



Intersectoral planning in the new coronavirus pandemic: the challenge of returning to face-to-face classes

Planejamento intersectorial na pandemia do novo coronavírus: desafio para retorno às aulas presenciais

Planificación intersectorial en la pandemia del nuevo coronavirus: Reto para la vuelta a las clases presenciales

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ABSTRACT

Objective: To report the experience of health professionals regarding the intersectoral support provided to the Committee for the Planning of the Resumption of Face-to-Face Activities (*Comitê de Planejamento para Retorno das Atividades Presenciais – CPRAP*) in the construction of guidelines on the return of face-to-face classes. **Data synthesis:** This is a report of an experience that took place in 13 (thirteen) municipalities in the East Coastal Region of Jaguaribe in the state of Ceará, Brazil, from June to October 2020, through the participation of the Regional Coordination Office for the Development of Education in Russas (*Coordenadoria Regional de Desenvolvimento da Educação de Russas – CREDE-10*) in CPRAP. The activities carried out by the Aracati Coordination Office (*Coordenadoria de Aracati – COORD/Aracati*) in contributing to the Committee included the production of a presentation of the panorama of strategic indicators of COVID-19 in the municipalities covered by CREDE-10, the construction of epidemiological bulletins on COVID-19 and the preparation of a technical study of indicators for the municipality of Russas, which is the headquarters of CREDE-10. **Conclusion:** The participation of health professionals in CPRAP allowed for the exchange of experiences promoted by multiple perspectives and knowledge, thereby making it possible to broaden the understanding of the pandemic context and propose solutions. Thus, the importance of intersectoral work was verified, especially in the new coronavirus pandemic.

Descriptors: Public Health; COVID-19; Intersectoral Collaboration.

RESUMO

Objetivo: Relatar a experiência de profissionais da saúde acerca do apoio intersectorial ao Comitê de Planejamento para Retorno das Atividades Presenciais (CPRAP) na construção de instrumentos norteadores para o retorno das aulas presenciais. **Síntese dos dados:** Trata-se de um relato de experiência que ocorreu em 13 (treze) municípios da Região Litoral Leste Jaguaribe do estado do Ceará, Brasil, no período de junho a outubro de 2020, através da participação no CPRAP da Coordenadoria Regional de Desenvolvimento da Educação de Russas (CREDE-10). As atividades realizadas pela Coordenadoria de Aracati (COORD/Aracati) na contribuição ao Comitê compreenderam a produção de apresentação do panorama de indicadores estratégicos da COVID-19 nos municípios de abrangência da CREDE-10; construção de boletins epidemiológicos da COVID-19 e elaboração de estudo técnico dos indicadores do município de Russas, sede da CREDE-10. **Conclusão:** A participação dos profissionais de saúde no CPRAP possibilitou a troca de experiências, promovida pelos múltiplos olhares e saberes, possibilitando ampliar a compreensão do contexto pandêmico e, em conjunto, propor soluções. Assim, verificou-se a importância do trabalho intersectorial, sobretudo na pandemia do novo coronavírus.

Descritores: Saúde Pública; COVID-19; Colaboração Intersetorial.



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RESUMEN

Objetivo: Informar la experiencia de profesionales de salud acerca del apoyo intersectorial al Comité de Planificación para Vuelta a las Actividades Presenciales (CPVAP) en la construcción de instrumentos norteadores para la vuelta de las clases presenciales. **Síntesis de los datos:** Se trata de un informe de experiencia que ocurrió en 13 (trece) municipios de la Región Litoral Leste Jaguaribe del Estado del Ceará, Brasil, en el período de junio a octubre de 2020, por medio de la participación en el CPRVP de la Coordinaduría Regional de Desarrollo de la Educación de Russas (CREDE-10). Las actividades realizadas por la Coordinaduría de Aracati (COORD/Aracati) en la contribución al Comité comprendieron la producción de presentación del panorama de indicadores estratégicos de la COVID-19 en los municipios de alcance de la CREDE-10; construcción de boletines epidemiológicos de la COVID-19 y creación de estudio técnico de los indicadores del municipio de Russas, domicilio de la CREDE-10. **Conclusión:** La participación de los profesionales de salud en el CPRVP permitió el intercambio de experiencias, promovida por múltiples miradas y saberes, posibilitando amplificar la comprensión del contexto pandémico y, en conjunto, proponer soluciones. Así, se verificó la importancia del trabajo intersectorial, sobretudo en la pandemia del nuevo coronavirus.

Descriptores: Salud Pública; COVID-19; Colaboración Intersectorial.

