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Public Policies on Hospital-Based Education in Argentina, Brazil, Chile and Paraguay

Políticas Públicas de Educação Hospitalar na Argentina, Brasil, Chile e Paraguai

Políticas públicas de Educación Hospitalaria en Argentina, Brasil, Chile y Paraguay

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Abstract: This study aims to analyze public policies regarding hospital-based education in Argentina, Brazil, Chile, and Paraguay through a comparative examination of the affirmative and regulatory policies of each country. Hospital-based education consists of pedagogical and educational services provided within healthcare settings, ensuring that hospitalized children and adolescents can continue their studies. While Brazil, Chile, and Paraguay categorize hospital classes or schools under the Special Education modality, Argentina recognizes this as a distinct modality (Hospital and Home-based Education) with its own specific aims and objectives.

Keywords: Hospital classroom. Hospital education. Hospital school. Comparative study. Public policies.

Resumo: O presente trabalho assume como proposta analisar as políticas públicas de educação hospitalar na Argentina, Brasil, Chile e Paraguai por meio de um estudo comparativo entre as ações afirmativas e regulatórias de cada país. A educação hospitalar consiste no atendimento pedagógico e educacional realizado em ambientes de tratamento de saúde, garantindo que crianças e adolescentes internados continuem estudando. Vale destacar que, ao passo que Brasil, Chile e Paraguai inscrevem a classe ou escola hospitalar na modalidade da Educação Especial, na Argentina essa prática é reconhecida como modalidade própria (Educação Hospitalar e Domiciliar), com fins e objetivos específicos.

Palavras-chave: Classe hospitalar. Educação hospitalar. Escola hospitalar. Estudo comparado. Políticas públicas.

Resumen: El presente trabajo asume como propuesta analizar las políticas públicas de educación hospitalaria en Argentina, Brasil, Chile y Paraguay por medio de un estudio comparativo entre las acciones afirmativas y regulatorias de cada país. La educación hospitalaria consiste en la atención pedagógica y educacional realizada en ambientes de tratamiento de salud, garantizando que niños y adolescentes internados sigan estudiando. Vale destacar que, al paso que Brasil, Chile y Paraguay inscriben la clase o escuela hospitalaria en la modalidad de la Educación Especial, en Argentina esa práctica es reconocida como modalidad propia (Educación Hospitalar y Domiciliar), con fines y objetivos específicos.

Palabras clave: Clase hospitalaria. Educación hospitalaria. Escuela hospitalaria. Estudio comparado. Políticas públicas.

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1 Introduction

Educational public policies are shown as guiding principles of government action, whether in definitions of public resources, percentage to be applied in education, guarantee of equity or not in investments in each modality/step of education, or in formulation of guidelines and programs that meet collective interests (Bruscato, 2017). The State is the guardian of public interests and the policy maker before the demands of society. However, with regard to the implementation of educational policies foreseen and determined by legislation, they have been shown to be somewhat limited to children and adolescents in health care, prevented from attending school regularly.

In Brazil, it was observed the need for a joint action between educational and health systems to expand the debate around the construction of educational care policies in hospital environments, since not all Brazilian states and municipalities regulated care within their administrative competencies. Despite some achievements achieved since the amendment of the Law of Guidelines and Bases (Brazil, 1996) by Law No. 17,716/2018, in order to ensure the educational care of the student of basic education hospitalized for treatment of health in hospital or home for a long time, there is a long way to go to regulate a policy committed to its offer and qualification.

It is noteworthy that the reflections on policies, among them, the laws of education, the statutes and codes of rights, made it possible to broaden the debate about commitments made by countries regarding the right to hospital education, such as increasing social investment in health and education from hospital care programs, which imposes commitments on governments. According to Cury (2005, p. 1):

> The right is born to the prerogatives of the people by virtue of whom they come to enjoy something that belongs to them as such. Obligations are born that must be respected both on the part of those who have the responsibility to enforce the law as the State and its representatives, and on the part of other subjects involved in these obligations.

Approved on May 15, 2015 by the Latin American Parliament (Parlatino), the law on the right to education of hospitalized children and young people or in a situation of illness established regional bases to ensure school continuity and educational care for minors hospitalized or undergoing medical treatment in the 22 member countries and territories that are part of the Parlatino (Dutch Antillas - Curacao and Sint Maarten -, Argentina, Aruba, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Dominican Republic, Suriname, Uruguay and Venezuela).

