income as a result of COVID-19 (Government of Canada, 2020). The program was created to provide EI sickness benefits to workers who have been laid off, whose incomes have been disrupted, and/or employer sick leave is not available to them as a result of the pandemic. This benefit is also available to workers caring for sick family or children. Recipients receive a weekly payment of $450 for up to 15 weeks.
Temporary wage top-up for low-income essential workers: The federal government offered to provide a maximum of $3 billion in federal support to augment the wages of low-income essential workers (Government of Canada, 2020). The provincial and territorial governments have or are in the process of confirming plans to cost-share wage increases for their essential workers (Government of Canada, 2020). The provinces and territories will also decide which workers will be eligible for this support and how much they will receive.
Canada Child Benefit: The federal government will provide up to an additional $300 per child through the Canada Child Benefit (Government of Canada, 2020). These additional funds will only be available in 2019-2020 fiscal year. There is no indication that this additional sum will continue beyond 2020.
Canada Emergency Student Benefit (CESB): This monthly benefit will be paid to post-secondary students. The program will pay out $1,250 or $2,000 per month per eligible student with dependents or disabilities. This, too, is a time-limited benefit to be paid only from May through August 2020.

The federal government also committed to a national paid sick leave program at an estimated cost of $19-billion (Meyer, 2020). Like the other programs developed in response to the pandemic, the federal government will offer ten paid sick days related to the pandemic for workers. Only workers who do not currently have paid sick leave will be eligible for this program. Few Canadian politicians seem to recognize the value of a permanent paid sick leave program for all workers. As a result, there is considerable variation among the provinces and territories in the number of sick days workers have (Andrew-Amofah, 2020). Few Canadian workers have paid sick days unless they are provided in a collective agreement, or they work in the health and social services, or education sectors. Paid sick days and paid sick leave can support safe re-opening of the economy, protect workers, and reduce the likelihood of new outbreaks.
</td></tr>
<tr><td>Sabat,I., et al., (2020). United but divided: Policy Responses and People's Perceptions in the EU During the COVID-19 Outbreak. Health Policy, 124 (9), 909-918.</td><td>During the pandemic, European countries implemented several fiscal and monetary measures to mitigate the economic impact of the COVID-19 outbreak. These policies typically included support of wages under the reduced-hour scheme, postponement of tax payments for companies, direct financial supports and grants to small enterprises and self-employed, the extension of unemployment benefits, provision of capital buffers to banks, etc. Nevertheless, there were substantial variations in the timing and specific content of these countermeasures across the states.</td></tr>
</table>

Reference	Description of Findings
	• The composition of employment varies across the EU, especially in terms of informal and temporary employment. Temporary contracts provide lower levels of social protection and job security to employees, but their prevalence has increased over the last years, particularly in the Netherlands, Italy, and France. As of 2019, the share of temporary employees in the total number of employed was highest in southern European countries: Portugal (17.4%), France (13.3%), and Italy (13.1%). In contrast, it was significantly lower in northern states: the UK (3.8%), Denmark (8.3%), and Germany (9.3%). The only exception was the Netherlands, where temporary workers constituted 13.6% of all employees. Thus, such differences in the employment composition may be in part responsible for the cross-country dissimilarities in economic concerns.
Gerard, F., et al. (2020). Social Protection Response to the COVID-19 Crisis: Options for Developing Countries. *Oxford Review of Economic Policy, 36,* S281–S296.	• The public health response to COVID-19 in many countries has involved strict restrictions on movement and economic activity which threaten the livelihoods of economically vulnerable households. In response, governments are adopting emergency economic measures to provide households with some safety net. researchers provide an overview of the policies that could form a comprehensive social protection strategy in low-income and middle-income countries, with examples of specific policies that have been adopted. • The researchers core argument is that these countries can cast an emergency safety net with extensive coverage if they use a broader patchwork of solutions than higher-income countries. • These strategies could include expanding their social insurance system, building on existing social assistance programmes, and involving local governments and non-state institutions to identify and assist vulnerable groups who are otherwise harder to reach.
Gentilini, U., Almenfi, M., Orton, I., & Dale, P. (2020). *Social Protection and Jobs Responses to COVID-19 : A Real-Time Review of Country Measures*. World Bank, Washington, DC.	**Key Findings** • As of April 23, 2020, a total of 151 countries (18 more since last week) have planned, introduced or adapted 684 social protection measures in response to COVID-19 (Coronavirus). This is a ten-fold increase in measures since the first edition of this living paper (March 20). New countries include Angola, Anguilla, Antigua and Barbuda, Aruba, Azerbaijan, Bahamas, Belarus, Bermuda, Brunei, Chad, Grenada, Libya, Montserrat, Nigeria, Saint Vincent and the Grenadines, Seychelles, St Maarten, and UAE. • Social assistance transfers are the most widely used class of interventions (60% of global responses, or 412 measures). These are complemented by significant action in social insurance and labor market-related measures (supply-side measures). Among safety nets, cash transfer programs remain the most widely used safety net intervention by governments. • Overall, cash transfers include 222 COVID-related measures representing one-third (32.4%) of total COVID-related social protection programs. Cash transfers include a mix of both new and pre-existing programs of various duration and generosity. About half (4%) of cash transfers are new programs in 78 countries (reaching 512.6 million people), while one-fifth (22%) of measures are one-off payments. The average duration of transfers is 2.9 months. The size of transfers is relatively generous, or one-fifth (22%) of monthly GDP per capita in respective countries. On average, this is an increase of 86.6% compared to average pre-COVID transfer levels (where data is available for a subset of countries).

