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Recommendations of the Technical Advisory Group on Schooling during COVID-19 for the High-level Meeting on 8 December 2020

By: the Technical Advisory Group on Schooling during COVID-19

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A supplement to this document that contains the reference sources that support the recommendations is also available.

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This document has been prepared by members of the Technical Advisory Group (TAG) on Schooling during COVID-19. It represents the views and recommendations of the TAG only, and not necessarily those of the World Health Organization.

Introduction

Following the Technical Advisory Group (TAG) meeting on schooling during COVID-19 on 12 November 2020, the following recommendations have been made for consideration of the high-level meeting, reflecting the evidence at the time of the meeting. References for the statements and recommendations are available in a complementary document. The recommendations represent the views and points of agreement of the TAG experts and do not necessarily denote WHO's position or recommendations.

Children and adolescents are not considered primary drivers of transmission of SARS-CoV-2 in schools[1]

COVID-19 is reported less frequently in children than in adults. Transmission in education settings can be limited if effective mitigation and prevention measures are in place. In school settings across the WHO European Region, more outbreaks are reported in secondary and high schools than in primary schools (settings with children up to 10–12 years of age). Outbreaks in schools that involve only staff members are also observed. Data suggest that children and adolescents are followers, not drivers, of the pandemic, with a slower dynamic in younger children. While precautions must be taken to control the spread of COVID-19 in the community, including through school-based measures, a balance must be struck between imposing such measures and ensuring that children are able to continue learning and socializing to the greatest extent possible.

Key issue 1. Keeping schools open is a key objective

WHO, UNESCO and UNICEF have stressed that to support children's overall well-being, health and safety, the continuity of education should be at the forefront of all relevant considerations and decisions.

Given the adverse effects of school closures on the health and well-being of students, closures should be considered only as a measure of last resort. To achieve this goal, adequate public health and social measures should be implemented in communities and schools so that on-site schooling can continue. Examples include smaller class sizes, ensuring wider spaces between desks and staggering breaks. High-income countries have been closing schools less frequently than lower-income countries, with a shorter period of closure. Longer closures are likely to contribute to widening inequities in relation to education outcomes across the Region in the long run.

The TAG supports the above and advises that:

- schools should be among the last places to be closed, as school closures have been shown to be detrimental to child health and well-being and educational outcomes;
- there should be no proactive school closures;
- if large outbreaks occur or transmission in the community cannot be controlled by any other measures, reactive school closures may be considered as a last resort; and

[1] This brief does not include considerations for university settings.

- measures to control transmission of SARS-CoV2 in school settings should be specific to the needs of different age groups; the TAG notes that while the comparative value of individual measures is still not known, in general, no single measure alone is sufficient.

Key issue 2. Testing strategy in the school setting

Routine checks for symptoms and temperature checks of all children and school staff appear not to be useful for controlling the spread of infection in schools and the community. In the coming winter, testing of all children with possible symptoms is unlikely to be feasible, even in higher-income countries. The value of rapid diagnostic antigen tests in school settings needs to be determined. It is preferable to establish a testing strategy that focuses on vulnerable groups and children with pre-existing conditions, and outbreak/cluster prevention. Some countries, for example, recommend that during the autumn/winter season, children with respiratory symptoms who are not prioritized for testing should stay at home to recover for five days. If they continue to have symptoms on the fifth day, they must get tested. Further evidence is needed to enable better understanding of what specific actions should be taken to minimize both transmission and the harms to children associated with being out of school.

The TAG supports the above and advises that:

- asymptomatic children and adolescents should not routinely be tested (outside of outbreak investigation/contract tracing);
- routine temperature or symptom checking in schools should be avoided, as no evidence is available to support their use;
- testing should be prioritized for symptomatic children with acute respiratory infection of any severity if they belong to a vulnerable group, risk group or are in a special situation with a high risk of further spread; and
- cluster investigation in children in school settings should be organized in a way that enables continuity of learning.

Key issue 3. Effectiveness of applied risk-mitigation measures on

Studies on the effects of risk-mitigation interventions in schools such as limiting contact between children, wearing masks (outside or in classes continuously), closing areas and activities (play, sports, canteens and toilets) and enhancing ventilation are sparse.

Interventions need to be evaluated for their intended and potential adverse effects, and in different age groups.

Wearing masks is a complex issue and should be considered as one of a bundle of measures to protect and prevent transmission. Interim guidance just published by WHO recommends that children up to the age of 5 should not wear masks. For children aged 6–11 years, a risk-based approach should be taken, considering community transmission levels, ability to maintain physical distancing and ventilation. Over the age of 12 years, the same principles should apply as those implemented for adults in any indoor space where people are together for long periods of time in the context of ongoing community transmission.

Measures currently being adopted in some countries – for example, spraying the school environment with disinfectant, excessive disinfection (rather than cleaning) of surfaces and excessive hand-washing – have low or no value for infection control, and may have adverse effects.

