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TEACHERS' RIGHT TO HEALTH IN THE POLICY DEBATES DURING THE COVID-19 PANDEMIC IN HUNGARY AND ROMANIA

Dreptul la sănătate al profesorilor în discursul politicilor din timpul
pandemiei de Covid-19 în Ungaria și România

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TEACHERS' RIGHT TO HEALTH IN THE POLICY DEBATES DURING THE COVID-19 PANDEMIC IN HUNGARY AND ROMANIA

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Abstract

At the onset of the Covid-19 pandemic, governments worldwide suspended face-to-face education in schools to manage the spread of the Sars-Cov-2 virus. Romania and Hungary were not exceptional in this regard during the first wave of the pandemic. However, further along, the two countries' policy pathways strongly diverged. Hungary strategized keeping schools open to ensure parents could attend to their employment obligations. Romania suspended face-to-face education in schools for long periods. The paper looks at these two national cases through a Critical Frame Analysis (Dombos et al., 2012) of education policy debates during the initial three waves of the pandemic (March 2020 – July 2021). It answers the question: *How were the health rights of*

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teachers and the health crisis in education framed in the education policy debates during the Covid-19 pandemic? Policy documents and policy related position documents by non-government actors were selected by country experts from both countries and coded inductively looking at the right to education, the right to health, and the relationship between economic activities and education. We present our findings concerning how teachers' rights to health are featured in the policy debates between the government, oppositional political parties, trade unions and other stakeholders. Finally, we use our analysis to point to recommendations addressing the complex challenge of equally ensuring vulnerable pupils' rights to education and teachers' rights to health through coherent crisis management policies.

Keywords: crisis management, critical frame analysis, right to health, teachers' working conditions.

Rezumat

În gestionarea răspândirii virusului Sars-Cov-2 guverne din toată lumea au ales la debutul pandemiei de Covid-19 să suspende educația față-în-față în școli. În acest sens, România și Ungaria nu au făcut excepție. Ulterior cele două țări au adoptat traiectorii de politici divergente: în timp ce în Ungaria școlile au rămas deschise pentru a permite părinților să lucreze, în România educația față-în-față în școli a rămas suspendată pentru perioade ample de timp. Lucrarea analizează aceste două cazuri contrastante din perspectiva analizei critice a cadrelor de politici publice (Dombos et al., 2012). Obiectul analizei vizează declarațiile de poziții în relație cu politicile publice ale actorilor guvernamentali și non guvernamentali din România și Ungaria din timpul primelor trei valuri de Covid-19 (martie 2020 – iulie 2021). Întrebarea de cercetare urmărită este: Cum au fost cuprinse dreptul profesorilor la sănătate, precum și criza sanitară din educație în cadrul dezbaterilor de politici educaționale din România și Ungaria din timpul pandemiei de Covid-19? Experți din cele două țări au selectat declarații despre politici publice relevante, care au fost codificate inductiv. Codificarea s-a centrat pe dreptul la educație, dreptul la sănătate și relația dintre activitatea economică și educație. În această lucrare arătăm în ce fel dreptul la sănătate al cadrelor didactice a fost un aspect central dezbătut în cele două țări de către reprezentanți guvernamentali, partide politice de opoziție, sindicate, ONG-uri și alți stakeholderi educaționali. În final, emitem recomandări pentru gestionarea, din punctul de vedere al politicilor publice, altor contexte similare.

Cuvinte-cheie: analiza critică a cadrelor (de politici), condițiile de muncă ale cadrelor didactice, dreptul la sănătate, managementul crizelor.

1. Introduction

The right to health is enshrined in several international documents and promoted explicitly by the UN (United Nations Human Rights Council, 2019), especially as part of Goal 3 of the Sustainable Development Goals, which focuses primarily on ensuring equitable access to a healthy life (United Nations Department of Social and Economic Affairs, 2022). Nevertheless, the right to health has been a contested human right for several decades (Evans, 2002). Since the beginning of this debate, public health issues have been at the center of discussions concerning the right to health as a human right (Evans, 2002). Moreover, the Covid-19 pandemic significantly caused a setback in realizing the global right to health (United Nations Department of Social and Economic Affairs, 2022).

