



Considerations for School-Related Public Health Measures for Populations in Vulnerable Conditions in the Context of COVID-19

For health and education sectors of national and local governments



PAHO



Pan American
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Introduction

Schools are an essential foundation for the health, safety and wellbeing of children and adolescents, their learning and development, as well as their future academic and professional opportunities.

Access to education is central to reducing poverty, promoting gender equality and social inclusion and safeguarding sustainable development and human rights (1–3). The COVID-19 pandemic has had unprecedented impacts on how schools and education systems more broadly operate. Although more evidence on the impact of COVID-19 is needed, interruptions in the functioning of and access to schools have posed new challenges to children’s health, education, and protection.

Since countries are in various phases of reopening and (re-)closing of schools in the context of COVID-19, Ministries of Education and Health, as well as teachers, school managers, families and communities have an important role to play in deciding on a solution that would enable all children and adolescents to access education and other essential services provided by schools.



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It is important to enable schools to be a healthy setting for living, learning and working. However, in this COVID-19 context, countries are trying to cope with protecting children and school staff from the transmission of COVID-19, the consequences of opening, closing and reopening schools, the possibilities of moving learning online, and finding ways of recovering losses in learning in case of interruption of school services.

This guidance document is aligned with various other documents that describe the consequences of the pandemic and provide related guidance for schools and education systems (4–6). It specifically responds to calls to pay particular attention to and protect special populations and groups in situations of vulnerability (7,8).

This document therefore discusses the health, social and economic consequences of the measures taken to control the pandemic related to the closure of schools, as well as the elements that need to be taken into account when reopening and closing schools, with a focus on children and adolescents in vulnerable situations (9–11). It provides additional considerations to ensure that plans to reopen schools include actions especially designed to benefit those children and adolescents at higher risk of having inadequate education and health outcomes due to the negative direct and indirect impacts of the COVID-19 pandemic.

Schools are crucial for the health and development of children and adolescents; as soon as the context permits, they should be opened with special considerations for children and adolescents in situations of vulnerability. Despite its serious health and socio-economic impacts on the population COVID-19 also provides an opportunity to rethink the way that education and health systems are organized.

It is important to always keep in mind that schools play an important role in protecting and promoting the health of all students (61). The pandemic provides the opportunity for more effective coordination across sectors, particularly health, education, and social protection, and to improve access to health and social services to students and their families, giving special attention for the groups and territories in situations of vulnerability.

Objective

The objective of this document is to contribute to a school reopening/closing process that is inclusive and participatory, and that takes into consideration the needs of populations in vulnerable situations in the context of the COVID-19 pandemic. It builds on the “Guidance for implementing non-pharmacological public health measures in populations in situations of vulnerability in the context of COVID-19 pandemic” (12).

Audience

Technical teams at Ministries of Health and Education, mayors and local decision-makers.

COVID-19, Schools and Learning

Schools shape the life trajectory of children and adolescents in various dimensions – cognitive, social and emotional. They are therefore critical to the recovery and mitigation of the effects of the pandemic for families and societies as a whole, both in the short and long term. The United Nations Educational, Scientific and Cultural Organization (UNESCO), World Bank and many others are warning about the massive level of the learning loss (13–15), with over 160 million students in Latin America and the Caribbean who stopped receiving face-to-face classes (16).

The World Bank estimates a 25% increase in the number of students who may fall below a baseline level of proficiency needed to participate effectively and productively in society and in future learning as a result of

the school closures alone (17). The impact of learning loss might be the strongest in the early years of school. Simulations suggest that without remediation, a loss of learning by one-third (equivalent to a three-month school closure) during Grade 3 might result in 72% of students falling so far behind that by Grade 10, they will have dropped out or will not be able to learn anything in school (18).

Also, school closures have a negative effect on children beyond their impacted education, including equity, and child health (both physical and mental health) and development, and can affect parents' ability to work, introducing other risks (19,20). This scenario, without action, translates into a loss of earnings and productivity, and limited capability to escape poverty, affecting not only this generation, but also future ones.

