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Organization**

REGIONAL OFFICE FOR **Europe**

Third high-level meeting on schooling during the COVID-19 pandemic

**Virtual meeting hosted by the WHO Regional Office for Europe
in partnership with the
United Nations Children's Fund (UNICEF) and
the United Nations Educational, Scientific and Cultural
Organization (UNESCO),
2 July 2021**

ABSTRACT

The third high-level meeting on schooling in the time of COVID-19, jointly organized by the WHO Regional Office for Europe, the United Nations Children's Fund (UNICEF) and the United Nations Educational, Scientific and Cultural Organization (UNESCO), took place on 2 July 2021. The first high-level meeting, in August 2020, allowed countries to take stock on measures needed for the next school year and led to the setting up of the Technical Advisory Group (TAG) for Schooling during the COVID-19 Pandemic. The TAG presented recommendations to a second high-level meeting in December 2020, after which it revised the recommendations for presentation to this third high-level meeting. This report briefly summarizes contributions to the meeting.

Keywords

CHILDREN
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COVID-19
SCHOOL TEACHER
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CONTENTS

	<i>Page</i>
High-level meeting outcome statement	iv
Introduction.....	1
Background and context	1
Opening	1
Country experiences	5
Keeping schools open.....	5
Testing in schools	5
Mitigation measures	6
Educational outcomes	7
Children in vulnerable situations.....	7
Changing school environments.....	8
Children’s and adolescents’ involvement in decision-making.....	9
Vaccination strategies.....	9
Final session	10
Closing messages from partners.....	11
Annex 1	13
Agenda	13

High-level meeting outcome statement

WHO Meeting on Schooling in the time of COVID-19: 3rd high-level meeting jointly organized by the WHO Regional Office for Europe, the United Nations Children's Fund (UNICEF) and the United Nations Educational, Scientific and Cultural Organization (UNESCO), 2 July 2021

Europe has been the epicentre of the COVID-19 pandemic during winter and spring 2020/2021, with high numbers of cases in most countries of the WHO European Region. After opening schools at the beginning of the school year in early autumn of 2020, distance and hybrid learning measures and lockdowns of schools were seen in most countries.

The Technical Advisory Group (TAG) on Schooling during the COVID-19 Pandemic has provided eight recommendations that were presented to the high-level meeting. The TAG, as a living platform, has reviewed and updated previous recommendations and will continue to advise on the best balance of benefits and harms of applied measures, considering the rapidly changing situation. The work is based on the timely collection, analysis, dissemination and exchange of evidence and practices.

The main messages from the meeting are as follows.

While children are not the main drivers of this pandemic, they risk being among its biggest victims: largely spared from the direct health effects of COVID-19, the measures put in place to control the pandemic are having a profound effect on their health and well-being.

- **Effective policy considerations for the school year should focus on the goal of having children and adolescents physically present in school.** Schools should be among the last places to be closed, as school closures have been shown to be detrimental to child health and well-being and educational outcomes.
- **Keeping distance, limiting contact between children, wearing masks, hygiene and enhancing ventilation are the mainstay of current transmission control in schools.**
- **Public health approaches need to balance ALL effects of the measures:** actions need to be monitored carefully and adapted as more evidence becomes available so that we do better than harm.
- **Improving the overall schooling and learning environment:** as investments are being made, countries should aim to make every school a health-promoting school and invest in better learning facilities, overcoming the digital divide.
- **Children living in vulnerable situations need special attention.** They continue to be disproportionately affected by the pandemic and by subsequent school closures.
- **The measures affect several aspects of children's rights:** countries need to undertake a child rights assessment when implementing measures.
- **Children and adolescents need to participate in decision-making:** they have different experiences arising from school closures, online learning and control measures. Their opinions and values are important for making decisions affecting them.

As vaccination against SARS-CoV2 is being rolled out in the WHO European Region, school-related vaccination strategies need to be considered, with ensuring the continuity of schooling as an objective. This is an opportunity for countries to use the recommendations in planning actions and move forward together to implement the best possible measures for all, particularly children and young people, during the next school year.

Looking forward to the next academic year, the TAG's recommendations for measures should be taken into consideration to ensure that schools remain open as long as possible in case of a new rise of cases when autumn and winter is approaching. These recommendations will support countries in enabling schooling and maintaining health, well-being and development of children.

Introduction

Background and context

While children are not the main drivers of the COVID-19 pandemic, they risk being amongst its biggest victims. They are less affected by the COVID-19 infection itself than by disruption to schooling and social contact and exposure to the impacts of lockdowns, including parental psychological and economic stress and effects on children's and young people's mental well-being. Children in vulnerable situations and with special needs are particularly at risk.