Schools have often been portrayed in public discourses as central sites for ensuring the right to education, and equity and access to education, in particular, the fundamental rights that repeated long-term school closures have endangered (Azevedo et al., 2021; Conto et al., 2021; Espinosa Castro, 2020; Grewenig et al., 2021; Human Rights Watch, 2021; Mitescu-Manea et al., 2021a; Kende et al., 2021). Education research on the Covid-19 pandemic has addressed challenges experienced by students and teachers (Safta-Zecheria et al., 2020; Safta-Zecheria et al., 2021) and to a lesser extent, questions of well-being (Donoso & Retzmann, 2020; Thomas & Rogers, 2020), including the right to health as a central issue connected to subjective and objective understandings of well-being. In this paper, we want to complement this research strain by looking at how the Covid-19 pandemic can be viewed as a crisis of crisis management – or, more precisely, as a crisis concerning how a natural disaster or calamity was managed in terms of public policies (Jessop, 2018) concerning the realization of teachers' right to health and how these policies emerged as singular paths embedded in broader policy debates between government and non-governmental actors. The emphasis on the particular challenges of this period for ensuring access to education and thus, contributing to the realization of the right to education was very significant to our research. Educational equity and the realization of the right to education for socio-economically and digitally marginalized groups were especially underscored in reference to the issue of keeping schools open for face-to-face education. Thus, the right to health of those

participating in education and minimizing exposure to Sars-Cov-2 was often pitted against the right to access education for all. Our research placed a strong emphasis on the unique difficulties of this time period in assuring access to education and so advancing the fulfillment of the right to education. In relation to the topic of maintaining schools open for face-to-face education, educational equity and the realization of the right to education for socioeconomically and digitally excluded groups were particularly emphasized. Thus, the right to health of individuals engaging in education and reducing exposure to Sars-Cov-2 were frequently at odds with the right to equal access to education.

In this paper, we want to explore how the Covid-19 public health crisis' impact on the education system was constructed in policy debates between governmental and non-governmental actors in Hungary and Romania from March 2020 to July 2021. This period allows us to document the construction and evolution of policy frames (Verloo, 2005) addressing health questions in the two national education systems by policymakers and non-government actors active in these debates. We concentrate our analysis on teachers' right to health in particular in the education policy debates at the time of the Covid-19 pandemic.

2. Research Methodology

Our study is broadly situated within a social constructivist perspective and follows an interpretive research design (Schwartz-Shea & Yanow, 2013), specifically interpretive policy analysis (Yanow, 2007). We use an extended version of critical frame analysis (hereafter CFA, Dombos et al., 2012) that includes government and non-government actor statements in policy debates. This version of CFA for recording policy discourses in education during the Covid-19 pandemic was used in earlier comparative research addressing educational inequalities in policy debates (Mitescu-Manea et al., 2021b). In our current adaption, much as in a more classic approach to CFA, the construction of policy problems is the key part of the study. Our framework allows centering the complex dynamics that shape and constrain the emergence of official policies and of policy positions promoted by social actors. Thus, it is founded on a deliberate return to the methodological

origins of CFA in strategic framing (Verloo, 2005) and social movement mobilization-driven approaches to policy issues (Benford & Snow, 2000).