Children, Adolescents, COVID-19 and Transmission in Schools

Current evidence suggests that children of all ages can be infected and spread the virus to others. However, the level of susceptibility and transmission of COVID-19 varies with age. Infections occur more frequently in children older than 10 years, who transmit the virus more often than younger children (21–24). COVID-19 is reported much less frequently in children than in adults.

Children and adolescents represent about 8% of reported cases globally, and 5.6% in the Region of the Americas (25). They mostly have mild and asymptomatic infections; however, children with underlying conditions are at higher risk of serious illness. A rare, severe clinical presentation has been described, i.e., the multisystem

inflammatory syndrome, which occurs 2–4 weeks after onset of COVID-19, but most children with this syndrome recover with treatment (26,27).

Another study in England concluded that the re-opening of schools was associated with very few cases or outbreaks, but secondary schools in particular might nevertheless play a considerable role in transmission between households (28). Also, studies have found that school staff are at lower risk of infection in school settings than the general adult population, and several studies and reviews have shown that school re-openings have not been associated with significant increases in community transmission (29–34).

Risk-based approach recommendations to decide re-opening schools

The World Health Organization recommends the use of a risk-based approach to decide the time to open schools and advises to consider the following (35–37):

- The local situation of the COVID-19 pandemic: The higher the level of community transmission, the higher the risk of bringing the infection inside the schools. The local situation may change rapidly; therefore, education sector representatives must be part of the local multisector team conducting regular analyses of the local COVID-19 situation.
- The level of access by students to schools, for example, safe and accessible transportation, freedom of movement of students in the community, safety risks on the way to and from school, etc.
- School setting and ability to maintain COVID-19 prevention and control measures.
- The existence of resources and local mechanisms to prevent, detect and respond to new COVID-19 cases and to mitigate the social and economic effects of the pandemic.
- Accessibility and effectiveness of remote learning strategies.
- Overall impact of school closures on education, health and wellbeing on vulnerable and marginalized populations.



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It is critical to balance the potential benefit of closing schools to reduce the spread of COVID-19 against the negative consequences of such measures on student learning, physical and mental health and protection, and the burden on parents and caregivers. These effects are likely to fall disproportionately on lower-income families and those who face adversity and discrimination (38).

Moreover, the longer the school closure, the higher the probability for school drop-out. UNESCO estimates that 23.8 million additional children and youth (from pre-primary to tertiary) may drop out or not have access to school next year due to the pandemic's economic impact alone (39). School closures make girls and young women more vulnerable to child marriage and increase the risk of early pregnancy and of gender-based violence (40).

Resources:

1. United Nations Children's Fund, United Nations Educational, Scientific and Cultural Organization, World Health Organization. [Considerations for school-related public health measures in the context of COVID-19-](#)
2. World Health Organization. [Coronavirus disease \(COVID-19\): Schools.](#)
3. World Health Organization. [Checklist to support schools re-opening and preparation for COVID-19 resurgences or similar public health crises.](#)
4. UNESCO, United Nations Children's Fund, World Bank, World Food Programme, United Nations High Commissioner for Refugees. [Framework for reopening schools.](#)

School re-opening and populations living in vulnerable conditions

First things first. Deciding when and preparing for a safe school reopening for children, their families and school staff

As stated in the United Nations Secretary-General Policy Brief, “Education during COVID-19 and beyond”, “The single most significant step that countries can take to hasten the reopening of schools and education institutions is to suppress transmission of the virus to control national or local outbreaks” (41). The coordination of the health and education sectors is key to decide on the right timing. Given the differences according to locations, a critical role of the national authorities is to enable local adaptation and decision-making processes based on data, science, and the participation of families and school and health staff.

The re-opening of schools depends on a continuous assessment of the local COVID-19 situation and of the effects on families and local institutions, such as schools and the health condition of children. This implies effective coordination among the local authorities to align the decisions about schools with those made for reopening other services and workplaces. Since recovery from education, health and

socio-economic impacts are intertwined, its success will therefore require effective coordination among relevant sectors and stakeholders.

