

Covid-19: What does the evidence tell us about reopening and keeping schools open safely?

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Part 1: review of evidence

Three solid facts

1. Schools should be among the last places to be closed and first to reopen
2. School reopening, with comprehensive infection prevention and control measures in place, and when the community infection levels were low or moderate, did not increase community transmission
3. Implementation mechanisms in schools involve institutional, contextual and personal factors



Schools should be among the last places to
be closed and first to reopen

1

Impacts of school closures on health and education of children and young people

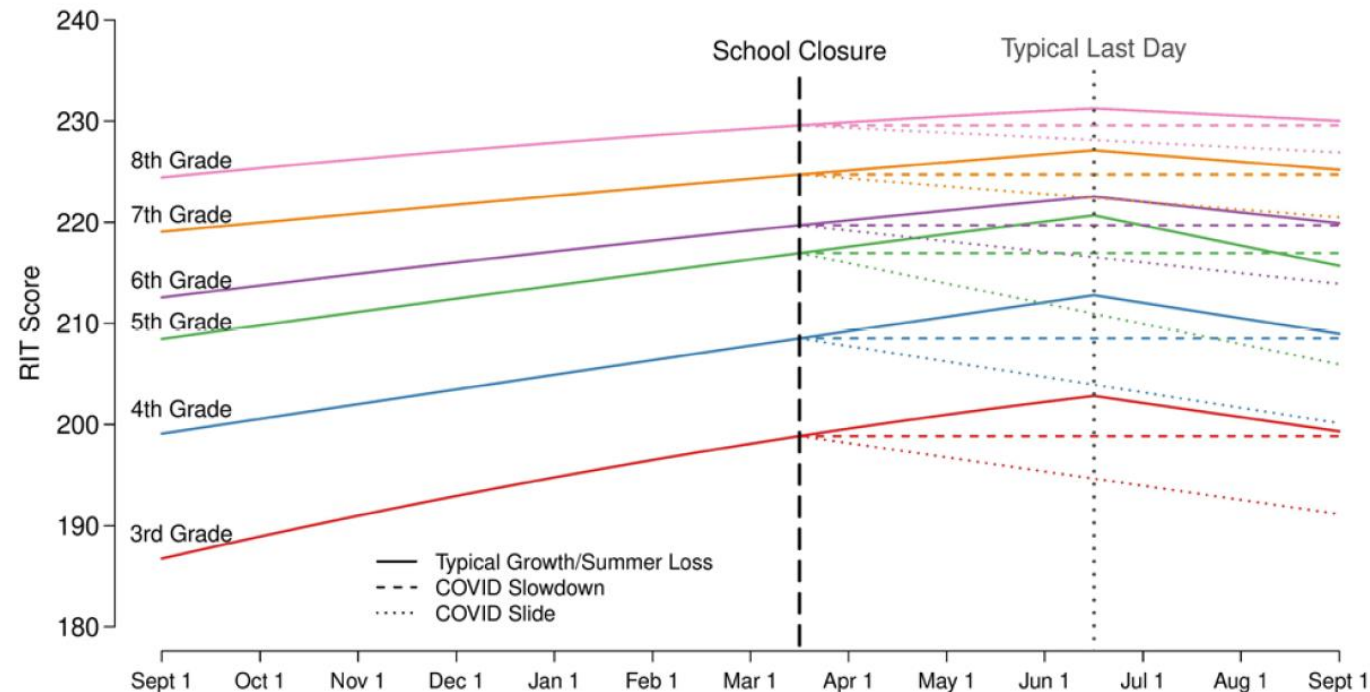
- Major impact on education: learning loss in core subjects, declines in college enrolment, increase in socioeconomic skills gap...
- Impact on physical, mental and social development and wellbeing
- Restricting access to school meals, health visiting, social care and school-based vaccinations disproportionately impact children from disadvantaged backgrounds.

Impacts of school closures on learning and access to services

Socioeconomic skills gap measured using Programme for International Student Assessment data could increase by more than 30 percent due to the school closure.

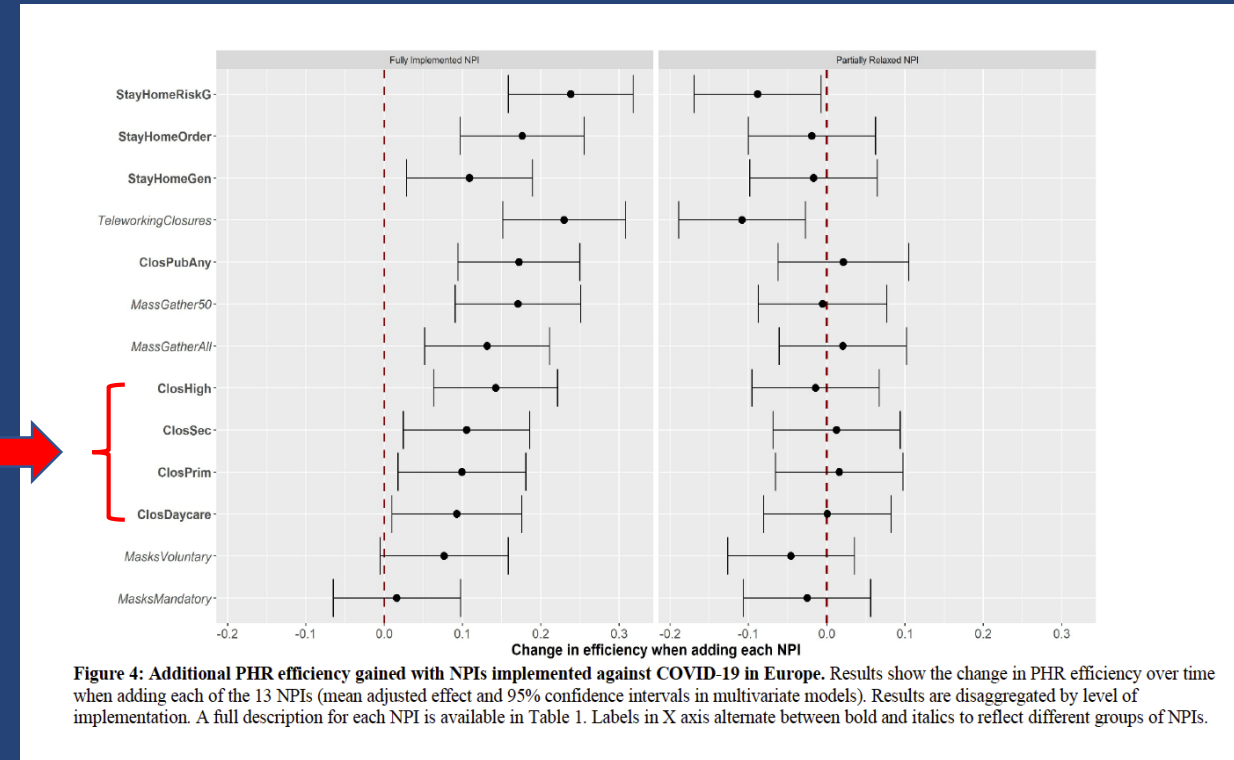
In the month following the COVID-19 lockdown, 49% of eligible children did not receive any form of free school meal..

Figure 1. Mathematics forecast



School closure among the prevention and control measures

- Closing schools is not the most powerful measure to control transmission.
- School closures can contribute to a reduction in SARS-CoV-2 transmission, but by themselves are insufficient to prevent community transmission of COVID-19 in the absence of other interventions.



School closure among the non-pharmaceutical interventions

Studies showed that transmission started to drop following other NPIs, before school closures were implemented, and found no change in the gradient of decline after school closures in Switzerland and Germany.

This may suggest school closures have different effects when implemented first, or on top of other restrictions, perhaps due to a broader signalling effect that the first implemented NPI has on societal mobility patterns.

SARS-CoV-2 infection rates and school reopening

- SARS-CoV-2 infection rates in England were very low during early summer 2020, but started to increase from August 2020, initially in young adults, followed by secondary and primary school- aged children, with little change in preschool-aged children.
- These increases started before schools reopened and continued across all educational cohorts until the end of the year.

