

Webinar Series

Promoting health throughout the life-course during the COVID-19 pandemic

Webinar 3: "Impact of pandemic and lockdown on adolescent health and wellbeing"

Wednesday, 2 September 2020

Summary

Background

It was pointed out in a previous webinar that children and adolescents have been much less affected by COVID-19 infection with only 1-5% cases reported in this age group, globally and clinical outcomes have usually not been serious. But, the COVID-19 pandemic and lockdown are posing considerable challenges for countries to maintain the provision of high-quality adolescent health services. In addition, serious repercussions have been observed because of the indirect effects of the pandemic and lockdown on the health and wellbeing of adolescents owing to interruption in the routine services.

Objective

The third webinar in the WHO-SEARO series was organised to share the impact of pandemic and lockdown on adolescent health and wellbeing, highlight the health issues during the reopening of schools, and share the experience of school reopening in Sri Lanka.

Audience

Target audience included the program officers from ministries of health, education, professionals, nurses, academics, technical officers from the UN, and other partners.

2270 invitations were sent for the webinar, out of which 284 got registered and 154 participants attended the webinar. This report presents a summary of the presentations and discussions and feedback received from participants collected through Q & A on the presentations.

Technical resources

	Coordinators	Moderator	Presenters
1	Dr Neena Raina , Senior Adviser MCA, SEARO	Dr Rajesh Mehta Regional Adviser, Child and Adolescent Health WHO, Regional Office for South-East Asia, New Delhi	Dr. Valentina Baltag Head of Adolescent and Young Adult Unit Maternal, Newborn, Child, Adolescent Health, and Ageing, WHO, Geneva
2	Dr Dileep Mavalankar , Director IIPH Gandhi Nagar		Dr. Atnafu Getachew Asfaw Health Specialist UNICEF Regional Office for South Asia
			Dr. Ayesha Lokubalasooriya Consultant Community Physician Family Health Bureau, Ministry of Health, Colombo, Sri Lanka

Summary

Dr Neena Raina SA-MCA delivered the welcome address and introduction to the webinar series and importance of focus on adolescent health and well being during the COVID times. Adolescents constitute about 20% of population in our region. They are considered vulnerable by their developmental situation and have been seriously affected because of the impact on health, nutrition, education and social services of the COVID-19 pandemic and the measures like the lockdown.

Dr Dileep Mavalankar highlighted the collaboration and details of IIPH and courses being offered. The event was moderated by Dr Rajesh Mehta.

Impact of Pandemic on adolescents' physical and mental health, Dr. Valentina Baltag, WHO-HQ

Dr. Valentina referred to the challenges including disruption of nutrition services, physical activity, disrupted immunization, and increase in violence and female genital mutilation during the pandemic. The social challenges include school closure, social isolation, child abuse, online harassment, adolescent pregnancy, and child marriage and there are mental issues also. When schools remained closed for prolonged periods the benefits of mid day meals and school health services were not available. Significant increase in domestic violence has been reported during the period of lockdown due to the loss of income, lack of access to services that exacerbate the risk of violence in children, girls and women. Modeling study suggests that up to 2 million women may be unable to use modern contraceptives and an additional 7 million unintended pregnancies are expected to occur if service disruption continues for 6 months. An additional 13 million child marriage would take place between 2020 and 2030. 2 more million female genital mutilations could occur over the next decade that would otherwise have been averted.

Studies show that there is a dramatic reduction in physical activities and an increase in sedentary activities during the lockdown. She highlighted that socialization is part of normal adolescent development and has suffered during lockdown periods and that about 40% of the youth reported psychosocial problems during COVID-19 like nervousness, irritability, and difficulty in concentration. She emphasized that psychosocial support must be integral to public health response. She shared a list of resources for adolescents, resources for parents and teachers, and healthcare workers.

Presentation 2

Health issues during the reopening of schools, Dr. Atnafu Getachew Asfaw, UNICEF ROSA

With the start of pandemic schools were closed in many countries to reduce the transmission of the infection. The evidence on this has been variable. The Center for global development as part of tracking of COVID-19 related policy intervention documented that school opening did not change disease transmission with few exceptions. In the USA Time-scale analysis concluded that schools remaining open did have an impact on the incidence of COVID-19 on the wider population and school closure was associated with a significant decline in community transmission and COVID-19 mortality.

