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Republika ng Pilipinas  
**Kagawaran ng Edukasyon**  
Tanggapan ng Pangalawang Kalihim

**AIDE MEMOIRE**  
03 February 2020

**ON THE SUSPENSION OF CLASSES  
DUE TO COVID-19**

**I. Background**

On February 9, 2020, Department of Health (DOH) Secretary Francisco Duque III created an Advisory Group to provide evidence-based independent technical assessment and advise to the DOH on the COVID-19 response.

This group, also called the Expert Panel, is composed of experts from Ateneo de Manila University, Philippine Society for Microbiology and Infectious Disease, Infectious Disease Society of the Philippines, University of the Philippines Manila – College of Public Health, Philippine Hospital Infection Control Nurses Association, University of the Philippines - National Institute of Health, Philippine Academy of Family Physicians, and Philippine Hospital Association.

At the 10th Inter-Agency Task Force for the Management of Emerging Infectious Diseases in the Philippines (IATF-MEID) meeting held in Malacañang Palace on March 9, 2020 with other representatives of government agencies and local government units, **the Expert Panel recommended that classes in schools in Metro Manila be suspended for the next 14 days.** This recommendation was made at the height of clamors from local government units for class suspensions and even mass promotions, as a result of the reports of confirmed infections increasing from 3 to 10 individuals and with confirmed incidents of local transmission. Before that meeting, the figure rose to 20 confirmed individuals and during the meeting, another 4 were added.

**II. Discussions During the IATF Meeting**

Department of Education Secretary Leonor Magtolis Briones expressed her reservation on the suspension of classes arguing that **it is safer for the students to be in school where supervision by teachers in classes can be made.** That supervision will be lost once the students will be allowed to roam around public places when classes are suspended.



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President Rodrigo Roa Duterte proposed that suspension of classes can be made up to the end of the week, not for 14 days as recommended. After which, the situation will be assessed by the weekend of March 14-15, 2020 to see whether the suspension will be extended or will be lifted for the following week.

The concerns regarding the uncontrolled whereabouts of learners if classes are suspended still lingered and became a major point of discussion. Secretary Briones then proposed that **suspension of classes may be undertaken but the supervision of the students now becomes the responsibility of the parents and the local government units (LGUs)**. The local authorities should ensure that students do not roam around and go to malls, movie houses, markets, cafes, and other crowded areas. She said that the measure will only be effective if students, parents, and the local governments will do their part in ensuring that students stay at home and study during the suspension.

Eventually, **the President approved the suspension of classes from March 11 to 14, 2020 and directed the Department of Interior and Local Government (DILG), the Philippine National Police (PNP), and the Barangays to serve as truancy officers to keep students at home and away from crowded places.**

The discussions during the meeting would have been easily resolved had the Expert Panel (DOH Advisory Group for COVID-19) explained thoroughly the rationale of the suspension.

The following day, I asked the DepEd Task Force COVID-19 and QRRT-COVID-19 the reasons why the Expert Panel recommended the suspension of classes because I refused to believe that they have succumbed to populism.

### **III. Notes on DOH and WHO Reports**

The DepEd Quick Response and Recovery Team for COVID-19 (QRRT-COVID-19) was able to obtain a copy of an untitled document from DOH, which clearly expresses the basis of the advisory group for recommending suspension of classes for 14 days.

The document points out the rationale **that class suspension is low-hanging fruit in our low-resources setting**. It further enumerates the following:

- **Kids not affected but reservoir**
- **A lot of community movements are based in schools**
- **Other circulating community virus = causing demand for testing  
– will be cut down**
- **Found to be effective in China**

The references cited were (1) the WHO Report of the WHO-China Joint Mission on Coronavirus Disease 2019 and (2) the Evolving Epidemiology and Impact of Non-Pharmaceutical Interventions on the Outbreak of Coronavirus Disease 2019 in Wuhan China – 3/3/2020 (Preprint).

I am familiar with the WHO Report mentioned. The WHO-China Joint Report, done by 25 experts who did an independent review of the outbreak in Wuhan and beyond (*please see attachment, page 11*), notes the following:

### *Children*

*Data on individuals aged 18 years old and under suggest that **there is a relatively low attack rate in this age group (2.4% of all reported cases)**. Within Wuhan, among testing of ILI samples, no children were positive in November and December of 2019 and in the first two weeks of January 2020. From available data, and in the absence of results from serologic studies, **it is not possible to determine the extent of infection among children, what role children play in transmission, whether children are less susceptible or if they present differently clinically (i.e., generally milder presentations)**. The Joint Mission learned that infected children have largely been identified through contact tracing in households of adults. Of note, people interviewed by the Joint Mission Team could not recall episodes in which transmission occurred from a child to an adult.*

(ILI: influenza-like-illness)

From this report, the following points are **interesting to note**:

- a) **The attack rate of this virus on children is only 2.4%.**
- b) **There is no evidence to show that children can infect adults.**
- c) **Most children with infections were mild and part of family clusters.**

But why has the DOH Expert Panel not harped on this finding? I can only infer that their failure to explain this is not because they are not good communicators, but **that their findings and that of the WHO are still not conclusive enough.**

**There is still not enough explanation why only 2.4% of children in China were infected.** In the Philippines, the youngest individual found to be infected is a 24 year old female, while the oldest is an 86 year old male, coming out with an average of 51 years old across all 33 cases.

In the WHO Report, it appears that **the risk of transmission in a Code Red situation is mainly about adults infecting other adults or children who they have been in close contact with.** It looks like it is not children who are generally prone to get this sickness, but adults.

Highest risk, per WHO Report, are adults over 60 years old who have pre-existing conditions.