Coordination with public health and health services is especially important is to ensure that a mechanism is in place to refer any student or school staff who may need health care in a timely manner. A possible scenario to consider and be prepared for is a resurgence of the epidemic at the local level. Schools, workplaces and services must be prepared to respond in such a scenario.

Decisions on school reopening require an assessment of the above-mentioned considerations and an assessment of the negative impacts of continued or repeated school closure, which is likely to greater affect certain population groups in vulnerable conditions. For example, for children currently exposed to violence at home, any extension of school closures may result in severe consequences on their health and lives, thus requiring governments and partners to identify alternatives for providing them with support while conditions for a safe reopening of schools are not yet in place.

Ensuring that the reopening of schools addresses the needs of population groups in vulnerable situations – Aligning resources and needs

An equitable approach to reopening and recovery requires a careful use of resources at the national, subnational and local levels. It is likely that the COVID-19 pandemic is exacerbating resource constraints (42). Many countries are being forced to balance an increased need among some population groups with a new constraint to the availability of financial and human resources. It is critical that priority setting be guided by the best available evidence, including available data on who is most vulnerable and why. Ministries of Education together with the Ministries of Health and national statistics institutions, among others, are critical partners in such priority setting.

Considerations for equity-focused priority setting

- Improve targeting of available resources by identifying the territories or population groups where greater support is needed:
 - Using available quantitative data, identify the smallest possible disaggregation by key social stratifiers, and analyze the distribution of key education indicators together with the allocation of financial and human resources for education.
 - If education indicators are not available or reliable, consider using available data from social protection schemes such as cash transfer programs or regular household surveys (i.e., living standards, census, etc.). They can help to quickly identify families living in poverty or extreme poverty. Poverty levels correlate with both health and education outcomes.
 - If the above data and information are not available or reliable, given the close link between child health and education outcomes, consider the use of data from health sources. Indicators to consider are the prevalence of stunting or under-five mortality.

Supporting the health and wellbeing of students and teachers

Emerging data are showing an increase in the level of anxiety, stress, loneliness, and symptoms of depression among caregivers, as well as disruptive behaviors, anxiety, loneliness, and fear among children and adolescents (43,44). These impacts and behaviors are the results of school closures, physical distancing measures, fear of the infection, uncertainties about the future, and the severe disruption in family routines and family social and economic stability. For children and adolescents, social interactions are essential for physical and mental health, and optimal development.

Children and adolescents who live in adversity due to, inter alia, poverty, discrimination, neglect or violence are at a higher risk of showing difficulties in maintaining their mental health, controlling their emotions, keeping themselves focused, and connecting with others. The pandemic has created new sources of stress and uncertainty for children and adolescents, their peers, families and communities, including school staff, exacerbating pre-existing vulnerabilities.

Decisions on reopening require countries to acknowledge that teachers and students and their families may be affected in different ways, and in turn, affect their capacity to adapt to the restart of new school routines and the changes in the way teaching and learning take place.

Considerations:

- Ensure that each school conducts an assessment of the health and social situation of teachers and other school staff before reopening. The reopening plan may consider offering temporary alternative functions to those facing health or social difficulties due to the pandemic together with access to the appropriate source of support.
- Encourage each teacher to connect with their students and families prior to the school opening to check on their situation and their readiness and willingness (or not) to attend school. If the number of children is too high, teachers should give greater attention to those with a higher risk of vulnerability, such as children with low school performance, suspected violence in the family, and frequent absenteeism, depending on the local context (45).
- Gather information on available community resources for psychosocial support, health and social protection (i.e., hot lines, ways to access telemedicine or support by phone calls, WhatsApp groups, centers of food distribution, services operated by civil society, etc.) and make these widely available through school networks.