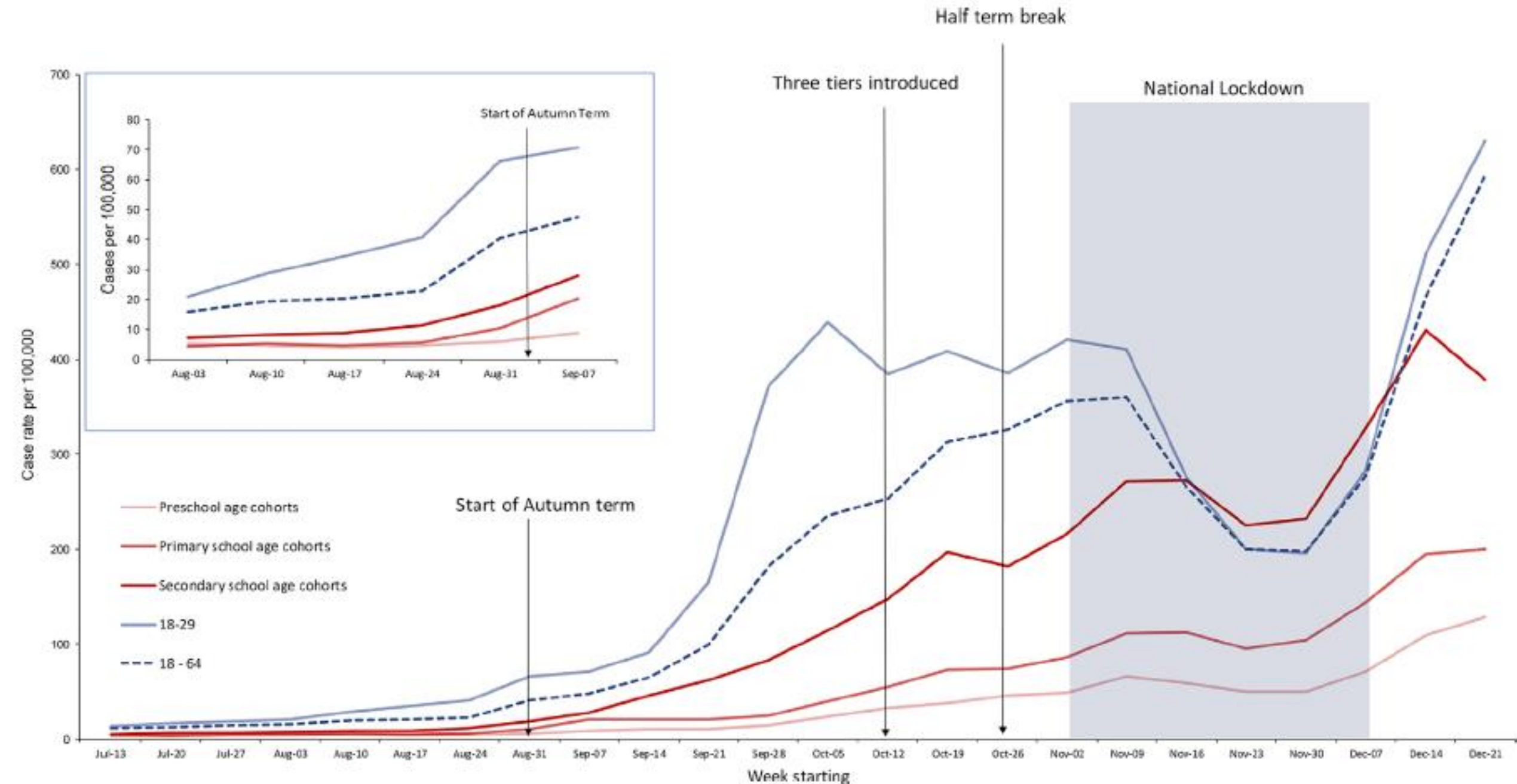


Fig. 1. Weekly infection rates of confirmed COVID-19 cases per 100,000 population per age cohort, England.

Return to School for Young People with Chronic Illness

Children and Young People
with
Asthma, diabetes, juvenile
arthritis or mental health
problems...



- Both **socialization and learning** are key components of educational success
- Schools is the best situation for the **health and wellbeing** of all CYP
- **Peer contact** is vital for healthy development of the body and brain
- Conversations with **trusted adults** outside the home can bring a new perspective to the pandemic.

Denying school to those who need it most to succeed, especially young people with NCDs, is a social disaster!

School reopening, with comprehensive infection prevention and control measures in place, and when the community infection levels were low or moderate, did not increase community transmission

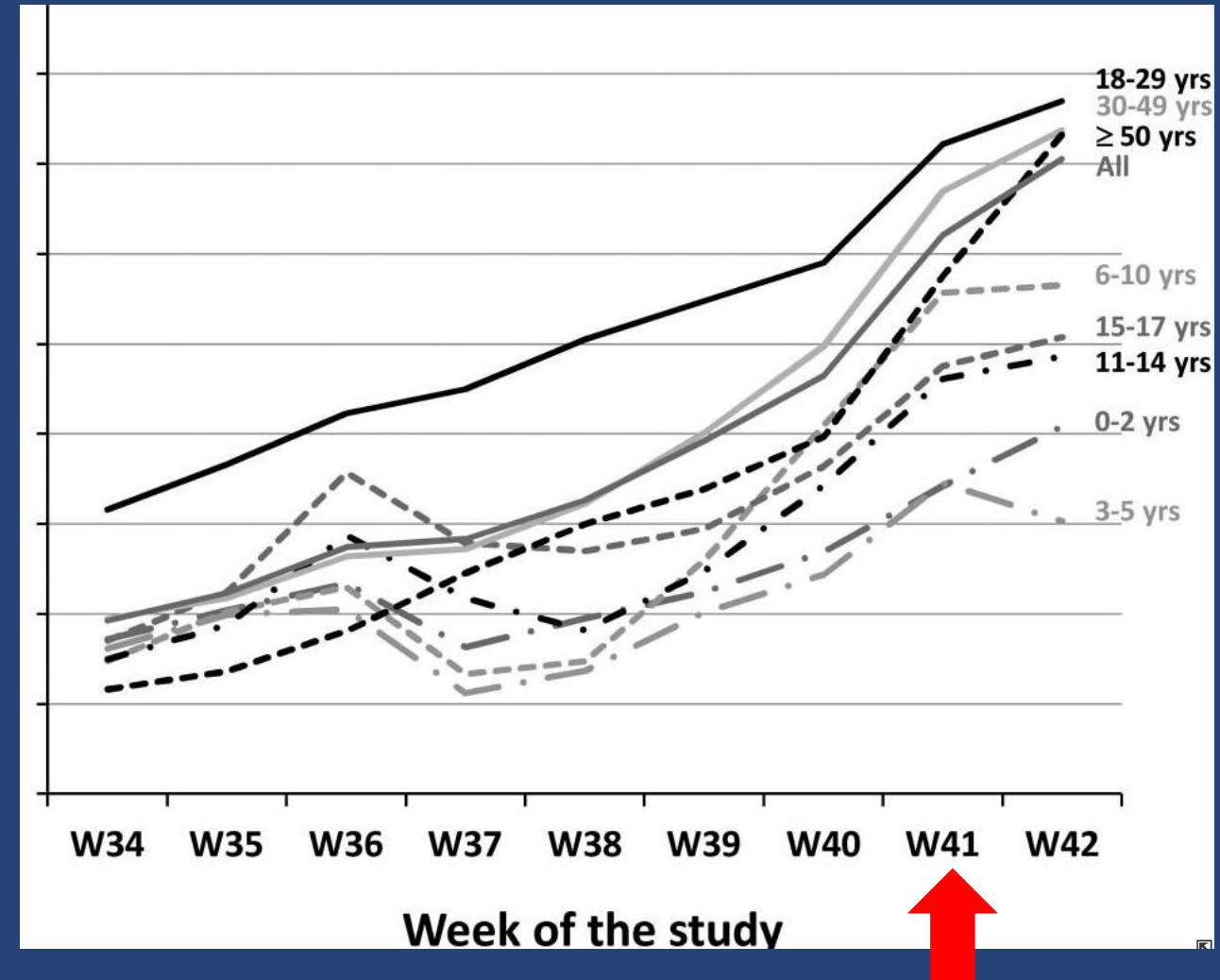
2

Susceptibility to SARS-CoV-2 Infection Among Children and Adolescents Compared With Adults

- Unusually for a respiratory viral infection, children and adolescents are at much lower risk from symptomatic coronavirus disease 2019 (COVID-19) than any other age group.
- Most studies were consistent with lower seroprevalence in children compared with adults, although seroprevalence in adolescents appeared similar to adults.
- Meta-analysis showed there is preliminary evidence that children and adolescents have lower susceptibility to SARS-CoV-2, with an odds ratio of 0.56 for being an infected contact compared with adults.
- There is weak evidence that children and adolescents play a lesser role than adults in transmission of SARS-CoV-2 at a population level.