Becker, U., et al. (2020). Protecting Livelihoods in the COVID-19 Crisis: Legal Comparison of Measures to Maintain Employment, the Economy and Social Protection. *Max Planck Institute for Social Law and Social Policy, 7*.	• There are various pandemic-specific measures, which can be found in a slightly modified form in all countries. Their configuration responds, above all, to three major consequences of the corona crisis:
	  ○ Entire sectors have come to a complete standstill, many self-employed persons have lost all employment opportunities due to curfews, and families have to look after themselves again. This results in new, or at least changed, needs to which social law must respond.
	  ○ One of the most important instruments with the aim of job retention are benefit schemes in the event of short-time work or partial unemployment.
	  ○ There is little common ground with regard to labour law in its role of supporting job retention. While Germany and England have refrained from doing so, Denmark and France have introduced special holiday regulations and Italy special protection against dismissal. Everywhere, however, there has been a reaction to the fact that apart from the many jobs at risk, there are others that are in particular demand in times of crisis. Thus,

Reference	Description of Findings
	special grants, tax subsidies and vouchers have been issued to support certain groups of employees that have to shoulder the burden of the pandemic in some form. ◦ The self-employed and smaller companies receive cash benefits to compensate for loss of earnings, albeit at very different levels and with different starting points: whereas some payments are granted as earnings replacements, others aim at covering business costs and thus supporting livelihoods more indirectly. ◦ Sickness benefit is being used universally – not because there is greater demand for it due to an increase in the number of cases of illness, but because it is used everywhere to compensate for loss of earnings caused by forced quarantine or, in some cases, to assume childcare responsibilities where necessary. At the same time, benefit conditions have been changed in favour of the beneficiaries: where previously waiting periods had to be adhered to, these have been eliminated; payment periods have been extended in some countries, and benefit levels raised. ◦ Access to unemployment benefits is being simplified everywhere. This applies in particular to the obligation to make oneself available to the employment service or to provide evidence for a job search or certain work services. As the labour market has collapsed and contact with case managers is limited, activation measures are temporarily ineffective. In addition, the period for which unemployment benefit is paid has been extended in some countries. ◦ Finally, there are various measures relating to social assistance. They range from the suspension of special conditionalities (Denmark) to special benefits for the most needy (France), to a partial (Italy) or flat-rate waiver of a means test (Germany). A reform in England stands out in particular: The Universal Credit, the still relatively young symbiosis of assistance and support services, has been raised in general and to a considerable extent.
Colin, C., & Aysegul, K. (2020). COVID-19 and Undeclared Work: Impacts and Policy Responses in Europe. *The Service Industries Journal, 40* (13-14), 914-931.	• The Coronavirus pandemic has led to restrictions on movement and workplace closures, resulting in governments offering temporary financial support to enterprises and workers. This paper evaluates a group unable to access this financial support, namely those in the undeclared economy, and possible policy responses. To identify the service industries and workers involved, a late 2019 Eurobarometer survey of undeclared work in Europe is reported. This reveals that undeclared work is particularly prevalent in the hospitality, retail and personal services sectors and identifies the population groups over-represented. Given that this undeclared workforce is now largely unable to work, it will be argued that providing access to temporary financial support, through a voluntary disclosure initiative, would be a useful initiative not only to provide the income support these enterprises and workers need but also to bring them out of the shadows and put them on the radar of the state authorities.
Stefan, P., et al. (2020). COVID-19 Emergency Sick Leave Has Helped Flatten the Curve in the United States. *Health Affairs.*	• This paper tests whether the COVID-19 emergency sick leave provision of the bipartisan Families First Coronavirus Response Act (FFCRA) reduced the spread of the virus. Using a difference-in-differences strategy, researchers compare pre-post FFCRA changes in newly reported COVID-19 cases in states where workers gained the right to take paid sick leave (treatment group) to states where workers already had access to paid sick leave (control group). Researchers adjust for differences in testing, day-of-the-week reporting, structural state differences, general virus dynamics, and policies such as stay-at-home orders (SHO). Compared to the control group and relative to the pre-FFCRA period, states that gained access to paid sick leave through FFCRA saw a statistically significant 400 fewer confirmed cases per day. This estimate translates into roughly one prevented COVID-19 case per day, per 1300 workers who newly gained the option to take up to two weeks of paid sick leave.
Messaging and Communication	

Reference	Description of Findings
Kerrigan, V., et al. (2020). Stay Strong: Aboriginal Leaders Deliver COVID-19 Health Messages. *Health Promotion Journal of Australia, 10.*	• While COVID-19 messages created for the general population and translated into local Aboriginal languages were vital, many were created using actors overdubbed by anonymous interpreters. Successful dissemination of health information requires more than a translation. Mainstream public health campaigns have been known to inspire resistance amongst Aboriginal and Torres Strait Islander peoples, whereas messages delivered by trusted members of the community who can act as a cultural broker between the medical advice and their community have been shown to be more effective. • Pre-existing personal and professional relationships between doctors, communication professionals and NT community leaders meant health promotion messages for chronically ill people from Aboriginal communities could be produced and disseminated rapidly (within 2 weeks) despite COVID-19 movement restrictions. Aboriginal leaders best placed to reassure their communities, delivered supportive health advice and addressed community anxiety in culturally appropriate ways.
Taragin-Zeller, L., Rozenblum, Y., & Baram-Tsabari, A. (2020). Public Engagement With Science Among Religious Minorities: Lessons From COVID-19. *Science Communication, 42* (5), 643-678.	• While scholars have highlighted how science communication reifies forms of structural inequality, especially race and gender, researchers examine the challenges science communication pose for religious minorities. Drawing on the disproportionate magnitude of COVID-19-related morbidity on Israel's Ultra-Orthodox Jews, researchers examined their processes of COVID-19 health decision making. • Survey results show that both religious and health-related justifications were common for personal decisions, yet a disparity was found between the ways social distancing guidelines were perceived in the general education context compared with the religious context, signaling the importance for inclusive models of science communication that account for religious sensibilities and state-minority relations.