Many countries decided to reopen the schools when either the new cases started decreasing or had stabilized. School reopening led to different scenarios. E.g. countries like Germany, France the downward trend continued after school reopening. Whereas Madagascar and South Korea after the reopening, the cases started increasing and continued to increase. In Israel, schools were reopened with preventive measures but there was a major outbreak of cases. It was noted that air conditioning, use of mask, crowding were not optimal.

Dr. Atnafu highlighted that the safeguards need to be in place before reopening of the schools. He shared various guidelines for mitigation measures and frameworks for school reopening. UNICEF has produced a checklist for school reopening with issues to be considered at various levels as the frontline actions to implement standard mitigation measures. It includes WASH facilities, including

infrastructure and supply for hand hygiene, behavioral change, mask use, and measures for physical distancing. It requires innovations like outdoor classes, focus on mealtime safety etc. Another important measure is screening of students and staff. He shared practical approaches like keeping daily records, guidance on stay home if unwell or came in contact with a COVID case, school returning policy. He further discussed that targeted closures may be required due to teachers' absence or to reduce school attendance.

Dr. Mehta added that when the school reopens along with education and measures like social distancing and IPC measures, it is important to take care psychosocial support for children, teachers and other staff.

Presentation 3

School reopening plans and experience in Sri Lanka, Dr. Ayesha Lokubalasooriya, Ministry of Health, Sri Lanka

Dr. Ayesha presented an overview of the COVID-19 situation in Sri Lanka and shared the milestones and timelines of school reopening plan. Initial guidelines for reopening were prepared by the school authorities and later the education ministry prepared comprehensive guidelines. Subsequently, SOPs, guideline for school transport, and mid-day meal program were also developed. Series of media campaigns and short video clips were also developed on good health practices to be adopted with the support of INGOs and NGOs.

Implementation of guidelines was done by Health promoting school committees (HPSC) at the provincial, zonal & divisional levels based on the national guidelines. Awareness programs for school principals were done by the District and Divisional Health Staff (Covid-19, Dengue). Key infection prevention and control (IPC) measures introduced in schools, including physical distancing in the school as well as while traveling to school, during the teaching-learning process, maintaining handwashing, respiratory etiquette, and cleanliness of the high-risk places. Monitoring and assessment of the reopening process were primarily done by school authorities and then the final assessment by MOH and ensure that the community transmission is not there.

School opening was done in a phased manner. Initially open for staff only, after 6 days for first 3 grades, and then all the grades were opened but for 1-2 days per week. The challenges after reopening of the school included: adopting IPC practices, , difficulties in attending group activities, physical activities, subject related activities, laboratory practicals, and extracurricular activities and undertaking the examinations. Canteens are not opened in schools yet because children will not wear a mask during eating.

Dr. Ayesha also shared the factors contributed for success like policy decisions taken at a committee chaired by the president, preventive measures carried out under the Quarantine Act, presence of an already established system of health-promoting school, good communication & collaboration between the Ministry of Education and Ministry of Health to stop the community spread and good public health system supported by intelligence services, Tri-forces and Police.

The session was interactive and captured many questions which was addressed by the respective panelists.

Dr Mehta summarized that there has been an adverse impact on adolescents' health and wellbeing due to lockdown and pandemic. All countries should provide services for psycho-social support to adolescents and their families during the pandemic. Being well prepared with the school system is the key as we may again have to resort to school closures with new wave of infection. We should be ready with evidence-based guidelines, IPC provisions, IEC materials and plan communication and engagement with the stakeholders and community.

Dr Raina concluded by saying that we have to be prepared for this new normal with collaboration among several ministries like health, education and WASH. Effective implementation of reopening plans will be important along with a close monitoring after the schools reopen for compliance to public health measures, occurrence of new cases, contact tracing, educational achievements and school dropouts. She shared a vote of thanks to all the panelists, Dr Dileep Mavalankar and moderator Dr Mehta and all participants.