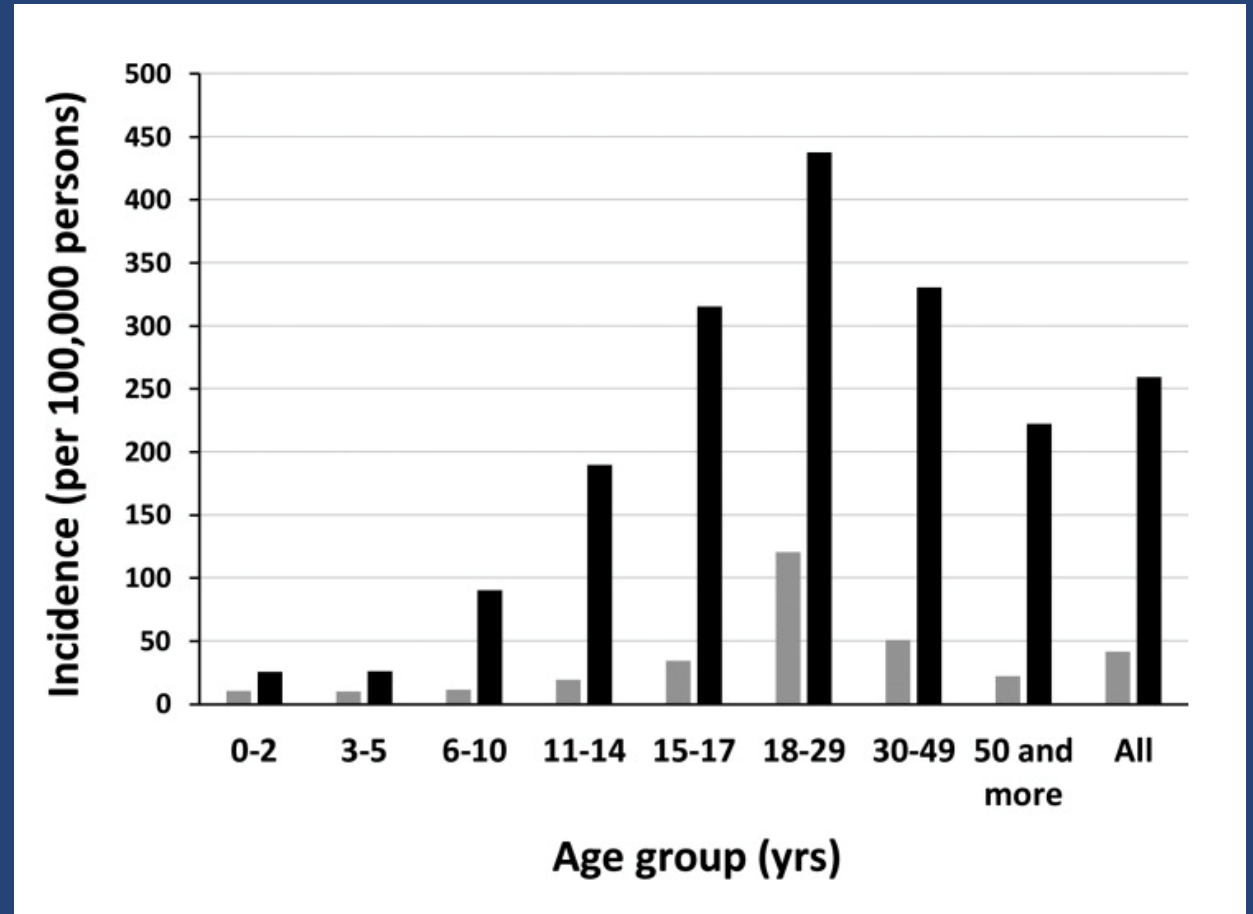
SARS-CoV-2 infection rates and school reopening

- Cases in school-aged children lagged behind and followed adult trends after schools reopened.
- Younger children are less likely to be infected than adolescents.



PCR positivity rate and incidence rate are age-dependent

Weekly incidence of proven cases of COVID-19 in different age groups in week 34 (grey columns) and week 42 (black columns).



SARS-CoV-2 transmission within the school setting

- Significant secondary transmission can occur in school settings when prevention strategies are not implemented or followed.
- Comparing county-level COVID-19 hospitalizations between counties with in-person learning and those without in-person learning found no effect of in-person school reopening on COVID-19 hospitalization rates when baseline hospitalization rates were low or moderate (75% of the counties).

The Effects of School Reopenings on COVID-19 Hospitalizations

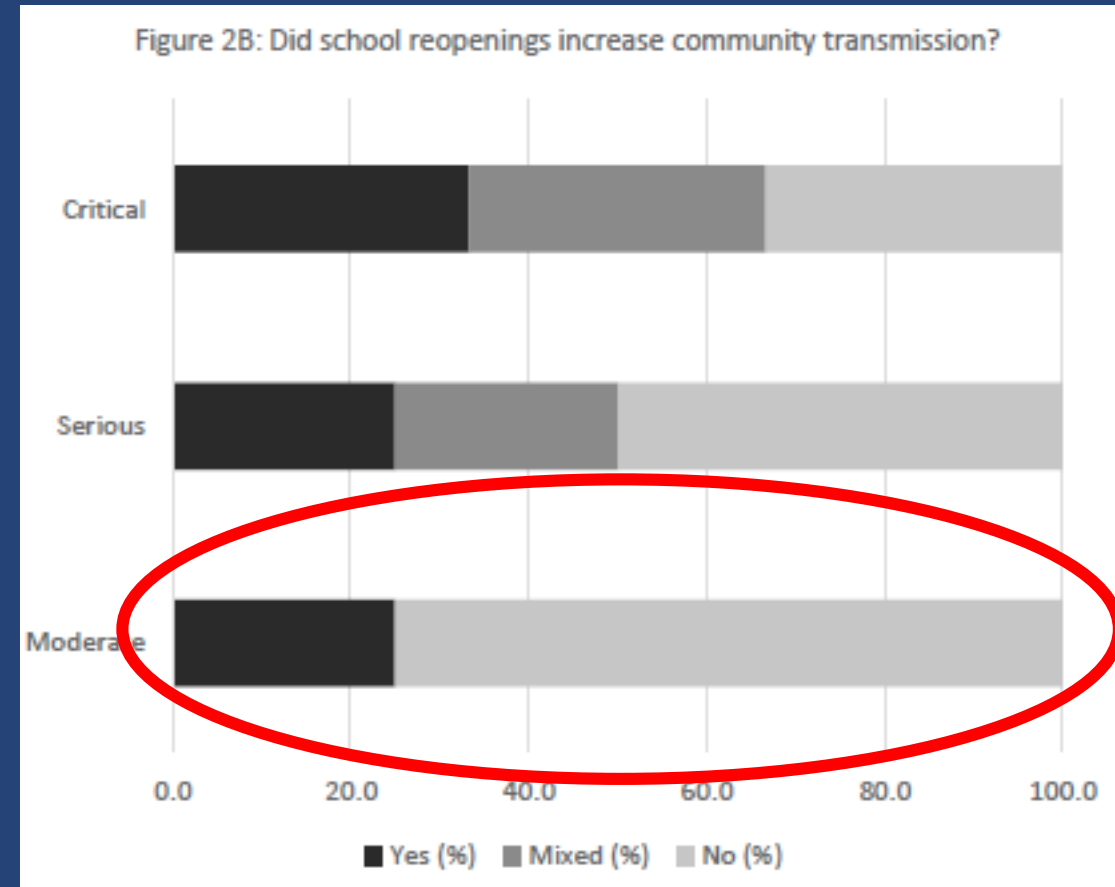
Data for 1,854 counties of the roughly 3,000 counties in the U.S

School reopenings have not increased COVID-19 hospitalizations in counties where there are fewer than 36 to 44 new COVID-19 county hospitalizations per 100,000 people per week. (the 75th percentile of counties),

For counties where total baseline new hospitalizations are above the 36-44 new hospitalizations per 100,000 per week, the estimates are inconsistent across methods and are therefore inconclusive.

