COVID-19 AND ITS IMPACT ON HEALTH AND EDUCATION

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Abstract :

The COVID-19 pandemic has led to a dramatic loss of human life worldwide and presents an unprecedented challenge to public health, food systems and the world of work. The economic and social disruption caused by the pandemic is devastating: tens of millions of people are at risk of falling into extreme poverty, while the number of undernourished people, currently estimated at nearly 690 million, could increase by up to 132 million by the end of the year. Millions of enterprises face an existential threat. Nearly half of the world's 3.3 billion global workforce are at risk of losing their livelihoods. Informal economy workers are particularly vulnerable because the majority lack social protection and access to quality health care and have lost access to productive assets. Without the means to earn an income during lockdowns, many are unable to feed themselves and their families. For most, no income means no food, or, at best, less food and less nutritious food. The COVID-19 pandemic is first and foremost a health crisis. Many countries have decided to close schools, colleges and universities. The crisis crystallizes the dilemma policymakers are facing between closing schools and keeping them open. The severe short-term disruption is felt by many families around the world: home schooling is not only a massive shock to parents' productivity, but also to children's social life and learning. Teaching is moving online, on an untested and unprecedented scale. Student assessments are also moving online, with a lot of trial and error and uncertainty for everyone. Many assessments have simply been cancelled. Importantly, these interruptions will not just be a short-term issue, but can also have long-term consequences for the affected cohorts and are likely to increase inequality.

Keywords: COVID-19, pandemic, online learning

Introduction

As of 31 December 2020, COVID-19 had infected over 82 million people and killed more than 1.8 million worldwide. But preliminary estimates suggest the total number of global "excess deaths" directly and indirectly attributable to COVID-19 in 2020 amount to at least 3 million, 1.2 million higher than the official figures reported by countries to WHO. With the latest COVID-19 deaths reported to WHO now exceeding 3.3 million, based on the estimates produced for 2020, we are likely facing a significant undercount of total deaths directly and indirectly attributed to COVID-19

The term "excess deaths" describes deaths beyond what would have been expected under "normal" conditions. It captures not only confirmed deaths, but also COVID-19 deaths that were not correctly diagnosed and reported as well as deaths attributable to the overall crisis conditions. This provides a more comprehensive and accurate measure when compared with confirmed

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COVID-19 deaths alone. For example, some countries only report COVID-19 deaths occurring in hospitals or the deaths of people who have tested positive for COVID-19. In addition, many countries cannot accurately measure or report cause of death due to inadequate or under-resourced health information systems.

The pandemic has likely increased deaths from other causes due to disruption to health service delivery and routine immunizations, fewer people seeking care, and shortages of funding for non-COVID-19 services. The second WHO "pulse survey" of 135 countries in March 2021 highlighted persistent disruptions at a considerable scale over one year into the pandemic, with 90% of countries reporting one or more disruptions to essential health services. "All countries must have the necessary capacity and resources to accurately collect and use health data even in the midst of an ongoing crisis", says Dr TedrosAdhanom Ghebreyesus, Director-General of the World Health Organization. "The COVID-19 pandemic has shown the importance of data and science to build back more resilient health systems and equitably accelerate towards our shared global goals."

COVID-19 has exposed persistent inequalities by income, age, race, sex and geographic location. Despite recent global health gains, across the world people continue to face complex, interconnected threats to their health and well-being rooted in social, economic, political and environmental determinants of health. The pandemic has also revealed significant gaps in country health information systems. While high-resource settings have faced challenges related to overstretched capacity and fragmentation, weaker health systems risk jeopardizing hard-won health and development gains made in recent decades. Data from the COVID-19 World Symptoms survey shows a decline in preventive behaviors' such as physical distancing, mask wearing and hand washing as household overcrowding increases. Among people living in uncrowded households, 79% reported trying to physically distance themselves compared with 71% in moderately overcrowded and 65% in extremely overcrowded households. Similar trends were observed for hand washing and mask-wearing, underscoring vulnerabilities due to socioeconomic status.

