Weighing the risks: School closure and reopening during COVID-19

13 August 2020
AGENDA

1. Welcome and introduction

2. **Policy paper** highlights — Kate Moriarty, INEE and Hani Mansourian, The Alliance for Child Protection in Humanitarian Action

3. Panel presentations
   a. School reopening — Joseph Kajumba, Uganda MoE
   b. Child protection — Juan de Dios Simón Sotz, Educo Guatemala
   c. Health — Gabriele Fontana, UNICEF

4. Moderated discussion/Q&A
THE CHALLENGE

- Nearly 90 percent of students were affected by the closure of schools, universities, and other institutions (UNESCO, April 2020)
- Decision-making needs to be more balanced
- Includes assessing the negative consequences and children and youth’s overall well-being

This paper asks the following fundamental questions:

- Are children and youth able to learn effectively when out of school?
- Are children and youth better protected in or out of school?
- Are most children and youth safer health-wise in or out of school?
PURPOSE

- To present a framework on *when* and *why* to reopen schools or to close them/keep them closed.
- To Review the impacts of school closures on children and youth’s holistic well-being, and presents a continuum to support decision-making processes that:
  - **Considers all three sectors**
  - **Weighs up the respective risks to children and youth**
  - **Prioritizes the best interests of the child.**
KEY CONSIDERATIONS

Across the three sectors, school closures can:

<table>
<thead>
<tr>
<th>Education</th>
<th>Child Protection</th>
<th>Health</th>
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<tbody>
<tr>
<td>• Negatively impact learning outcomes of children and youth.</td>
<td>• Negatively impact the mental health and well-being of children and youth</td>
<td>• May not significantly reduce the risks of COVID-19 infection and transmission in contexts</td>
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<tr>
<td>• Negatively impact teachers’ mental health and access to income.</td>
<td>• Heighten the risk of exposure to child labor, all types of violence and exploitation, and (for girls) early marriage and teen pregnancies.</td>
<td>• Lack of access to in-school nutrition and health provision may lead to additional health and developmental risks in certain contexts</td>
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<td>• Increase stress levels for parents who need to continue education at home.</td>
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THE ALLIANCE FOR CHILD PROTECTION IN HUMANITARIAN ACTION
The safety and well-being of children and youth must be put at the center of educational decision-making in a COVID-19 response.
CONTEXTUALIZING DECISION-MAKING

CONSIDERATIONS

- Current understanding about COVID-19 transmission and severity in children
- Local situation and epidemiology of COVID-19 where the school(s) are located
- School setting and ability to maintain COVID-19 prevention and control measures
## Guiding Questions

<table>
<thead>
<tr>
<th>Education</th>
<th>Child Protection</th>
<th>Health</th>
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<tbody>
<tr>
<td><strong>Overarching question:</strong> What are the impacts of being out of school versus going back to school on educational outcomes?</td>
<td><strong>Overarching question:</strong> What are the impacts of being out of school versus going back to school on child protection outcomes?</td>
<td><strong>Overarching question:</strong> What are the impacts of being out of school versus going back to school on the health of children and youth?</td>
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<tr>
<td><strong>Sample question:</strong> If schools are closed, what distance education opportunities are children and young people receiving?</td>
<td><strong>Sample question:</strong> What access do children and youth have to other mechanisms to report and/or seek support for violence, abuse, neglect, or exploitation?</td>
<td><strong>Sample question:</strong> Is the educational space sufficient to implement adequate safety measures?</td>
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CONSIDERING WHEN TO OPEN OR CLOSE SCHOOLS

A Decision-making Tool
Ministry of Education and Sports

Education Sector COVID-19 Interventions,
Joseph Kajumba
FPO, Conflict and Disaster Risk Management, MoES
03/09/2020
When and why was the decision taken to close schools/education and keep them closed?

- Officially the schools were closed on 20/03/2020.
- This was after the education sector developing and presenting a Covid-19 response plan that highlighted the 3 scenarios of before, during and after cases were identified in the country.
- Once a case was identified in the country, the president, on the advice of the medical officials and the national task force, instituted the school closure.
What measures are being taken to ensure learning continues and children and youth are protected during schools closures

- To limit adverse effects and consequences of COVID-19 on Uganda’s education system, the Ministry of Education and Sports (MoES) designed the Preparedness and Response Plan to COVID-19 with a focus on continuity of learning among others.

- The MoES under the guidance of the National Curriculum Development Centre (NCDC) developed standardized study lesson packages in all the core subjects for primary and secondary levels and were distributed to learners, including special needs learners.
Measures are being taken to ensure learning continues and children and youth are protected during schools closures.