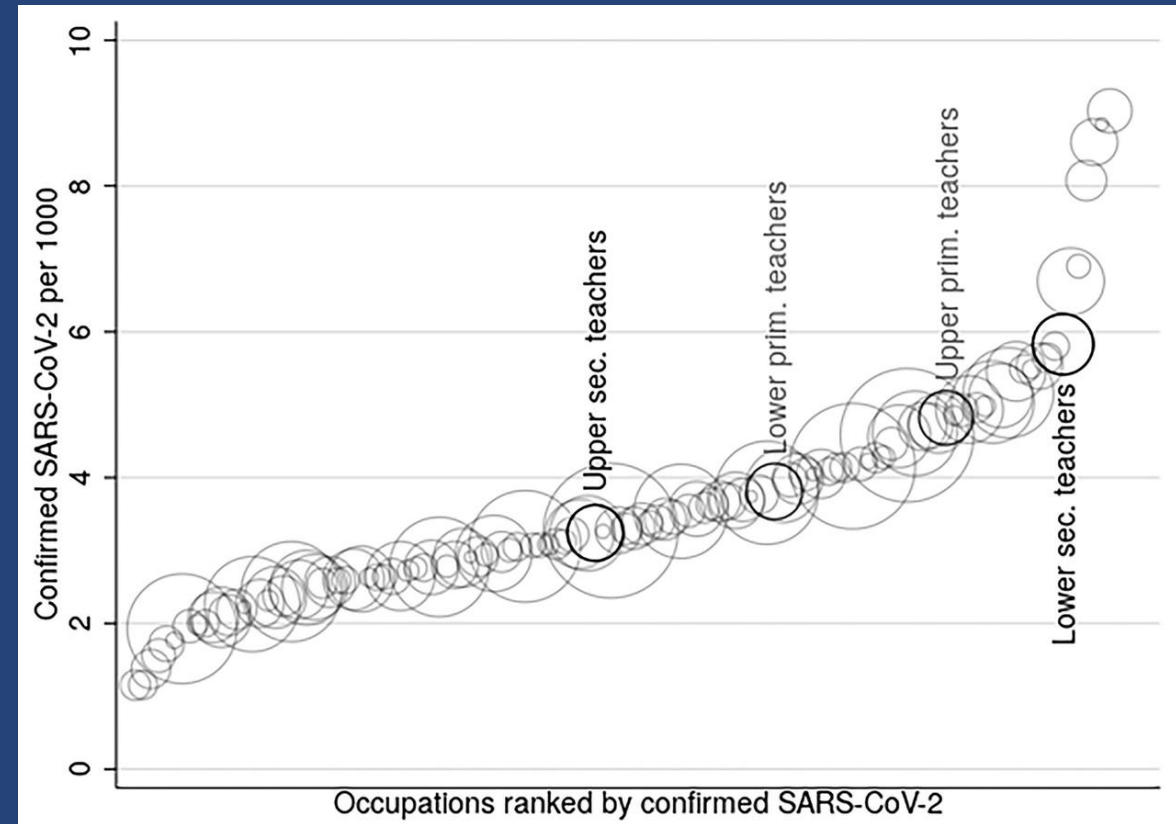
Influence of the reopening on community transmission

A systematic review of observational studies showed most studies reported that school reopening, with extensive infection prevention and control measures in place and when the community infection levels were low or moderate, did not increase community transmission of SARS-CoV-2.



The effects of school closures on SARS-CoV-2 among teachers

PCR-confirmed infection rate twice as high among lower-secondary teachers relative to teachers at the upper-secondary level [OR 2.01; CI95 1.52 to 2.67]. This is fully consistent with the results for COVID-19 diagnoses from healthcare visits [OR 2.01; CI95 1.45 to 2.79] and severe cases [OR 2.15; CI95 1.41 to 3.29].

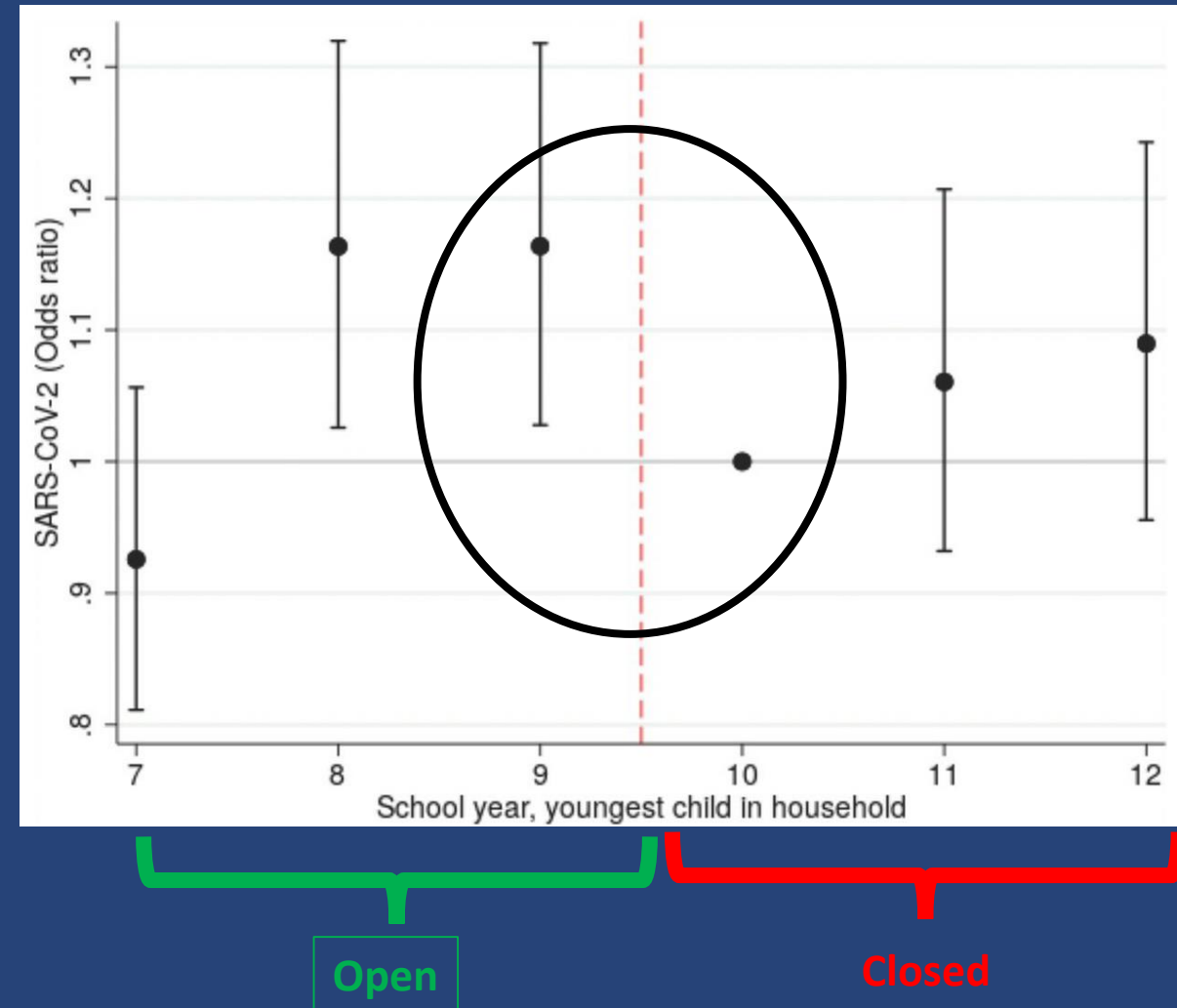


The effects of school closures on SARS-CoV-2 among parents

Estimated odds ratios (ORs) for PCR-confirmed SARS-CoV-2

Exposure to open schools resulted in a small increase in infections among parents

Keeping lower-secondary schools open had a minor impact on the overall spread of SARS-CoV-2 in society.



Implementation mechanisms in schools involve
institutional, contextual and personal factors

3

Covid-19 guidelines



**Schools and
communities practices**



Variations in establishing material readiness in South Africa

	KwaZulu-Natal	Northern Cape	Estn Cape	Free State	Mpumalanga	Limpopo	North West	Gauteng	West Cape
Regulations received (yes)	43	46	44	66	60	62	65	59	89
Circuit Manager in touch (yes)	60	65	71	79	82	79	87	64	89
Adequate water for COVID cleaning (yes)	56	68	40	59	53	61	61	84	95
Needed water tanks delivered	19	2	6	34	14	12	9	19	17
All Offices cleaned	68	80	11	65	34	36	52	73	84
All Classrooms cleaned	55	64	9	41	23	30	47	68	76
Enough cleaning material available (surfaces, several times a day)	68	69	23	71	22	41	48	53	80
Sanitation facilities with soap and water	51	72	20	70	26	45	51	70	84
Face Masks available– 2 per person	22	30	2	9	13	3	4	25	84
Sufficient hand sanitizers available	87	84	7	77	25	69	42	40	87
Discussion with SGB	57	32	48	72	38	65	75	69	80

Readiness below 50%

Readiness between 50 and 80 %

Readiness above 80%

The implementation of preventive measures

- Nearly all governments produced or endorsed specific health and hygiene guidelines and measures for schools.
- Only around half of low-income and lower-middle income countries reported having enough resources, in comparison to 80 per cent of upper-middle-income countries and 95 per cent of high-income countries.

The implementation of preventive measures

- Implementation was facilitated by staff commitment and communication among stakeholders, but hampered by limitations with guidance received, physical environments, resources, parental adherence and balancing health promotion measures with learning.
- Research shows 3 main factors influences the adoption of new practices by teachers: institutional, personal and contextual.