It should be noted that, jointly driven by the Latin American and Caribbean Network for the Right to Education of Children and Young Hospitalized and/or in Treatment (REDLACEH), the law forced Member States to offer formal educational care to students of initial/pre-school level, basic, medium and special. In this sense, we sought to identify the educational policies granted to children hospitalized in hospital environments in four member countries: Argentina, Brazil, Chile and Paraguay.

It is noteworthy that they all share the fundamental principle of ensuring the right to the continuity of learning and the biopsychosocial development of hospitalized children and adolescents, avoiding school exclusion during health treatment, as well as articulating public policies between the education and health sectors.

Chart 1 shows that the right to learning and schooling is mandatory in the four countries, covering several educational stages. Thus, the child, from the age of four or five years, would be assured for hospital educational care when unable to attend school due to health care. The right to education would be guaranteed, as well as the right to health, through policies of universal and egalitarian access to actions and services to its promotion.

Table 1 - Comparative of Compulsory Education

	Duration Time	**Mandatory age band**	**Included Steps**
Argentina	14 years	4 - 17 years	Room of 4 and 5 years (initial education), Primary and Full Secondary Education.
Brazil	14 years	4 - 17 years	Pre-school, Elementary and High School
Chile	13 years	5 - 18 years	Second transition level (Kinder / Preschool) Basic and Medium
Paraguay	13 years	4 - 17 years	Initial, Basic and Middle Education

Source: Written by the authors (2026).

In this context, with the objective of comparatively analyzing the legal provisions that determine and base public hospital education policies in Argentina, Brazil, Chile and Paraguay, this paper will discuss how these countries consecrate the right to education for children and young hospitalized at school mandatory age, enabling a way to exchange advances in the laws, policies and practices that have been taking place in each country.

2 Theoretical framework/results

2.1 Brazil: the hospital class in the legal framework

In Brazil, the right to education is prescribed in various legal provisions (Brazil, 1988, 1990, 1996), and because it is a social right, it allows its enforceability even by judicial means (Silveira, 2013). The legitimization of the right to education is based on compulsory enrollment from 4 to 17 years, permanence and access to school education in order to ensure the necessary learning for the full development of the person, his preparation for the exercise of citizenship and his qualification for work (Brazil, 1988, art. 205. Constituting as the prerogative of all people, the municipal, state and federal governments establish lines of action in order to guarantee it, including those who did not have access in their own age, allowing the preservation and elevation of well-being to all social classes, with the greatest equity possible, respecting democratic principles (Bobbio, 2004). Because it is a public and subjective right, no child or adolescent can stand apart from the educational right, including those in hospital stay.

Throughout its history, Brazil has passed some laws guaranteeing the right to education for children with illnesses or in hospital treatment who need to leave school. They are:

1) Law No. 1,044 of 21/10/1969, which provides exceptional treatment for students with diseases, in their homes;

2) Law no. 7,853, of 24/11/1989, which ensures the full exercise of the individual and social rights of people with disabilities, and their effective social integration, among them, integration into an educational system;

3) Resolution No 41 of 13/10/1995 approving the text of the Brazilian Society of Pediatrics on the Rights of Children and Hospitalized Adolescents;

4) Resolution CNE/CBE No. 2, 11/11/2001, which approves the National Guidelines for Special Education in Basic Education, determining that the education systems should enroll students, and it is up to the schools to organize themselves for the care of students with special educational needs, ensuring the necessary conditions for a quality education for all;

5) Law no. 13,005 of 25/06/2014, which determines, in Article 2, item II, the universalization of school care, to overcome educational inequalities, acceptance of individual differences and appreciation of personal knowledge;

6) Law 13,146, of 06/07/2015, which establishes the Brazilian Law of Inclusion of Persons with Disabilities, aimed at ensuring and promoting, on an equal footing, the exercise

of fundamental rights and freedoms by persons with disabilities, aiming at their social inclusion and citizenship;

7) Law no. 13,716, of 24/09/2018, which amends Law no. 9,394/1996, in order to ensure educational care to the student of basic education hospitalized for treatment of health in hospital or home for a prolonged period of time.