- Create continuous opportunities to improve the capacity of school teachers and other staff to identify children in need of psychosocial support, including those experiencing or at risk of violence, and provide them with needed support. Have clear procedures on how to connect children and families safely to health, protection and/or other community resources. Ensure that a clear mechanism is in place to follow up on referrals.
- Strengthen and adapt the school curricula to incorporate training for children and adolescents related to violence prevention in the context of COVID-19, including information on sexual and reproductive health.
- Revise and adapt policies regarding student evaluation. Some students will be able to adapt and continue their education with minimal disruption and with the support of their families; others will need additional support to recover what they lost and sustain any gain in learning. Schools need to discuss what good or acceptable education performance means for teachers and students within the context of the pandemic.
- Strengthen local networks of teachers by providing spaces for support, learning and development of collaborative proposals to tackle curricula, teaching and socio-emotional support work.

Engaging families, communities and local stakeholders in school reopening plans

Successful reopening and recovery rely on public trust in the government and the school system (46,47). Engaging parents and local stakeholders as part of the reopening process will help not only to increase the relevance of plans and the compliance, but also and most importantly, to identify those most affected by the pandemic and those at risk of not returning to school.

The range of actors involved will depend on the context of each territory. It is likely that there is already some mechanism in place for the coordination of the local response to the COVID-19 pandemic. It is important that school reopening is aligned with the

reopening of services and workplaces in the same territory.

Similarly, direct and regular communication with parents is a critical component of developing a reopening plan as well as during its implementation and evaluation. Schools and other services should be prepared to return to the previous situation such as a complete closure if the local health authorities consider that the level of transmission of the virus has changed and the risk has increased. In this scenario, the acceptance of a return to school closure is more likely if parents are engaged throughout the process.



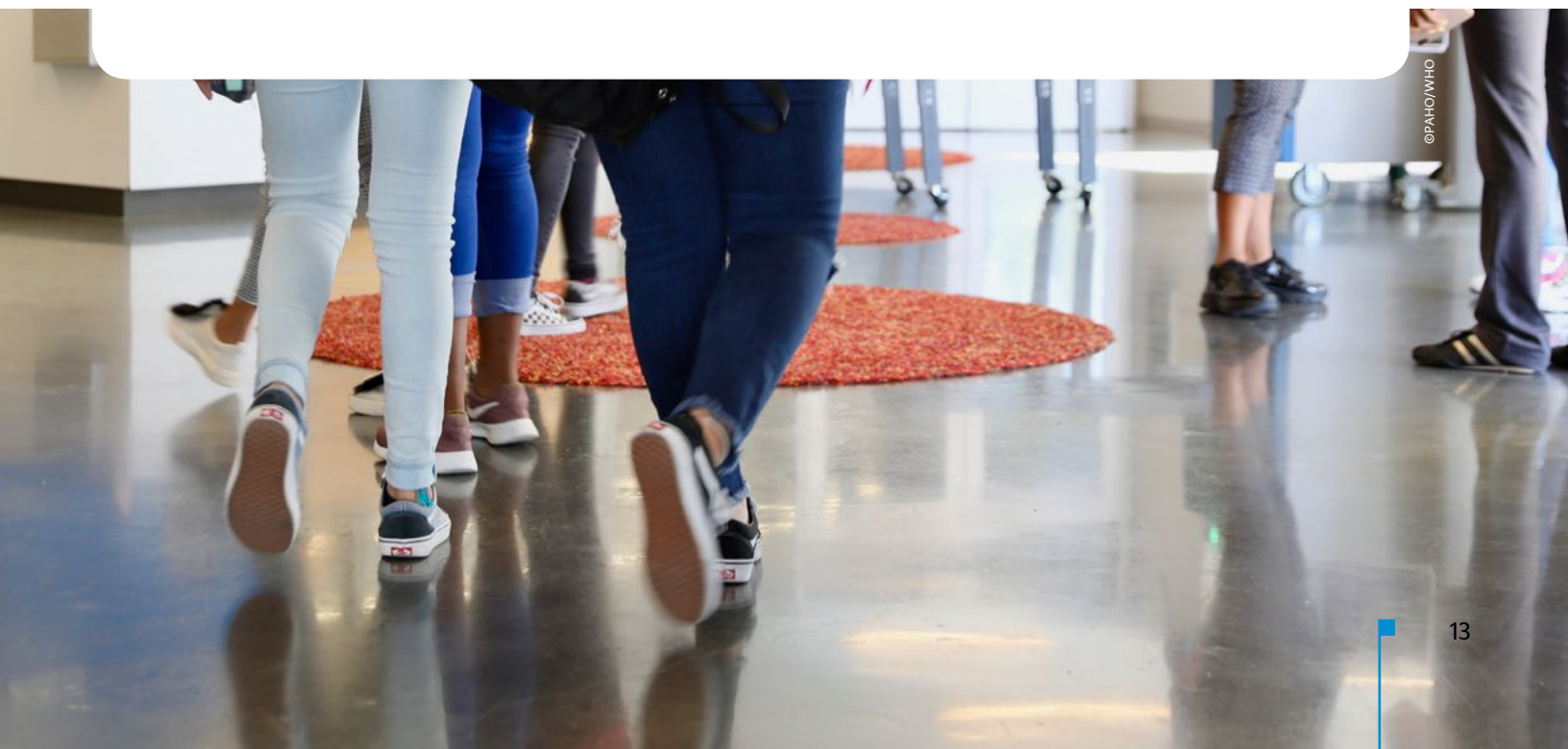
Considerations:

- Prioritize the engagement of the community and the family early in the process to build trust, provide reliable information about COVID-19 prevention and risk, anticipate needs for additional support, and ensure compliance with the process of reopening or re-closure if community transmission increases.
- Depending on the local situation of the pandemic, promote the discussion of options in the community to expand the opportunities for safe social interaction (i.e., small play groups, web-based parents groups, promotion of playful activities between caregivers and children, small groups with first-time parents or parents of adolescents, promotion of physical activity as a family activity, etc.). Positive social interactions are essential for the health, wellbeing and education outcomes of children and adolescents, and help build resilience. The reopening process will likely be slow and in stages; therefore, as the territory controls the epidemic, some options could be considered to help students and their families (48).
- As part of the process, place special efforts to actively engage those families at higher risk of suboptimal education and health outcomes, and prioritize their needs as part of the reopening plan. Depending on the local context, some migrant families, indigenous families, families living in extreme poverty, single-headed families, families with history of or at risk of violence, families affected by substance abuse, families with a member with a disability, and families living in rural areas, among others, should be taken into consideration.
- Share clear and consistent information with the community and families about the reopening process through multiple channels, formats, and platforms (traditional and digital, if feasible) to reach every family.

Ensure that children and adolescents at high risk of negative education and health outcomes are back to school as soon as possible

Having an education is a human right and a determinant of health and development. In the context of the pandemic, some children are at risk of not completing their education due to the interaction of multiple factors. The socio-economic consequences of the pandemic are increasing the number of families living in poverty and extreme poverty. It is estimated that before the pandemic, more than 80 million children and adolescents in urban areas lived in deficient housing conditions and some 18 million in severely deficient households (49). The multiple disruptions of food demand and supply are causing an increase in food insecurity (50). In this context, some families

might be forced to send their children to work outside the house and/or give their girls tasks of caring for their younger siblings or doing household work while parents work or look for work. Global estimates, drawing on pre-pandemic numbers, suggest that one in every two children experienced past-year violence (51,52). Interpersonal violence, including violence against children, increases in emergencies, including epidemics (53). Moreover, the socio-economic consequences of the pandemic can create additional risk factors for being involved in or exposed to violence in the future, including domestic and community violence.





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Gender inequalities tend to worsen during and in the aftermath of a crisis (54,55), which may affect the capacity of some women to move freely and make decisions on their health and wellbeing and that of their family. These decisions include those related to their children's school attendance or participation in school or community engagement activities. Migrant families may not have the required documents needed to enroll their children in schools.

Some children may be facing a difficult family situation due to the loss of the main caregiver or the isolation after being diagnosed with COVID-19. During this pandemic, new groups of children are at risk of not attending schools – children with respiratory illness, chronic conditions

or other comorbidities whose parents may choose to avoid schools for fear of exposure to COVID-19; and children with a member in the family at higher risk of complications if affected by COVID-19 (56).