The implementation of preventive measures

- Supporting every school to integrate health issues into their management and teaching is a priority.
- Such school policy should include the basic elements of:

Protection

Prevention

Education

A survey at a global level (42 countries)

- Guidance available for re-opening schools prioritises health and hygiene measures
- Co-operation between local stakeholders is vital for success
- Scarce mention of local health providers
- Concern about widening inequalities, including availability of guidance
- Availability of resources is variable
- Sharing of good practice is needed about closing and re-opening





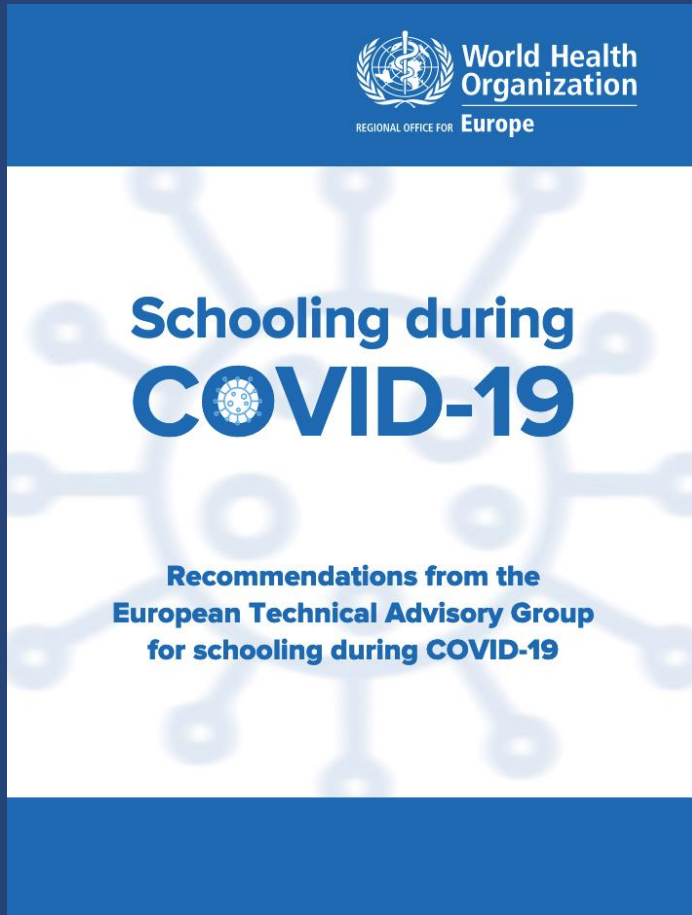
Conclusion

1. Reducing transmission in schools is a shared responsibility and needs a combination of effective prevention strategies - implemented with the ability and commitment to adhere to them.
2. Strong implementation strategies based on educators' involvement and the provision of technical and pedagogical resources in each school is necessary.

Part 2: TAG recommendations

The future development or trends on HPS among covid-19 context

- WHO and UNESCO TAG



<https://www.euro.who.int/en/health-topics/Life-stages/child-and-adolescent-health/publications/2021/schooling-during-covid-19-recommendations-from-the-european-technical-advisory-group-for-schooling-during-covid-19,-24-march-2021>

8 key issues and recommendations

The future development or trends on HPS among covid-19 context

Children and adolescents in schools are not considered primary drivers of transmission of SARS-CoV-2	2
Key issue 1. Keeping schools open is a key objective	3
Key issue 2. Testing strategy in the school setting.	4
Key issue 3. Effectiveness of applied risk-mitigation measures on infection control	5
Key issue 4. Educational outcomes, mental and social well-being	7
Key issue 5. Children in vulnerable situations.	8
Key issue 6. Changes in the school environment that are likely to be of overall benefit to infection control AND child health	9
Key issue 7. Children's and adolescents' involvement in decision-making.	11
Key issue 8. Vaccination strategies with the purpose of maintaining education as a societal good	12

Key Issue 1.

Keeping schools open is a key objective

The TAG supports the above and advises that:

- schools should be among the last places to be closed, as school closures have been shown to be detrimental to child health and well-being and educational outcomes;
- if large outbreaks occur or transmission in the community cannot be controlled by any other measures, reactive school closures may be considered as a last resort; and
- measures to control transmission of SARS-CoV-2 in school settings should be specific to the needs of different age groups.

Key issue 2.

Testing strategy in the school setting

The TAG supports the above and advises that:

- the value of widespread rapid diagnostic antigen tests in school settings in terms of opening schools and controlling transmission needs to be determined;
- testing should be prioritized for symptomatic children with acute respiratory infection of any severity if they belong to a vulnerable group, risk group or are in a special situation with a high risk of further spread, but asymptomatic high-risk exposure (close) contacts of cases should also be considered for testing;
- cluster investigation in children in school settings should be organized in a way that enables continuity of learning; and
- routine temperature or symptom checking in schools should be avoided, as no evidence is available to support their use.

Key issue 3.

Effectiveness of applied risk-mitigation measures on infection control

The TAG supports the above and advises that:

- schools should have a risk-mitigation strategy in place; countries should ensure these strategies carefully balance the likely benefits for, and harms to, younger and older age groups of children when making decisions about implementing infection prevention and control measures;
- all the above needs to be balanced with the even worse alternative of schools being closed;
- any measure introduced by schools should follow standard protocols for implementation; and
- countries should review the package of measures regularly and update according to emerging evidence; measures deemed to have no effect or to be harmful should be discontinued, and all measures should be equity-proofed.

Key issue 4.

Educational outcomes, mental and social well-being

The TAG supports the above and advises that:

- when closing schools, countries need to guarantee substitute services for those normally delivered in the school setting, such as health services and school meals, where possible;
- countries should guarantee access to devices and facilities required for online learning, including functioning Internet connections for schoolchildren and teachers, regardless of whether schools are closed or open; and
- countries should establish hotlines for children and adolescents seeking psychological support.

Key issue 5.

Children in vulnerable situations

The TAG supports the above and advises that:

- countries should provide additional support to schools in deprived areas and for children living in vulnerable situations;
- schools should implement additional measures to further protect children in socially vulnerable situations, including direct outreach to those at risk of dropping out of school;
- living in a vulnerable situation (and lack of access to computers and the Internet at home) should be among the criteria for allowing some children to continue to be physically present in schools when it is necessary to switch to hybrid schooling or full online learning;
- on-site schooling should include education and not consist solely of supervision; and
- children with pre-existing health conditions should not routinely be excluded from on- site schooling, but rather be assessed individually for their specific risk.

Key issue 6.

Changes in the school environment that are likely to be of overall benefit to infection control AND child health

The TAG supports the above and advises that:

- countries should use their health promoting school networks to ensure sustained improvement in the school environment throughout the pandemic, and develop a strategy for preparedness for future outbreaks;
 - students, parents, teachers and other school staff should be involved actively in deciding at school level what risk-mitigation measures are feasible in their daily context;
-
- countries should ensure that a sufficient number of teachers are hired to reduce class sizes, which will serve to improve infection control as well as child health and educational outcomes;
 - countries should ensure optimal collaboration between teaching staff and health and social workers;
 - schools should improve their infrastructure and associated maintenance, including ensuring handwashing facilities with running water and reliable supplies of, for instance, soap, sufficient and adequate toilet facilities and fresh-air ventilation; and
 - schools should ensure that students, parents, teachers and other school staff are empowered to implement the measures while being able to deliver their core functions.

Key issue 7.

Children's and adolescents' involvement in decision-making

The TAG supports the above and advises that:

- countries are urged to recognize children's and adolescents' perspectives and give weight to their voices in relation to schooling and interventions during the pandemic;
- children and adolescents from different age groups and all backgrounds should be asked to provide their perspectives on the measures affecting them and whether they are helping them;
- children and adolescents should be involved actively in the decision-making process at school; and
- youth organizations should be involved in these processes.

Key issue 8.

Vaccination strategies with the purpose of maintaining education as a societal good

The TAG supports the above and advises that:

- vaccine trials are needed urgently with respect to children of all ages so that vaccination strategies can be refined;
- research should seek to determine the positive impact that vaccination programmes for children and young people can have on a full range of health, social and educational outcomes;
- national vaccination strategies should ensure teachers and other professionals working in schools are considered when prioritizing access to COVID-19 vaccinations; and
- vaccination strategies should consider how they can support schools to be open longer, maintaining positive education outcomes while minimizing and preventing negative mental and social outcomes.

Part 3: Reopening schools during the pandemic

Five key principles

1. Reopen schools in a staged fashion
2. Incorporate social distancing
3. Ensure infection control measures including testing and contact tracing are available in schools
4. Protect teachers and vulnerable students
5. Research

Reopening schools during the COVID-19 pandemic: governments must balance the uncertainty and risks of reopening schools against the clear harms associated with prolonged closure


Russell M Viner ¹, Christopher Bonell,² Lesley Drake,³ Didier Jourdan,⁴ Nicolette Davies,⁵ Valentina Baltag,⁶ John Jerrim,⁷ Jenny Proimos,⁸ Ara Darzi⁵

Table 1 Strategies for reopening schools

1. Reopen schools in a staged fashion.

A number of countries have reopened kindergartens and primary schools first (Denmark and Norway).