INTRODUCTION

On December 31, 2019, a new coronavirus was detected in the Chinese city of Wuhan, being later named COVID-19. The World Health Organization (WHO) followed the development of the new disease from the beginning and, upon detecting the increase in the number of cases and deaths, as well as the territorial expansion of the transmission of the virus, declared, on January 30, 2020, the situation was a Public Health Emergency of International Concern (PHEIC)⁽¹⁾.

In Brazil, the Ministry of Health (MoH) declared, through Ordinance No. 188, of February 3, 2020, that the spread of the virus constituted a Public Health Emergency of National Importance (PHENI)⁽²⁾. On March 11, 2020, expressing concern about the increasing spread and severity of cases, as well as the failure of countries to face the situation, WHO declared COVID-19 a pandemic⁽¹⁾.

The closing of schools and the suspension of face-to-face classes due to the spread of the new coronavirus impacted the world in different ways, especially due to the lack of prior strategic plans for a pandemic like this⁽³⁾. In addition to uncertainties, the pandemic scenario caused damages to the world education, as well as to the Brazilian one. As a result, teachers needed to develop alternatives so that the educational process was not neglected or paralyzed during social isolation⁽⁴⁾.

Also in March 2020, the United Nations Educational, Scientific and Cultural Organization (UNESCO) announced that about half of the student population was out of school or university, stating that the scale and speed of closure of these institutions accounted for an unprecedented challenge for the education sector⁽⁵⁾.

In May 2020, UNESCO pointed out that school closures reached about 70% of students worldwide as a result of 186 countries or regions that used this strategy to prevent COVID-19⁽⁶⁾. In the United States, between March and May 2020 there was a reduction in both the incidence and mortality from COVID-19 as a reflection of the suspension of face-to-face classes⁽⁷⁾.

In mid-May 2020, in the context in which several European countries began to relax physical and social distance measures with the intention of resuming economic activities, WHO prepared a virtual seminar addressing the resumption of face-to-face work. The criteria established at the event included: surveillance of cases and transmission; capacity of the national health system; outbreak risks; preventive measures; risks of importing the virus; and society's need for information⁽⁸⁾.

According to guidelines from health authorities, the Brazilian states, based on the scenario of the territory within their scope, started to develop and implement plans to resume face-to-face activities. In that regard, there is the Plan for Resuming Face-to-Face Activities (*Plano de Retomada das Atividades Presenciais – PRAP*), which was prepared by the Ceará State Education Secretariat (*Secretaria da Educação do Estado do Ceará – SEDUC/CE*) with the aim of guiding the safe return of face-to-face activities in schools in the state⁽⁹⁾.

PRAP is based on strategic objectives and on five management dimensions: crisis management and strategic governance; administration and financing; health security; pedagogical management; and people management. Each dimension consists of a matrix of actions and responsibilities. Regional committees were created and composed of managing members, teachers, students and representatives of the health sector with the purpose of appreciating, implementing and monitoring PRAP⁽⁹⁾.

The pandemic scenario, originating from the new coronavirus, is unprecedented and complex, and, under this circumstance, there are no quick responses to face it, requiring the cooperation of various sectors and actors of society. Therefore, the role of scientific knowledge in planning is essential to assist the safe return of face-to-face activities. In collaborative work, there is a communicative interaction that requires, from the individuals involved, objectives, strategies and joint responsibilities in order to negotiate and share themes and/or situations that share a common interest⁽¹⁰⁾. Studies reporting previous experiences from Asian and European countries have demonstrated the importance of intersectoral work coordinated between governmental spheres and regions in order to avoid the worsening of the pandemic scenario and the achievement of common objectives of collective interest⁽¹¹⁾.

The present report is justified by the perspective of sharing the intersectoral experience of monitoring, assessing and planning for the resumption of face-to-face activities in the education sector in the search to favor the return in a safe way and contribute to similar contexts in other territories. Given that, this article aims to report the experience of health professionals in providing intersectoral support to CPRAP for the construction of guidelines on the return of face-to-face classes.

DATA SYNTHESIS

Due to the public health emergency generated by COVID-19, there was a need for greater coordination between the health sector and the education sector in order to encourage discussions for the elaboration of unique plans for each municipality according to the local reality and the epidemiological situation and based on government decrees and study of scientific evidence.

In this context, health professionals from the Coordination Office of Aracati (COORD Aracati), including residents in Public Health at the Ceará School of Public Health (*Escola de Saúde Pública do Ceará – ESP/CE*) and the regional health coordinator of COORD Aracati, participated in the intersectoral support and were inserted in the CPRAP of the Regional Coordination Office for the Development of Education in Russas (*Coordenadoria Regional de Desenvolvimento da Educação de Russas – CREDE-10*) as representatives of the Health Superintendence of the East Coastal Region of Jaguaribe in the state of Ceará.