In addition, model teachers prepared remedial lessons and are being delivered on radio and television stations across the country. There are also pre-recorded lessons and materials that are accessed on line as summarised below.

- Self – study home package
- Radio live lesson presentations/recorded lessons
- Television- lessons
- Live presentations by teachers
- Online uploads to be uploaded on phones
What are the likely impacts of school closures on learning, and on the wellbeing children and youth and how is the Ugandan Ministry of Education weighing these against the risk of transmission in schools

- There will be a degeneration of continuity of the learnt concepts especially the lower class learners, and among those that never had an opportunity to continuously access learning opportunities.
- Disinterest in academic work may develop among many learners, especially those who had taken on other income generating activities.
- Defilement and early pregnancies will occur.
- Child labour and general drop out of school due to lack of provisions.
What are the likely impacts of school closures on learning, and on the wellbeing of children and youth, and how is the Ugandan Ministry of Education weighing these against the risk of transmission in schools?

● Moral degeneration and loss of school culture and this may create discipline issues when school resumes.

● Loss or reduced income to the parents and guardians may lead to school drop out or total lack of interest.

● Some learners who had learnt new skills or undertook income generating activities may be better but may also be distracted by their new income streams and this may affect their concentration upon resumption of schooling.
When are you considering reopening schools and how will this decision be made

- This will happen after the country’s top leadership has adequately consulted the medical authorities and the national task force and weighing all the options.
The negative impact of school closures on protection and well-being of children in Guatemala.

By Juan de Dios Simón
Program Quality Coordinator
Educo Guatemala
### Context of Guatemala

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>Population</strong></td>
<td>17.2 million, NIS (INE, 2018)</td>
</tr>
<tr>
<td></td>
<td>40.9% between ages 5-19</td>
</tr>
<tr>
<td><strong>Level of Education</strong></td>
<td>8 of 10 in primary level</td>
</tr>
<tr>
<td></td>
<td>4 of every 10, in basic education (7 to 9th)</td>
</tr>
<tr>
<td></td>
<td>2 of 10 in upper secondary school (10-12th)</td>
</tr>
<tr>
<td><strong>Youth out of school (YOS)</strong></td>
<td>1,600,000 YOS between 13 to 18 years-old</td>
</tr>
<tr>
<td><strong>Malnutrition</strong></td>
<td>5 of 10 children less of five years have chronic malnutrition and lack of food security.</td>
</tr>
<tr>
<td><strong>Indigenous peoples</strong></td>
<td>46% of the population are indigenous from Maya, Garifuna and Xinka Peoples.</td>
</tr>
<tr>
<td><strong>Children and irregular migration</strong></td>
<td>20,700 go every year to the USA “escaping from poverty and violence”.</td>
</tr>
</tbody>
</table>
 Sexual violence and teenage pregnancy
 May 20, 2020

- 1,962 pregnancies between 10-14 years old.
- 44,901 pregnancies between 15-19 years old.
- Total: 46,863 pregnancies

3,821 complaints registered against adults-relatives for sexual violence against girls (MP, 2020).
Violence:

In total, from March to June 2020 there were registered 5,259 complaints against adults for violence against children (MP, 2020).

1 of 10 adults considers using violence to discipline their children (ASDBN 2020).

“We believed that home is a safe place, but it’s actually an unsafe place for us girls” (CRN, 2020).

“I am most worried that my mom and stepdad keep hitting me at home.” (CRN, 2020).

“Violence is normal, the bible says to correct children with a stick” (ASDBN, 2020)
What do you miss the most during COVID-19, while you are at home?

<table>
<thead>
<tr>
<th>Total Participants</th>
<th>Girls</th>
<th>Boys</th>
<th>Total Girls and Boys</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Answers</strong></td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Go to school</td>
<td>24.58</td>
<td>24.51</td>
<td>24.56</td>
</tr>
<tr>
<td>Play with my friends</td>
<td>20.50</td>
<td>21.45</td>
<td>20.93</td>
</tr>
<tr>
<td>Visit my relatives and friends</td>
<td>19.14%</td>
<td>14.92%</td>
<td>17.28</td>
</tr>
<tr>
<td>Go out and play outside</td>
<td>13.42</td>
<td>16.78</td>
<td>14.86</td>
</tr>
<tr>
<td>See my teacher</td>
<td>10.61</td>
<td>10.38</td>
<td>10.49</td>
</tr>
<tr>
<td>Go to the park (Square)</td>
<td>7.36</td>
<td>7.94</td>
<td>7.63</td>
</tr>
<tr>
<td>Others</td>
<td>3.39</td>
<td>2.74</td>
<td>3.00</td>
</tr>
</tbody>
</table>

Recomendations

Recommendations to policy makers:
Ensure all first responders at the local level, are trained and able to identify COVID-19-related child protection risks and know how to safely report and refer concerns.