Irrespective of the pandemic, inequalities and data gaps impede targeted interventions. For example, a recent WHO global assessment of health information systems capacity found that only half of countries include disaggregated data in their published national health statistical reports. Investing in strong health information systems is vital to ensure disaggregated data reaches decision-makers and achieve equitable health outcomes. With stronger, more equitable health information systems we can more accurately measure progress towards the health-related Sustainable Development Goals and WHO's Triple Billion targets. "We are now less than nine years away from 2030", says Dr Samira Asma, Assistant Director-General for the Division of Data, Analytics and Delivery for Impact at WHO. "We know where the gaps are, and we have the solutions to address them. What we need now is commitment and investment to accelerate progress and reach our goals.

The World Health Statistics 2021 report presents the most up-to-date data and trends on more than 50 health-related indicators for the Sustainable Development Goal and WHO's Triple

Billion targets. The data shows that global life expectancy at birth has increased from 66.8 years in 2000 to 73.3 years in 2019, and healthy life expectancy has increased from 58.3 years to 63.7 years. But even before the pandemic struck, progress was too slow and uneven to meet many targets including reduced premature mortality from non communicable diseases, tuberculosis and malaria incidence, and new HIV infections.

Before COVID-19, many countries were making progress towards universal health coverage. Improvements in the coverage of essential health services were recorded in all income groups and across different types of services, despite persistent inequalities. But financial protection has been deteriorating. As of the latest figures, the proportion of the population spending more than 10% of their household budget on healthcare rose from 9% to 13% between 2000 and 2015, and almost 3% were spending more than 25% of their budget on health care. Health emergencies protection also requires urgent reform. Despite an increased focus on global health security, COVID-19 has revealed a critical need for a well-coordinated, multi sectoral health emergency surge capacity and preparedness at all levels and within all countries. Continuing efforts are needed to improve and maintain early warning systems to mitigate and manage public health risks within the national context and to consider the worldwide pandemic contexts for national health emergency and operational preparedness planning.

Public-private partnerships like this one maximize the combined leadership, expertise, resources and reach of each organization to rapidly scale solutions and deliver measurable impact. COVID-19 has underscored the need for efficient, multilateral cooperation that is responsive to country needs and reflects their unique priorities. WHO is committed to collaborating with all partners to support countries and get back on track towards the SDGs and Triple Billion targets. "There's no one organization, one nation or one group that's going to solve COVID-19", says Spelhaug. "It requires full mobilization of the public and private sector at new levels of scale to empower countries, policymakers, and responders." With less than nine years to 2030, we have no time to lose.

Now is the time for global solidarity and support, especially with the most vulnerable in our societies, particularly in the emerging and developing world. Only together can we overcome the intertwined health and social and economic impacts of the pandemic and prevent its escalation into a protracted humanitarian and food security catastrophe, with the potential loss of already achieved development gains. We must recognize this opportunity to build back better, as noted in the Policy Brief issued by the United Nations Secretary-General. We are committed to pooling our expertise and experience to support countries in their crisis response measures and efforts to achieve the Sustainable Development Goals. We need to develop long-term sustainable strategies to address the challenges facing the health and agri-food sectors. Priority should be given to addressing underlying food security and malnutrition challenges, tackling rural poverty, in particular through more and better jobs in the rural economy, extending social protection to all, facilitating safe migration pathways and promoting the formalization of the informal economy. We must rethink the future of our environment and tackle climate change and environmental degradation with ambition and urgency. Only then can we protect the health,

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livelihoods, food security and nutrition of all people, and ensure that our 'new normal' is a better one.

Impact of the COVID-19 pandemic on education

The current worldwide epidemic has wreaked havoc on one of the most important systems: education. Education is undeniably crucial in contributing to a country's welfare and an individual's growth, but it has been jeopardized by the emergence of Covid -19. It has had a huge impact on the lives of millions of kids. There have been a number of severe targets that have had to be met since the lockdown was implemented. Education was also hampered by the economic crisis, which reduced its output. According to studies, the epidemic has denied almost 32 crore students of an education. This is being referred to as a national crisis, with an increase in unemployment as a result.

In March 2020, a nationwide lockdown was imposed, forcing some schools and colleges to close and instructing students to abandon the usual classroom teaching style. This resulted in an immediate increase in innovation and technology, which the teachers used to finish the curriculum. However, due to a lack of infrastructure, productivity suffered. Remote learning was not available in every family; according to the Global internet network research, just 24% of households had a consistent internet connection, while other remote areas remained unreachable. As a result, the government was forced to ensure that sufficient benefits and monetary funds were provided.

