



Task Force 1
Global Health and COVID-19

Policy brief

ACCESS TO EDUCATION DURING PUBLIC HEALTH EMERGENCIES: KEEP SCHOOLS OPEN

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Pascale Allotey United Nations University – International Institute for Global Health (UNU-IIGH)

Agnes Binagwaho University of Global Health Equity

Susanna Lehtimaki Spark Street Advisors

Harvy Joy Liwanag United Nations University – International Institute for Global Health (UNU-IIGH)

Emma Rhule United Nations University – International Institute for Global Health (UNU-IIGH)

Nina Schwalbe Mailman School of Public Health, Columbia University

T20 NATIONAL COORDINATOR AND CHAIR

ISPI

T20 CO-CHAIR



T20 SUMMIT CO-CHAIR



Università
Bocconi
MILANO





ABSTRACT

Education is society's greatest equalizer and a significant determinant of sustainable economic growth. Halting education exacerbates socio-economic and gender inequalities within and between countries and negatively impacts future generations. Despite this, together with the evidence of negative direct and indirect effects on children and adolescents of closing schools during the COVID-19 pandemic, many countries continue to keep schools closed even when there are clear World Health Organization (WHO) recommendations to the contrary.

This policy brief calls for the G20 to develop a policy to reopen schools and close them only when recommended by the WHO and as a measure of last resort.



CHALLENGE

Partial and full school closures related to COVID-19 have affected nearly 1.6 billion children and adolescents worldwide, 90 per cent of the total (UNESCO, 2020). Closing schools has led to negative social and health consequences (Townsend 2020), affected learning outcomes (Centers for Disease Control and Prevention 2020) and exacerbated inequities (Dorn et al. 2020). Remote learning, where available, did not prevent these. This is because schools provide children and adolescents with services ranging from meals and physical exercise to healthcare to immunization and mental health, in addition to learning and socializing.

Compared with adults, children and adolescents are at lower risk of severe illness, hospitalization and death from COVID-19 (European Centre for Disease Prevention and Control, 2020; Bhopal et al., 2021). Children, particularly those younger than 10 to 14 years, also have lower susceptibility to the infection than adults (Viner et al., 2020) and are less likely to be the index case in household transmissions (Zhu et al., 2020). Adults living with children under 12 do not appear to have a higher risk of infection than those without children (Forbes et al., 2021).

Studies from countries where schools reopened after lockdowns for in-person learning consistently demonstrate that schools are not driving COVID-19 outbreaks if mitigation measures are in place (European Centre for Disease Prevention and Control, 2020). Child-to-child transmission in schools is uncommon (Ismail et al., 2021), and children in school settings are not the primary transmitters of COVID-19 to adults (Lewis, Munro and Smith 2021; Zimmerman et al., 2021). Instead, infections in schools reflect broader community transmission (University of Melbourne, 2020), with household transmission being the main driver of the epidemics (Lee et al., 2020); teachers do not appear to have a higher risk of COVID-19 than adults from other occupational groups (Brandal et al., 2021).

Despite this evidence, and a World Health Organization (WHO) recommendation that schools stay open unless justified by very high levels of local transmission and where no alternative measures can be used (WHO 2020a), there was widespread implementation of full school closures.

Hence, despite their lower risk of severe COVID-19 disease, children and adolescents have been disproportionately disadvantaged by COVID-19 control measures. School closures, combined with other social isolation measures, have disrupted the provision of life-saving and protective services and increased emotional distress and mental health problems (Eurochild, 2020). When out of school, children are more prone to sexual and other violence, abuse, adolescent pregnancies and child marriage, all of which increases the probability of missing further education. According to the United Nations (UN), 24 million children are at risk of not returning to school owing to the pandemic (UNICEF, 2020a). In 2020 alone, missed education is estimated to have resulted in 13.8 million years of life lost for children in the USA and 0.8 million in Europe (Christakis, Van Cleve and Zimmerman 2020), and an estimated US\$10 trillion loss in lifetime earnings for those affected (World Bank, 2020).