In the Philippines, the DOH notes that the **current evidence indicates that the risk of severe illness increases with age**. The median age of reported cases has been 59 years and the median age of critically ill cases has been 66 years. People with underlying medical problems, including cardiovascular disease, diabetes, cancer, chronic lung disease, and immunosuppression, are also likely at higher risk for severe illness.

But since **COVID-19 is novel and it keeps on changing, these notes, deductions, and/or inferences are not conclusive**, but still they can serve as parameters for the adoption of more heightened preventive measures for those with high/higher vulnerabilities.

#### IV. Other References

There is an interesting online article titled “**Does closing schools slow the spread of coronavirus? Past outbreaks provide clues**”<sup>1</sup> where the writer Jennifer Couzin-Frankel interviewed Nicholas Christakis, a social scientist and physician at Yale University, and these points came up:

- **Proactive school closures**—closing schools before there is a case there—**have been shown to be one of the most powerful nonpharmaceutical interventions that we can deploy**. Proactive school closures work like reactive school closures not just because **they get the children, the little vectors, removed from circulation. It’s not just about keeping the kids safe. It’s keeping the whole community safe**. When you close the schools, you reduce the mixing of the adults—parents dropping off at the school, the teachers being present. When you close the schools, you effectively require the parents to stay home.
- There was a wonderful paper published that analyzed data regarding the Spanish flu in 1918<sup>2</sup>, examining proactive versus reactive school closures. When did [regional] authorities close the schools relative to when the epidemic was spiking? What they found was that **proactive school closing saved substantial numbers of lives**. St. Louis closed the schools about a day in advance of the epidemic spiking, for 143 days. Pittsburgh closed 7 days after the peak and only for 53 days. And the death rate for the epidemic in St. Louis was roughly one-third as high as in Pittsburgh. These things work.
- When we engage in **social distancing**, it’s not so much that you don’t get infected yourself. The **real advantage is that by removing yourself from circulation, you stop all the paths of this virus through you. You are doing a social service, you are helping the**

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<sup>1</sup> <https://www.sciencemag.org/news/2020/03/does-closing-schools-slow-spread-novel-coronavirus>

<sup>2</sup> <https://jamanetwork.com/journals/jama/fullarticle/208354>

**community.** Employees who want to work from home [and are able to] can work from home.

That article is published in the *Science* family of journals published by the American Association for the Advancement of Science (AAAS), the world's oldest and largest general science organization. *Science* has been at the center of important scientific discovery since its founding in 1880—with seed money from Thomas Edison. Today, *Science* continues to publish the very best in research across the sciences, with articles that consistently rank among the most cited in the world.

Following these explanations and notations, the **suspension of classes in schools are contextualized based on scientific findings.** The **clamor of LGUs based on mere populism cannot and must not be the basis of class suspensions,** as it appeared to be. This is where the importance of communications comes in in providing the rationale and even explanation of such undertakings.

These findings would now lay down the basis if such suspension of classes this week (March 11-14, 2020) should be sustained in the following week.

## **V. Recommended Actions for DepEd**

The current situation wherein there is already the declaration of suspension of classes in the National Capital Region warrants certain actions from the Department, which will not only be useful in the COVID-19 scenario but in similar future events as well.

1. DepEd needs to **define in specific terms what social distancing means.** Concrete measures need to be given to enable the proper and consistent standard of implementing such practices.
2. The suspension of classes also brings about an opportunity for DepEd to maximize **the DepEd Commons and its Open Educational Resources (OER) under its Digital Rise Project.**

While classes are suspended, alternative modes can be adopted to continue delivering the curriculum. These include paper-based modules as well as technology based solutions which can be adopted in situations where learners have access to mobile devices and an internet connection. ICTS has already been piloting the **DepEd Commons which is a platform that contains Open Educational Resources (OER) developed by teachers that is organized according to the lessons per week.** OERs can quickly be developed by mobilizing the Education Program Specialists under the supervision of the CI strand to tap expert teachers who will prepare materials that the ICTS will digitize and upload into the DepEd Commons. The DepEd Commons will be supported by Online Test systems which will allow teachers to prepare and deploy quizzes that will

oblige learners to actually go through the lessons and measure their understanding of the subject matter.

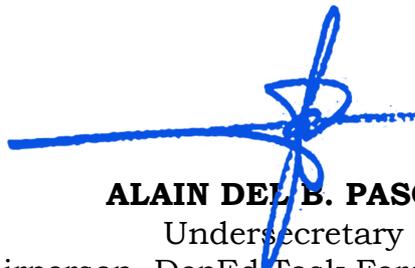
OER refers to free and/or available educational materials that comes with the permission for anyone to use, modify, or share. The William and Flora Hewlett Foundation provides the following definition of OER: “Open Educational Resources are teaching, learning and research materials in any medium – digital or otherwise – that reside in the public domain or have been released under an open license that permits no-cost access, use, adaptation and redistribution by others with no or limited restrictions.”

**Embracing the use of OER will solve challenges in terms of access to learning materials given that classes have been suspended. The availability of OERs during this time will ensure the continuity of learning for learners affected by the class suspensions.**

To date, about 168,000 teachers have been trained in the use of OER and these teachers can be activated to ensure the proper usage of the available resources during this time.

These notes and recommendations are under discussions of the DepEd Task Force COVID-19 (DTF-COVID-19) and QRRT-COVID-19 with inputs from Dr. Susan Mercado, Special Envoy of the President for Global Health Initiatives at Office of the President of the Philippines; Member, Expert Panel, Board of Directors at Philippine Health Insurance Corporation, and former Secretary-General of Red Cross Philippines.

For information and guidance.

  
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