According to ASER (Annual Status of Education Report), they have demonstrated with verifiable data that parents, even in rural areas, have showed full interest in their children's education despite the minimal resources available to them. As a result, this demonstrates a promising aspect of the educational system in terms of raising government awareness in order to meet their demands. On the plus side, with the increased use of webinars, conferences, and financial aid through volunteer organizations, things have definitely improved over time.

The goal was to create a traditional educational environment using digital technology. To get pupils' attention, teachers started creating modules, frameworks, and explanations on whiteboards, similar to how a classroom is set up. One of the sole tasks in the next years will be to take necessary safeguards to safeguard children while also affiliating them with teaching aids, as this creates the groundwork for an upcoming mode of educational growth.
UNESCO made ten recommendations for engaging in online learning:

1.Examine the readiness and choose the most relevant tools: Decide on the use high-technology and low-technology solutions based on the reliability of local power supplies, internet connectivity, and digital skills of teachers and students. This could range through integrated digital learning platforms, video lessons, MOOCs, to broadcasting through radios and TVs.

2.Ensure inclusion of the distance learning programmes: Implement measures to ensure that students including those with disabilities or from low-income backgrounds have access to distance learning programmes, if only a limited number of them have access to digital devices. Consider temporarily decentralizing such devices from computer labs to families and support them with internet connectivity.

3.Protect data privacy and data security: Assess data security when uploading data or educational resources to web spaces, as well as when sharing them with other organisations or individuals. Ensure that the use of applications and platforms does not violate students' data privacy.

4.Prioritize solutions to address psychosocial challenges before teaching: Mobilize available tools to connect schools, parents, teachers, and students with each other. Create communities to ensure regular human interactions, enable social caring measures, and address possible psychosocial challenges that students may face when they are isolated.

5.Plan the study schedule of the distance learning programmes: Organise discussions with stakeholders to examine the possible duration of school closures and decide whether the distance learning programme should focus on teaching new knowledge or enhance students' knowledge of prior lessons. Plan the schedule depending on the situation of the affected zones, level of studies, needs of students needs, and availability of parents. Choose the appropriate learning methodologies based on the status of school closures and home-based quarantines. Avoid learning methodologies that require face-to-face communication.

6.Provide support to teachers and parents on the use of digital tools: Organise brief training or orientation sessions for teachers and parents as well, if monitoring and facilitation are needed. Help teachers to prepare the basic settings such as solutions to the use of internet data if they are required to provide live streaming of lessons.

7.Blend appropriate approaches and limit the number of applications and platforms: Blend tools or media that are available for most students, both for synchronous communication and lessons, and for asynchronous learning. Avoid overloading students and parents by asking them to download and test too many applications or platforms.

8.Develop distance learning rules and monitor students' learning process: Define the rules with parents and students on distance learning. Design formative questions, tests, or exercises to monitor closely students' learning process. Try to use tools to support submission of students' feedback and avoid overloading parents by requesting them to scan and send students' feedback

9.Define the duration of distance learning units based on students' self-regulation skills: Keep a coherent timing according to the level of the students' self-regulation and metacognitive abilities especially for livestreaming classes. Preferably, the unit for primary school students should not be more than 20 minutes, and no longer than 40 minutes for secondary school students.

10.Create communities and enhance connection: Create communities of teachers, parents, and school managers to address sense of loneliness or helplessness, facilitate sharing of experience and discussion on coping strategies when facing learning difficulties.

Conclusion

In response to the rapid spread of the COVID-19 pandemic and associated health system disruptions experienced in under-resourced and low-income settings, there needs to be renewed focus on building resilient health systems that can deliver routine care using innovative telehealth approaches during the pandemic and respond to the shocks induced by infectious disease pandemics or other health crises effectively. People living in rural areas and underserved communities in urban areas faced greater challenges in access to healthcare and experienced worsening of diabetes or hypertension symptoms, as well as significant losses of income and employment. The pandemic exposed disparities in chronic disease management, but also provides opportunities to close gaps with innovations in the new post-COVID India.

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