The **third high-level meeting on schooling in the time of COVID-19**, jointly organized by the WHO Regional Office for Europe, the United Nations Children's Fund (UNICEF) and the United Nations Educational, Scientific and Cultural Organization (UNESCO), took place on 2 July 2021. The agenda is shown in Annex 1 and the participants in Annex 2.

The first high-level meeting, in August 2020, allowed countries to take stock on measures needed for the next school year and led to the setting up of the Technical Advisory Group (TAG) for Schooling during the COVID-19 Pandemic. The TAG presented recommendations to a second high-level meeting in December 2020, after which it revised the recommendations for presentation to this third high-level meeting.

Opening

Natasha Azzopardi-Muscat Director Country Health Policy and Systems Division, WHO Regional Office for Europe moderated the meeting.

The meeting partners made brief introductory statements. **Hans Henri P. Kluge, WHO Regional Director for Europe**, stated that the objectives of the high-level meetings were to: mobilize societies and inspire action; boost implementation of evidence-based strategies; build partnerships; support innovation; and support learning in the process of reducing the threat of COVID-19. The third meeting's main aim was to reinforce agreement on measures to safely do so without causing additional harm.

COVID-19 will continue to pose a threat over the coming school year and outbreaks in schools are inevitable. It therefore is necessary to minimize the impact on children and young people, particularly on vulnerable children, who are disproportionately affected in terms of long-term health outcomes. Everything possible must be done to make schooling safe and effective, as school closures and distance learning have a negative effect not only in the short term, but also on long-term educational and social outcomes. From the very beginning of the pandemic, WHO has advised that closing schools should be the last resort. With proper consistent mitigation measures in place, schools do not cause a high infection risk for children, teachers and communities.

Afshan Khan, UNICEF Regional Director for Europe, said UNICEF has estimated that during the peak of school closures in Europe and central Asia, one in three, or 25 million, students were not reached by digital and remote learning. The figure for vulnerable students who engaged in digital and remote learning was even lower. This points to a rapidly worsening learning crisis that will have long-lasting adverse impacts on future learning and livelihood outcomes for children. In addition, many children who cannot attend school are deprived of vital health, immunization and nutrition services, and are denied the safe and protective environments that

many schools provide. Working closely with governments and partners, UNICEF has intensified support to countries to reach the most marginal communities so that all children and young people can get back to school and meet their learning, safety, health, psychological well-being and other needs, and all receive support to catch up on lost learning. This calls for appropriate preparation and resource support for teachers and education systems.

Zhan Tao, Director of the UNESCO Institute for Information Technologies in Education, stressed that the lost learning, missed opportunities for socializing, increased anxiety and heightened risks to mental well-being brought about by the pandemic may put at risk not just the educational prospects of children and young people, but also the well-being, future employment and life trajectories of an entire generation. All resources of the education and health sectors and their development partners should be harnessed to provide innovative actions that protect education and health, the two most fundamental human rights that underpin social, economic and human development. <https://www.youtube.com/watch?v=k6QHrFZ8rBU>

Martin Weber, WHO Regional Office for Europe, reminded participants that the second high-level meeting in December 2020 urged that effective policy considerations for the school year needed to focus on the goal of having children and adolescents physically present in schools, and that public health approaches to limit transmission risk needed to balance all the effects of measures.

Richard Pebody, WHO Regional Office for Europe, provided an update on the situation of young people aged under 20 in the pandemic. The vast majority of cases of COVID-19 in this group tend to be mild, with few children needing hospitalization and even fewer fatalities. While children with underlying chronic conditions are much more likely to have more severe disease and be admitted to intensive care, the lowest rates of hospitalization are among 5–11 and 12–17-year-olds. Changes in epidemiology in younger age groups nevertheless are being seen as the Delta variant of SARS-Cov-2 becomes more prevalent and vaccine uptake in older age groups increases. The fastest increase in age-specific rates in the United Kingdom, for instance, are being seen in 20–29 and 10–19-year-olds, with reports of clusters of cases in school settings in recent weeks being linked to the Delta variant. To mitigate the projected impact of the Delta variant, all priority groups, including at-risk children, need to be fully immunized against COVID-19 and local public health measures should be adapted according to local epidemiology.