2. Incorporate social distancing.

Across the school

- ▶ Close playgrounds or social distance within playgrounds, for example, single-class groups in playground at a time, implementing social distancing during play.
- ▶ Stagger school start times and period changes for year, to avoid years mixing and to reduce social contacts in corridors.
- ▶ Stop all communal activities, for example, dining, assemblies and sports.
- ▶ Ensure social distancing on school buses and other transports.
- ▶ Split school into halves so that only half the years attend at one time. This could be half-days (some years in the morning, some in the afternoon, with no mixing), alternating full days or alternating weeks (half the students attend every second week).
- ▶ Keep children in constant class groups to reduce range of contacts.
- ▶ Keep all books or equipment at school to reduce potential for transmission through surfaces. Avoid sharing of equipment between children.

Within-year groups

Split each year so that half the classes in a year attend at a time. Again this could be half-days, alternating full days or alternating weeks or fortnights. Fortnights may be epidemiologically more effective at disrupting transmission.

Within classes

- ▶ Split classes so that only half of each class (or a maximum of 15–20 students) attend at any one time. Splits could be half-days, full days or weekly.
- ▶ Physical social distancing within classes, separation of desks by 1–2 m; physical barriers between desks have been implemented in some countries.

3. Infection control, testing and tracing.

- ▶ Institute hygiene practices, both personal (handwashing) and institutional (regular cleaning of surfaces) and education of students in hygiene and infection control.
- ▶ Testing and tracing of contacts of positive cases.
- ▶ Isolation of suspected cases in students and staff.
- ▶ National and regional class and school closure policies, depending on infection burden in students.

4. Protect teachers and vulnerable students.

- ▶ (Re)institute programmes to support vulnerable children before schools reopen and continue them during reopening.
- ▶ Encourage older or medically vulnerable teachers to provide administrative support or virtual teaching.
- ▶ Social distancing for teachers within classrooms.
- ▶ Basic protective equipment for teachers.
- ▶ Wearing of face masks: the WHO currently does not recommend wearing of face masks in community settings but recognises current uncertainty and that some countries recommend them.

5. Research and evaluate.

Part 4: Toward health promoting school policies

School health policies

In order to improve the health of a population and reduce inequalities, it is essential to engage in a determined commitment to health protection (healthy environments, access to services), prevention of health risks (action on the factors that cause diseases) and health education (enabling everyone to master the knowledge and skills that enable them to make responsible health choices).

This is generally true both for the promotion of health and well-being and for the prevention of non-communicable diseases and infectious diseases.

School health policies

Epidemic management is not an isolated component of other health issues at the primary and secondary school levels.

It is one of the dimensions of a health promotion policy that integrates the components of protection, prevention and education.

1. definition of an explicit policy on the well-being and health of students at the school level in relation to the territory
2. integrated approach to the physical environment of the school
3. positive relations within the educational community (school climate)
4. development of individual skills through health education throughout schooling
5. existence of structured and lasting links with families and school partners
6. access to school health services.

School health policies

- **Health education:** to provide each student with the knowledge, skills and culture to take charge of his or her own health in an autonomous and responsible manner, with reference to the emancipatory mission of the school. Health education is one of the components of citizenship education;
- **Prevention:** implement in each school and in each establishment prevention projects focused on priority health issues, infectious diseases but also all those likely to have an effect on academic success;
- **Protection:** creating a safe school environment conducive to the health and academic success of all students.

School health policies

- **Protection** (hygiene and ventilation of the premises, maintenance of sanitary facilities, availability of soap and suitable hand drying means, ability to contact families in the event of an emergency, relationship followed and means of contacting social workers, nurses and school doctors, emergency numbers, traffic plans, preparation for a temporary and localized closure in the event of an epidemic outbreak...)
- **Prevention** (culture of prevention among staff, students, families, school partners, information relating to the various possible epidemics by posting, general instructions, vaccination...)
- **Education** (knowledge and skills related to the bod, media education...),

School health policies

- **To be prepared...**
- Support each school to enable them to integrate health issues into both management and teaching in the long term. For this to happen, it is necessary to share a renewed culture of health based on a knowledge of the determinants of health and those that condition inequalities. It is then to ensure that the health component is explicitly integrated into the management of the school.
- In order for decisions to be taken at the local level, it is essential that, alongside teachers, health professionals specializing in the schooling of students can share their expertise. The development of training and support mechanisms at regional and local level is also a necessary condition.

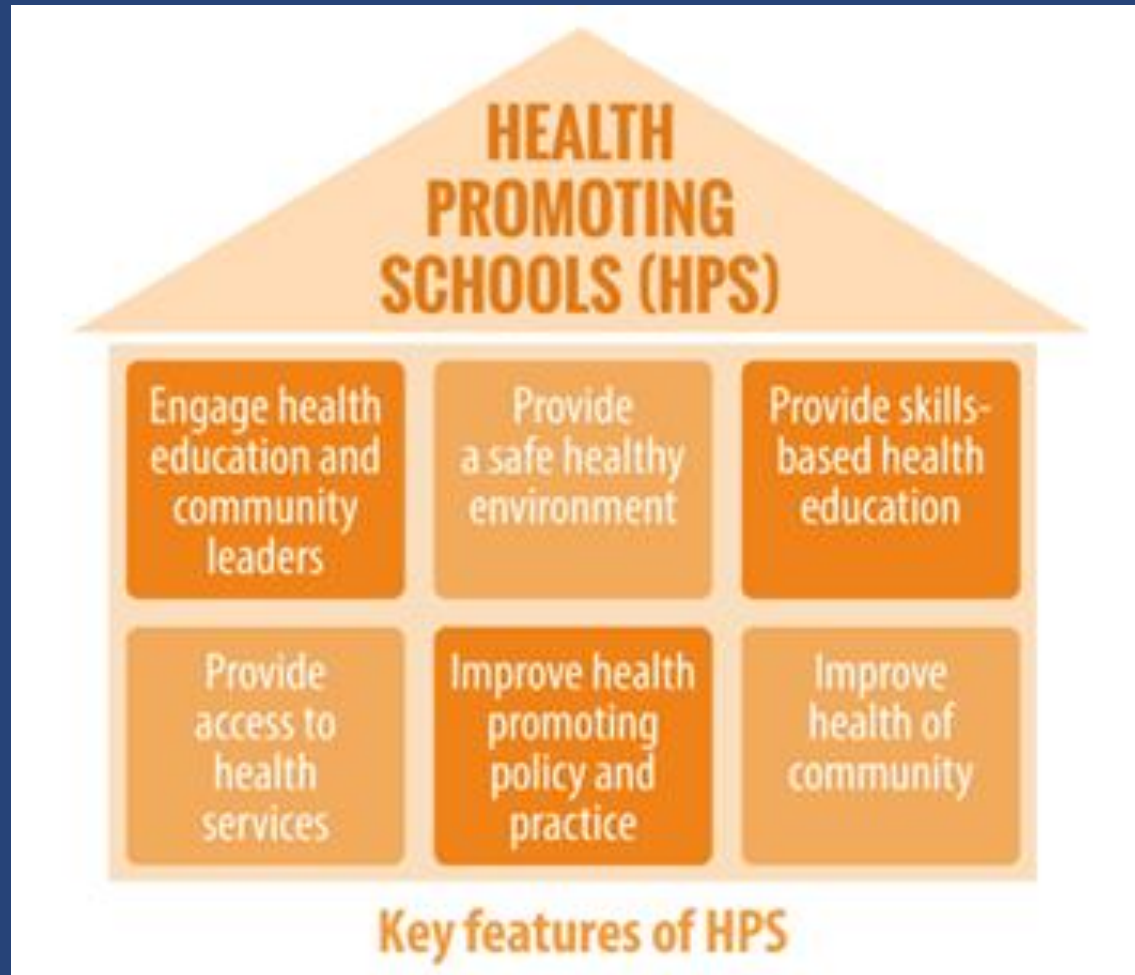


**Offering concrete
solutions, nor creating
new problems**

A need for coherence...

