One year into COVID: Prioritizing education recovery to avoid a generational catastrophe

High-level ministerial meeting

29 March 2021

Session 1
Keeping schools open, prioritizing and supporting teachers

Speakers' presentations

What does the evidence tell us about keeping schools open safely

State-of-the-art review of the evidence

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Three solid facts

1. Schools should be among the last places to be closed and first to reopen
2. School reopening, with comprehensive infection prevention and control measures in place, and when the community infection levels were low or moderate, did not increase community transmission
3. Implementation mechanisms in schools involve institutional, contextual and personal factors

Schools should be among the last places to be closed and first to reopen

1

Impacts of school closures on health and education of children and young people

- Major impact on education: learning loss in core subjects, declines in college enrolment, increase in socioeconomic skills gap...

- Impact on physical, mental and social development and wellbeing

- Restricting access to school meals, health visiting, social care and school-based vaccinations disproportionately impact children from disadvantaged backgrounds.

Haeck And Lefebvre 2020, Parnham et al., 2020, Kahfeld et al. 2020, Viner et al. 2021

School closure among the non-pharmaceutical interventions

- Stay-at-home orders targeted at risk groups, teleworking, closure of non-essential businesses and services, bans on gatherings of 50 individuals or more are the most effective prevention measures

- School closures can contribute to a reduction in SARS-CoV-2 transmission, but by themselves are insufficient to prevent community transmission of COVID-19 in the absence of other non-pharmaceutical interventions.
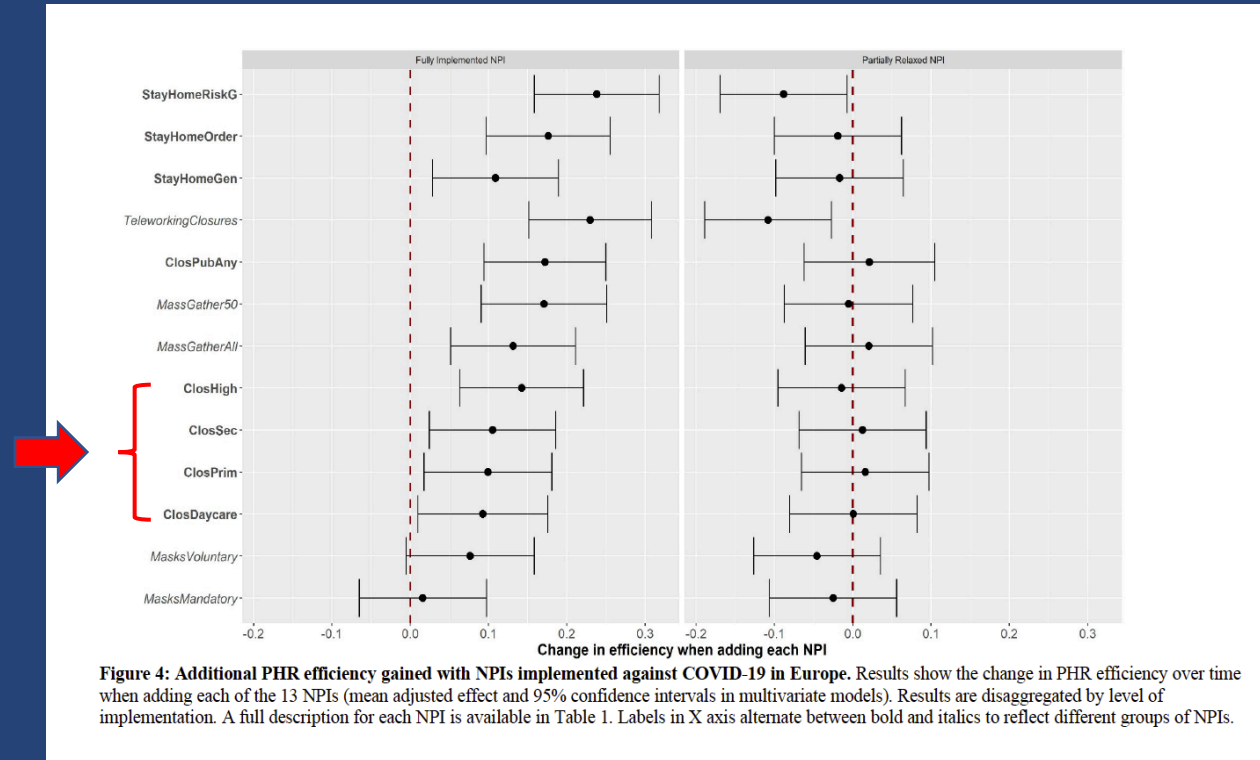