In addition to these impositions by law, the Ministry of Education (MEC), through the Secretariat of Special Education (SEE), prepared a document with the aim of structuring political actions to organize the educational care system in hospital and home environments in order to ensure access to basic education and attention to special educational needs, aiming to promote development and contribute to the construction of knowledge of these students (Brazil, 2002). In this perspective, the MEC determined that the pedagogical-educational care occurred in health care environments, either in the circumstances of hospitalization, or in hospital-day, hospital week or in comprehensive mental health care services, in hospital classes, justifying that:

> In the impossibility of attending school, during the period under health treatment or psychosocial care, people need alternative forms of organization and provision of education in order to comply with the rights to education and health, as defined in the Law and demanded by the right to life in society (Brazil, 2002, p. 11).

It also indicated that hospital educational care should be linked to the education system as a pedagogical work unit of the Department of Education, whether in the state, municipal or Federal District, having the competence to meet the requests of hospitals for the hospital and home pedagogical service, the hiring and training of teachers, the provision of financial and material resources for such care (Brazil, 2002).

Following this policy, the document drawn up by the Working Group appointed by Ordinance No. 555/2007, extended by Ordinance No. 948/2007 of the Secretariat of Special Education, which defined the National Policy of Special Education in the Perspective of Inclusive Education, established that the student in inclusion situation should be served in the regular education network (whether in regular classes, special classes, hospital classes or the Integrated Center of Special Education). Thus, the possibility of school care was created without prejudice to suffering limitations, according to the principle of integration, corroborating the guidelines of the MEC. The hospital class was inserted in the Special Education modality (Brazil, 1996), ensuring the right to education recognized and prescribed in various legal provisions.

2.2 Argentina: hospital education as a mode of common education

In Argentina, the right to hospital education is explained in the National Education Law (LEN), Law No. 26,206/2006, which conceived education as a right of all citizens (art. 4th) and recognized, in the purposes and objectives of the national educational policy (art. 11), the "derecho al conocimiento, and the responsibility of the State to promote an integral, permanent and calidad education for all, that equalizes opportunities and possibilities, sin disequilibriaes regionales ni inequidades sociales" (Argentina, 2006).

The LEN regulates the exercise of the right to teach and learn enshrined in article 14 of the National Constitution (Argentina, 1994) and in the international treaties incorporated in it, prescribing: quality education, with equal opportunities and possibilities; guarantee of educational inclusion through universal policies, pedagogical strategies and allocation of resources that prioritize the most disadvantaged sectors of society; among others. It also organizes the National Education System in four levels (Initial Education, Primary Education, Secondary Education and Higher Education), and eight modalities, with Hospital and Home Education being one of them, unlike Brazil, which includes hospital and home care in the Special Education modality for attending children and/or adolescents considered with special educational needs, due to specific health limitations.

It is worth mentioning that hospital education in Argentina is recognized as an autonomous modality of the educational system (and not part of special education), ensuring that children and young people hospitalized for 30 days or more continue studying, maintain the link with the regular school and facilitate its return: "The goal of this modelidad es garantizar la equaladad de opportunidades a los/as alumnos, allowing the continuity of sus estudios y su reinsertción en el sistema común, cuando ello sea posible." (Argentina, 2006, art. 61). The LEN included, for the first time in the history of Argentine education, hospital education as a modality of the initial, primary and secondary levels of common education, making the right of students to learn and develop as the other students.

2.3 Chile - hospital school in an inclusive perspective

In Chile, education is divided into four phases: Parvularia Education (pre-school), Basic Education (fundamental), High School (secondary) and Higher Education, according to Law No. 20.370/2009. Known as the General Education Law, it establishes that hospital rooms and schools have the right and duty to perform curricular adjustments to meet the specific educational needs of students in a situation of illness, as set out in article 23: If they perform

curricular adecuaciones for specific educational needs, such as those that are believed in the milestone of interculturality, of las escuelas cárceles y de las classes hospitalias, among others (Chile, 2009).

Hospital schools offer education through three modalities, hospital classroom, infirmary care and home care, being: “Hospital school, the educational act is divided into a classroom of the hospital room; Hospitalización Room, the educational act is divided into the room bed of the hospital and the room of medical treatment” (Chile, 2009, art. 40).

