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Keeping schools open in times of health crises – Seeing the global picture

Didier Jourdan¹ and Nicola J Gray^{1,2}

¹WHO Collaborating Centre for Research in Education and Health and UNESCO Chair Global Health & Education Research Group, ACTé EA 4281 Research Group, Université Clermont Auvergne, Chamalières, France

²UNESCO Chair Global Health & Education Research Group, University of Huddersfield, Huddersfield, England, UK

Every day, 20% of the world's population are in school.¹ They are vital social settings because they cater for a large proportion of the population, and because they are places of learning where children and adolescents navigate their own development.

In the face of health crises, particularly epidemics, the first step towards making schools more resilient is a thorough examination of available data. Epidemiological studies, assessments of educational policies, and insights from schools' experiences during the pandemic are crucial for informed decision-making.^{2,3} The paper published in this issue by Neil-Sztramko *et al.* is a compelling longitudinal 'Living Rapid Review' on the role of schools and daycare facilities in COVID-19 transmission.⁴ The review included 73 primary research studies published by November 2022 and found that school settings did not contribute to community incidence, hospitalisations or mortality.

Most of the papers in the review came from the high-income countries of North America and Europe. The review does not include any literature from China – the pandemic's origin - or other parts of Asia, nor from Eastern Europe, nor Africa and India, which represent collectively a large majority of the world's schools and children.⁵ This must raise questions about the way that our field approaches the gathering of global evidence.

Our current research funding and publication system militates against studies from low- and middle-income countries that replicate work done in high-income countries, unless the authors can offer a new or interesting perspective.⁶ It also disadvantages anything not published in the English language. Pandemics are borderless phenomena, transcending geographical boundaries and affecting communities worldwide. Moreover, the delay in the movement of the virus around the world meant that the first and subsequent waves happened

at different times in different places. Therefore, it is crucial to involve all countries from the global south and the global north in the dialogue on strengthening school resilience. Without global health, there can be no health at all.

In response to the COVID-19 pandemic, the World Health Organization (WHO) Regional Office for Europe established the [Technical Advisory Group \(TAG\) on Schooling during COVID-19](#). In February 2022, this group published comprehensive guidelines for schools to safely reopen during epidemics, informed by expert members from different disciplines, against a background of uncertainty, addressing aspects such as school preparation, communication with stakeholders, and ongoing monitoring of health conditions.⁷ Eight key issues were identified (see Box 1).

Some of these are reflected in the Living Review, notably regarding mask wearing and testing strategies, and the Review should be praised for involving parents as ‘citizen partners’ who could give common sense advice about the ongoing results.⁴ But data included in the TAG’s work show that the implementation of infection control measures was just one part of a broader set of social changes that were required – and not least the meaningful involvement and empowerment of children and youth themselves.

During the crisis, WHO and UNESCO facilitated a global forum for researchers working on all aspects of school health during this time. The Maternal, Newborn, Child and Adolescent Health COVID-19 Research Network formed the [Educational Institutions and COVID-19 Working Group](#) in June 2020. We attended the online ‘drop-in’ meetings of this group, which WHO and UNESCO took turns to chair. It was a community of practice that could note and compare what was going on in different regions and encourage its members to form new and innovative collaborations.

A recurring discussion point was the lack of information that was given about the participating schools in transmission studies – the methods were rigorous, but the context was sadly lacking. And context is everything – the situation in North America and Europe bore little resemblance to the absenteeism of students to maintain family incomes in Latin America, the sanitation challenges in the rural areas of Africa, and the limited internet connectivity for children and youth in India.⁸ All of these influenced the pandemic’s impact on education.

Addressing the challenges posed by health crises requires a comprehensive and strategic approach that goes beyond ad-hoc measures. Such an approach should be deeply rooted in the unique cultural context of each school system, recognizing the diverse educational practices and frameworks that exist globally.⁹

Policies for future health crises must recognise this weakness in our narrow evidence-gathering system and create regional hubs – including children and youth this time as ‘citizen partners’ - that can act as real-time ‘observatories’, close enough to feel the pulse of the work being done in each region, rapidly identifying gaps, funding and publishing context-sensitive research, and providing the opportunity for UN agencies and others to draw upon their collective experience. That would be a logical evolution of the innovative work reported in this Living Rapid Review.

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Box 1 – Key Issues from the WHO Technical Advisory Group on Safe Schooling During the COVID-19 Pandemic. Revised version following the eighth TAG meeting on 20 January 2022.⁷

1. Keeping schools open is a key objective
2. Educational outcomes, mental and social well-being
3. Children's and adolescents' involvement in decision-making
4. Children in vulnerable situations
5. Effectiveness of applied risk-mitigation measures on infection control
6. Testing strategy in the school setting
7. Vaccination strategies with the purpose of maintaining education as a societal good
8. Changes in the school environment that are likely to be of overall benefit to infection control AND child health