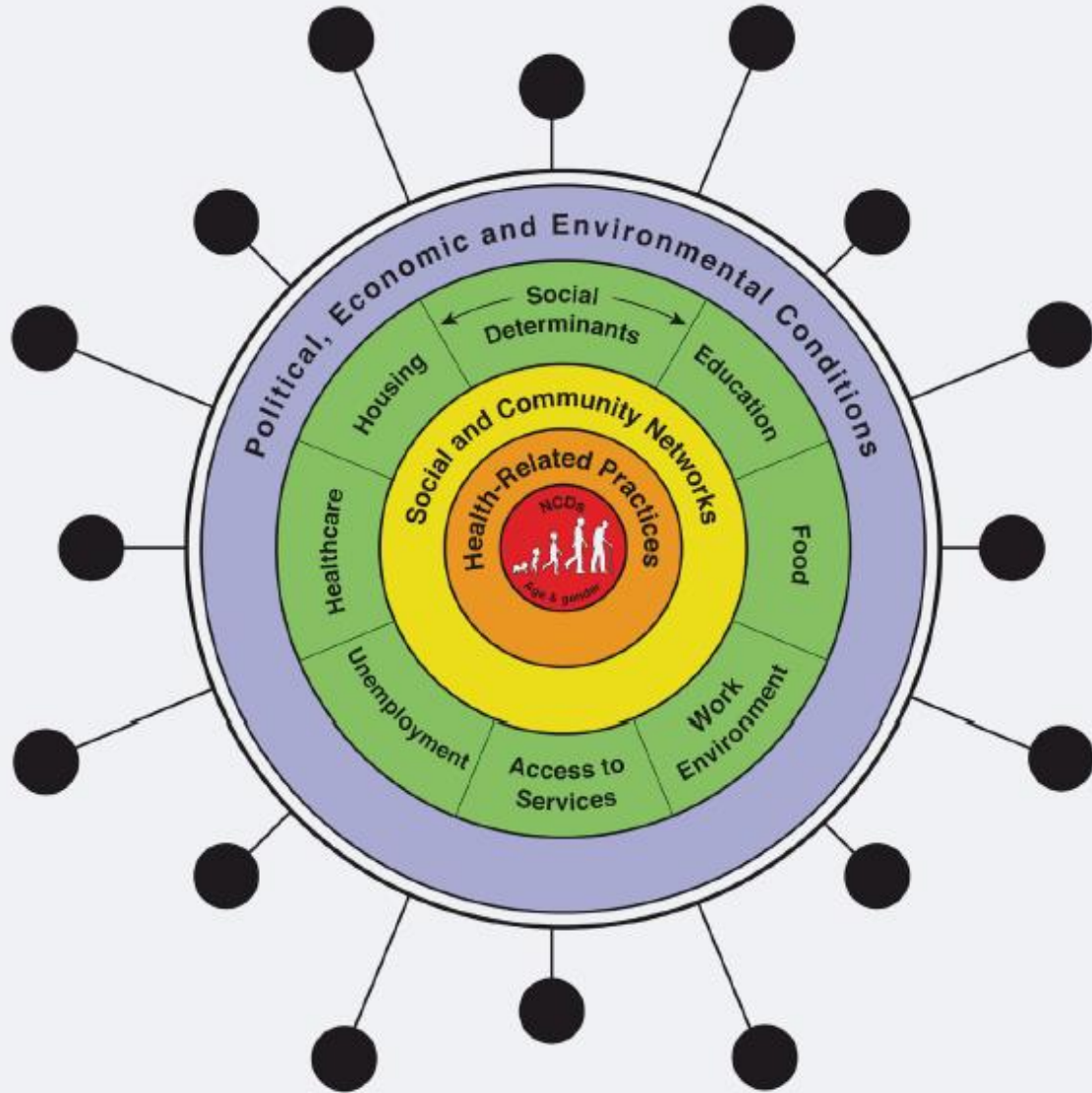
School health policies

- To be prepared...



To be prepared...

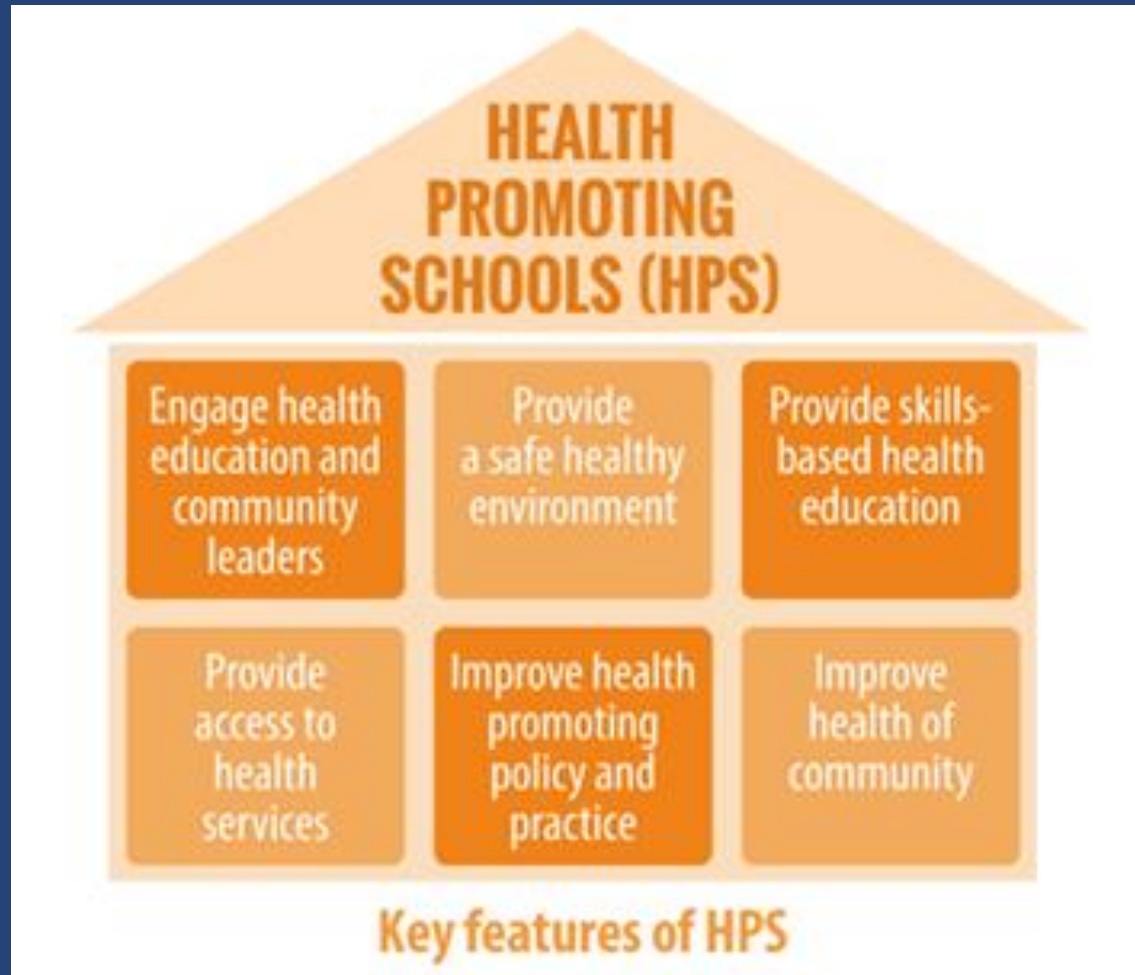
A **syndemic** occurs when risk factors for illness are intertwined, cumulative, and interactive – thereby increasing the disease burden and its negative effects.



The syndemic of COVID-19, non-communicable diseases (NCDs) and the social determinants of health (from Bambra et al, 2020)

School health policies

- To be prepared...



Objectives

1. Explore how health and education professionals in the field **cope with the ongoing process and cycles of school reopening**, including mental health and wellbeing
2. Describe how health and education professionals in the field make sense of the **guidance about reopening**, if it exists
3. Review the **main concrete enablers, barriers and solutions** for school reopening
4. Consider how **intersectoral working** in schools can be improved for the future
5. Explore the potential for **ongoing/widening inequalities**



Professionals' Experiences and Views about the Safe Reopening of Schools

Introduction

The UNESCO Chair / WHO Collaborating Centre in 'Global Health and Education' (hereafter called 'UNESCO Chair GHE') would like to gather the experiences and opinions of education and health professionals about the processes in place in their countries and territories to reopen schools safely during the COVID-19 pandemic, and to keep them open.

and how best to limit it

Reopening of schools

Survey school reopening

Returning students and response strategies

Communication of the guidance, and missing resources

You are invited to complete the second survey on the safe reopening of schools and to share the survey within your network. The **aim** of the survey is to gather the experiences and opinions of education and health professionals about the processes in place in their countries and territories to reopen schools safely during the COVID-19 pandemic, and to keep them open.

[START THE SURVEY HERE \(EN\)](#)

[COMMENCER L'ENQUÊTE ICI \(FR\)](#)

[COMENZAR LA ENCUESTA AQUÍ \(ES\)](#)

Erfahrungen und Ansichten von Fachkräften des Bildungs- und Gesundheitssektors zur sicheren Wiedereröffnung von Schulen

Einleitung

Der UNESCO-Chair "Globale Gesundheit und Bildung", zugleich WHO-Kollaborationszentrum, hat sich mit dieser Studie zum Ziel gesetzt, die Erfahrungen, Ansichten und Meinungen von Fachkräften in der Bildung und Gesundheit über die derzeit bestehenden Verfahren und Prozesse zur sicheren Wiedereröffnung von Schulen bzw. zur Aufrechterhaltung des sicheren Schulbetriebes während der COVID-19-Pandemie zu erforschen.