Liudmila Mosina, WHO Regional Office for Europe, reported significant progress in vaccinating against COVID-19 in the Region. As of end June 2021, 37% of the total population had received at least one dose of vaccine and almost a quarter the complete series. Uptake varied significantly between countries, however, with over 50% of the population of high-income countries having received one dose against only 3% in low- and lower-middle-income countries. On the basis of trials to evaluate the COVID-19 vaccine in teenagers aged 12–15, the Strategic Advisory Group of Experts on Immunization (SAGE) has indicated the use of the Pfizer-BioNTech vaccine for teenagers. The European Technical Advisory Group of Experts on Immunization (ETAGE) has now developed interim recommendations on including adolescents aged 12–18 years in national COVID-19 vaccination programmes in the WHO European Region. In the current situation of limited vaccine supply, countries should prioritize vaccination of populations at high risk of severe and fatal COVID-19 outcomes, including adolescents age 12–15 years, as well as those of 16–17 years of age, with underlying conditions and those who are in contact with vulnerable individuals. With increasing vaccine supply, more post-marketing vaccine safety data and high coverage in high-risk groups, countries may wish to consider vaccinating all adolescents age 12-15 years.

Ihor Perehinets, WHO Regional Office for Europe, provided an update on school measures implemented in the European Region in response to COVID-19. Starting from complete closures near the beginning of the pandemic, much of Europe has gone through a process of moderating and adapting their responses to a point that in the week of the high-level meeting, most countries had reopened their schools. Complete closure was continuing only in one subregion of Kyrgyzstan, while in Iceland, no school restrictions were in place. Many schools had introduced rapid diagnostic tests or self-testing for students and vaccination of teachers, students and communities. The hybrid model of learning nevertheless continues to be practised by many schools.

Maya Prince, UNESCO, focused on learning loss as a result of school closures. UNESCO tracking since the beginning of the pandemic showed that on average schools had been disrupted (completely or partially) for about 33 weeks, the equivalent of more than eight months over two academic years. While schools around the world have reopened for at least some students, around 20% of the global student population still are not setting foot in their classrooms, and 25% currently are on academic breaks. The longer the schools are closed, the higher the risk of disengagement, drop-out, non-enrolment and learning loss. Remote learning has tended to focus only on academic subjects to the detriment of learning that happens in physical and social spaces through play, sports, arts and extracurricular activities. Even when it has worked smoothly, remote learning tended to gloss over social and civic learning, and teachers and students have found it an insufficient substitute for the experience of being in school.

The youth representatives to the meeting, Emila Carai, Frida B. Rasmussen and Malika Nakisbekova, who are members of the TAG, described how their survey of 927 young people across Europe showed that school closures had negatively impacted students. Using a shortened version of the survey questionnaire, WHO and its collaborating centres collected 369 more voices, gathering similar responses and confirming the negative impacts on schoolchildren's mental health, physical activity and overall learning, and reinforcing that online learning does not work effectively. Both surveys asked students what they would wish to share with ministers for health and education: responses generally indicated a wish for more action directed towards the benefit of children and a return to in-person learning. It is frustrating for many young people to see their schools either fully or partially closed while other elements of society, like professional football matches, are able to draw large attendances.

Young people want to ensure that they do not emerge among the biggest victims of the pandemic. They want more teachers to be hired to help them catch up on their missed learning and schools to be adapted to be safe places to attend and in which to learn. Sports and movement should be prioritized to counteract the lack of physical activity that occurred during lockdowns, and computers should be supplied for schoolchildren whose families cannot afford them. A clear message should go out to schoolchildren that COVID-19 is very unlikely to kill them, and that vaccines intended for them should be going towards people who need them most.

Didier Jourdan, UNESCO Chair on Global Health and Education, reported on the international survey, *Maximizing Resilience in Every School*, the main objective of which is to learn about the perspectives of education and health professionals on enablers and barriers for schools' resilience in the face of the pandemic. Based on surveys in May and June 2020 and again one year later, professionals appear to perceive intersectoral collaboration and partnerships at local level to be key enablers for school resilience. They reported that intersectoral collaboration at local level could be made relevant and efficient through health promotion policies, strong support from school health services, strengthening of existing collaborations

between health-care and school professionals, and sustaining the commitment of communities and the health-care sector. Professionals also perceived a need to clarify the roles of different actors at school level, enhance teacher training (and, where possible, offer intersectoral training) and develop framework resources to facilitate sustainable partnerships at school level.

Antony Morgan, Chair of the TAG, explained that the role of the TAG is to provide strategic and technical advice to the WHO Regional Office for Europe on matters relating to schooling in times of COVID, identify findings from the emerging evidence to inform policy decisions, and define issues around reopening and potential closing of schools. The TAG's eight evidence-based recommendations, covering testing strategies, risk-mitigation measures, educational outcomes, children in vulnerable situations, changing school environments, child and adolescent involvement in decision-making and vaccine strategies, are based on the key recommendation that schools should be kept open whenever possible. The recommendations provide a framework for action, bringing together best current evidence to highlight what can be done to protect young people and enhance their ability to continue their learning.

Country experiences

The second part of the meeting gave countries the opportunity to relate their experiences of schooling during the COVID-19 pandemic in relation to the themes of the TAG recommendations.