Figure 4: Additional PHR efficiency gained with NPIs implemented against COVID-19 in Europe. Results show the change in PHR efficiency over time when adding each of the 13 NPIs (mean adjusted effect and 95% confidence intervals in multivariate models). Results are disaggregated by level of implementation. A full description for each NPI is available in Table 1. Labels in X axis alternate between bold and italics to reflect different groups of NPIs.

Garchitorena et al. 2020

School reopening, with comprehensive infection prevention and control measures in place, and when the community infection levels were low or moderate, did not increase community transmission

2

SARS-CoV-2 infection rates and school reopening

Cases in school-aged children lagged behind and followed adult trends after schools reopened, with a strong age gradient in weekly infection rates.

Younger children (<10 years of age) are less likely to be infected than adolescents.

C. Gras-Le Guen et al. 2021, Mensah et al. 2021
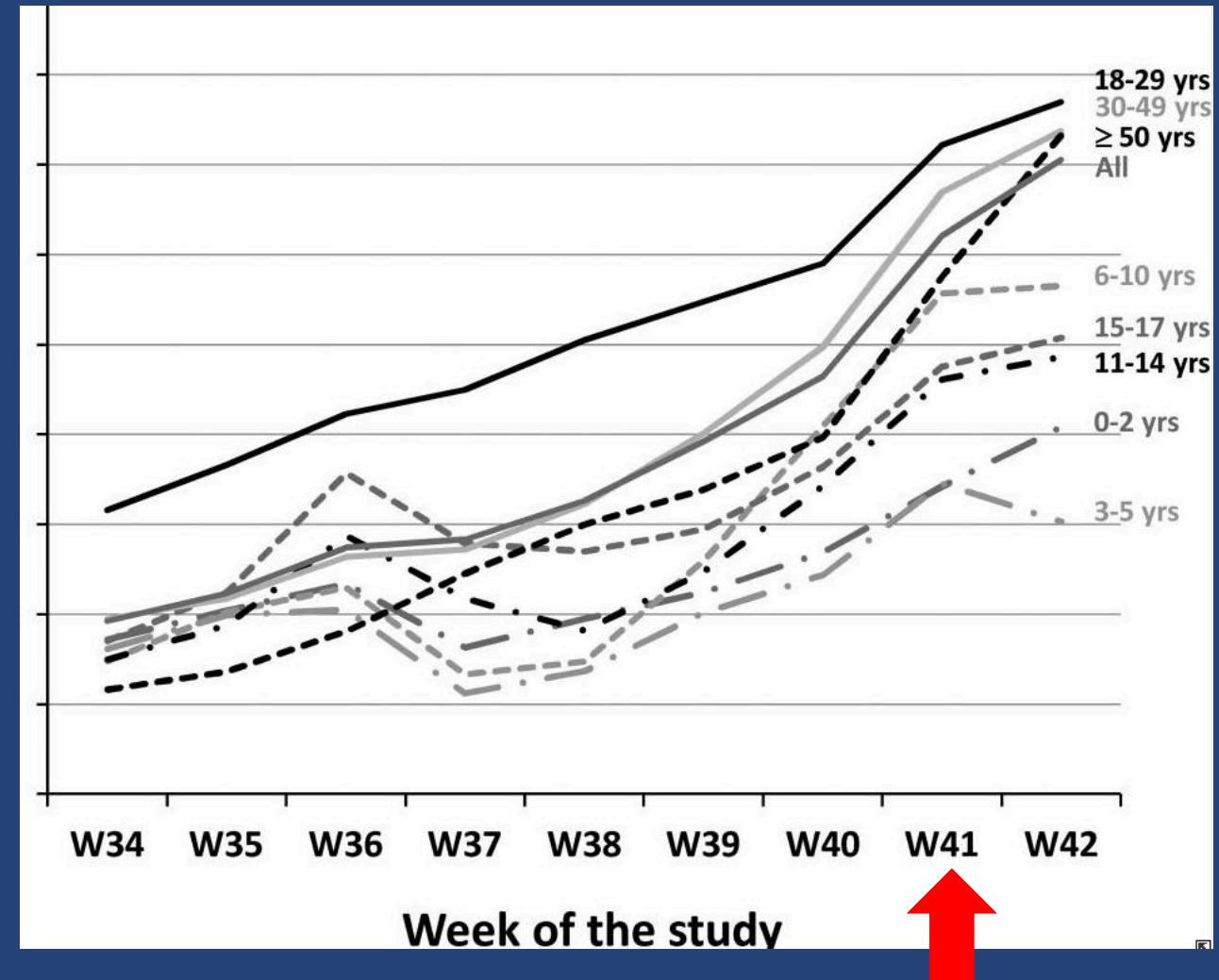
SARS-CoV-2 transmission within the school setting