This initiative dates back to 1960, when the first primary school was opened in a hospital in Concepción. In 1999, the Special Education Unit of the Ministry of Education assumed responsibility for providing education for hospitalized children and adolescents. Since then, the country has had 73 hospital schools in the health units of the Chilean National Health System, distributed in 29 Health Services. They work with one or more classrooms intended for teaching attendance.

It is noteworthy that hospital education aims to ensure the right to education of hospitalized children and young people or in outpatient and/or home medical treatment, avoiding the exclusion of the educational system and its social and cultural context. It acts in an inclusive perspective, by contributing to students' learning, ensuring the continuity of studies, facilitating the process of school reintegration and developing social and cognitive skills in a collaborative way.

The country has a legal and normative framework for hospital schools (Constitución Política, Convención sobre los derechos del niño, Convención de las Naciones Unidas, Ley General de Educación, Ley de Inclusión Social para Personas con Discapacidad, Ley de Inclusión Escolare, Decretos n° 374, 375 (supremos) y n° 83 (extão) , D.F.L. n° 2 de 1998 y sus modaciones, Ley de Subvenciones), in addition to documents that complement and guide the operation of hospital schools (Ordinario n° 702/2000, Ordinario n° 610/2007, Ordinario n° 1186/2009, Ordinario n° 206/2012, Ordinario n° 315/2012, Circular n° 05/2016, Ordinario n° 102/2018, Ordinario n° 1228/ 2018, Circular n° 15/ 2019).

2.4 Paraguay: compensatory care that ensures the educational continuity of hospitalized children and adolescents

The law that organizes the educational system in Paraguay is Law 1,264/1998, known as Ley General de Educación. It defines the fundamental principles, administrative structure and levels of education of the country. Formal education is organized into three levels: First

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Level (Initial Education and Basic School Education, the latter being mandatory for children from 6 to 14 years old); Second Level, which includes Middle Education; and Third Level (Higher Education).

Hospital education in Paraguay is an official compensatory care program that ensures the educational continuity of children and adolescents hospitalized or submitted to prolonged medical treatment, according to Law 6749/2021. It is administered by the Ministry of Education and Science (MEC), together with the Ministry of Public Health and Social Welfare, and aims to ensure the right to education of children and young people hospitalized or affected by diseases, through the implementation of teaching in the hospital environment.

> Hospital educational units or hospital classrooms are educational spaces that offer compensatory education to students covered by Article 2 of this Law — whether in preschool, elementary school, high school or special education. Its objective is to meet the educational needs of these children and young people, ensuring the continuity of their studies and their subsequent reintegration to the institution of education of origin, thus avoiding the exclusion of the formal education system and the delay or school lag (Paraguay, 2021, art. 4th, our translation).

According to Article 6, hospital educational units or hospital classrooms should develop a work program that improves the quality of life of students and facilitates their future return to school. Children and adolescents should be enrolled in the corresponding series and educational level, with a curricular program adapted to their individual characteristics, considering special educational needs and health conditions. The educational approach should be flexible and personalized, allowing the adjustments and/or curricular adaptations necessary to promote the well-being of the student and the achievement of the expected learning results (Paraguay, 2021, art. 8o). The classes can be taught in a classroom located in the hospital premises or next to the student-patient bed, in the hospital premises.

It is the Ministry of Education and Sciences (MEC) and the Ministry of Public Health and Social Welfare (MSPyBS), in coordination with hospitals, educational centers and hospital educational units or hospital rooms, to inform the existence of these educational units. The functioning of hospital classes, in any of its modalities, will be fully funded or subsidized by the State and will not entail any financial cost for the family or the sick student.

Don't you find it interesting to include Paraguay's national education system, as was done in Argentina?

3 Material and method

For this study, a qualitative documentary research was adopted, which covers the survey and analysis of legislation for the current hospital education in the four countries. According to Boaventura (2004, p. 111), “the legal documents to be used in the research have different types of legal authority, according to the hierarchy in the legal system, going from the Federal Constitution to administrative rules”. As sources of research, the laws of education, decrees, opinions of the ministerial bodies or the superior administration of Brazilian, Argentine, Chilean and Paraguayan education related to the theme of hospital education were constituted. According to Cellard (2012), p. 304), in order to extract relevant elements in each document:

> [...] the researcher deconstructs, crushes his material at will; then proceed to a reconstruction, in order to answer his question. To get to that, he must strive to discover the links between the accumulated facts, among the information elements that immediately seem strange to each other.