2.1. Sampling

We constructed two different modes of putting together national databases of relevant documents that were then analyzed. This resulted in slightly different sizes in the final sample: 148 documents in Romania (65 policy and governmental documents and 83 policy-related statements by non-governmental actors) and 277 in Hungary (98 policy and governmental documents and 179 oppositional and non-governmental policy-related statements). The samples of government actors included in both policies and legislation consist of all relevant government decrees, legislation amendments, etc. made intending to adapt the education system to the challenges posed by the Covid-19 pandemic. To capture the interpretation behind these acts, relevant and referenced public statements by key government figures were included, for example, radio interviews with the Hungarian prime minister. The samples of non-government actors were built through analysis of open letters, press releases, petitions, and recommendations issued by NGOs, market actors, trade unions, opposition parties, experts, etc. In the Romanian case, the portal *www.edupedu.ro* served to identify critical issues, and the data was complemented with other open statements by relevant stakeholders. In the Hungarian case, the news distributed by the National News Agency (*http://os.mti.hu*) served as the main source of data collection which was complemented by the expert sampling of NGO websites. The policy documents and policy-relevant statements were compiled into two country databases starting in September 2020. The databases' final version, including relevant statements from all three waves, was completed in September 2021.

2.2. Analysis and coding

The national samples were analyzed inductively by country experts that had contributed to creating the databases. The first cycles of coding and analysis were focused on how the crisis appears in the policy debates in education.

In this cycle, we coded issue frames, looking at what is being addressed in crisis policies in education. The issue frames were identified at the document level and then pursued further in the database thus constructing schematic issue histories. In the second cycle of analysis, we grouped the specific issues in relation to their normative underpinnings, thus, we could identify three main meta-frames in relation to the notion of crisis in education. These reflect the broader normative underpinning of the respective issues frames (for terminology, see Dombos et al., 2012). The three meta-frames that were present in both countries throughout the three pandemic waves analyzed (in the period March 2020 – July 2021) and helped us organize the sample and structure our analysis, were: (1) a health crisis of trickling-down effects on education, (2) an economic crisis with consequences for education and (3) a crisis of education (especially concerning educational equity and digitalization).

Each of these meta-frames consists of several issue frames bringing them together around one central ‘problem’ that requires policy action from a normative standpoint. In this regard, we have operationalized Carol Bacchi’s (2012) approach to looking at what the problem is represented to be in policymaking from a crisis management perspective by drawing on the epistemological instruments made available by CFA. Put more simply, our issue frames allow us to zoom in on three different crises that were represented simultaneously in the policy debates in both countries. The first is a crisis of equity and digitalization affecting education and impacting mainly disadvantaged and underserved younger children. In this meta-frame, relevant issue frames included remedial and special needs education, access to digital infrastructures and competencies, as well as the higher costs of education and privatization of education. Normatively, this crisis-related frame resonated with the human rights paradigm of access to quality education for all. The second crisis that we identified and which is most relevant to the paper at hand is a crisis of health affecting education. Here are the initial issue frames that we have focused our analysis on: overcrowding, the sanitation of the hygienic infrastructure and testing capacities in schools, vaccination priority of teachers and vaccination reluctance of teachers, health-related prevention/protection measures for teachers, students, and their families (especially of those at risk due to prior existing health conditions), risk assessments regarding journeys to and from school as potential risk areas for infection. According

to relevance in a subsequent round of analysis, we subsumed the issue frames in three more coherent issue frames that will also inform the present analysis: (1) suspending face-to-face education as a public health measure, (2) risk mitigation strategies within schools: (mainly) testing and vaccination; but also approaches to overcrowded classrooms and schools; (3) teachers' and educational actors' right to health. All issue frames fall within the discussed meta-frame of a health crisis with trickling-down effects on education. This meta-frame is most relevant to our present analysis as it allows zooming into the human rights paradigm of the right to health by focusing on a profession that has been essential to keeping schools open for face-to-face education. Finally, in the meta-frame analysis we have also included a meta-frame that was not inspired by the normative underpinnings of human rights discourses, that of an economic crisis and its consequences for education. Issue frames that we analyzed here included the relationship between parental employment-related obligations and the closing of schools for face-to-face education in terms of the microeconomic (e.g., household) level implications, and the macroeconomic implications as framed by policy and market actors.

Below, we have compiled an overview of the evolution of the meta-frames in each country throughout the first three waves of the Covid-19 pandemic that form the basis of our analysis. The number of documents that have been coded surpasses the number of documents in the database because some actors employed more than one meta-frame to support their arguments.