Henry, A., et al. (2020). Community Engagement of African Americans in the Era of COVID-19: Considerations, Challenges, Implications, and Recommendations for Public Health. *Preventing Chronic Disease, 17.*	• African Americans are more likely to contract coronavirus disease 2019 (COVID-19), be hospitalized for it, and die of the disease when compared with other racial/ethnic groups. Psychosocial, sociocultural, and environ-mental vulnerabilities, compounded by pre-existing health conditions, ex-acerbate this health disparity.
	• This report adds to an understanding of the interconnected historical, policy, clinical, and community factors associated with pandemic risk, which underpin community-based participatory research approaches to advance the art and science of community engagement among African Americans in the COVID-19 era.
	• When considered together, the factors detailed in this commentary create opportunities for new approaches to intentionally engage socially vulnerable African Americans. The proposed response strategies will proactively prepare public health leaders for the next pandemic and advance community leadership toward health equity.
	  ○ Promote local community leadership to proactively inform mitigation strategies.
	  ○ Strategically engage public health and community-attuned policy leaders and prioritize community stimulus strategies.
	    ▪ Employ trained/certified, compensated community health workers, coaches, and ambassadors who are charged with cultural messaging and education, contact tracing, and surveillance toward increased adherence to policies on physical distancing and sheltering in place.
	    ▪ Expand SNAP programs with vouchers to include the purchase of household and personal care items rather than encouraging recipients to barter for basic care products.
	    ▪ Enhance school lunch programs so that all children receive high-quality, balanced meals throughout the year, regardless of the ability to pay.
	    ▪ Ensure universal broadband internet access to reduce education, healthcare, and information barriers.
	  ○ Cultivate community-informed public health disaster health literacy.
	  ○ Foster culturally tailored behavioral and mental health dialogue and response.
	  ○ Prioritize patient-centered medical homes and neighborhood models.
	  ○ Redefine essential workers.

Reference	Description of Findings
Bhattacharyya, S., et al. (2020). Policy Brief: Community Engagement for COVID-19 Infection Prevention and Control: A Rapid Review of the evidence. *Unicef.*	**Key Learnings for COVID-19** 1. Early discussions and negotiation with communities is critical for understanding socio-cultural contexts and developing culturally appropriate prevention and control strategies. 2. Community engagement (CE) should be an on-going process to re-assess and modify activities to deal with the dynamic community-level pandemic plans and meet community's evolving needs and situation. 3. CE can help the health workforce, as it allows a multi-sectoral approach, drawing on local resources and expertise to carry out critical health system functions and create innovative solutions. 4. CE can help build trust in the health system to counter resistance and non-compliance from the communities facing top-down biomedical and epidemiological control measures during an epidemic. 5. Meaningful engagement activities need to be embedded within systems, and not abandoned after the peak crisis time, as they may have the ability to support recovery and resilience efforts. 6. There is a need for frequent and open dialogue within CE activities; communities should be treated as active participants in, as opposed to passive recipients of, health response efforts. 7. Actors in CE for infectious disease prevention and control are diverse, but the most prevalent are community leaders, community groups (including faith groups), and individuals. 8. CE process usually involves identifying groups and individuals at the local level (pre-existing or new); building capacity and sustained leadership through training, technical support like planning, developing interventions, inter-sectoral action, monitoring and evaluation. 9. CE is most often used for social and behaviour change communication (SBCC) and risk. 10. Communication, though it has also supported consultation, surveillance, design and planning, logistics and administration and community entrance. CE can also support referrals via follow-up visits. 11. SBCC and risk communication messaging at household level should utilise local leaders, influential community persons or people who have experienced COVID-19, combined with mass media messages tailored to communities' socio-cultural norms, realities and experiences. 12. During emergencies, the resilience and capacity of CE actors can be supported by ensuring clarity regarding roles, and compensation, by providing trainings and equipment, and creating space for dialogue between health workers and CE actors. 13. CE strategies have been implemented mainly in low-income countries (LIC) during Ebola epidemics, and in high-income countries (HIC) where it has been used to target minority populations for H1N1 and Zika. It can be adapted and replicated among wider population groups. 14. There is a need for more documentation of CE activities especially from more diverse geographic settings and with different populations. Implementers, policy makers and researchers are encouraged to share learnings from past CE initiatives and document on-going CE for COVID-19 activities. 15. COVID-19's global presence and social transmission pathways require social and community responses. All countries are encouraged to assess existing community engagement structures, conduct contextual assessments, and co-design appropriate strategies for appropriate COVID-19 prevention and control measures.
Waitzberg, R., Davidovitch, N., Leibner, G., et al (2020). Israel's Response to the COVID-19 Pandemic: Tailoring Measures for Vulnerable Cultural Minority Populations. *International Journal of Equity Health, 19,* 71.	• Every country has vulnerable populations that require special attention from policymakers in their response to a pandemic. This is because those populations may have specific characteristics, culture and behaviours that can accelerate the spread of the virus, and they usually have less access to healthcare, particularly in times of crisis. In order to carry out a comprehensive national intervention plan, policy makers should be sensitive to the needs and lifestyles of these groups, while taking into account structural and cultural gaps. • In the context of Israel, the two most prominent and well-defined minority groups are the ultra-Orthodox Jewish community and parts of the Arab population. The government was slow to recognize the unique position of these two groups, public pressure eventually led to a response