PROPOSAL

REMOTE LEARNING SHOULD NOT REPLACE SCHOOLS

Though planned as temporary, school closures, with or without remote learning, will have a lasting effect on education provision and continue to widen the educational achievement gap, reinforcing inequities between better and worse-off within and across countries.

In the early phase of the pandemic, when little was known about SARS-CoV-2 transmission, most countries worldwide implemented partial and full school closures as an initial policy reaction (UNICEF, 2021a), irrespective of the incidence of COVID-19. Despite growing evidence of children's relatively minor role as drivers of the epidemic and contrary to the WHO's guidance on keeping schools open safely (WHO 2020a, 2020b), countries have adopted school closures as a fundamental part of their COVID-19 response.

The decision to close schools was taken quickly; reopening has taken much longer. As of May 2021, just over half (55 per cent) of countries globally have fully opened schools (Insights for Education, 2021). Only seven G20 countries (see Annex 1) have fully opened schools, and ninety-five countries have implemented additional closures after reopening (Insights for Education, 2021).

Governments have justified their decision to physically close schools by providing children with remote learning. However, this has been problematic. First, all countries – low to high income – report critical gaps in access to technologies. Second, there is a steep digital divide between girls and boys, with girls at increased risk of falling behind (UNICEF, 2020c). Third, virtual teaching requires special skills that are not adequately integrated into teacher training either in high- or lower-income settings (Dreesen et al., 2020). Finally, the current situation has driven an exodus of teachers from private and public education to other sectors (Friedman, 2020). Teacher deficit, particularly in low- and middle-income countries, is the expected result. Where low-cost private schools are common, as is the case in South Asia and sub-Saharan Africa, economic shock is predicted to reduce private school enrolment, leading to permanent school closures (Alam and Tiwari, 2021).

Two-thirds of the school-aged children, most of them in Africa and South Asia, do not have internet access and thus, digital learning is not an option for most households (UNICEF, 2020b). While other technologies, such as TV and radio are deployed in some settings, access can also be limited, particularly among economically deprived families, as is the electricity required to use them (Dreesen et al 2020). Even in countries with well-resourced school systems, access is problematic. For example, in both Italy and the US, one third of families lack internet connection or devices for remote learning (USAFacts 2020; Mascheroni et al 2021).



CLOSING SCHOOLS AFFECTS HEALTH AND WELL-BEING

In most places, schools provide more than education. The health sector relies on schools as a platform to deliver life-saving health services, from immunization and malaria management in low-income countries (Halliday et al., 2020) to mental health services in high-income settings.

In terms of mental health pre-pandemic, depression, anxiety and self-harm were already among the top causes of ill health in girls and boys aged 15–19 years (WHO, 2018) and are now increasing, aggravated by social isolation, loneliness and stress (Loades et al., 2020). Out of school and without normal routines, children are also more prone to use alcohol, drugs and tobacco and spend excessive time online, negatively affecting mental health. With schools and other services closed, limited access to support exacerbates the mental health issues of children and adolescents.

In all settings, school closures have affected access to nutrition, including school meals. In the context of worsening food insecurity, this contributes to a risk of malnutrition for children and adolescents in low-income communities. School closures have also resulted in the suspension of essential nutrition services, including iron and folic acid supplementation, deworming and nutrition education, affecting low-income countries in particular (Borkowski et al., 2021).

SCHOOL CLOSURES HAVE A GENDERED EFFECT

School closures have gendered effects. Women and girls are disproportionately affected, in particular where unequal gender norms limit opportunities for girls. As observed during the