Ensure safe reopening of schools including by establishing violence-free learning environments and support the return of all children – especially girls and those at risk of child marriage, child labour and teenage pregnancies – to school.

Recommendations to parents:
Listen to your children and support their education from home and from school.
If your children ask questions about something that you don´t know during COVID-19, don´t be panic, do not worry too much... no body knows everything, just show calm, speak to them with love and make sure you allow children to express their emotions.
He is close, protect me!  COVID is near, protect me!

“9 in 10 believe that the most important thing adults can do to end violence against children is to love children more and listen to what they have to say” (SMBD, 2019)

Many Thanks.
COVID-19 Webinars

Weighing the risks: School closure and reopening during COVID-19

3 September 2020
Impact of school closure and reopening on children and on COVID-19 transmission

A health perspective

- To what extent are children directly affected by COVID-19?
- Do children contribute to COVID-19 transmission?
- Can schools operate while minimizing COVID-19 transmission risks?
- Is school closure an effective containment measure?

* Most articles and documents in this presentation have a link to the original webpage/source: click on them to open the page in your internet browser
To what extent are children directly affected by COVID-19?

While each individual death is a tragedy, mortality for COVID-19 in ESA countries among children is insignificant compared to overall preventable mortality.
African children have been disproportionately less affected by COVID-19 than other age groups (like in the rest of the planet)

Age and sex distribution of COVID confirmed cases in the Africa WHO Region (WHO SitRep Sept 2\textsuperscript{nd})

Children in primary and pre-primary are the safest

COVID cases are specular to the age pyramid
- the younger you are, exponentially the safer you are

COVID deaths are even more extreme in this pattern
### WHO analysis of line-list in four ESAR countries

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Zimbabwe (July 7)</th>
<th>Rwanda (15 June)</th>
<th>Uganda (15 June)</th>
<th>Eswatini (21 June)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;=1 years</td>
<td>5</td>
<td>2</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>1-5 years</td>
<td>11</td>
<td>10</td>
<td>2</td>
<td>26</td>
</tr>
<tr>
<td>6-10 years</td>
<td>6</td>
<td>7</td>
<td>11</td>
<td>27</td>
</tr>
<tr>
<td>11-12 years</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>13-18 years</td>
<td>19</td>
<td>14</td>
<td>14</td>
<td>38</td>
</tr>
<tr>
<td>Over 18 years</td>
<td>553</td>
<td>546</td>
<td>801</td>
<td>531</td>
</tr>
</tbody>
</table>

**No deaths among children**

**Little spreading among children**

**Lowest in primary school age**

**84-96 of cases % above 18 y.o.**
Authors: COVID-19 IMT, COVID-19 response team and DATCOV teams

As of 7 June 2020:

- 52,991 confirmed cases of COVID-19 in South Africa, among whom 3,025 (6%) were aged ≤18 years. **Lowest risk among children aged 5-9 years** (10.8 cases per 100,000 persons).
- 230 admitted with 77 (33.5%) aged <1 year while 133 (57%) were male.
- Of the 230 children admitted, 16 (6.7%) were admitted into ICU and 6 (2.6%) were ventilated. At analysis, 3 (1.3%) had died during admission. **The three cases who died had severe underlying medical conditions including dilated cardiomyopathy, leukemia, hypertension and diabetes mellitus.**
• Deaths among children are very low
• Under one year of age contributes more
• Mostly in children with health conditions

Expected deaths in under 5 y.o. children over the same period of time in Kenya is 28,274.
Do children contribute to COVID-19 transmission?

Epidemiological studies and observation of natural experiments in countries indicate that safe reopening of schools does not impact significantly on outbreak trends.
To what extent do children transmit SARS-CoV-2 virus?

The available evidence to date suggests children are unlikely to be major transmitters of SARS-CoV-2, the coronavirus that causes COVID-19.

Novel coronavirus 2019 transmission risk in educational settings

Data suggests that children are not the primary drivers of SARS-CoV-2 transmission in schools.
The UK study looked at 651 children and young people aged less than 19 years admitted to 138 hospitals.

Children and young people have less severe acute covid-19 than adults.
Many articles in the press can be misleading, sometimes as they promote a political agenda.