Reference	Description of Findings
	that was tailored to the ultra-Orthodox community and during the month of Ramadan a similar response has been implemented among the Arab community.
Finlay, S., & Wenitong, M. (2020). Aboriginal Community Controlled Health Organisations Are Taking a Leading Role in COVID-19 Health Communication. *Australia and New Zealand Journal of Public Health.*	• Health communication during a health crisis, such as the COVID-19 pandemic, is vital to reduce the impact on populations. To ensure the communication is effective, audience segmentation is required with specific resources that have been developed for each segment. In addition, the messages need to be clear, mutual trust between the communicator and the audience needs to be developed and maintained, and resources should focus on cultural values. The evidence around effective crisis communication indicates that it needs to be timely, clear, concise and appropriate to the target audience. Communication is particularly important for those at higher risk during the crisis, such as people who are immunocompromised, the elderly, and Aboriginal and Torres Strait Islander people. • Aboriginal and Torres Strait Islander people are at increased risk from COVID-19 due to a range of factors associated with higher rates of non-communicable diseases and a lack of access to health services in remote communities. Additionally, there are socio-cultural factors that put Aboriginal and Torres Strait Islander people at risk, such as high mobility for family or cultural reasons. Despite the increased risk to Aboriginal and Torres Strait Islander people from COVID-19, there has been little specific communication tailored for them from governments since the pandemic commenced. This is despite the overwhelming evidence that health promotion messages need to be tailored for Aboriginal and Torres Strait Islander people. To fill the gap, Aboriginal Community Controlled Health Organisations (ACCHOs) have demonstrated their capacity to deliver scientifically valid, evidence-based and culturally translated COVID-19 prevention messages. The ACCHO sectors' understanding of population health has led to a strong history of culturally centred health promotion and social marketing materials. Even before the World Health Assembly declared COVID-19 a global pandemic (11 March), 21 ACCHOs and their peak bodies had developed messages for their communities. The ACCHO sectors' communications on COVID-19 have been produced in addition to their usual service delivery and using existing funding. • Effective social marketing campaigns segment a target audience and develop resources that are culturally appropriate. Culturally appropriate resources include target specific language choices, imagery and an understanding of culturally specific behaviour change motivations. Four examples of ACCHOs that have delivered tailored resources include the Aboriginal Health and Medical Research Council of NSW (AH&MRC), Apunipima Cape York Health Council (Apunipima), Aboriginal Health Council of Western Australia (AHCWA) and National Aboriginal Community Controlled Health Organisation (NACCHO). Each of the examples provided resources that were tailored specifically for Aboriginal and Torres Strait Islander people by including Aboriginal vernacular, Aboriginal and Torres Strait Islander art and images of Aboriginal and Torres Strait Islander people, and some included Indigenous languages. Additionally, the material reflected Aboriginal and Torres Strait Islander people's kinship structures by promoting self-isolation and good hygiene as a way of taking care of family and community.
Zhu, J., & Cai, Y. (2020). Engaging the Communities in Wuhan, China During the COVID-19 Outbreak. *Global Health Research Policy, 5*, 35.	• During the early stage of the COVID-19 outbreak in Wuhan, the lockdown of the densely populated metropolis caused panic and disorderly behavior among its population. Community governance systems (CGSs) were mobilized to lead community engagement to address the challenges and issues brought about by the sudden quarantine measures, still unprecedented in any part of the world during that time. • This commentary aims to describe and analyze the roles of the CGSs, its implementation of culturally tailored strategies and the performance of new functions as called for by the outbreak. researchers will introduce the community governance structure which has two parallel administrative units of government including the branches of the Communist Party of China (CPC). • The pandemic showed that the roles of the CGSs evolved and may continue to be improved in the future. It is important to engage the community and to have community-based approaches in addressing issues brought about by lockdowns. This community experience in Wuhan provides important lessons for the rest of the world.

Reference	Description of Findings
Gilmore, B., Ndejjo, R., Tchetchia, A., et al. (2020). [Community Engagement for COVID-19 Prevention and Control: A Rapid Evidence Synthesis]. *British Medical Journal, Global Health, 5*, e003188.	• **Introduction**: Community engagement has been considered a fundamental component of past outbreaks, such as Ebola. However, there is concern over the lack of involvement of communities and 'bottom-up' approaches used within COVID-19 responses thus far. Identifying how community engagement approaches have been used in past epidemics may support more robust implementation within the COVID-19 response. • **Methodology**: A rapid evidence review was conducted to identify how community engagement is used for infectious disease prevention and control during epidemics. Three databases were searched in addition to extensive snowballing for grey literature. Previous epidemics were limited to Ebola, Zika, SARS, Middle East respiratory syndrome and H1N1 since 2000. No restrictions were applied to study design or language. • **Results**: From 1112 references identified, 32 articles met the inclusion criteria, which detail 37 initiatives. Six main community engagement actors were identified: local leaders, community and faith-based organisations, community groups, health facility committees, individuals and key stakeholders. These worked on different functions: designing and planning, community entry and trust building, social and behaviour change communication, risk communication, surveillance and tracing, and logistics and administration. • **Conclusion**: COVID-19's global presence and social transmission pathways require social and community responses. This may be particularly important to reach marginalised populations and to support equity-informed responses. Aligning previous community engagement experience with current COVID-19 community-based strategy recommendations highlights how communities can play important and active roles in prevention and control. Countries worldwide are encouraged to assess existing community engagement structures and use community engagement approaches to support contextually specific, acceptable and appropriate COVID-19 prevention and control measures.
Provision of Support and Interventions Through Community Agencies	

Daban, F., et al. (2020). [Barcelona Salut als Barris: 'Twelve years' Experience of Tackling Social Health Inequalities Through Community-Based Interventions.] *Gaceta Sanitaria*.	• Community health can reduce [inequalities] in health and improve the health of the most disadvantaged populations. In 2007, Barcelona Salut als Barris (Barcelona Health in the Neighbourhoods) was launched, a community health programme to reduce social inequalities in health. In 2018, this programme reached the 25 most disadvantaged neighbourhoods of the city.
	• This article shares the lessons learned after 12 years of work. The programme was initially funded by a research grant and the funds were maintained during the economic crisis and were tripled when the programme became a political priority in the last municipal government. During the 12-year period, partnerships with stakeholders were generally stable and productive. Maximum community participation was obtained in the detection of health assets and needs and in action plans. During 2018, Barcelona Salut als Barris worked with more than 460 agents that co-produced 183 interventions involving more than 13,600 people. Most of the interventions assessed showed improvements in the health of participants, which could help to reduce health inequalities. The greatest difficulties were:
	  o Citizen participation;
	  o The sustainability of working groups over the years;
	  o Conflicts of interest;
	  o The sustainability of interventions;
	  o Reaching certain minority groups; and
	  o Evaluation.
	• The increase in resources in the last period contributed to the maturity and expansion of the programme. Key factors in its scope and results were political will, strong technical capacity and methodology, strong intersectoral partnerships and continued community work.

Viglione, J., et al. (2020). [Adaptations to COVID-19 in Community Corrections Agencies across the United States.] *Victims & Offenders, 1-21.*	• Currently, there are more than 4.5 million Americans under some form of community supervision. Much of the experience of traditional community supervision relies on face-to-face interactions. Individuals on supervision often require treatment or services typically delivered in face-to-face settings. However, the COVID-19 pandemic has forced community corrections' agencies to quickly rethink how they do business, with limited existing research on how to adapt supervision protocols in the midst of a global pandemic.