In the following, we will mainly focus our analysis on documents that reflect the meta-frame: *the Covid-19 pandemic as a health crisis with trickling-down effects on education*. We will present our findings by focusing on teachers' right to health during the Covid-19 pandemic and strive to answer the research question: *How were the right to health of teachers and the health crisis in education framed in the education policy debates during the Covid-19 pandemic?*

Table no. 1. Meta-frames present in policy documents and related statements addressing crises in education in Romania throughout the first three waves of the Covid-19 pandemic grouped by actors

Romania	Meta-frame	Government	Non-governmental					T
			stakeholders	opposition	NGOs	experts	market	
1st wave	Equity crisis	4	4	1	12	8	2	
	Health crisis	12	2	0	2	5	0	
	Economic crisis	4	0	0	0	0	1	
2nd wave	Equity crisis	4	2	3	5	2	0	
	Health crisis	3	3	0	4	2	1	
	Economic crisis	5	0	0	0	2	0	
3rd wave	Equity crisis	5	1	1	7	1	3	
	Health crisis	17	2	1	3	0	0	
	Economic crisis	1	0	0	2	1	0	
Altogether equity crisis		13	7	5	24	11	5	65
Altogether health crisis		32	7	1	9	7	1	57
Altogether economic crisis		10	0	0	2	3	1	16

Table no. 2. Meta-frames present in policy documents and related statements addressing crises in education in Hungary throughout the first three waves of the Covid-19 pandemic grouped by actors

Hungary	Meta-frame	Government	Non-governmental					T
			stakeholders	opposition	NGOs	experts	market	
1st wave	Equity crisis	1	4	5	8	1	1	
	Health crisis	24	10	2	5	0	1	
	Economic crisis	7	4	2	1	0	0	
2nd wave	Equity crisis	4	3	13	8	0	1	
	Health crisis	27	16	23	5	0	1	
	Economic crisis	4	3	8	0	0	1	
3rd wave	Equity crisis	1	3	9	5	0	0	
	Health crisis	26	16	19	14	0	0	
	Economic crisis	5	4	4	3	0	0	
Altogether		99	64	85	49	1	5	
Altogether equity crisis		6	10	27	21	1	2	67
Altogether health crisis		77	42	44	24	0	2	189
Altogether economic crisis		16	11	14	4	0	1	46

3. Comparative presentation of the two national case studies

The emergence of a health crisis in education was at the center of policy debates in both countries, as is seen from the table outlining the evolution of the meta-frames in the two national contexts. In Hungary, it served as the dominant organizing frame in the government's discourse for all three waves, whilst in Romania, this way of framing the problem only played a major role in the public discourse during the first and third waves of the epidemic. Furthermore, this frame was always overshadowed by the equity issue in education, which served as the primary impetus for policy debates in the Romanian example, in the policy stances of non-governmental actors in the field of education. However, in Hungary, the policy debates were primarily driven by this meta-frame, which was evident in both the official and non-government documents examined.

3.1. The first wave (March – July 2020)

In both cases, state interventions managed to keep almost entirely under control the first wave of the Covid-19 pandemic by implementing very strict lockdown measures. This involved completely suspending face-to-face education in schools between mid-March and the summer break. Few exceptions to these rules existed: related to national examinations in both countries and exceptions for nurseries and private after-school providers in Romania. In both cases, government statements and policies framed the crisis as *a health crisis the management of which may have trickling-down effects on education*. In this framing process, the emerging *equity and digitalization related crisis in education* in the wake of the suspension of face-to-face education in schools was actively ignored by both governments.