Keeping schools open

The Hon. Radovan Fuchs, Minister of Science and Education of Croatia explained that opening and closing of schools in the country has been based on local epidemiological situations, right down to school level, with coordination across the country. This approach has resulted in 98% of primary school education (1st–4th grade) being delivered face-to-face (in class bubbles). The proportions for lower- and upper-secondary education were 85% and 71% respectively, although 90% of those in their last year of secondary education, who were about to sit the state exams, attended face-to-face. The state exams took place in the normal way this year, with special measures for students who were in isolation because of previous contact with an infected person. Students with disabilities had access to assistants (all of whom were vaccinated) for support.

Director of the Institute for Social Research in Zagreb, **Boris Jokić, Ph.D.**, shortly presented preliminary results of a large-scale national survey of the effects of the COVID-19 pandemic on the education system, involving 160 primary and secondary schools (roughly 15% of the total), 5300 teachers and 31 000 students. Of the 9134 students aged 17 and 18 who participated, almost 60% said that the pandemic had had a negative or very negative effect on them. While they reported that their relationships with close friends and family members had not been badly affected (if anything, the effect was positive), negative impacts had been felt in relation to physical activities and playing sports, their plans for the future and out-of-school activities and hobbies. The greatest perceived negative impact, however, was the effect of the COVID-19 pandemic on their mental health, with more than half of 18-year-olds claiming its effect was negative or very negative.

Young people reported that organizational changes and restrictions on attending schools have affected all elements of their learning, except for digital competencies, which have improved. Elements that have been particularly negatively affected include learning motivation, preparations for success in higher education and preparedness for entering the labour market. From the perspective of education workers, the elements that most negatively affected young people were anxiety and depression, issues with phobias and fears, and self-harm.

The voices of young people and educators in the survey have confirmed that schools are crucial not only for young people's education, but also to their personal and social development.

Testing in schools

Reinhold Kerbl reported on the mass screening of schoolchildren in **Austria** since January 2021. Austria is so far the only country with such mass screening, which is being carried out in collaboration by the Ministry of Education and the Austrian Society of Paediatrics and Adolescent Medicine.

The screening aims to avoid a repeat of the school closures in the country during the first and second waves of COVID-19 by identifying infected children, removing them from schools and locating other infected students through secondary tracing. The screening was introduced on 9 January 2021 using the anterior nasal rapid antigen test, which is less sensitive than the PCR

method but has been shown to have satisfactory sensitivity and specificity. Incidence of SARS-Cov-2 was high in Austria at that time and a third wave was anticipated.

Children perform the test by themselves following advice from teachers. Up to 2.6 million tests have been done every week, amounting to around 40 million completed tests. Just over 15 000 positive results (15 234) have been found in schools, 12 143 among schoolchildren and a little more than 3000 in teachers and staff members. These numbers reflect the overall incidence seen in the country. School clusters were very rare: at the peak of the incidents, around 60 schools (of 5700 across the country) had more than one positive child in a single class. Some false-positive results were recorded, but the reason is unknown as there are no personalized data. Similarly, there were some false-positive clusters in schools, but not many.

Parents and children were surveyed about their experiences of the testing. Compliance among parents, children, teachers and other staff was very high, with less than 1.5% of children refusing to participate in recent weeks. Eighty-three per cent of families rated the tests as good or very good and 84% considered the test strategy important for keeping schools open. Seventy-six per cent of families considered rapid antigen testing essential to avoiding spread in school classes and believed that it may be much more efficient and effective than face masks.

Mitigation measures

Eva Rehfuess presented on the evidence-based school guideline developed in **Germany**. The idea is to ensure safe schooling by reducing SARS-CoV-2 transmission in school settings. Target audiences range across the health and education sectors, focussing on decision-makers and including schools. The guideline was initiated by the scientific community, not a public health authority or the government, and is based on consensus among a wide range of stakeholders, a Cochrane rapid review conducted to systematically review the evidence base, and very careful assessment of criteria to weight the societal benefits and harms of measures.

Crucially, the guideline confirms that single measures do not work, and that packages of measures need to be implemented. The starting point for these is physical distancing, hygiene measures and masks.

The first package in the guideline is about measures for prevention, focusing on issues such as reducing the number of students in face-to-face courses (through, for example, hybrid learning models), forming cohorts or bubbles, wearing face masks, thinking about the school setting in its entirety (including travelling to school) and ensuring ventilation. It encourages music and physical education lessons, but with appropriate precautions. The second package focuses on dealing with suspected cases who have symptoms such as a runny nose, sore throat or fever, or who have had contact with a confirmed case.