In areas where the pandemic is very intense, in particular, fear of attending services, including schools, can be very strong among families and children.

To benefit all children and mitigate the effects of the pandemic on learning, the school reopening plan needs to take into account the specific barriers to school enrolment, the risks of dropping out, and the risks of negative education outcomes despite school attendance.

Considerations:

- Actively participate in any relevant local multi-stakeholder mechanism to gather information on the impact of the pandemic in the community, and identify partners and resources available for supporting those most affected.
- Add or improve school support to the basic needs of the children, such as school feeding, access to free school supplies, and free hygiene kits or shelter. Financial support to vulnerable families, in cash or in kind, is critical during school closure and for getting children back to school. This support is feasible if schools work together with other institutions and the community.
- Add or improve school health services or the provision of health interventions by coordinating with the local health sector to help parents keep their children healthy and safe.
- If feasible, establish direct communication with parents and students through SMS or similar messages, disseminate parenting tips to manage stress and challenging child behaviors, and encourage exchanges among parents on ways to support the education, health, and wellbeing of their children safely at home (57).



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Ensure water, sanitation and hygiene when going back to school

It is estimated that 16% of the schools do not have water services, reaching 28% in rural areas. In Latin America and the Caribbean, in general, 60% of schools have soap and water for hand washing. In rural areas, 27% of rural schools have soap and water for hand washing, 19% have limited sanitation services and 13% of rural schools lack sanitation services.

Access to water, sanitation and hygiene (WASH) services are essential to prevent diseases, and it should be highlighted that hand hygiene as one of the most effective actions to prevent SARS-CoV-2, specifically in educational centers. These centres allow the school-age population not only to access educational services, but also to carry out practices in these spaces where students spend a good part of their time, which helps them prevent diseases. In this regard, the main recommendation is to wash hands after coughing and sneezing, when entering the house from public spaces, before preparing food, before and after eating, after using the bathroom, before and after breastfeeding young children and changing diapers, as well as after touching animals. It is for all these reasons that the World Health Organization recommends that universal access to hand hygiene facilities be provided, in front of all public buildings and transportation hubs, such as markets, shops, places of worship, schools, and train and bus stations (58,59).

Considerations:

- Improve universal access to water, sanitation and hygiene in educational facilities, forming part of the development plans of the education sector and the institutions responsible for guaranteeing WASH and health services.
- In the Latin America and Caribbean countries, investments in improving basic services in schools should be considered a strategic priority, given investment analysis and benefits that it implies for health and education.
- Strengthen monitoring systems that monitor WASH conditions in school settings.
- Prioritize the areas with the greatest health infrastructure deficit, especially marginal areas in cities and rural areas.
- Strengthen the community participation and the planning processes that guarantee the sustainability of the facilities, considering the cultural values of each country and region.
- Ensure the participation of school representatives in discussions with other sectors at the local level.

Availability e-learning

Distance learning methods delivered through the internet, television, radio, smartphones, and SMS require access to technology that is not available in all households. The most affected by the lack of technology are vulnerable children and adolescents, including girls, indigenous girls and boys, children with disabilities, refugee and migrant children, and children from rural areas. Teachers also need access to adequate technology as well as training on distance learning methods. Parents and students need to be guided on how to work safely and independently online (6o). Despite government efforts, only 1 in 2 children from public schools are accessing quality distance learning at home compared to 3 in 4 children from private schools.

Considerations:

- Map the available distance learning platforms for each age group and identify the most relevant tools for each context.
- Guarantee access to digital platforms, home computers, smart phones, and internet connection for all students and teachers.
- Characterize learners' access to and use of distance learning platforms on television, radio and printed materials.
- Take steps to keep children safe from online violence, for example, by encouraging open communication about online risks, strengthening awareness of teachers and parents of signs of online distress, and using technology to monitor access and set up safe spaces (e.g., through parental control, safe search and privacy settings).
- Through coordination with local institutions and participation of families and school staff, identify innovative ways to support learning that are feasible and culturally relevant.





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