In Romania, the documentation of this crisis took the central stage in the positions argued for by NGOs. These outlined the fact that government policies constitute discrimination (Centrul de Resurse Juridice, 2020) and are increasing educational inequity (Coaliția pentru Educație, 2020a). Experts pointed to the difficulties in ensuring the right to education for marginalized groups, requiring future investments (Edupedu, 2020a) and present access

to technological devices and connectivity, particularly internet and electricity (Fundatia Viață și Lumină, Federația părinților și apărătorilor legali & Institutul Român pentru Evaluare și Strategie, 2020). The positions of NGOs pointed to the existence of *a growing equity crisis in education* that surfaced as an outcome of the inequitable impact of public health measures on the access to quality education for vulnerable and marginalized groups.

With the new policy measures implemented by governments at the end of the first wave of the pandemic, this configuration changed once more. In Romania, face-to-face activities were scheduled to begin in June, and non-state actors began debating the possibility of a health crisis in the educational system. The question of teachers' rights to health initially came up at this moment. The right to health of teachers would be breached if they resumed face-to-face activities, according to a regional educational trade union from Iași (Stiriedu, 2020).

In Hungary, throughout the first wave, the educational administration was following a discursive strategy that trivialized the scale and stress of the transition to remote learning and was determined to complete most major tasks of the school year with minimal changes. The educational administration denied that there was a crisis in education, but instead viewed it as a health crisis that has trickle-down effects on education.

In the dominant narrative of non-governmental actors, education was considered as a sector affected by the health crisis. They urged the educational administration to enforce health prevention measures even more strongly (e.g., stop face-to-face contact in psycho-developmental consultation centers) (PDSZ, 2020a) and not to organize the maturation written exams in the traditional form due to health concerns (Civil Közoktatási Platform, 2020a, 2020b; Lauder, 2020; Magyar Orvosi Kamara, 2020; Oktatói Hálózat, 2020; PDSZ, 2020b). Unions argued for the right to safe and healthy work conditions for teachers.

Summarizing, although the governments of the two countries treated the Covid-19 outbreak as a public health disaster and implemented similar education-related initiatives, the framing of this issue varied somewhat and resulted in various responses from non-governmental players. In Romania,

arguments for recognizing a growing equity and digitalization crisis in education gained center stage, whilst, in Hungary, arguments for recognizing the health crisis and its effects on education were the key drivers of the policy debate. This configuration slightly shifted when discussions about bringing back in-person instruction began to take place in Romania. The health crisis meta-frame became centered on non-governmental actors (NGOs and experts) in this new constellation, bringing the debates in the two national contexts closer together. During this time, non-governmental actors, particularly educational labor unions, pushed the marginal issue frame of teachers' rights to health onto the national agenda.

3.2. The second wave (August 2020 – January 2021)

The onset of the second wave of the pandemic coincided roughly with the preparations for the new school year. It brought about attempts at managing the public health role of schools differently. Thus, the previous governmental strategies of keeping schools (almost) fully closed to face-to-face activities were replaced by more nuanced approaches that centered on putting in place health risk mitigation measures in schools, while allowing for at least a partial return to face-to-face education. Thus, a new issue frame – schools as sites for reducing health risks – solidified at this time inside the meta-frame of a health crisis with trickling-down effects on education. The ways in which this issue frame appeared in the two countries' policies and policy debates diverged.

The Hungarian government narrated the first wave retrospectively as a success and argued that having understood the nature of the threat posed by the virus, the second wave demands a different approach. The government was committed to keeping schools open as long as possible and considering education as a prerequisite for the availability of the workforce, took a different “more flexible and refined” approach to education as well. In a militaristic framework, schools had to implement “defense” operations (Orbán, 2020). Instead of closing down the whole school system, the government's aim was to isolate sick people and if the disease spreads, only then move whole classes or schools to remote learning temporarily (EMMI, 2020a). In this ‘defense’ framework, the interventions focused on keeping schools