- Significant secondary transmission can - and does - occur in school settings when prevention strategies are not implemented or followed.

- Comparing county-level COVID-19 hospitalizations between counties with in-person learning and those without in-person learning found no effect of in-person school reopening on COVID-19 hospitalization rates when baseline hospitalization rates were low or moderate (75% of the counties).

Mc Cartney et al 2020, Harris et al. 2021

Influence of the reopening on community transmission

A systematic review of observational studies showed most studies reported that school reopening, with extensive infection prevention and control measures in place and when the community infection levels were low or moderate, did not increase community transmission of SARS-CoV-2.
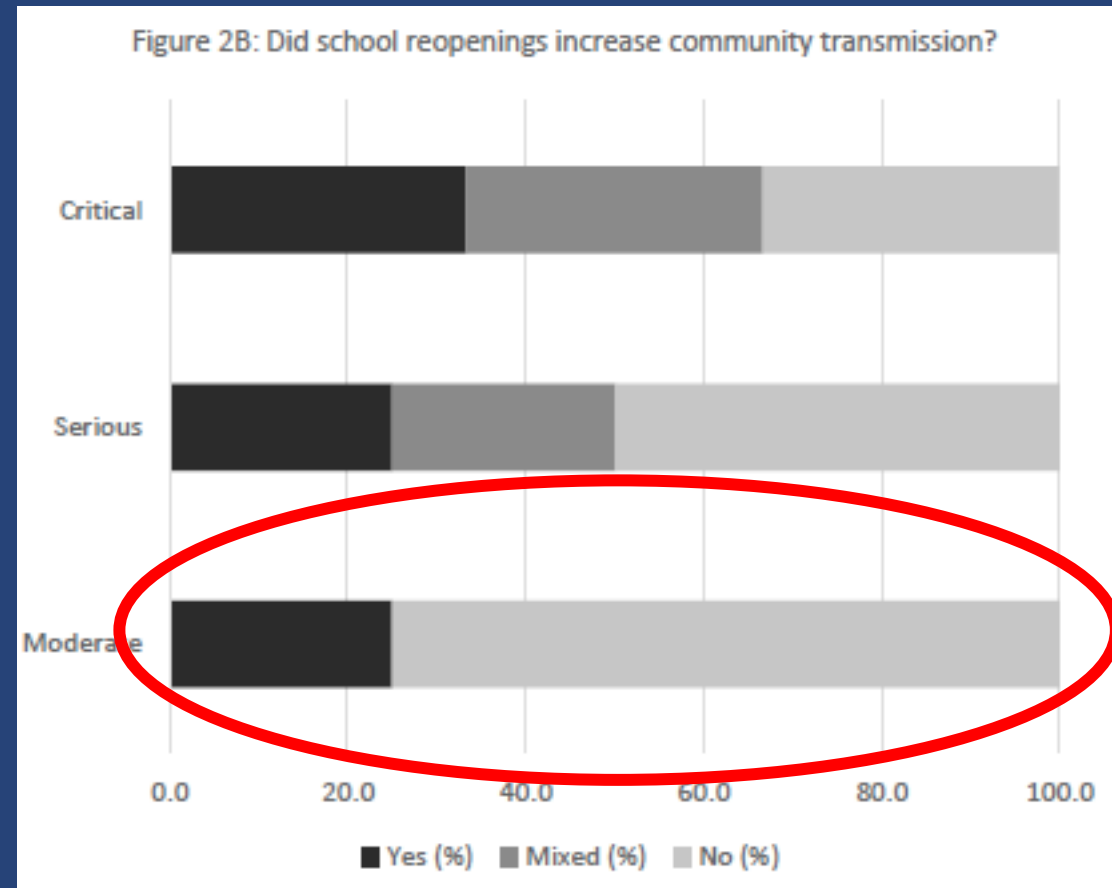
Figure 2B: Did school reopenings increase community transmission?