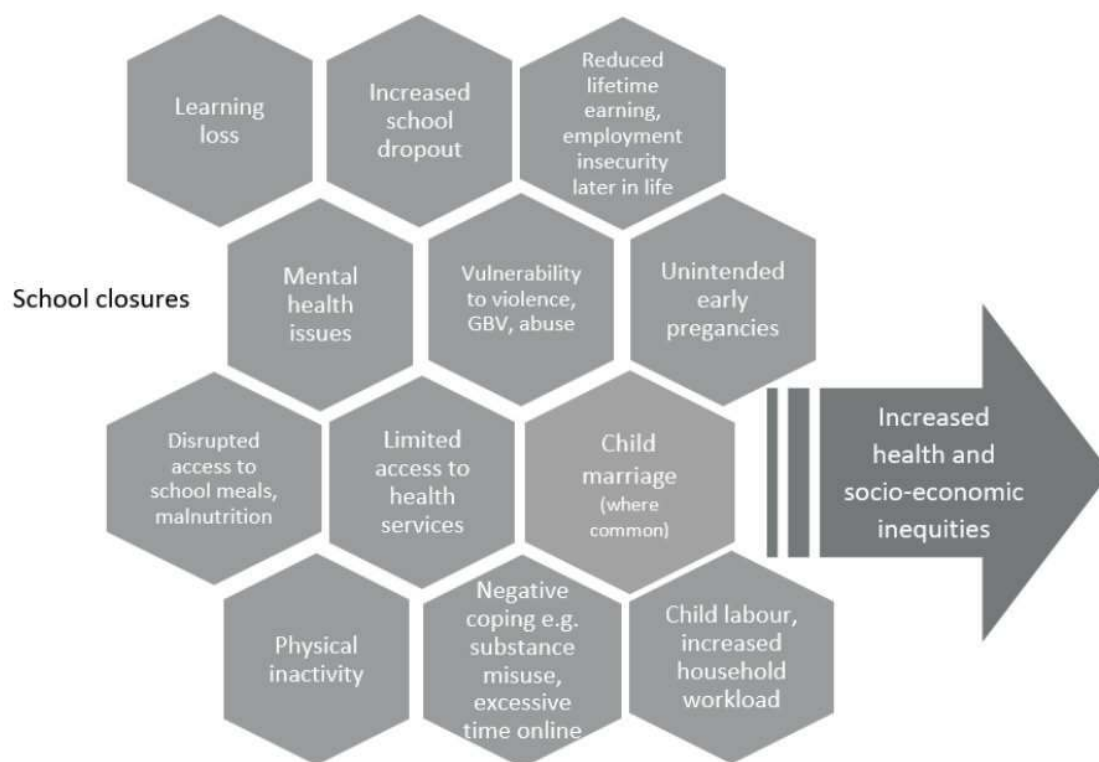


Figure 1. Negative effect of school closure



Ebola crisis in West Africa in 2015, girls are more likely to re-enrol later or permanently drop out of school than boys after reopening (Bandiera et al., 2018).

As a result of COVID-19 school closures, modelling estimates predict that 1 million girls across sub-Saharan Africa are at risk of permanently dropping out of school owing to unintended pregnancies (World Vision International, 2020). In South Asia, adolescent pregnancies could increase by an estimated one-third (UNICEF, 2021b). Compounded by the economic crisis, school closures are projected to increase child marriage by up to 10 million girls globally (UNICEF, 2021c) and increase child labour, particularly in low- and middle-income settings (ILO and UNICEF, 2020). Both factors will increase school dropout rates and decrease life-long earning, particularly for females (World Bank, 2020).

Lockdowns have also increased the risk of domestic violence, particularly for girls, including physical and sexual violence and abuse (UN Women, 2020). Limited access to social support and services, including through school, has compromised the seeking of help (Viner et al., 2021).

OVERALL EFFECTS

Figure 1 summarizes the negative impact of school closures. While the economic, political, social and cultural context in which children and adolescents live determines the degree of the impact, children everywhere have been negatively affected in one way or another by COVID-19. However, the impact of school closure has been greatest on the poorest and structurally marginalized. Given that education is a key tool to escape poverty and gain good health, the lack of education over the past year has served to widen the gap between low- and middle-income and high-income settings.