The experience took place in the state of Ceará, within the scope of the CPRAP, a collegiate composed of managers from the state education secretariat, municipal education secretaries, school directors, teacher and student representatives, representatives of the teachers' union and representatives of students' parents in addition to the participation of health professionals who are the authors of this report.

The aforementioned committee had the purpose of planning for the safe resumption of face-to-face classes in municipal and state schools of the public network in the territory covered by CREDE-10, the coordination office responsible for 13 municipalities of the East Coastal Region of Jaguaribe in the state of Ceará.

The activities reported by health professionals in this article were developed from June to October 2020 and included the municipalities of Alto Santo, Aracati, Fortim, Icapuí, Itaíçaba, Jaguaruana, Limoeiro do Norte, Morada Nova, Palhano, Quixeré, Russas, São João do Jaguaribe and Tabuleiro do Norte. The choice of municipalities was defined by the composition of the Committee and the responsibility of health professionals to be representatives of the Regional Superintendence of the East Coastal Region of Jaguaribe, which is responsible for the health of the municipalities of CREDE-10.

The coordinator of COORD Aracati acted as a member of the Committee, representing the health sector, and was pointed by the superintendent of the East Coastal Region of Jaguaribe in June 2020. In the same context, and inserted in the practice of COORD Aracati, were the residents of the Ceará School of Public Health – these were enrolled in the Integrated Health Residency with an emphasis on Public Health and contributed to support the construction of technical products and foundational discussions for the conversation circles.

Initially, there was a meeting for alignment between the members of the Committee so that they could get to know the objectives of the constituted collegiate and its attributions in the process prior to the resumption of face-to-face activities as well as their post-resumption functions. The meetings were held fortnightly through the Google Meet platform and was organized by CREDE-10.

At the first meeting, COORD Aracati was asked to carry out a survey of data regarding the main health indicators related to COVID-19 in the municipalities that make up CREDE-10. In view of the initial request made by the CPRAP group, the coordinator of COORD Aracati met with the health professionals enrolled in the public health residency of the coordination office in order to plan the feasibility of actions to support the Committee.

The other fortnightly meetings addressed topics such as the composition of CPRAP; the plan to resume face-to-face activities; guidelines for the elaboration of municipal plans; overview of COVID-19 indicators in the East Coastal

Region of Jaguaribe; guidelines for the resumption of face-to-face activities; technical notes and possibilities guide to reference plans for resuming face-to-face activities. The activities performed in contribution with the Committee were divided into the following moments:

1st Moment: production of presentation of the panorama of strategic indicators of COVID-19 of the 13 municipalities covered by CREDE-10

At this stage, a survey of the main indicators was carried out per municipality monitored in IntegraSUS, a digital platform for transparency of public data in the state of Ceará that has information from health systems and indicators, including those related to the COVID-19 pandemic. All the authors of the present report monitored the epidemiological data and there was an alignment meeting between health professionals about the standardization for the collection and evaluation of these data.

The health indicators of the new coronavirus pandemic monitored in IntegraSUS, referring to the period from January to July 2020, included the number of confirmed cases and cases under investigation; cumulative number of confirmed cases and deaths according to sex and age range; incidence of positive cases according to age range; fatality rate and number of deaths; and epidemiological curve according to symptom onset date.

Graphs and maps were prepared with color scales according to the results of indicators in order to provide greater dynamics to the sharing of data on individuals of school age in the Committee. This first moment of internal production culminated in a presentation at a virtual meeting of the CPRAP with the dissemination of the data found and discussion of the regional epidemiological scenario.

The coordinator of COORD Aracati launched, at this stage, the proposal to make epidemiological bulletins of COVID-19 available on a weekly basis during the month of July 2020, which was approved by all members of the Committee.

In a situation where education and health have built an intersectoral project focused on the congenital syndrome of the Zika virus, the need to consider the vision of the different sectors for the problem addressed was highlighted as a way to contribute to build more efficient solutions together⁽¹²⁾.

2nd Moment: Construction of Epidemiological Bulletins of COVID-19

This step consisted of the preparation of epidemiological bulletins titled Epidemiological Bulletin of COVID-19 at CREDE-10 and issued in six editions. The tabulation of the data provided by IntegraSUS was performed with the aid of Microsoft Excel spreadsheets to facilitate the consolidation and projection of the regional panorama.

The bulletins were built based on epidemiological data on the school-age population, which was found not to represent a large portion of positive cases for COVID-19. The same epidemiological scenario was verified by initial studies in which children and adolescents corresponded to a small portion of the affected population, a fact that contributed to this group not being a target of concern in the chain of transmission of the virus. However, studies have shown contamination in young people similar to that of adults and the older population, but with a milder manifestation of the disease^(13,14).