immune to and pure of the disease by theatrical sanitary actions. As the cases surged, by early November the government had proclaimed the health crisis and revisiting its education strategy decided to move secondary schools to remote learning (EMMI, 2020b). From this time onwards, schools were considered locations into which the health emergency trickles down. Teachers and students in secondary education received free internet in their homes. Primary schools and kindergartens remained open. Following the logic of isolation in primary education, at-risk teachers and students were allowed to study and teach remotely and compulsory temperature measurement was introduced upon entering schools. By early January, the government started to communicate that the only way to release restrictions and end the health crisis was by progressing with vaccinations (Orbán, 2021a). In this period, teacher unions predominantly conceptualized the pandemic as a health crisis in education and mostly argued for the teachers' right to safe work conditions (for chronically ill and older teachers especially) (PDSZ, 2020c, 2020d, 2020e, 2020f). The first wave of government criticism put forward by unions argued that the expectations listed in the pandemic guidelines issued at the start of the school year were unrealistic and schools are not provided with sufficient human and financial resources to carry them out (PDSZ, 2020c). Then the unions demanded regular testing for teachers and that the decision to opt for digital education in case of infections should be made locally (PDSZ, 2020e). As the case numbers surged, the unions demanded the closure of schools (PDSZ, 2020g; Szülői Összefogás a Gyermekeink Jövőjéért, 2020). Once it became clear that contrary to the minister's promise, many teachers did not get 100% salary during their sick leaves, this became their main demand (PDSZ, 2020h). When the vaccination plan was published in January, the unions started demanding that teachers be prioritized (PDSZ, 2021a). However, the teacher chamber, a teacher representation organization established by the government echoed the government's no-crisis narrative up until the publication of the vaccination plan, when, although in a subtle tone, they also requested to prioritize teachers (Nemzeti Pedagógus Kar, 2021). NGOs' arguments centered on the right to education (e.g., for SEND children) (Lépjünk, hogy léphessenek, 2020). While the unions continuously demanded school closures, the political parties, embracing the economic argument, were torn between promoting opening safely or closing down completely.

In Romania, during late summer the planning for the new academic year led to NGOs resurfacing concerns surrounding growing inequities in education (Coaliția pentru Educație, 2020b). It also propelled a discussion of decentralizing decisions regarding school closures tied to the local prevalence of Covid-19 cases as a strategy to be applied in the new school year. Experts emphasized the health risks that opening schools with improper sanitation and hygiene facilities would impose on the lives of students and staff (Institutul Român pentru Evaluare și Strategie, 2020). NGOs pointed to students and teachers in various health risk groups and to the need to set in place regulatory measures (Edupedu, 2020b). Health preventive measures for educational and leisure activities were passed by the government in late August. The school year 2020/2021 introduced a decentralized, scenario-based decision-making system, whereby local particularities and resources, alongside epidemiological indicators, would be factored in the decision-making process, run locally and geared towards opting for one out of three possibilities for educational provision: face-to-face, entirely online, or hybrid. This system was implemented until November when schools were closed nationwide until February 2021. Thus, quite similar to the first wave, in the second wave schools remained closed for face-to-face activities for most of the time. The potential availability of vaccines shifted attention towards discussing vaccination strategies, which was concluded through the inclusion of teachers in the second stage of vaccination as a relatively high-priority group – pointing to a concrete measure promoting teachers’ right to health.

The reopening of schools in the context of an ongoing public health crisis shifted the center of debate for non-state actors from the equity crisis happening in education to the consequences of the health crisis for certain participants in the education process. This led trade union representatives to, yet again, raise the issue of teachers’ right to health, pointing out that teachers were expected to teach face-to-face despite health risk conditions. The national trade union federation in education (FSLI, 2020a, 2020b) requested special regulations for teachers in health-risk conditions, as well as priority for teachers to receive flu jabs that might offer some protection against the Covid-19 virus. In a similar vein, towards the end of the second wave, when the availability of a vaccine made discussions about priority groups essential, UNICEF (2020) argued for the need to include teachers as a Covid vaccination priority group, which was also realized in the national vaccination strategy. Once the priority was established, however, concerns were raised in public statements by

government officials about the willingness of vaccination of school personnel which did not reach 50% (Ministerul Educației, 2021). Experts also pointed to the weaknesses of the decentralized decision-making system for effective public health measures in schools stressing the lack of available data about virus spread in schools. The government dealt with this lack of local, valid information that would have enabled effective decision-making through a one-sided centralized decision in early November to suspend face-to-face education. Experts pointed out that the decision to close schools fully for face-to-face activities was not in line with recommendations by the World Health Organization and UNICEF (Ionescu, 2020). The concerns of NGOs culminated at the end of November with an open letter signed by 70 NGOs that demanded access to health and education for all children, especially those most vulnerable (Edupedu, 2020c).