The guideline was launched by the national Minister of Science and Education on 8 February 2021. Judging the impact on the ground is difficult – Germany is a federal state, so responsibility for what happens in schools lies with the state ministries of education. An evaluation has been launched, and very preliminary insights suggest that all 16 federal states contacted know about the guideline, six say they have used it in internal discussions and five have referred to it in decision-making.

Some adaptations are needed, and an update is planned for September/October to reflect the impacts on measures that need to be taken in schools of variants of concern and rising

vaccination rates. Testing strategies, which currently are absent from the guideline, will be examined and monitoring and implementation challenges reviewed.

Educational outcomes

Veerle Soye spoke on work on mental well-being currently being done in the education sector in **Belgium (Flemish)**. Concerns were raised about children's and young people's mental well-being and mental health in Belgium after the first COVID-19 wave in summer 2020. Schools had been closed since March and had struggled to implement distance learning. Major concerns were expressed about children and young people growing up in vulnerable situations. The Flemish Institute for Healthy Living was asked by the Flemish Government to start thinking about what could be done to support teachers and schools in this situation.

The aim was to develop tools and materials that would support teachers to enhance the well-being of all children and young people in schools, not just those who may be showing signs of mental health issues. This would be done primarily at the level of the class group, although the project would be framed within a whole-school approach reflecting the Schools for Health framework.

Project funding was received by the end of 2020 from the Flemish Government. Given the urgency of the situation, it was decided not to postpone the launch of project materials until the end of the project, but rather offer new materials via the project website on an ongoing basis. All materials developed are not COVID-specific; the aim is to offer tools that can be used and implemented for mental health promotion on a long-term basis to develop resilience in classes.

The Flemish Institute of Healthy Living also launched in late 2020 a mental health literacy model called the Happiness Triangle. Based on scientific literature, the Happiness Triangle explains in a very simple way what mental well-being is, what makes you happy and what you can do at individual level to improve your mental well-being. The model builds on two premises: happiness is something that you partly can influence yourself; and perfect happiness does not exist and should not be sought. This universal model is applicable to everyone from 3 years old.

The Happiness Triangle forms the guiding model for the COVID-19 project, acting as a compass and a framework for all materials developed. The project basically aims to embed the Happiness Triangle in schools, supporting teachers in primary and secondary schools to instal habits and daily routines for improving well-being in the classroom. A website and educational package to teach about the Happiness Triangle in the classroom are being developed, and an online event – the Happiness Festival – will be organized at the end of the project.

Children in vulnerable situations

Evgeniya Peeva, Deputy Minister of Education, Bulgaria, gave an analysis of the current state of the education system following the last 18 months of the pandemic. The school year has ended successfully with all standardized tests having been implemented for different grades. Results have been good compared to previous years, with increases in certain assessments; an in-depth statistical analysis of the results is now underway to identify if certain groups have performed disproportionately well or badly versus others.

The forced transition into digital learning brought by the pandemic has shown that teachers are up for the challenge of leveraging technology for learning. As a result of the difficult situation over the past year and a half, digital literacy and the use of technology in classrooms each have

gone up, which is a positive outcome. Where school closures have occurred, students have been able to maintain their learning through digital learning – the Ministry of Education and Science has taken measures to ensure access to devices and the Internet for all students and teachers – and resources have been made available to train teachers, students, principals and parents to improve their digital skills. Funding from the European Commission is enabling responses to meet the remedial learning needs of students this summer. In the past month, students have been able to return to their classrooms.

Educational mediators, community members who work in the schools with the most vulnerable groups of children, have been a key means of reaching students whose parents are ill-prepared to support them in distance learning. The mediators have been able to bring paper-based lessons to students' homes during the pandemic. They will be kept in place over the next year because they are important in ensuring access to education in a crisis for the most vulnerable students.

Looking ahead, the country wants to build on the lessons learnt by ensuring the right data are available at the right time. Timely data-sharing between the ministries of health and education is fundamental to responding effectively to emergencies. Key data-based resources used over the past year currently are being updated.

Vulnerable students need the highest level of support, and efforts are being made to ensure the right measures and resources are in place in schools and communities to help them catch up on learning lost in the pandemic, including socioemotional skills.

Changing school environments

Tamás Pándics, Hungary, stated that the importance of health-promoting schools has been further emphasized by the pandemic. Adaptation of school environments is a key measure for supporting infection control and promoting children's health and well-being.

Hungary has gone through several cycles of closing and reopening of schools over the past 15 months, but high schools and primary schools gradually have reopened since spring of this year. Reopening presented challenges to school managers who had to address not only the special requirements of the pandemic situation, but also the apprehensions of children, parents and staff and the need to provide safe learning environments for all. Guidance issued before the start of the school year in August 2020 has been updated several times. Targeted primarily at school managers, it covers topics such as cleaning and disinfection, water, sanitation and indoor air quality, infection control measures and communication among adults. It recommends that before reopening after the summer break and any subsequent closures, deep cleaning and disinfection of surfaces and equipment (such as air conditioners) and flushing of water systems (to avoid health risk associated with stagnant water) be carried out.

