

Review of: "Impact of physical distancing policy on reducing transmission of SARS-CoV-2 globally: Perspective from government's response and residents' compliance"

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The COVID-19 pandemic is still present worldwide and most countries are still struggling in mitigating both its health and economic effects approximately a year and a half since it was officially declared a global health emergency. Fortunately, scientific evidence has been produced since then. Public health measures, including vaccination, have been to date the most effective strategies to face this pandemic. One of the most relevant empirical evidence shown to date, assessing the effects of physical distance policies is the one reviewed here.

This paper, written by Taiwanese scholars, measures the effects of both the stringency of policies and residents' compliance on the transmissibility of COVID-19 globally. To assess these effects, it uses data from WHO reports of local transmission from February 28 to April 8, 2020 in Australia, Canada, Finland, France, Germany, Greece, Italy, Spain, Sweden, Thailand, the UK, US and Vietnam. COVID-19 policy responses were from the Oxford Covid-19 Government Response Tracker with 17 indicators and changes in people's behaviors were from Google's COVID-19 community mobility reports and Apple Maps' mobility trends reports.

Three important findings should be highlighted as policy lessons. First, human mobility reduction was greater in countries with stricter policies. Stay-at-home policies, workplace closures, limiting gatherings, international travel controls, contact tracing, less visiting and staying in parks, and reducing walking around were all effective at reducing the daily time-varying reproduction number (R_t). Second, the Taiwanese authors showed the effect of each type of intervention on the reproduction number so that public health decision makers can assess the effect of different combinations of interventions. Also, these findings will allow decision makers to assess the influence on transmission rates, economic activity, vulnerable populations, and substantial costs for society based on empirical experience.

Despite this useful empirical evidence, three of its methodological traits should be acknowledged to put in perspective the findings of this paper. First, the time period studied was relatively short, less than two months old. This only provides a limited perspective of the pandemic which is currently almost twenty months old. Furthermore, it can only assess how the implemented policies worked at the beginning of the COVID-19 pandemic. Third, important variables of each country such as socioeconomic, governance and health characteristics that could have influenced the effects of both the policies and the compliance of its

population in each country were not accounted for.

In sum, this paper provides important and useful empirical evidence from the beginning of the COVID-19 pandemic in mostly industrialized countries from Asia, North America and Europe for better policy decision making when we still need to take public health prevention measures to help mitigate the spread of SARS-CoV-2 both nationally and globally.