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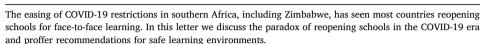
Letter to the Editor

The paradox of re-opening schools in Zimbabwe in the COVID-19 era

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Globally, countries have started to emerge from lockdown restrictions previously imposed to control the spread of coronavirus disease 2019 (COVID-19). The COVID-19 pandemic has spread throughout the globe with nearly 70 million confirmed cases and over 1,43 million deaths as of November 26, 2020 [1]. So far, available COVID-19 data suggests that children under the age of 18 years represent less than 10% of reported cases globally, with relatively few deaths compared to other age groups and usually mild disease [1]. However, cases of critical illness have been reported. As with adults, pre-existing medical conditions have been suggested as a risk factor for severe disease and intensive care admission in children [2]. At present there is limited data on the risk of infection in children and transmission in this age group. The easing of COVID-19 restrictions has seen most countries globally reopening schools for face-to-face learning.

The competing demands of safety from infection, general wellbeing and education must be thoroughly considered and balanced in a pandemic school environment [3]. Most countries have had to make reopening decisions based on whether the risks of infection to children, staff and families outweigh the harms of closure to children's education and social development. In Zimbabwe, schools reduce early sexual activity, drugs and alcohol abuse and other behavior issues [4]. For instance, reports showed that at least 415 school going girls dropped out of exam classes in Manicaland Province during the March to October 2020 COVID-19 lockdown period mainly due to marriage and pregnancy [5]. Additionally, very few students had access to online learning resulting in very little learning in the 2020 school calendar [6,7] These factors clearly supported the decision to open schools as the weekly number of COVID-19 confirmed cases dropped.

As with other countries in southern Africa, Zimbabwe implemented a phased schools reopening approach [8]. As more learners returned, there have been reports, from different parts of the country, of COVID-19 outbreaks in schools [9]. A recent outbreak in the Matebeleland North Province had nearly a quarter of the students enrolled at one school testing positive for COVID-19 [10]. Other schools have also reported outbreaks of varying impacts [11,12]. The COVID-19 outbreaks in schools have been linked to community transmission with most communities reported to be no longer adhering to standard COVID-19

preventative guidelines due to fatigue [13]. These recent COVID-19 outbreaks in schools are an important public health problem given children can be asymptomatic carriers [14] with the capacity to infect their older family members resulting in severe disease and possibly death

The government of Zimbabwe has made important strides in ensuring schools are safe for learners and teachers, however, these efforts have largely been limited in coverage and underfunded. Many schools in rural areas where the bulk of the population resides do not even have access to running water. The poor infrastructure has in some cases seen very large classrooms of up to 70 learners where it is impossible to social distance. The need for investment in schools to protect learners, teachers and their families cannot be over emphasized.

Firstly, we recommend increasing resources available to schools to strengthen symptom screening and reporting, monitoring, rapid testing and tracing of suspected cases [14]. Students from poor families have little or no resources to afford essential infection prevention and control (IPC) materials such as face masks and hand sanitizers. In Uganda, for example, the government has committed to providing free masks to all citizens six years and older [15]. Secondly, there is need to protect older teachers and those with comorbidities [16] where possible through reassignment to tasks that do not involve interaction with fellow teachers and/or students. Thirdly, the government should consider ramping up COVID-19 health education efforts for staff and children, so that those living in a household where others have symptoms of COVID-19 infection understand the need to self-isolate. Fourthly, were applicable, schools must be encouraged to support sustainable remote learning platforms for delivery of lessons. Recently, the United Nations Educational, Scientific and Cultural Organization launched a WhatsApp platform for remote teaching [17]. This application has the potential to reach the 5.2 million people who use WhatsApp in Zimbabwe. Such digital platforms have the capacity of ensuring continued learning for children in home isolation. Fifthly, long-term investment in schools' infrastructure to permit implementation of social distancing and IPC measures also needs to be considered.

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Declaration of competing interest

None to declare.

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