It is important to emphasize that the strategy of content analysis, understood as a set of techniques aimed at giving meaning to one or more documents (Campos, 2004), encompassed the legal structure of the countries. In globalizing contexts, such as the ones we live in, it is appropriate to observe neighbouring countries and (re)recognize experiences from comparative studies, such as a “process of reconstruction of education, in a shuttle between national references and international frameworks” (Novoa, 2009, p. 30).

In this scenario, although each country presents singularities of its realities, they are susceptible to globalizing processes, arising from the internationalization of social, economic, political and educational phenomena (Ferrer, 2002). In this sense, the exercise of comparison becomes fundamental to understand the nuances of each country's educational policies, providing significant data on hospital education, as seen below.

4 Results and discussion

The discontinuity in the lives of students in a situation of disease does not only refer to that of everyday life. In the case of children, it is the impossibility of playing and altering daily routines, school and family; as for adolescents, it involves social encounters, affective relationships, the management of time itself and routines, school and family. Health treatment decisions directly or indirectly affect the child's life. Long-term chronic conditions, such as childhood cancer, type 1 diabetes, congenital heart disease, severe asthma, refractory epilepsy and cystic fibrosis, require continuous care and limit daily routine.

In this scenario, hospital schools become indispensable to effect the right to education of hospitalized patients. In democratic countries, the recognition and protection of human rights, such as the right to education, are guaranteed in constitutions (Oliveira, 2007).

From the 2000s onwards, there was an advance in educational policies that explained the rights of hospitalized children and adolescents, who gained strength and visibility also on the international scene. In May 2015, the Latin American Parliament (Parlatino, 2015) guided and demanded that the member countries of Latin America and the Caribbean incorporate into their national legislation the right to continue studies and to adequate pedagogical care in hospital and home environments. The Marco document on the Right to Education of Children, Girls and Young Hospitalized or in Sickness Situation in Latin America and the Caribbean predicted that hospitalized children had the right to enjoy some form of recreation, health education programs and follow-up of the school curriculum during their stay in the hospital.

From the comparative study, it was observed that care for hospitalized children is ensured in laws in Argentina (2006), Brazil (2018), Chile (2009) and Paraguay (2021). Hospital education, as a force of law, was progressively established in the legal systems of these countries, enunciating their right as a social right, blaming the State and the family. Chart 2 shows the nomenclature used in each country and its significance.

Table 2 - Comparative data - Nomenclature and meaning

	Name entitled in each country and its meaning
Argentina	Hospital Education - is the modality of the educational system in the levels of Early Childhood Education, Elementary Education and High School, aimed at guaranteeing the right to education of students who, for health reasons, are unable to regularly attend an educational institution at compulsory education levels for periods of thirty (30) run days or more.
Brazil	Hospital Class - it is the pedagogical-educational care that occurs in health care environments, either in the circumstance of hospitalization, as traditionally known, or in the circumstances of day-hospital and week-hospital care or in integral mental health care services.
Chile	Hospital schools - they are educational support units with special characteristics, which operate in hospitals and/or health centers, either in the facility itself or in its facilities.
Paraguay	Hospital schools or classrooms - are educational spaces that will provide compensatory education to children and young people covered by the description of Article 2 of this Law, whether they are pre-school, basic, secondary or special, and will aim to meet the educational needs of these children and young people, ensuring the continuity of their studies and their subsequent reintegration into the institution of origin, thus avoiding the marginalization of the formal education system and the delay or school lag.

Source: Written by the authors (2026).

Because it is configured as a modality of the educational system of Argentina (2006), hospital education is intended for all students in a situation of illness (children, adolescents, young people and adults). In Chile (2009), the care is directed to early childhood education students (transition levels 1 and 2), from elementary school, from special education and from high school who are hospitalized or in outpatient or home medical treatment. In Paraguay (2021), care covers students of the national education system, at the initial, basic, medium and/or special levels, who present pathologies or medical-functional conditions requiring hospitalization in health centers, at home or in outpatient treatment that prevents regular frequency.