The TAG supports the above and advises that:

- countries must carefully balance the likely benefits for, and harms to, younger and older age groups of children when making decisions about implementing infection prevention and control and other risk-mitigation measures in schools;
- all measures should be re-evaluated as evidence arises, with a special focus on equity; and
- countries should review and update their interventions regularly according to emerging evidence and discontinue interventions that have no effect or are harmful.

Key issue 4. Educational outcomes, mental and social well-being

As the measures cited above can have adverse effects on educational outcomes, mental health, social well-being and health-related behaviours, the positive and negative effects should carefully be considered. Present evidence suggests that learning loss due to lockdown, school closures and even distance learning is several times higher in schools in the most deprived areas compared to those in less deprived areas.

Schools deliver essential functions beyond education that cannot be delivered online, including the opportunity for real-life interactions with peers, which is essential for healthy development. Online teaching therefore remains a suboptimal alternative. In addition, there is evidence that more children are experiencing food insecurity due to lack of school meals and levels of violence against children increase when staying home during lockdown and school closures.

The TAG supports the above and advises that:

- countries should establish hotlines for children and adolescents seeking psychological support;
- when closing schools, countries need to guarantee substitute services for those normally delivered in the school setting, such as health services and school meals where possible; and
- countries should guarantee access to devices and facilities required for online learning, including functioning Internet connections for schoolchildren and teachers, regardless of whether schools are closed or open; quarantine measures may require schoolchildren to participate virtually in lessons.

Key issue 5. Children in vulnerable situations

Children overall are not considered a vulnerable group for COVID-19. Those living in socially vulnerable situations, however, are disproportionately affected by changes to the structure of schooling and in-person learning. Schools provide critical services for children in addition to education, such as the provision of adult supervision during school hours and school meals. The absence of these services can put an additional financial burden on households, especially the most vulnerable. As children learn from home, parents and caregivers take on additional responsibilities that may impact on their ability to earn an income. Children's individual situations should be taken into account when it is necessary to switch to hybrid schooling or full online learning, with an on-

site option provided not only for children of essential workers, but also for those living in vulnerable situations. On-site schooling should include education and not consist solely of supervision.

Children with pre-existing health conditions might be at increased risk for severe disease but should not routinely be excluded from on-site schooling. Rather, they should be individually assessed for their specific risk. The objective must be to allow children to live as normal a life as possible.

The TAG supports the above and advises that:

- countries should provide additional support to schools in deprived areas and children living in vulnerable situations;
- schools should implement additional measures to further protect children in socially vulnerable situations, including direct outreach to those at risk of dropping out of school;
- living in a vulnerable situation (and lack of access to computers and the Internet at home) should be among the criteria for allowing some children to be physically present in schools when it is necessary to switch to hybrid schooling or full online learning; and
- children with pre-existing health conditions should not routinely be excluded from on-site schooling, but rather be individually assessed for their specific risk.

Key issue 6. Changes in the school environment that are likely to be of overall benefit to infection control AND child health

As investments are being made to improve the overall school environment to improve infection control, measures that will have a beneficial effect on child health and well-being should be prioritized. Improvements in health literacy of schoolchildren and staff through scheduled lessons will help to enhance understanding of the basis of the risk-mitigation measures and promote adherence by children, adolescents and school staff. Improvements in water supply, sanitation and indoor air and smaller class sizes in the school environment can help to reduce transmission. Under normal non-COVID circumstances, well trained school nurses may be at hand to respond to illness or injury, provide mental health support and direct children to support services; in the pandemic, they can also support the implementation of COVID-specific measures. Promoting active transport to school through walking and cycling reduces exposure on crowded public transport and contributes to physical well-being.

The TAG supports the above and advises that:

- the principles of health promoting schools are even more important in a pandemic – countries should use their health promoting school networks to ensure sustained improvement in health in schools throughout the pandemic, and institutionalize these principles as part of building back better;
- schools should improve their infrastructure, including ensuring hand-washing facilities with running water and reliable supplies, and sufficient and adequate toilet facilities;
- countries should ensure that a sufficient number of teachers are hired to reduce class sizes, which will serve to improve infection control as well as child health and educational outcomes; and

- the views of students, teachers and other school staff should be heard and reflected to ensure that risk-mitigation measures are feasible in their daily context, and that they are empowered to implement the measures while being able to deliver their core functions.

Key issue 7. Children's and adolescents' involvement in decision-making

Children have different experiences arising from school closures, online learning and other measures. These range from a sense of heavy loss related to motivation, educational attainment, and maintenance of a healthy daily routine and social life, to positive feelings of increased autonomy and time-saving. Negative experiences and feelings dominate, however, particularly with longer school closures. Schoolchildren from all backgrounds often report that effective online learning is not taking place.

The TAG supports the above and advises that:

- countries are urged to recognize children's and adolescents' perspectives and give weight to their voices in relation to schooling and interventions during the pandemic;
- children and adolescents from different age groups and all backgrounds should be asked to provide their perspectives on the measures affecting them and whether they are helping them; and
- youth organizations should be involved in these processes.

Annex 1

TITLE