The article acknowledges that:

- there is lower transmission, complications and deaths among children
- under 20 y.o. the risk of infection is half than in older people
- and that 9 y.o. and below are even less likely to be infected

- children and young people up to 24 y.o. grouped together
- widespread testing is magnifying the findings

The article is balanced in many parts, and states the obvious: children can get infected... still it manages to raise concerns rather than reassure!
Can schools operate while minimizing COVID-19 transmission risks?

We have evidence of countries reopening schools safely and plenty of guidance on how to do it, including in settings with very limited resources.
On 10 March 2020, the United Nations Children’s fund (UNICEF), the International Federation of the Red Cross and the WHO issued a guidance document on re-opening schools [12]. [...] If this is adhered to there is no reason to believe that the schools cannot be safely reopened.

The results echo the experience of other countries, where children are not emerging as considerable drivers of transmission of COVID-19. [...] from Iceland [9] and Italy [10] [...] Australia.

These findings suggest that schools are not a high risk setting for transmission of COVID-19 between pupils or between staff and pupils.

Given the burden of closure [...] reopening of schools should be considered as an early rather than a late measure in the lifting of restriction.

Our report includes both the primary and secondary school setting, with no transmission in either setting.
No correlation between opening of schools and trends in cases
Framework for reopening schools
April, 2020

Global school closures in response to the COVID-19 pandemic present an unprecedented risk to children's education, protection and wellbeing. The United Nations Secretary-General Antonio Guterres recently called on governments and donors to prioritize education for all children, including the most marginalized, and the Global Education Coalition was established to support governments in strengthening distance learning and facilitating the reopening of schools.

While we do not yet have enough evidence to measure the effect of school closures on the risk of disease transmission, the adverse effects of school closures on children's safety, wellbeing and learning are well documented. Interrupting education services also has serious, long-term consequences for economies and societies such as increased inequality, poorer health outcomes, and reduced social cohesion. In many countries, data on virus prevalence is incomplete and decision-makers will need to make their best assessments in a context of incomplete information and uncertainty. National governments and partners must continuously work to promote and safeguard every child's right to education, health and safety, as set out in the Convention on the Rights of the Child. The best interest of the child must be paramount.

Across countries, educators are grappling with difficult and uncertain trade-offs as they consider existing lockdowns. This framework serves to inform the decision-making process on when to reopen schools, support national preparations and guide the implementation process, as part of the overall public health and education planning processes. Constant evaluation and continuous adaptation are necessary in order to respond to social conditions and meet each child's learning, health and safety needs.
Interim Guidance for COVID-19 PREVENTION AND CONTROL IN SCHOOLS

March 2020
UNICEF, WHO, IFRC

Considerations for school-related public health measures in the context of COVID-19

Annex to Considerations in adjusting public health and social measures in the context of COVID-19
10 May 2020

Background
In response to COVID-19, countries around the world have implemented several health and social measures (HSM), such as movement restrictions, closure of schools and businesses, and international travel restrictions. As the local epidemiology of the disease changes, countries will adjust (or loosen or intensify) these measures according to the intensity of transmission. WHO has issued guidance on adjusting HSM while managing the risk of recurrence of cases. A series of measures has been developed to help guide countries through adjusting various public health measures in different contexts. This document provides considerations for decision-makers and education on how or when to re-open or close schools in the context of COVID-19. These decisions have important implications for children, parents or caregivers, teachers and other staff, community and society at large. This document was drafted based on a review of available literature, discussion with experts, regional partners and country examples.

What should be considered when deciding to close or re-open schools?

Deciding to close, partially close or re-open schools should be guided by a risk-based approach to maximize the educational and health benefits for students, teachers, staff, and the wider community, and help prevent a new outbreak of COVID-19 in the community. *WHO, UNICEF and IFRC have issued guidance on the prevention and control of COVID-19 in schools.* Factors to consider in a general risk assessment include epidemiological factors, health system and public health capacities, community engagement and government capacity to sustain social and economic support to the most vulnerable. In a recent framework for reopening schools, partners highlight six key dimensions to consider when planning policy, financing, safe operations, learning, reaching the most marginalized, and well-being protection.

National authorities can facilitate a risk-based approach at the local level by offering standard operating procedures or checklists for schools, based on local epidemiology and conditions.