Conclusively, in both countries, the move away from full suspension of face-to-face activities in schools led to the crystallization of the policy debate driven by non-government actors (especially unions) around the right to health of teachers and modalities to put this into practice, ranging from testing in schools to priority vaccination for teachers and even suspension of face-to-face activities in schools. However, statistics showed that vaccine reluctance (particularly in Romania) would undermine the viability of this policy plan even when vaccination priority for teachers appeared as a policy alternative. It is during the second wave that the issue frame of teachers' right to health as promoted by trade unions and other non-governmental actors indeed emerged as a central aspect of the policy debate in both countries.

3.3. The third wave (February – July 2021)

Schools in Romania started to reopen in February 2021 as part of a gradual restoration of the economy. Thus, for the first time, schools were tied to economic operating capabilities rather than difficulties with access to education and health. Schools operated in the decentralized decision-making system concerning educational provision scenarios from the beginning of February to the beginning of April when a modification of the school year instituted a one-month-long national holiday period. Testing was promoted as a key element of reopening schools safely, but a de facto blockage of school testing capacities prevented

its implementation. Although teachers were deemed a priority group for vaccination and comprehensive measures were put in place to ensure access to vaccines, in practice, this did not lead to complete vaccination. The official government statements connected the full reopening of schools for face-to-face activities to the full vaccination of teachers and educational staff. Concerns over the lack of testing capacities in schools and the unsuccess of the vaccination campaign pointed to *a resurgence of the concerns regarding a health crisis in education*, alongside the economic crisis that is overcome through reopening the economy and the central place of schools as enabling parents to work. For non-state actors, this period meant on the one hand trade union struggles against freezing salaries and budget cuts. NGOs focused mainly on drawing attention to growing inequities in education.

In Hungary, despite the government launching a national consultation about the process of reopening in February, primary schools and kindergartens were closed in early March. The government extended restrictions weekly and continuously talked about the plan of gradual reopening. The slogan was: “We have to close now to open up later” (Orbán, 2021c), not admitting that the pandemic is actually deteriorating. The success and speed of the vaccination campaign were at the center of government communication. Even though the government proclaimed the goal of saving the lives of the citizens, it considered prioritizing teachers in the vaccination protocol as a politically divisive issue. Therefore, it was postponed for a long time.

There will be a big debate about whether teachers should be prioritized. They don't have an easy job by the way, they are doing a really important job, perhaps the most important of all, after all we trust them with our children. (...) So, their job is exceptionally valuable, but they also have a summer vacation, and we know the stances who criticize teachers, enough to say that not everyone is a pro-teacher in this country. (...) But now we want to let our children go back to school, and it is important to vaccinate teachers. I would like to ask everyone who has constraints toward teachers to accept this. (Orbán, 2021b)

Throughout April and May, the gradual reopening was tied to landmark numbers of first vaccination shots in the population. The government also

decided to vaccinate education workers in the first week of April so that schools could reopen and the PM hinted that according to the results of the national consultation, people want schools to reopen as soon as possible. Nevertheless, all educational institutions only opened on the 10th of May, as the government decided to follow a “careful and gradual” reopening strategy (Maruzsa, 2021).