In dieser Umfrage werden die Barrieren und Gelingensbedingungen für die sichere Wiedereröffnung von Schulen untersucht. Dabei zum Beispiel Fragen zu Gesundheitsmaßnahmen in den Schulen, zur Kommunikation über das Coronavirus und den Umgang mit Empfehlungen zum Infektionsschutz an Schulen gestellt.

Im Rahmen dieser Studie meinen wir mit "Schule" nicht nur die Primar- und Sekundarstufe, sondern schließen des gesamten Bildungsbereich für SchülerInnen im Alter von 0-19 Jahren mit Vorschulen, Krippen und Kindergärten mit ein. Ausgeschlossen von dieser Studie ist der tertiäre Bildungsbereich.

Die Teilnahme an dieser Umfrage dauert nicht länger als 20-30 Minuten, je nachdem, wie viel Sie uns mitteilen möchten. Für Ihre Fragen steht Ihnen mit Nicola Gray die Leiterin der Studie unter der Emailadresse nicola.gray@unescochair-ghe.org zur Verfügung. Die Befragung ist freiwillig und anonym. Auch wenn Sie nicht teilnehmen, hat das keine Nachteile für Sie. Bevor Sie mit der Beantwortung des Fragebogens beginnen, bitten wir Sie, die folgenden Informationen zu lesen und Ihr Einverständnis zur

English, French, Spanish Mandarin, German, Arabic, Portuguese

Escolas e Covid-19: Experiência e visão dos profissionais de educação e saúde na reabertura das escolas

Introdução

A Cátedra UNESCO / Centro Colaborador em 'Saúde e Educação Global' da OMS pretende reunir a experiência e visões dos profissionais de educação e da saúde sobre as estratégias desenvolvidas em diversos países e territórios para a reabertura das escolas em segurança e/ou para as manter abertas durante a pandemia COVID-19. Neste contexto inédito onde é, mais do que nunca, fundamental a partilha de conhecimentos, o objetivo desta iniciativa é conjugar as experiências dos profissionais de educação e da saúde em diferentes contextos. O desafio consiste na análise crítica e construtiva do trabalho intersectorial realizado até ao momento e formular recomendações para o futuro.

Este questionário aborda diversos aspetos da reabertura das escolas: as medidas de saúde pública que foram implementadas nas escolas da sua área, a comunicação das diretrizes de nível nacional e/ou local, os fatores que facilitam ou dificultam a reabertura segura das escolas, as modalidades organizacionais e pedagógicas que possibilitam o funcionamento das escolas, bem como a perceção da situação e a análise destes profissionais.

O termo "escolas" refere-se a instituições de educação para crianças dos 0 aos 19 anos, abrangendo creches (ou infantários ou berçários), jardins-de-infância (ou escolas de educação infantil, ou escolas de educação pré-escolar), escolas do ensino básico (ou ensino fundamental) e escolas do ensino secundário (ou ensino médio). As instituições de ensino superior não são consideradas neste estudo.

O questionário demora cerca de 10 a 20 minutos a ser preenchido, dependendo de quanto está disposto(a) a partilhar. Se tiver alguma dúvida, queira por favor contactar o coordenador do

تجارب ووجهات نظر المهنيين في مجال التعليم والصحة حول إعادة فتح المدارس بشكل آمن

مقدمة

يود رئيس اليونسكو / المركز المتعاون مع منظمة الصحة العالمية في "الصحة العالمية والتعليم" أن يجمع خبرات وآراء المهنيين في مجال التعليم والصحة حول العمليات القائمة في بلدانهم وأقاليمها لإعادة فتح المدارس بأمان خلال جائحة وباء كورونا ٢٠١٩، وإبقائها مفتوحة.

يستتول هذا الاستطلاع دراسة مواضيع مثل تدابير الصحة العامة التي وضعت في المدارس في منطقتك، التواصل بين هذه الإجراءات المتخذة على المسجلين الوطني و/أو المحلي، والعوامل المساعدة أو المعوقة التي تحول دون إعادة الفتح الآمن للمدارس.

بكلية مدارس لتحدد بشكل عام جميع الأماكن الدراسية للتلاميذ الذين تتراوح أعمارهم بين 0 إلى 19 عامًا في الابتدائية ورياض الأطفال، الابتدائية، الثانوية (المتوسطة والعامة) المهنية منها والتقنية أو العامة، وتشمل أيضا الزراعية، مراكز التدريب التأهيلية، الأماكن المخصصة بمختلف مستوياتها حسب كل بلد.

وفقا للسياق، سيتم استخدام كلمة مدرسة (الأطفال وابتدائية) للتعليم الابتدائي وكلمة مركز للتعليم الثانوي (المدارس المتوسطة أو المتوسطة والثانوية).

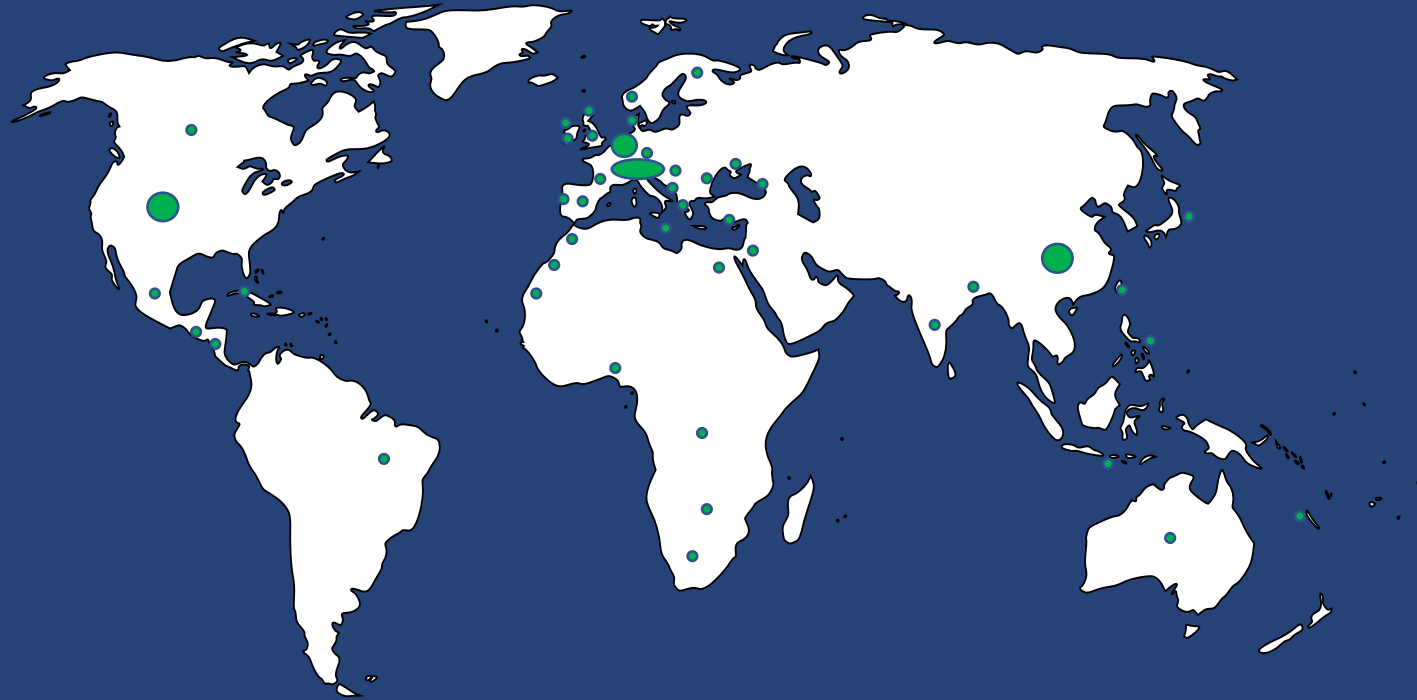
يجب أن يستغرق إكمال المسح ٢٠١٠ دقيقة، اعتمادا على مقدار ما تريد إخبارنا به. إذا كان لديك أي أسئلة قبل أن تبدأ، الرجاء الاتصال بـنيكولا غراي، رئيسة الاستطلاع. nicola.gray@unescochair-ghe.org

* 1. أوافق على المشاركة في هذا الاستبيان وأوافق كذلك على النتائج الإحصائية للاستبيان، أوافق أيضا على نشر التعليقات في التقارير والعروض دون نشر الاسم.



Survey Responses

- Responses from 75 countries and territories so far



A case study in Taiwan

- Questionnaire (representative sample)
- Interviews
- Case studies

We count on you!

The future development or trends on HPS among covid-19 context

WHO and UNESCO research group

Co-operation and consistency: a global survey of professionals involved in reopening schools during the COVID-19 pandemic

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Covid-19: What does the evidence tell us about reopening and keeping schools open safely?

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