Disinfection stations have been installed at the entrance of all schools (their use is mandatory), with sufficient supplies of soap and hand disinfectants being made available to encourage children to wash their hands regularly. The guidance also recommends regular cleaning and disinfection of frequently touched surfaces during school hours. Students have been educated on hygiene measures such as cough etiquette and good handwashing practice.

The guidance recommends frequent airing of classrooms to maintain good air quality. If artificial ventilation is used, used air should not be recirculated. Parents often favour using devices such as portable air disinfecting equipment and UV-C or HEPA filters, but their use is not recommended

in the guidance; these devices create a false sense of security and avert attention from other more important measures. Ozone generators are not allowed due to potential adverse health effects.

Hungary organizes extensive surveys of children's respiratory health every five years, analysing the impact of environmental and social factors. The next survey, due in 2022, should provide insights on the consequences of the pandemic and the effectiveness of these interventions.

Children's and adolescents' involvement in decision-making

Bruce Adamson, Chair, Children's Ombudspersons in Europe, reminded participants that the Committee on the Rights of the Child warned in April of the grave physical, psychological and mental impacts of the pandemic on children and called on countries to base their response not just on public health, but also on the broad framework of rights, including economic, social and cultural rights. The Committee asked countries to focus particularly on ensuring the right of children to be involved in all decisions that affect them, including at times of crisis. Despite this, very few governments have made systemic and systematic efforts to put in place mechanisms for involving children in decision-making.

There are very strong concerns that children are not being treated as a specific audience for consultation and dissemination of information around the pandemic. A global study has found that only 20% of children feel they have been involved in decision-making. Very few countries in Europe have been using children's rights impact assessments and other decision-making measures, often citing urgency or complexity as the reasons for excluding children and young people. This indicates a lack of capacity and appropriate mechanisms in place.

Good practice examples of child involvement nevertheless are beginning to emerge. Surveys are being used to gauge the views of children and young people, children and young people are being involved in advisory groups like the TAG, and political leaders are meeting directly with children and young people, particularly through partnerships with youth organizations.

A particularly good example comes from the United Kingdom (Wales), where 24 000 children were consulted in May 2020 through an online survey that was repeated this year with 20 000 children. This means approximately one in 20 children across Wales has been involved. Information from the survey has been fed very quickly into government who have used it in key decision-making. Elsewhere in the United Kingdom, a member of the Scottish Youth Parliament has been given a place on the Scottish Government's main advisory group, the COVID Education Recovery Group.

The TAG's recommendation recognizing children's and young people's rights at every level, ensuring different age groups and backgrounds are included, particularly the more vulnerable, and promoting close work with youth organizations, is absolutely key.

Vaccination strategies

Efrat Afalo, Director, Health Education and Promotion Department and Head of Education, COVID-19 headquarters, Ministry of Health, Israel, described her country's experience of vaccination of school staff and children. Approximately 70% of 16–19-year-olds in Israel have now had the first dose of the vaccine. Vaccination of the 12–15 group started only two weeks previously, but already has reached 12%. (*Update: 40% of the 12-15 group were vaccinated by middle of August.*) Vaccination of school staff, who were a priority group for vaccination, started on 10 January.

The education system in Israel has been open since the middle of October 2020 through a traffic-light system. Schools in green and yellow municipalities have been able to open. After the beginning of the vaccination programme, the Minister of Health enabled opening of schools in red and orange municipalities where 90% of children and staff had been vaccinated. After initially withdrawing the rule on mask-wearing in public places (including schools), mandatory face coverings were reinstated on 25 June.

Final session

Martin Weber, WHO Regional Office for Europe, briefly recapped on the TAG recommendations and how they already are being implemented in countries.

Keeping schools open is the key objective, as the Croatian experience confirmed. **Testing in schools**, as experience from Austria suggests, requires many tests to identify relatively few cases, and false positives are always possible. The strategy of testing in schools clearly is expensive, so some reflection is required to confirm its value: does it represent value by enabling schools to remain open, or could the money be better spent on supporting education initiatives?

The German guideline on applied **mitigation measures** for infection control has been successfully developed and put into effect, but the measures themselves are disruptive and again require some consideration. The example from Belgium (Flemish) showed how a health-promoting school approach is effective in enhancing **educational outcomes** and that from Bulgaria suggested positive approaches to supporting **children in vulnerable situations**.