POLICY RECOMMENDATIONS

School closures have had an irrevocable impact in the short and long term on children and adolescents' health, societal and economic development, and inequities more broadly. Children have played a minor role in transmitting COVID-19 and are at the least risk of severe COVID-19. Accordingly, this policy brief calls for stronger accountability by governments, the UN, including UNICEF, UNESCO, WHO and other bodies, for the consequences of the decision to close schools. The unilateral decision by governments has impacted progress towards fulfilling the human rights of children to health, development and protection, and is contrary to the UN Convention on the Rights of the Child ratified by 196 countries (UN Commission on Human Rights, 1990).

For the remainder of the COVID-19 pandemic and in future pandemics, governments should keep schools open unless advised to the contrary by the WHO. Where schools have been closed already owing to COVID-19, urgent support and resources are required for children to return to physical schooling and related services. There is also a need to invest in addressing the fear and anxiety that is associated with a return to in-person education (UNESCO et al., 2020). The G20 should adopt the following as policy positions:



1. Reassert education as a fundamental right: consider school closures only as a measure of last resort and only if recommended by the WHO

There is strong evidence that children and adolescents are disproportionately impacted by the indirect effects of the COVID-19, including school closure, while their contribution to the epidemic and risk of severe illness is relatively small. Transmission of COVID-19 in schools is not common, particularly among younger children, and reopening has not resulted in increased community transmissions (Brandal et al., 2020; Gras-Le Guen et al., 2021). For these reasons, the WHO, UNICEF and UNESCO all recommend that schools remain open.

At country level, local epidemiology should guide policy and avoid school closures. Any decision to close schools should only be considered in the context of high levels of community transmission, where there are no alternative measures available, and should consider the potential negative impacts and the best interest of children and adolescents (WHO, 2020c).

At global level, the G20 and UN agencies should commit to a principle that in future epidemics, school closures – even with remote learning – should not be used as a universal infectious disease control measure unless the evidence supports such a strategy. If a decision to close schools must be taken, it should follow WHO guidelines.

The WHO's May 2020 guidance and its September update on keeping schools open safely in the context of COVID-19 addressed community, school, classroom and individual level prevention measures. Public health measures acknowledge the public health imperative of maintaining schools safe for children, adolescents, teachers and other staff while also minimizing disruption to learning (WHO, 2020a, 2020b). If countries had followed WHO guidance, unnecessary school closures could have been avoided.

2. Include plans for education as part of pandemic preparedness, response and recovery – and invest accordingly

The pandemic has halted the positive trend in financing for education, which will disproportionately affect the poorest countries. Two-thirds of low- and lower-middle-income countries and one-third of upper-middle- and high-income countries have reduced their education spending since the onset of the pandemic (World Bank and UNESCO, 2021). The gap in spending and learning outcomes between children in the poorest and richest communities,¹ exacerbated by unequal access to remote learning, will have a devastating impact, particularly on low- and middle-income economies. To this end, further targeted fiscal investment is required for education, particularly for the lower-income countries where official development assistance makes up a high share of education financing.

Education should be integrated into pandemic preparedness, response and recovery plans. The integration should include developing country preparedness plans based on WHO guidance and investing in education systems, teaching resources, a sufficient number of teachers and teacher education, preventing permanent school closures and improving the provision of good quality education. To this end, schools and staff, including teachers, directors and school health workers should be adequately supported to implement mitigation measures, provide health education and engage with communities to build trust and encourage children's return to school (Sundaram et al., 2021).



Furthermore, investment in school infrastructure, including handwashing facilities, water and soap, is key to continuing education during epidemics and promoting a healthy and safe school environment. Finally, investment in information and communication technology (ICT) equipment and skills for both teachers and children is required to narrow the digital divide. However, investments in ICT should not be justified by the potential for remote learning but as part of a holistic educational approach to developing critical 21st-century skills (World Economic Forum, 2016).

3. Track child-related policies and outcomes in real time

Lessons learnt from school closures related to the current and previous epidemics show that learning, health, and social outcomes have not been well monitored or analysed. Better tracking systems are needed globally and locally to understand the extent to which school closures and broader health and education policies are implemented. There is also a need to utilize data and evidence for rapid decision-making and revise recommendations as the evidence evolves.