Decisions makers should consider the following when deciding on whether to open or close schools:
- Current understanding about COVID-19 transmission and severity in children
- Local situation and epidemiology of COVID-19 where the school(s) are located
- School setting and ability to maintain COVID-19 prevention and control measures

Additional factors to consider in deciding how or when to partially close or re-open schools include assessing what harms might occur due to school closures (e.g. risk of transmission to school, widening disparity in educational attainment, limited access to meals, drug abuse, violence exacerbated by economic uncertainty, etc.), and the need to maintain schools at least partially open for children where caregivers are “key workers” for the country.

What we know about COVID-19 and children

Data from individual countries, and a recent review of COVID-19 in children suggest that children are less often reported as cases than adults, and that the infection generally causes mild disease. However, due to COVID-19’s transmission in children, although there are rare cases of critical illness, the risk of transmission remains unclear and additional data is needed. In addition, there is extensive personal and epidemiological evidence. To date, there have been few educational interventions involved in COVID-19 outbreaks, but from these studies, it appears that disease transmission was primarily linked to social events linked to school or university life rather than transmission within classrooms. These studies also suggest that the introduction of the virus was likely by an in-school index case. Studies exploring modeled data highlight the importance of local epidemiology in decision-making, but also of not relying on school measures as standalone interventions. WHO will update this document when more information becomes available and lessons are being learnt from various countries on reopening schools.

The local situation and epidemiology of COVID-19

The local situation and epidemiology of COVID-19 may vary from one place to another within a country. Discussions should be guided by the following questions:
- What impact is the current epidemiologic situation having on movement in the community? Are movement restrictions in place, is safe transport available?
It can be done safely

In ways that are feasible in low resource settings
Poor quality studies serving an agenda keep haunting us...

Article from a researcher in Boston, that unfortunately has been published in the World Economic Forum (link)

Main flaws of the article are:

[1] the study assumes that children are not transmitting the virus when schools are closed, which is not the case in our contexts;

[2] the study does not consider what happens when schools open while other containment measures are in place, hence overestimating the impact of school opening;

[3] they use the prediction from the model developed by the Imperial College a couple of months ago, heavily criticized as it overestimates transmissions, cases and deaths… nobody uses that model any longer!
Misleading articles on schools reopening… due to politicization in the US

Research Letter
July 30, 2020
Age-Related Differences in Nasopharyngeal Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Levels in Patients With Mild to Moderate Coronavirus Disease 2019 (COVID-19)
Taylor Heald-Sargent, MD, PhD,1 William J. Muller, MD, PhD,1,2,3 Xiaorong Zheng, MD, PhD,1,4 et al.

Contact tracing during Phase I of the COVID-19 pandemic in the Province of Trento, Italy: key findings and recommendations
Pierino Fatih-Moghaddam (1), Laura Battistelli (1), Silvia Molinaro (2), Steno Fontanari (3), Gabriele Dellago (3), Nancy Brink (4), Mariagrazia Zucali (2)

Further stretch...

A paper on JAMA (link) suggests that children are at risk of spreading the virus more than adults. Based on the quantity of viral genome in symptomatic children (small minority, kept at home), not based on any actual recording of children transmitting the virus.

A paper on medRxiv (link) suggests that children may be more likely to infect other people in the household (mainly very young children, during lockdown, in small outbreaks).

Article on Forbs misleading

Colleagues second guessing themselves

Contacted the authors of the scientific papers

They asked Forbes to correct the article

Amendment went online but not substantive
Is school closure an effective containment measure?

School closure due to COVID-19 may not be an effective containment measure in many contexts and its negative impact likely surpasses its benefits.
STATUS OF SCHOOLS CLOSURE/REOPENING IN THE CONTINENT

Schools partially reopened

Morocco

Namibia
Zimbabwe
Madagascar
Botswana
South Africa
SCHOOL REOPENING

Issues and Actions

- Countries are postponing reopening
- Pressure from Parents and Teachers
- Evidence from around the world not enough to satisfy
- Meeting standards is difficult
  - Contextual evidence: starting from small and looking at scale
  - Continuation of political and local level advocacy – building consensus
  - Support to meet the standards / be ready for reclosure
- Continuity of Learning
Impact of school closure and reopening on children and on COVID-19 transmission
A health perspective

- Children rarely suffer from COVID-19
- Children do not contribute substantially to COVID-19 transmission
- Schools can operate minimizing COVID-19 transmission risks
- School closure due to COVID-19 may not be an effective containment measure in many contexts and its negative impact likely surpasses its benefits
Thank you!
Questions?
FOR ADDITIONAL GUIDANCE

- Read the full policy paper where you'll find additional resources in the annex – including links to guidance on how to reopen schools safely and inclusively;
- Visit INEE's COVID-19 page; and
- Visit The Alliance COVID-19 Resource Hub