Changing school environments, the subject of the presentation from Hungary, is particularly important at this time because of school summer holidays, which enable environmental changes (such as the installation of better handwashing facilities and improved ventilation) to be made in schools without disruption to teaching. In relation to **children's and adolescents' participation on decision-making**, it is clear that many countries do not have a strong strategy for engagement. It might require a legal or regulatory approach to enable children and adolescents to be better involved in decision-making. Israel is making substantial progress on the the eighth key issue, **vaccination strategies**, with the purpose of maintaining education.

Vivien Hülsen, WHO Regional Office for Europe, considered the long-term impact of COVID-19 control measures on child and adolescent health and well-being. In her presentation she summarized modelling studies that project future health, education and economic trajectories of children and adolescents. Potential unintended long-term effects of schooling disruptions need to be considered when closing schools. Studies that have modelled long-term effects of school disruptions on child well-being using education-related risk mortality ratios suggest that 4.4 million years of life will be lost when schools are kept open, as opposed to 13.8 million years of life lost when schools are closed. Three studies that modelled the effects of schooling disruptions on childhood obesity all suggest an increase in prevalence; one of them projects that normal-weight children are 7.5 times more likely to become overweight or obese during the pandemic.

Looking at longer-term projections of educational outcomes, recent evidence suggests that remote learning is equal to being on summer holidays, with stagnation in competency development. All studies in this area point to schooling disruption having a negative impact on subsequent learning outcomes, with a three-month closure potentially decreasing children's knowledge to one or two thirds of what they should know at the beginning of the next school

year. A six-month closure could increase the share of students below the minimum proficiency level by 10%, returning to pre-pandemic levels only in 2030.

There will be also an impact on equity. Children with greater parental support and resources will be better able to deal with the loss of learning. Four studies have projected lifetime income losses from four months of disrupted schooling to range from approximately US\$ 600 in low-income countries to US\$ 38 000 in high-income countries. School closures equivalent to half a school year are estimated to decrease gross domestic product by 2% for the remainder of the century. Structural adjustments after economic recessions previously have targeted health and education spending.

There are evidence gaps in how school closures and the pandemic affected child and adolescent mental health, adverse childhood experiences or children with special needs. To shape early interventions, more research is needed.

School closures implemented to contain the pandemic may lead to increases in the non-COVID-related burden of disease and exacerbate health inequities for years to come. Urgent action is needed to ensure children and adolescents are not left further behind.

Closing messages from partners¹

Jonathan Suk, European Centre for Disease Prevention and Control (ECDC), announced that ECDC will soon publish updated guidance on COVID-19 and schooling (*Update: the report is published <https://www.ecdc.europa.eu/en/publications-data/children-and-school-settings-covid-19-transmission>*). Increased transmissibility across all age groups has been reported for SARS-CoV-2 variants of concern, notably the Delta variant. In regions where an increasing percentage of adults are fully vaccinated against COVID-19 but where children are not vaccinated, it may be expected for the coming months that increasingly greater shares of reported cases will be among children.

ECDC agrees with the general consensus that school closures should be a last resort, but given the likely continued risk of transmission among unvaccinated children, it is imperative that there is a high level of preparedness in the education system for the 2021/2022 school year, particularly in light of circulating SARS-CoV-2 variants of concern. Measures should be adapted according to levels of community transmission and should consider the need to provide children with an optimal learning and social environment while reducing SARS-CoV-2 transmission risks. Testing strategies for education settings should ensure timely testing of symptomatic people to enable isolation of cases and tracing and quarantine of their contacts.

Maren Lambrecht, Council of Europe, stated that the Council's focus is on ensuring continuity of the promotion of children's rights and child protection systems while children are out of school, and summary papers on these issues have been published. Non-binding instruments on strengthening reporting mechanisms for professionals to report violence and on protecting the best interest of the child in parental separation and care proceedings will be ready by the end of 2022. Work is also underway to develop a new strategy for the rights of the child, with children in 10 countries contributing, and children will be involved in consultations on some non-binding legal instruments. Crucially, the Council is collaborating with the DH-BIO Committee – a committee on bioethics – to prepare a standard on child participation in health decisions.

¹ Anette Schultz from the Schools for Health in Europe Foundation was unable to present on the day.

Afshan Khan, UNICEF Regional Director for Europe, was impressed by the strong commitment and deep sense of urgency articulated during the meeting, but emphasized the need for specific interventions targeted at mitigating the barriers faced by vulnerable and marginalized children – children with disabilities, children from poor households and refugee and migrant children who are facing exclusion from education on a historically unprecedented scale. This represents an unfolding human rights disaster that must receive urgent, sustained and targeted attention.