Reference	Description of Findings
	• Using surveys of directors of community corrections' agencies across the US, the goal of the current study was to examine how community corrections' agencies have adapted traditional supervision processes to address disease prevention and containment in addition to supporting client needs and community safety as a result of COVID-19. Changes implemented during the pandemic may have implications for the future landscape of community supervision. Understanding how and what agencies prioritize in a time of global crisis can provide a foundation for identifying sustainable changes as well as understanding future impacts on system and client-level outcomes.
Campbell, A. M. (2020). An Increasing Risk of Family Violence During the COVID-19 Pandemic: Strengthening Community Collaborations to Save Lives. *Forensic Science International: Reports,* 100089.	• Though necessary to slow the spread of COVID-19, actions such as social-distancing, sheltering in-place, restricted travel, and closures of key community foundations are likely to dramatically increase the risk for family violence around the globe. In fact, many countries are already indicating a dramatic increase in reported cases of domestic violence. While no clear precedent for the current crisis exists in academic literature, exploring the impact of natural disasters on family violence reports may provide important insight for family violence victim-serving professionals. Improving collaborations between human welfare and animal welfare agencies, expanding community partnerships, and informing the public of the great importance of reporting any concerns of abuse are all critical at this time.
Weinberger-Litman, S. L., et al. (2020). A Look At the First Quarantined Community in the USA: Response of Religious Communal Organizations and Implications for Public Health During the COVID-19 Pandemic. *Journal of Religion and Health, 59* (5), 2269-2282.	• **Introduction**: The current study examined anxiety and distress among members of the first community to be quarantined in the USA due to the COVID-19 pandemic. In addition to being historically significant, the current sample was unusual in that those quarantined were all members of a Modern Orthodox Jewish community and were connected via religious institutions at which exposure may have occurred. Researchers sought to explore the community and religious factors unique to this sample, as they relate to the psychological and public health impact of quarantine. • **Results**: Community organizations were trusted more than any other source of COVID-19-related information, including federal, state and other government agencies, including the CDC, WHO and media news sources. This was supported qualitatively with open-ended responses in which participants described the range of supports organized by community organizations. These included tangible needs (i.e., food delivery), social support, virtual religious services, and dissemination of COVID-19-related information. The overall levels of distress and anxiety were elevated and directly associated with what was reported to be largely inadequate and inconsistent health-related information received from local departments of health. In addition, the majority of participants felt that perception of or concern about future stigma related to a COVID-19 diagnosis or association of COVID-19 with the Jewish community was high and also significantly predicted distress and anxiety. • **Conclusion**: The current study demonstrates the ways in which religious institutions can play a vital role in promoting the well-being of their constituents. During this unprecedented pandemic, public health authorities have an opportunity to form partnerships with religious institutions in the common interests of promoting health, relaying accurate information and supporting the psychosocial needs of community members, as well as protecting communities against stigma and discrimination.
Rogers, B. G., et al., (2020). Adapting Substance Use Treatment for HIV Affected Communities During COVID-19: Comparisons Between a Sexually Transmitted Infections (STI) Clinic and a Local Community Based Organization. *AIDS and Behavior, 1*.	• COVID-19 has disrupted daily routines and may be particularly detrimental to individuals using substances, and in particular opioid and crystal methamphetamine users according to the National Institutes of Drug Abuse. There is high co-occurrence of crystal methamphetamine and HIV incidence among men who have sex with men (MSM) and growing concern about susceptibility to COVID-19. Though, to date, there are few community resources for evidence-based treatment. • Project BREAK is a substance use treatment program for individuals in New England who are at-risk for or living with HIV, predominantly for MSM who use stimulants, including crystal methamphetamine, and/or opioids. Project BREAK offers substance use treatment in non-traditional settings. The program's sites include a Sexually Transmitted Infection (STI) Clinic and a Community Based Organization (CBO) that provides services to individuals using substances and engaging in sex work. This integrated model of care aims to:

<table>
<tr><th>Reference</th><th>Description of Findings</th></tr>
<tr><td></td><td>

Reach populations at-risk or living with HIV underserved by existing behavioral health services; and
To increase capacity at both sites to provide behavioral health services.

This manuscript describes changes to the program in response to COVID-19 and implications for other substance use treatment programs.
</td></tr>
<tr><td>Cheng, Y., et al. (2020). Coproducing Responses to COVID-19 with Community-Based Organizations: Lessons from Zhejiang Province, China. Public Administration Review.</td><td>

Zhejiang Province achieved one of the best records in containing the COVID-19 pandemic in China. What lessons can the world learn from it? What roles do community-based organizations play in this success story?
Based on more than 100 interviews during and after the outbreak in Zhejiang, this article provides a road map of how community-based organizations were involved in the three distinct stages of Zhejiang's response to COVID-19. The authors recommend that public sector leaders:

Strategically leverage the strengths of community-based organizations at multiple stages of the COVID-19 response;
Incentivize volunteers to participate in epidemic prevention and control;
Provide data infrastructure and digital tracking platforms; and
Build trust and long-term capacity of community-based organization.

</td></tr>
<tr><td colspan="2">Community-Based Local Testing Strategies</td></tr>
<tr><td>Chowdhury, R., et al. (2020). Long-Term Strategies to Control COVID-19 in Low and Middle-Income Countries: An Options Overview of Community-Based, Non-Pharmacological Interventions. European Journal of Epidemiology, 35 (8), 743-748.</td><td>

In low and middle-income countries (LMICs), strict social distancing measures (e.g., nationwide lockdown) in response to the COVID-19 pandemic are unsustainable in the long-term due to knock-on socioeconomic and psychological effects. However, an optimal epidemiology-focused strategy for ‘safe-reopening’ (i.e., balancing between the economic and health consequences) remain unclear, particularly given the suboptimal disease surveillance and diagnostic infrastructure in these settings.
As the lockdown is now being relaxed in many LMICs, in this paper, researchers have:

Conducted an epidemiology-based “options appraisal” of various available non-pharmacological intervention options that can be employed to safely lift the lockdowns (namely, sustained mitigation, zonal lockdown and rolling lockdown strategies); and
Proposed suitable application, pre-requisites, and inherent limitations for each measure.