Walsh et al. 2021

Implementation mechanisms in schools involve institutional, contextual and personal factors

3

Variations in establishing material readiness in South Africa

	KwaZulu-Natal	Northern Cape	Estn Cape	Free State	Mpumalanga	Limpopo	North West	Gauteng	West Cape
Regulations received (yes)	43	46	44	66	60	62	65	59	89
Circuit Manager in touch (yes)	60	65	71	79	82	79	87	64	89
Adequate water for COVID cleaning (yes)	56	68	40	59	53	61	61	84	95
Needed water tanks delivered	19	2	6	34	14	12	9	19	17
All Offices cleaned	68	80	11	65	34	36	52	73	84
All Classrooms cleaned	55	64	9	41	23	30	47	68	76
Enough cleaning material available (surfaces, several times a day)	68	69	23	71	22	41	48	53	80
Sanitation facilities with soap and water	51	72	20	70	26	45	51	70	84
Face Masks available– 2 per person	22	30	2	9	13	3	4	25	84
Sufficient hand sanitizers available	87	84	7	77	25	69	42	40	87
Discussion with SGB	57	32	48	72	38	65	75	69	80

Readiness below 50%

Readiness between 50 and 80 %

Readiness above 80%

Metcalfe 2021

The implementation of preventive measures

A survey on National Education Responses to Covid-19 School Closures finds that in nearly all governments produced or endorsed specific health and hygiene guidelines and measures for schools.

Only around half of low-income and lower-middle income countries reported having enough resources, in comparison to 80 per cent of upper-middle-income countries and 95 per cent of high-income countries.

UNICEF/UNESCO/World Bank 2020

The implementation of preventive measures

- A survey concerning 42 countries showed the creation of the guidelines is perceived to be health-led, with limited understanding and appreciation of the school context.

- Implementation was facilitated by staff commitment and communication among stakeholders, but hampered by limitations with guidance received, physical environments, resources, parental adherence and balancing health promotion measures with learning.

- Research shows 3 main factors influences the adoption of new practices by teachers: institutional, **personal** and contextual.

Gray et al. 2021

The implementation of preventive measures

- Supporting every school to integrate health issues into their management and teaching is a priority.
- Such school policy should include the basic elements of:
  - protection,
  - prevention,
  - education.

Jourdan 2021, Jourdan et al. 2021, Tessier et al. 2021

Conclusion

1. Reducing transmission in schools is a shared responsibility and needs a combination of effective prevention strategies desegregated by age and communities - implemented with the ability and commitment to adhere to them.

2. Strong implementation strategies based on educators' involvement and the provision of technical and pedagogical resources in each school is necessary.

KEEPING
SCHOOLS
OPEN

OVERVIEW OF KEY POINTS AND STRUCTURE:
TEACHER LEADERSHIP HAS BEEN KEY TO KEEPING SCHOOLS OPEN

Teacher commitment to Keeping Schools Open

- Professional commitment to schools as a key intervention/ interrupter of inter-generational poverty
- Teacher understanding that properly COVID-resourced and managed schools can act as a barrier to transmission, and that access to nutritional and social support is dependent on schools remaining open

Role of Teacher Unions:

- Keeping members informed – the Union is a trusted source of information regarding the pandemic
- Maximising safety of teachers (and learners)
  - Monitoring school readiness in terms of provision of necessary PPE and fundamental infrastructural provision (e.g. water and sanitation)
  - Securing comorbidity leave etc

Challenges

- Teacher well-being, stress and burn-out
- Accumulated loss of opportunity to learn
- Potential for increased disengagement form school and drop-out

Public Leadership role

- Informing the public about health and safety issues using mass media
- Mobilising communities to support teachers during the crisis and
- Engaging with the Scientists to provide more light

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