Implementation science and research, based on multidisciplinary empiric research of policies and interventions in “real-world” contexts, are critical in helping policymakers understand how feasible measures are in a range of contexts and most importantly, the impact on children and adolescents in the short, medium and longer terms. Implementation science can also help policymakers avoid ineffective practices, including those that indirectly cause harm, and inform the development of implementable and effective recommendations.

For future pandemics, the G20 and UN agencies should prioritize funding research that informs a real-time understanding of the feasibility of policy recommendations. Tracking the direct and indirect effects of COVID-19 mitigation measures on children and adolescents should be part of the acute phase of the response. Tracking is critical in low- and middle-income countries, where little information on the effects of school closure owing to COVID-19 has been published.

CONCLUSION

The G20 countries account for nearly 60 per cent of the world’s population (United Nations Department of Economic and Social Affairs, 2019). The G20 can play a critical role in ensuring access to education for the world’s children by advancing the policy recommendations of this brief and influencing countries – both within and beyond the G20. In recognition of this, in August 2020, 275 former world leaders asked the G20, governments and global financial institutions to prioritize and invest in education (Education Cannot Wait, 2020).

In future, schools should remain open unless the closure is deemed essential by the WHO to control a pandemic. In line with the Sustainable Development Goals and the Convention on the Rights of the Child, countries and the global community should take immediate action to prioritize schools reopening and invest in policies and programmes that will mitigate the wide range of negative impacts of COVID-19-related schools closures. Contingency planning where school closure is unavoidable and associated investments to realize these plans should be a critical component of pandemic preparedness plans, so that children can realize their right to health, education and protection.

APPENDIX

ANNEX 1. SNAPSHOT OF SCHOOL POLICIES IN G20 COUNTRIES

Country Information			School Status (based on UNESCO tracking)					School Reopening Checklist at National Level		
G20 Countries	GNI per capita (USD)	WB Classification	30 April 2020	30 Sept 2020	1 March 2021	30 May 2021	1) Guidance on School Reopening/Closure	2) Protocol on mask wearing in schools	3) Physical distancing in schools	
United States	65 760	HIC					Yes	Varies per state	6 feet	
Australia	54 910	HIC					Yes	Varies per state	1.5 m (for adults)	
Germany	48 520	HIC					Yes	Varies per state	Varies	
Canada	46 370	HIC					Yes	Varies per state	2 meters	
France	42 400	HIC					Yes	Mandatory	2 meters	
United Kingdom	42 370	HIC					Yes	Varies per country	2 meters	
Japan	41 690	HIC					Yes	Mandatory	1-2 meters	
Italy	34 460	HIC					Yes	Mandatory	1 meter	
South Korea	33 720	HIC					Yes	Mandatory	Yes, not specified	
Saudi Arabia	22 850	HIC					Yes	<i>Schools still closed</i>	NA	
Russia	11 260	UMIC					Yes	Not mandatory	None	
Argentina	11 200	UMIC					Yes	Mandatory	1 meter	
China	10 410	UMIC					Yes	Not mandatory	1 meter	
Turkey	9 610	UMIC					Yes	Mandatory	Yes, not specified	
Mexico	9 430	UMIC					Yes	Not mandatory	Yes, not specified	
Brazil	9 130	UMIC					Yes	Not mandatory	1 meter	
South Africa	6 040	UMIC					Yes	Mandatory	1 meter	
Indonesia	4 050	UMIC					Yes	Mandatory	Yes, not specified	
India	2 130	LMIC					Yes	Mandatory	6 feet	
							Academic break			
		Fully open								
		Partially open								
		Closed								



NOTES

¹ For example, in low-income countries, 40 per cent of total public expenditure for education benefits the wealthiest quintile, and only 10 per cent the poorest, whereas in high-income countries the share is almost the same (World Bank and UNESCO 2021).