Among these, a sustained mitigation-only approach (adopted in many high-income countries) may not be feasible in most LMIC settings given the absence of nationwide population surveillance, generalised testing, contact tracing and critical care infrastructure needed to tackle the likely resurgence of infections. By contrast, zonal or local lockdowns may be suitable for some countries where systematic identification of new outbreak clusters in real-time would be feasible. This requires a generalised testing and surveillance structure, and a well-thought out (and executed) zone management plan.
Finally, an intermittent, rolling lockdown strategy has recently been suggested by the World Health Organization as a potential strategy to get the epidemic under control in some LMI settings, where generalised mitigation and zonal containment is unfeasible. This strategy, however, needs to be carefully considered for economic costs and necessary supply chain reforms. In conclusion, while researchers propose three community-based, non-pharmacological options for LMICs, a suitable measure should be context-specific and based on:

Epidemiological considerations; Social and economic costs;
Existing health systems capabilities; and,
Future-proof plans to implement and sustain the strategy.

</td></tr>
<tr><td>Sindelar, K., et al. (2020). Beyond the Facility: An Evaluation of Seven Community-Based Pediatric HIV Testing Strategies and Linkage to Care Outcomes in A High Prevalence, Resource-Limited Setting. PloS One, 15 (9), e0236985.</td><td>

Introduction: Diverse challenges in expanding pediatric HIV testing and treatment coverage persist, making the investigation and adoption of innovative strategies urgent. Evidence is mounting for the effectiveness of community-based testing in bringing such lifesaving services to those in need, particularly in resource-limited settings.
Method: The Mobilizing HIV Identification and Treatment project piloted seven community-based testing strategies to assess their effectiveness in reaching HIV-positive children and linking them to care in two districts of Lesotho from October 2015 to March 2018. Children testing HIV-positive were enrolled into the project’s health system where they received e-vouchers for transportation assistance to the facility for treatment initiation and were followed-up
</td></tr>
</table>

Reference	Description of Findings
	for a minimum of three months. An average of 7,351 HIV tests were conducted per month across all strategies for all age groups, with 46% of these tests on children 0–14 years. • **Results:** An average of 141.65 individuals tested positive each month; 9% were children. Among the children tested 55% were over 5 years. The yield in children was low (0.38%), however facility-based yields were only slightly higher (0.72%). Seventy-five percent of children were first-time testers and 86% of those testing HIV-positive were first-time testers. Seventy-one percent of enrolled children linked to care, all but one initiated treatment, and 82% were retained in care at three months. • **Conclusion:** As facility-based testing remains the core of HIV programs, this evaluation demonstrates the effectiveness of community-based strategies in finding previously untested children and those over five years who have limited interactions with the conventional health system. Utilizing active follow-up mechanisms, linkage rates were high suggesting accessing treatment in a facility after community testing is not a barrier. Overall, these community-based testing strategies contributed markedly to the HIV testing landscape in which they were implemented, demonstrating their potential to help close the gap of unidentified HIV-positive children and achieve universal testing coverage
Nachega, J. B., et al. (2020). From Easing Lockdowns to Scaling-up Community-Based COVID-19 Screening, Testing, and Contact Tracing in Africa: Shared Approaches, Innovations, and Challenges to Minimize Morbidity and Mortality. *Clinical Infectious Diseases.*	• The arrival of COVID-19 to the African continent resulted in a range of locally relevant lockdown measures, which curtailed the spread of SARS-CoV-2 but caused economic hardship for large sections of the population. African countries now face difficult choices regarding easing of lockdowns and sustaining effective public health control measures and surveillance. Control of the COVID-19 pandemic will require efficient community screening, testing, contact tracing, and behavioral change interventions, adequate resources, and a well-supported, community-based team of trained, protected personnel. researchers discuss COVID-19 screening-testing-contact tracing approaches used in selected African countries and the need for shared, affordable, innovative methods to overcome challenges and minimize mortality rates. This crisis presents a unique opportunity to align COVID-19 services with those already in place for HIV, TB, Malaria, and other non-communicable diseases (NCDs) through mobilization of Africa's inter-professional healthcare workforce to contain the pandemic. By addressing the challenges, the detrimental effect of the COVID-19 pandemic on African citizens can be minimized.
Mwango, L. K., et al. (2020). Index and Targeted Community-Based Testing to Optimize HIV Case Finding and ART Linkage Among Men in Zambia. *Journal of the International AIDS Society*, *23*, e25520.	• **Introduction**: Current healthcare systems fail to provide adequate HIV services to men. In Zambia, 25% of adult men living with HIV were unaware of their HIV status in 2018, and 12% of those who were unaware of their HIV status were not receiving antiretroviral therapy (ART) due to pervasive barriers to HIV testing services (HTS) and linkage to ART. To identify men and key and priority populations living with HIV in Zambia, and link them to care and treatment, researchers implemented the Community Impact to Reach Key and Underserved Individuals for Treatment and Support (CIRKUITS) project. Researchers present HTS and ART linkage results from the first year of CIRKUITS. • **Methods:** CIRKUITS aimed to reach beneficiaries by training, mentoring, and deploying community health workers to provide index testing services and targeted community HTS. Community leaders and workplace supervisors were engaged to enable workplace HTS for men. To evaluate the effects of these interventions, researchers collected age- and sex-disaggregated routinely collected programme data for the first 12 months of the project (October 2018 to September 2019) across 37 CIRKUITS-supported facilities in three provinces. researchers performed descriptive statistics and estimated index cascades for indicators of interest, and used Chi square tests to compare indicators by age, sex, and district strata. • **Results:** Over 12 months, CIRKUITS tested 38,255 persons for HIV, identifying 10,974 (29%) new people living with HIV, of whom 10,239 (93%) were linked to ART. Among men, CIRKUITS tested 18,336 clients and identified 4458 (24%) as HIV positive, linked 4132 (93%) to ART. Men who tested HIV negative were referred to preventative services. Of the men found HIV positive, and 13.0% were aged 15 to 24 years, 60.3% were aged 25 to 39, 20.9% were aged 40 to 49 and 5.8% were ≥50 years old. Index testing services identified 2186 (49%) of HIV-positive men, with a positivity yield of 40% and linkage of 88%. Targeted community testing modalities accounted for 2272 (51%) of HIV-positive men identified, with positivity yield of 17% and linkage of 97%.