The Paraguayan State, through the Ministry of Education and Sciences (MEC), provides school care at the place of stay by medical prescription, with recognition for certification purposes according to MEC standards. In Brazil, hospital classes are intended for children, young people and adults, whether they are enrolled in regular education systems in the context of basic education, provided that they are unable to attend school temporarily or permanently due to clinical conditions or health care requirements. Thus, while Argentina explains the care of adults in the same legal proportion, Brazil stands out for ensuring the educational right regardless of previous registration in the regular system, as presented in Chart 1.

In Chart 3, the objectives and objectives of hospital schools were compared.

Table 3 - Comparative data - purpose and objective

Country	**What is the purpose and purpose of hospital classes?**
Argentina	Hospital Education aims to serve students who, due to their disease situation, cannot regularly attend the common school, with the main objective of ensuring equal opportunities for them, allowing the continuity of their studies and their reintegration into the common system. Specific objectives: to ensure the beginning or continuity of schooling in the Levels of Initial, Primary and Secondary Education and their respective modalities for subjects in a disease situation; to maintain the continuity of school learning to ensure school trajectories; to maintain and provide the link with the student's reference school, aiming at its reintegration; to reduce absenteeism, repetition and school evasion caused by the disease; to reduce the negative effects resulting from isolation caused by the disease; to promote the processes of relationship and socialization of the students, necessary for their development; to design the student for the future and for life; to reframe the adverse situation, enabling new learnings that promote health promotion, prevention of accidents or diseases and the protagonism in the care of one's own health.
Brazil	To develop strategies and guidelines to enable pedagogical-educational follow-up of the process of

Country	What is the purpose and purpose of hospital classes?
	development and construction of knowledge of children, young people and adults enrolled or not in regular education systems, in the context of basic education and who are unable to attend school, temporarily or permanently, and to ensure the maintenance of the bond with schools through a flexible and/or adapted curriculum, favoring their entry, return or adequate integration to their corresponding school group, as part of the right of integral care.
Chile	Hospital schools aim to provide educational care and ensure the continuity of the teaching-learning process of early childhood education students (transition levels 1 and 2), elementary school, special education and high school who are hospitalized and/or in outpatient or home medical treatment. To this end, they should provide educational training and human care, with quality and equity, to hospitalized children and young people or in treatment in the country, in order to avoid delay and school evasion.
Paraguay	Ensuring the right to education of hospitalized or ill children and young people through the establishment of a hospital pedagogy.

Source: Written by the authors (2026).

In Argentina, the modality is organized in a cross-sectional way to the levels of compulsory schooling and other modalities, in order to maintain the school trajectories in their multiple forms of experience of the educational experience. Jurisdictions may organize educational offers of the modality for levels not included in compulsory schooling, provided that the supply to mandatory levels is sufficient to meet the demand of students in a situation of disease.

In Chile and Paraguay, care can occur in hospital rooms (educational activity performed in a classroom of the hospital facilities), in the hospital bed (in the patient's room, in the hospital premises or in the medical treatment room) or in a home way (at the student-patient residence). In Brazil, besides having a space of its own for the hospital class, the services themselves may develop in the class room, in the infirmary, in the bed or in the isolation room, since restrictions imposed on the student by his clinical condition or treatment thus require him.

It is worth noting that the views on educational policies made it possible to broaden the debate about the commitments made by the four countries regarding the right to hospital education. However, it is still necessary to address aspects such as social and financial investment in health and education through hospital care programs, which imposes duties on governments in the implementation of mandatory public policies, more forceful, aiming at the integral development of all children, young people and adolescents (Bruscato, 2019).

5 Final considerations

Throughout the text, it was observed that hospital education continues the learning of hospitalized children and adolescents, contributes to their development, minimizes difficulties and prepares them for school reintegration. Although this policy creates conditions to guarantee the right to education, further studies are still lacking. Making visible the right to education of children and adolescents in health care is characterized as a responsibility of the whole civil society and an obligation of the State, provided for in various legal provisions cited in this work.

Finally, the comparative study showed that although Argentina, Brazil, Chile and Paraguay share the challenge of universalizing the right to education in health environments, the consolidation and capillarity of hospital classes still oscillate according to the guidelines of their public policies for integration between health and education.

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