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Schools re-opening and the COVID-19 response in Zimbabwe: The need for evidence-based decision making

Dear Editor

Most governments, including the government of Zimbabwe (GoZ), are currently implementing measures to further curb the spread and mitigate against the direct and indirect impacts of COVID-19 on the population. This is more so as more transmissible variants, including most recently, the Omicron variant continue to emerge. In Zimbabwe, the COVID-19 Inter-sectoral Operational Plan provides the guiding framework for national COVID-19 responses. In January 2022, the GoZ announced the indefinite postponement of the re-opening of schools as one of the measures to control the ongoing Omicron variant-driven fourth wave [1]. Given that the government allowed other socioeconomic activities to go on, including informal trading markets where adherence to infection prevention and control (IPC) measures is compromised, the delay in the opening of schools has faced intense criticism. Efforts aimed at averting potential catastrophic impacts of increased transmission are commendable; however, the delay in the opening of schools may have wider-reaching consequences on the children. In this correspondence, we outline some evidence-based considerations to inform the decision to promptly re-open schools.

It has been more than a year, cumulatively, with children out of school since the first COVID-19 case was recorded in Zimbabwe in March 2020. There is a growing body of evidence suggesting that schools can reopen and allow educational activities to continue with minimal disruptions if the correct IPC strategies suitable for the school environment are put in place. A recent systematic review and metaanalysis that aimed to estimate the risk of infection and transmission of SARS-CoV-2 among children and adolescents in households, communities, and educational settings revealed that children and adolescents had lower odds of infection in educational settings compared to community and household settings [2]. In addition to this scientific evidence, social studies conducted locally in Zimbabwe have shown that being in school reduces many adverse outcomes on children's growth and social behaviours. These include early sexual activity, alcohol and drug use [3]. In a joint report, UNESCO, UNICEF and the World Bank recommended countries to reopen schools and support them to provide comprehensive services, promoting wellbeing and psychosocial support [4].

We submit the following recommendations regarding the re-opening of schools in Zimbabwe. Firstly, schools should re-open without further delay of the academic calendar while observing strict COVID-19 IPC measures. These include physical distancing, hand-hygiene, wearing of facemasks, daily surveillance of symptoms, and testing, treating and isolating infected children, teachers and service providers. Since some ages may not understand or be able to follow some of the instructions, the measures should be age-appropriate. Secondly, continued efforts to maximize vaccination are critical for all teachers and service providers

in schools, including availing booster doses to those who need them. Thirdly, GOZ should consider lowering the vaccination age, guided by current evidence that suggests the safety of vaccines in children as young as three years old. Fourth, we recommend strengthening the COVID-19 reporting and surveillance systems in schools to pick up any early cases. Lastly, we call on all relevant stakeholders, especially within the information technology & communication (ITC) sector, both in public and private sectors, to take this as an opportunity to improve information technology infrastructure and facilities, equipment, and coverage in the country and close the gap between services and facilities in the urban and rural areas. With some schools now intensifying remote learning, the disparities between rural and urban areas will continue to widen, resulting in those in rural areas falling far behind their urban counterparts.

In conclusion, it is our opinion that the decision to re-open schools needs to be evidence-based, looking at practices in and around the region and the globe and guided by weighing the risks of COVID-19 infection versus the potential impact of continuing to postpone reopening of schools.

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