Reference	Description of Findings
	• **Conclusions**: Index testing and targeted community-based HTS are effective strategies to identify men living with HIV in Zambia. Index testing results in higher yield, but lower linkage and fewer absolute men identified compared to targeted community-based HTS.
Mlacha, Y. P., et al. (2020). Effectiveness of The Innovative 1, 7-Malaria Reactive Community-based Testing and Response (1, 7-mRCTR) Approach on Malaria Burden Reduction in Southeastern Tanzania. *Research Square.*	• **Background**: In 2015, a China-UK-Tanzania tripartite pilot project was implemented in south-eastern Tanzania to explore a new model for reducing malaria burden and possibly scaling-out the approach into other malaria endemic countries. The 1,7-malaria Reactive Community-based Testing and Response (1,7-RCTR) which is a locally tailored approach for reporting febrile malaria cases in endemic villages was developed to stop transmission and plasmodium life-cycle. The (1,7-RCTR) utilizes existing health facility data and locally trained community health workers to conduct community-level testing and treatment. • **Methods**: The pilot project was implemented from September 2015 to June 2018. Matched malaria incidence pairs of control and intervention wards were chosen. The latter arm was selected for the 1,7-mRCTR approach leaving control wards relying on existed programs. The 1,7-mRCTR activities included community testing and treatment of malaria infection. Malaria case-to-suspect ratios at health facilities (HF) were aggregated by villages, weekly to identify the village with the highest ratio. Community-based mobile test stations (cMTS) were used for conducting mass testing and treatment. Random household surveys were done in the control and intervention wards before (baseline) and after (endline) the program. The primary outcome was the baseline and endline difference of malaria prevalence in the control and intervention wards measured by the interaction term of 'time' (post vs. pre) and group in a logistic model. researchers also studied the malaria incidence reported at the health facilities during the intervention. • **Results**: Overall 85 rounds of 1,7-mRCT conducted in the intervention wards significantly reduced the odds of malaria infection by 66% (adjusted OR 0.34, 95%CI 0.26,0.44, p<0001) beyond the effect of the standard programs. Malaria prevalence in the intervention wards declined by 81% (from 26% (95% CI, 23.7, 7.8), at baseline to 4.9% (95% CI, 4.0,5.9) at endline). Villages receiving the 1,7-mRCT had a case ratio decreased by over 15.7% (95%CI, -33, 6) compared to baseline. • **Conclusion**: The 1,7-mRCTR approach reduced significantly the malaria burden in the areas of moderate and high transmission in southern Tanzania. This locally-tailored approach could accelerate malaria control and elimination efforts. The results provide the impetus for further evaluation of the effectiveness and scaling up of this type of approach in other high malaria burden countries in Africa, including Tanzania.
Case Management Practices and Adherence to Public Health Interventions	
Tahan, H. (2020). Essential Case Management Practices Amidst the Novel Coronavirus Disease 2019 (COVID-19) Crisis: Part 1: Tele-Case Management, Surge Capacity, Discharge Planning, and Transitions of Care. *Professional Case Management, 25* (5), 248-266.	• **Findings/conclusions**: The COVID-19 global pandemic crisis has brought an unprecedented challenge to professional case managers and health care professionals. It also has provided opportunities for innovation and partnerships within and across health care organizations and the various care settings where patients/support systems access necessary services. Most importantly, it created a renewed interest in telehealth and facilitated a wider adoption of such approach to care delivery than ever before. This pandemic has also increased the use of non-traditional sites of care, most importantly those that operate virtually on electronic networks and health information system technologies such as remote visits, e-visits, virtual care, and tele-monitoring. Undoubtedly, these have provided new opportunities for tele-case management services and roles for professional case managers in the virtual world of health and human service delivery.
Tahan, H. (2020). Essential Case Management Practices Amidst the Novel Coronavirus Disease 2019 (COVID-19) Crisis: Part 2: End-of-Life Care, Workers' Compensation Case Management, Legal and Ethical Obligations, Remote	• **Findings/conclusions:** The COVID-19 global pandemic has resulted in a crisis case managers and other health care professionals never faced something like it before. At the same time, it has provided opportunities for innovation and creativity including use of digital and telecommunication technology in new ways to ensure the continued delivery of health and human services to those who need them regardless of location. It has also resulted in the development of necessary and impactful partnerships within and across different health care organizations and diverse professional disciplines. Most importantly, this pandemic has required special attention to the increased need of patients for timely palliative and end-of-life care. In addition, it has prompted a focus on the safety, health, and well-being of case managers and