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ABOUT THE AUTHORS



Pascale Allotey United Nations University – International Institute for Global Health (UNU-IIGH)

Allotey is the Director of the United Nations University International Institute for Global Health (UNU-IIGH). Prior to joining UNU, Prof. Allotey served as Professor of Public Health and Deputy Head of School (Research and Development) at the Jeffrey Cheah School of Medicine and Health Sciences, Monash University (Malaysia). She also was head of the Global Public Health unit and founding Associate Director of the South East Asia Community Observatory (SEACO, Malaysia). Her previous experience includes Professor of Race, Diversity and Professional Practice, Brunel University (UK); Lecturer and Senior Research Fellow at the Key Centre for Women's Health, WHO Collaborating Centre for Women's Health, University of Melbourne; and Lecturer in the Tropical Health Program, Australian Centre for International and Tropic Disease and Nutrition, University of Queensland. She is also a technical advisor on several WHO committees in Geneva.



Agnes Binagwaho University of Global Health Equity

Binagwaho, MD, M(Ped), PHD currently resides in Rwanda and is the Vice Chancellor and co-founder of the University of Global Health Equity, an initiative of Partners in Health. She is a Rwandan pediatrician, who returned to Rwanda in the late 1990s. She worked for 20 years in the public health sector in Rwanda, first as a clinician in public hospitals for four years. Afterwards, she worked in various high-level government positions between 2002 and 2016, serving first as the Executive Secretary of Rwanda's National AIDS Control Commission, then as the Permanent Secretary of the Ministry of Health, and lastly as the Minister of Health for five years. Professor Binagwaho also serves as a Senior Advisor to the Director General of the WHO, Senior Lecturer in the Department of Global Health and Social Medicine at Harvard Medical School, Adjunct Clinical Professor of Pediatrics at Dartmouth's Geisel School of Medicine, and Professor of Pediatrics at UGHE. She is a member of the U.S. National Academy of Medicine and a fellow of the African Academy of Sciences. She has published over 190 peer-reviewed articles and was named among the 100 Most Influential African Women for 2020.



Susanna Lehtimaki Spark Street Advisors

Lehtimaki is a Senior Analyst at Spark Street Advisors focused on results-based program development, strategic planning, and analysis. She has held positions with UNICEF in country and at headquarters and worked in maternal and child health in Finland and India. Susanna holds a BA in Social Sciences and an MA in Public Health from Tampere University, Finland.



Harvy Joy Liwanag United Nations University – International Institute for Global Health (UNU-IIGH)

Liwanag is a medical doctor and a health systems specialist with research interests focused on low- and middle-income countries (LMICs). As Postdoctoral Fellow at the United Nations University's International Institute for Global Health, he explores the topic of evidence-informed policymaking in the context of supporting the effectiveness of global health policies. In the Philippines, he has supported the Department (Ministry) of Health in the area of human resources for health, particularly in projecting future health workforce requirements for the country. For his PhD thesis, he analysed decentralization of health services in the Philippines and its relationship with health systems strengthening. He has also conducted research on the control of soil-transmitted helminthiasis.



Emma Rhule United Nations University – International Institute for Global Health (UNU-IIGH)

Rhule joined the United Nations University's International Institute for Global Health in 2018 where she is acting lead for their work on the translation of evidence for health policy and decision making. Emma is passionate about creating safe spaces for diverse and under-represented voices to contribute to decision making processes. Prior work in this space includes projects to increase access to informal science learning for young people on the margins of society, including young offenders and refugees, and community engagement workshops for early career health researchers. As the co-lead of a social innovation consultancy working with UN agencies, NGOs, and civil society organisations, she worked to develop human-centered solutions to problems ranging from access to education for migrant children to tools and approaches to enable policymakers to better engage with young people.



Nina Schwalbe Mailman School of Public Health, Columbia University

Schwalbe leads Spark Street Advisors, a strategic consulting firm focused impact, effectiveness and driving evidenced based strategy and policy. She has held senior leadership positions at Gavi, UNICEF and Open Society Foundations. She is an Adjunct Assistant Professor at Columbia's Mailman School of Public Health, principal visiting fellow at UN-IIGH, a member of the Council on Foreign Relations, and on the steering group of WHO-UNESCO Research Working Group on Educational Institutions and COVID-19.