The speed of worldwide spread of COVID-19, coupled with the scarcity of information on the infection of children under 10 years of age, highlights the need to carry out more clinical and epidemiological studies with a view to identifying ways to enable the development of preventive actions and to tackle the new coronavirus⁽¹⁵⁾. In order to facilitate the understanding of the behavior of the pandemic in the territory and the meaning of the indicators, explanatory texts were formatted in the epidemiological bulletins to expose the situational diagnosis identified in language accessible to CPRAP members, other students and their guardians, which constitute the main readers of the technical product elaborated.

To close the series of proposed editions to be made available to Committee members, an edition of the Epidemiological Bulletin of COVID-19 was prepared at CREDE-10. It was called a special edition as it did not present in its content epidemiological indicators as in previous editions, but rather a collection of literature references available at the time on attempts and practices to resume face-to-face activities in the education sector.

This last bulletin included a demand from the members of the Committee to request a technical product with greater support for the experiences in other national and international territories that had already resumed face-to-face activities in education.

When proposing the possibility of returning to face-to-face classes, it is worth noting that asymptomatic and oligosymptomatic individuals are considered key players in the transmission chain due to the difficulty of identifying

signs and symptoms. Thus, the proportion of children without symptoms can impact the transmission cycle in school environments and, consequently, the appearance of outbreaks⁽¹⁶⁾.

3rd Moment: Preparation of a technical study of indicators for the municipality of Russas, headquarters of CREDE-10

At this stage, CPRAP chose the municipality of Russas among the municipalities that make up CREDE-10 to build a specific technical support material, which included epidemiological data pointing out the evolution and behavior of COVID-19 indicators in the period of January to August 2020. The need for detailing only for the municipality of Russas was due to the fact that there is a forecast of resumption of face-to-face school activities at CREDE-10, which is based in this city.

Although necessary in the context of the pandemic, the prolonged closure of schools has shown, in places where similar situations have occurred, an increase in dropout rates in schools, especially among young people and students in situations of greater vulnerability^(17,18). Still, there are other negative effects related to the interruption of face-to-face activities in educational establishments, such as the discontinuation of free school meal programs that benefit vulnerable children, lack of formal education for children, in addition to psychological impacts^(19,20).

With a narrower scope than that of the COVID-19 pandemic, there was experience in the United States in 1916 with the polio epidemic, which required the use of quarantine and interruption of face-to-face classes. Regarding the group of schoolchildren in that context, there was greater dropout and lower average schooling than under normal conditions⁽²¹⁾.

The scientific contribution represented by the data expressed in the bulletins about the regional epidemiological situation, as well as other experiences of recovery in Brazil and in the world, allowed the discussion of weaknesses identified in other places where the return was put into practice. Thus, participating in a committee of this nature focused on the return of face-to-face classes was of great importance for the opportunity to contribute to intersectoral participatory planning with other actors involved in this process.

For the safety of returning to face-to-face classes, it is necessary to consider the incidence of the new coronavirus in the location where the schools are located⁽²²⁾. Thus, it should be noted that the study of the epidemiological scenario in the region provided subsidies for the actions to be implemented by managers and technicians of the education network covered by CREDE-10.

One can point out as an obstacle in the period of practice the limitation in the availability of publicly free data present in IntegraSUS, thus making a more in-depth analysis impossible in terms of other indicators and specifically the target audience of CPRAP – school-age children and adolescents.

The experience and exchange of knowledge in the support and contribution of the planning process for the safe return to school activities made it possible to insert and contribute to the intersectoral articulation in the practice of the service in addition to encouraging discussions and the construction of the plan for resumption of face-to-face activities of the state education network within the scope of CREDE-10. Furthermore, it provided lessons for the health professionals involved regarding the study of the pandemic in a regional context and the use of monitoring and evaluation tools, such as spreadsheets and the IntegraSUS platform.

CONCLUSION

The participation of health professionals in CPRAP allowed for exchange of experiences promoted by multiple perspectives and knowledge, thereby making it possible to broaden the understanding of the pandemic context and propose feasible strategies. Thus, the importance of intersectoral work was verified, especially in the pandemic of the new coronavirus, with the experience of acting in CPRAP being an opportunity to experience and foster the intersectoral articulation between health and education in order to guide the return of face-to-face classes safely.

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CONFLICTS OF INTEREST

The authors state that there are no conflicts of interest.

CONTRIBUTIONS

Gláucia Porto de Freitas, Edvando Ferreira Guilherme, Mirela Alexandre Virginio, Luciana Moura Morais and Antônia Fernanda Sousa de Brito contributed equally to the study design, acquisition, analysis and interpretation of data, writing and/or revision of the manuscript, approved the version to be published and are responsible for its content and integrity.

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