UNICEF has identified two immediate priorities for strengthening support for optimum mental health in early childhood across the Region: expanding access of parents to universal parenting programmes and parenting support; and building national systems for quality family-centred early childhood interventions for children at risk of developmental difficulties. UNICEF is also developing a mobile app for parents of children aged 0–6 in several countries with practical tips for caring for their own mental health and well-being. Belgium’s “Happiness” project represents an innovative way to address mental health challenges among students and others, and there now is a need for other strategies to support the mental health of students, teachers, health-care workers and frontline service providers.

Zhan Tao, Director of the UNESCO Institute for Information Technologies in Education, noted that while digital technology has enabled the ongoing delivery of education to children during the pandemic, there are concerns about inclusion and how to ensure all children have equal access to enable them to achieve learning outcomes. The overriding question of how digital technology could impact on education is the number one challenge for the future of education. The crisis of the pandemic remains, but this nevertheless is a moment for countries to rethink and redesign human-centred and smart education technology strategies at national level. The UNESCO Institute is working in this area, developing recommendations and frameworks for ministries to use. Recommendations on future use of artificial intelligence in education will be put forward at the UNESCO conference later this year.

Hans Henri P. Kluge, WHO Regional Director for Europe, thanked all partners and participants, particularly paying tribute to the youth representatives. The Regional Office is listening to young people, and the Regional Committee for Europe this year will have for the first time a youth forum.

COVID-19 has been extremely disruptive to schooling during the school year 2020/2021, with more than 30 weeks of schooling lost due to closures. Despite the many problems this has brought, young people have shown how resilient they are and how they can cope. The task now is to create an enabling environment to strengthen that resilience, because everyone – young or old – can get to a melting point. The summer months offer a valuable window of opportunity for governments to put in place the right set of measures in school settings that should help keep infection rates down and avoid having to resort again to school closures.

Annex 1

AGENDA



**Third high-level meeting on schooling
during the COVID-19 pandemic**
Virtual meeting via Zoom
2 July 2021, 12:00–16:00 CEST

Date: 29 June 2021
Original: English

Provisional programme

Opening session Moderator: Natasha Azzopardi Muscat		
12:00–12:15	Opening	WHO Regional Director for Europe, Hans Kluge UNICEF Regional Director for Europe, Afshan Khan Director of UNESCO Institute for Information Technologies in Education (IITE), Zhan Tao
12:15–12:30	Setting the stage and outline of the process Follow-up actions from high-level meeting	Martin Weber WHO
12:30–12:40	The COVID-19 pandemic – where are we now and what next?	Richard Pebody WHO
12:40–12:45	COVID-19 vaccination – programmatic considerations	Liudmila Mosina WHO
12:45–12:50	Update on school measures implemented in the European Region in response to COVID-19	Ihor Perehinets WHO
12:50–13:00	School closures and learning loss	Maya Prince UNESCO

13:00–13:10	How did schooling during the pandemic affect young people – findings from a European survey Young voices: opinions on schooling and COVID-19 – a short video	Young voices Emila Carai, Frida B. Rasmussen, Malika Nakisbekova
13:10–13:15	Results from the UNESCO Chair Global Health and Education international survey: maximizing resilience in every school	Didier Jourdan UNESCO chair on Global Health and Education
13:15–13:30	Recommendations from the European Technical Advisory Group (TAG) on schooling during COVID-19	Antony Morgan Chair of the TAG
Case studies from countries		
13:30–14:30	Keeping schools open Testing in schools Mitigation measures Educational outcomes Children in vulnerable situations Changing to school environments Children’s and adolescents’ involvement in decision-making Vaccination strategies	Croatia. Minister of education Radovan Fuchs Austria. Reinhold Kerbl Germany. Eva Rehfuss Belgium. Veerle Soye Bulgaria. Deputy Minister of Education Evgeniya Peeva Hungary. Tamas Pandics UK, Scotland. Bruce Adamson Israel. Efrat Aflalo
14:30–14:45	Break	
14:45–15:15	Quick recap on TAG recommendations Discussion on TAG recommendations	Martin Weber, WHO Member States
15:15–15:25	Long-term impact of COVID-19 control measures on child and adolescent health and future impact on adult health: review of modelling approaches	Vivien Huelsen Consultant

15:25–15:55	<p>Partners forum:</p> <p>Schools for Health in Europe</p> <p>European Centre for Disease Prevention and Control</p> <p>Council of Europe</p> <p>UNICEF</p> <p>UNESCO</p>	<p>Anette Schultz</p> <p>Jonathan Suk</p> <p>Maren Lambrecht</p> <p>Afshan Khan</p> <p>Zhan Tao</p>
15:55–16:00	Closing remarks and reflections on the way forward	<p>Hans Kluge, Natasha Azzopardi Muscat</p> <p>WHO</p>

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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