Reference	Description of Findings
Practice, and Resilience. *Professional Case Management, 25* (5), 267-284.	other health care professionals, resulting in expanded workers' compensation case management practice coupled with the need for self-care and resilience.
Ponka, D., et al. (2020). The Effectiveness of Case Management Interventions for the Homeless, Vulnerably Housed and Persons with Lived Experience: A Systematic Review. *PLoS ONE 15* (4): e0230896.	• **Background**: Individuals who are homeless or vulnerably housed are at an increased risk for mental illness, other morbidities and premature death. Standard case management interventions as well as more intensive models with practitioner support, such as assertive community treatment, critical time interventions, and intensive case management, may improve healthcare navigation and outcomes. However, the definitions of these models as well as the fidelity and adaptations in real world interventions are highly variable. researchers conducted a systematic review to examine the effectiveness and cost-effectiveness of case management interventions on health and social outcomes for homeless populations. • **Methods and findings**: researchers searched Medline, Embase and 7 other electronic databases for trials on case management or care coordination, from the inception of these databases to July 2019. Researchers sought outcomes on housing stability, mental health, quality of life, substance use, hospitalization, income and employment, and cost-effectiveness. researchers calculated pooled random effects estimates and assessed the certainty of the evidence using the GRADE approach. The search identified 13,811 citations; and 56 primary studies met the full inclusion criteria. Standard case management had both limited and short-term effects on substance use and housing outcomes and showed potential to increase hostility and depression. Intensive case management substantially reduced the number of days spent homeless (SMD -0.22 95% CI -0.40 to -0.03), as well as substance and alcohol use. Critical time interventions and assertive community treatment were found to have a protective effect in terms of rehospitalizations and a promising effect on housing stability. Assertive community treatment was found to be cost-effective compared to standard case management. • **Conclusions**: Case management approaches were found to improve some if not all of the health and social outcomes that were examined in this study. The important factors were likely delivery intensity, the number and type of caseloads, hospital versus community programs and varying levels of participant needs. More research is needed to fully understand how to continue to obtain the increased benefits inherent in intensive case management, even in community settings where feasibility considerations lead to larger caseloads and less-intensive follow-up.
Penzenstadler, L., et al. (2017). Effect of Case Management Interventions for Patients with Substance Use Disorders: A Systematic Review. *Frontiers in Psychiatry*, 8 (51).	• **Background**: Substance use disorder (SUD) is an important health problem that requires a complex range of care because of the chronic nature of the disorder and the multiple psychosocial problems involved. Current outpatient programs often have difficulties in delivering and coordinating ongoing care and access to different healthcare providers. Various case management (CM) models have been developed, first for patients in other psychiatric domains and then for patients with SUD, in order to improve treatment outcomes. • **Aim**: This paper aims to assess the effectiveness of CM for patients with SUD. • **Methods**: researchers performed a systematic review of CM interventions for patients with SUD by analyzing randomized controlled studies published on the subject between 1996 and 2016 found on the electronic database PubMed. • **Results and conclusion**: Fourteen studies were included in the analysis. Differences between studies in outcome measures, populations included, and intervention characteristics made it difficult to compare results. Most of these studies reported improvement in some of the chosen outcomes. Treatment adherence mostly improved, but substance use was reported to decrease in only a third of the studies. Overall functioning improved in about half of the studies. The heterogeneity of the results might be linked to these differences between studies. Further research is needed in the field.
Mukumbang, F., et al. (2019). Household-Focused Interventions to Enhance the Treatment and Management of HIV in Low- and Middle-Income Countries: A Scoping	• **Background**: HIV remains a major public health challenge in many low- and middle-income countries (LMICs). The initiation of a greater number of people living with HIV (PLHIV) onto antiretroviral therapy (ART) following the World Health Organization's 'universal test and treat' recommendation has the potential to overstretch already challenged health systems in LMICs. While various mainstream and community-based care models have been implemented to improve the treatment outcomes of PLHIV, little effort has been made to harness the potential of

Reference	Description of Findings
Review. *BMC Public Health, 19*,1682.	the families or households of PLHIV to enhance their treatment outcomes. To this end, researchers sought to explore the characteristics and effectiveness of household-focused interventions in LMICs on the management of HIV as measured by levels of adherence, viral suppression and different dimensions of HIV competence. Additionally, researchers sought to explore the mechanisms of change to explain how the interventions achieved the expected outcomes. • **Methods**: Researchers systematically reviewed the literature published from 2003 to 2018, obtained from six electronic databases. researchers thematically analysed the 11 selected articles guided by the population, intervention, comparison and outcome (PICO) framework. Following the generative causality logic, whereby mechanisms are postulated to mediate an intervention and the outcomes, researchers applied a mechanism-based inferential reasoning, retroduction, to identify the mechanisms underlying the interventions to understand how these interventions are expected to work. • **Results**: The identified HIV-related interventions with a household focus were multi-component and multi-dimensional, incorporating aspects of information sharing on HIV; improving communication; stimulating social support and promoting mental health. Most of the interventions sought to empower and stimulate self-efficacy while strengthening the perceived social support of the PLHIV. Studies reported a significant positive impact on improving various aspects of HIV competent household – positive effects on HIV knowledge, communication between household members, and improved mental health outcomes of youths living in HIV-affected households. • **Conclusion**: By aiming to strengthen the perceived social support and self-efficacy of PLHIV, household-focused HIV interventions can address various aspects of household HIV competency. Nevertheless, the role of the household as an enabling resource to improve the outcomes of PLHIV remains largely untapped by public HIV programmes; more research on improving household HIV competency is therefore required.
Usman, I., et al. (2020). Community Drivers Affecting Adherence to WHO Guidelines Against COVID-19 Amongst Rural Ugandan Market Vendors. *Frontiers of Public Health.*	• **Background**: Market vendors occupy a strategic position in the fight against the spread of SARS CoV-2 in rural Uganda. To successfully contain the spread of the virus, special attention needs to be given to this set of people by assessing the type of information, source of information, and practices they inculcate as regards adherence to WHO guidelines in the fight against COVID-19 in Uganda. The study aimed to assess the role of information sources, education level, and phone internet connectivity in influencing COVID-19 knowledge among the rural market vendors; and the relationship existing between knowledge, attitude, and practices among them. • **Methods**: The study was a descriptive cross-sectional study among rural market vendors ($n = 248$) in southwestern Uganda. Information was collected using a questionnaire and descriptively presented as frequency and percentages. • **Results**: The study showed that the majority of the rural market vendors had sufficient information regarding COVID-19 with the majority being female individuals and have attained a secondary level of education. The general percentage score for knowledge, attitude, and practices were (75.57, 82.6, and 76.50% respectively). There was a positive correlation between attitude and practices ($r = 0.17$, $p = 0.007$), as well as their knowledge with practices ($r = 0.29$, $p < 0.001$). The majority of the people in the population did not have their phones connected to the internet (OR = 1.96, 95%CI: 1.16–3.31, P = 0.01). The majority of people received their information regarding COVID-19 from one source (radio) (OR = 1.55). • **Conclusion**: Where and how the rural market vendors get their information and education level are vital in breaking COVID 19 infection circle in line with WHO guidelines. Therefore, sources of information and education level played a key role in molding their knowledge and practices. However, the level of knowledge on COVID 19 among the respondents was not linked with phone internet connectivity.
Centers for Disease Control and Prevention. (2020). Wear Face Masks on Public Transportation Conveyances	• The Centers for Disease Control and Prevention recommends that public transportation conveyance operators should ensure that any person on the conveyance wears a mask when boarding, disembarking, and for the duration of travel. Depending on the circumstances,

Reference	Description of Findings
and at Transportation Hubs. Centers for Disease Control and Prevention.	conveyances operators should, if possible, have masks available for those passengers who do not have a mask.