During this period, unions continued to frame the issues raised as a health crisis in education and claim teachers’ right to health and safety in their workplaces (PDSZ, 2021a; Szülői Összefogás a Gyermekeink Jövőjéért, 2021a). As the reported number of teacher deaths rose, they continued to demand the closure of schools and the priority vaccination of teachers (Bölcsődei Dolgozók Demokratikus Szakszervezete, 2021). Once the schools were closed, they demanded that day care provided by schools should be stopped (PDSZ, 2021b). They also demanded the compensation of teachers for their expenses during online education and the parents for staying at home (PSZ, 2021). Once the government decided to reopen schools, they demanded that the reopening should only happen once the immunization is active and safe working conditions can be provided (ÉGIG, 2021; PDSZ, 2021c; Szülői Összefogás a Gyermekeink Jövőjéért, 2021b). In April, the Democratic Union of Teachers (PDSZ) urged teachers to go on strike if they are requested to go back to teaching against their will, but this did not happen. Oppositional political parties typically amplified the voice of the unions, complementing these demands with claims about the bad governing practice of the government.

Summing up, during the third wave the question of how the health crisis has trickle-down effects on education was a central aspect. This was connected in Hungary to the fact that although schools were closed for education, they were open for daycare. This endangered teachers’ right to health. These policy decisions were connected with the need to not disrupt economic operations. This resulted in a mobilization around demanding the right to health by non-government and opposition party actors. In Romania, in this period the policy debate refocused on issues of educational equity and digitalization, as educational inequity deepened due to the continued suspension of face-to-face activities in schools.

4. Concluding discussion

Teachers' right to health appeared in the educational policy debates as a right promoted by trade unions and other non-governmental actors. It was featured in public debates during the times when schools were at least partly open for in-person activities and were connected to the trickling-down effects of the health crisis on education. In Romania, this gave rise to debates about a conflict between recognizing the rights of teachers to health and recognizing the rights of underprivileged pupils to education. This opposition although apparent could be (at least partly) overcome through a coherent set of policy measures aimed at mitigating health risks in face-to-face educational settings (such as vaccination and testing), as well as implementing a comprehensive and equitable policy of digitalization that would include both questions of technological and connectivity infrastructure and issues of digital competences of both teachers, students and their parents or carers. Whereas in Romania, these issues appeared in a certain tension, in Hungary they were present alongside each other and not in tension with each other. Such an approach and the connected set of measures would be relevant for future crisis management measures in pandemic contexts, as it would allow for superseding the false dichotomy between students' right to education and teachers' right to health – this was the case as we have shown that the health crisis frame emerged when the equity crisis was being resolved through opening schools for face-to-face activities despite the lack of consistent and effective health risk mitigation measures in schools. Moreover, in the current global context marred by a crisis of teacher recruitment and the growing average age of teachers, their health and well-being should become policy priorities in order to ensure access to quality education for all.

Finally, as the two cases largely diverged in regard to the periods of face-to-face activities in schools, this has created different pathways that pose different challenges for educational policy-making in the two countries and that are visible in the present analysis. The long-term suspension of face-to-face activities in schools in Romania led to an increase in educational inequity that will continue to multiply in the absence of targeted policy-making aimed at bridging the gap between those who have had access to quality education during periods of suspension of face-to-face education and those who have not had such access. As a measure to protect the lives and health of teachers

and the general society, these measures may have been effective, but their legacy in educational terms should be addressed. In the Hungarian case, teachers' health and lives have been put at risk for longer periods of time in order to keep schools open to keep the economy going and allow parents to work by providing day-care/or educational activities to their children which led to objectively decreased well-being of teachers (and even avoidable deaths) and a likely sense of devaluation in public and in policy discourses. The health costs of the pandemic have been displaced onto educational institutions and, the ways in which this has been carried out should be addressed through policymaking aimed at improving teachers' rights to health and teachers' well-being in the future, in order to ensure retention of teachers in the education system. However, as the evolution of the policy debate also showed significant commonalities regarding the problems addressed it is significant to engage with these issues surfacing in one country in the other as well, since it may prove that these issues have been ignored in explicit statements despite being relevant. Questions regarding teachers' health and the general right to health should be addressed in future policy making in the Romanian case as well, as should questions regarding educational equity in the Hungarian case.

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