Ninth meeting of the Technical Advisory Group on Safe Schooling During the COVID-19 Pandemic

24 May 2022
ABSTRACT

The Technical Advisory Group (TAG) on Safe Schooling During the COVID-19 Pandemic was set up to provide strategic and technical advice to the WHO Regional Office for Europe on matters relating to schooling in times of COVID-19, including the epidemiology of school transmission, infection prevention and control and public health measures and their effects on the development and well-being of school-aged children. The TAG aims to identify findings from emerging evidence to inform policy decisions in terms of education, social, development and health outcomes for children and adolescents. This report is of the ninth TAG meeting, held on 24 May 2022.

Keywords

CHILD
SCHOOL
COVID-19
SARS-COV-2
SCHOOL TEACHER
INFECTION CONTROL

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Background

SARS-CoV-2 has disrupted the lives of children and adolescents. The impact has been due to the infection and disease itself, as well as the public health and social measures (PHSM) for infection control that affect their everyday lives, education, health and well-being. The WHO Regional Office for Europe has established a European regional Technical Advisory Group (TAG) on Safe Schooling During the COVID-19 Pandemic to build an understanding of the epidemiology of the COVID-19 in children and adolescents, the effectiveness and adverse effects of infection prevention and control and other measures implemented in school settings and their impacts on children’s lives. The purpose of the TAG is to ensure that children’s lives and education are as unaffected and uninterrupted as possible, while ensuring the safety of children, educators and other school staff and keeping COVID-19 transmission under control.

TAG meetings held in October and November 2020 led to recommendations being made to a high-level meeting of Member State ministries of health and education in December 2020. A third TAG meeting in January 2021 reviewed the COVID-19 situation with a focus on the new variants of SARS-CoV-2 and discussed the possible impact of using recently licensed vaccines in the context of schools and children’s health and education. The fourth TAG meeting reviewed and revised the recommendations.

The WHO Regional Director for Europe, together with partner agencies, hosted a high-level meeting on 2 July 2021 at which experiences from the school year were summarized and the TAG recommendations were presented and deliberated. While the fifth TAG meeting looked at which issues would need to be brought forward to the high-level meeting, the sixth TAG meeting revisited the recommendations.

As evidence accumulated, experience increased and a new academic year was progressing, the role of the TAG in appraising the evidence and reviewing recommendations for schooling in the time of COVID-19 became more important than ever. The seventh TAG meeting reviewed some technical updates, but the main focus was building on TAG members’ experience on how the recommendations on schooling during COVID-19 were being implemented in countries and in determining a way forward. An ad hoc meeting of a subgroup of the TAG was convened on 8 December 2021 to consider the impact of the recently arisen Omicron variant of SARS-CoV-2 on schooling in children, for which the WHO Regional Director for Europe requested an update.

The eighth meeting considered some technical updates but focused mainly on assessing the present status of the TAG recommendations in schooling during COVID-19 in the current phase of the pandemic, especially recommendations 2, 3 and 8.

The ninth meeting focused on lessons that can be learned from the TAG’s work to date that may be included in publications coming from the group and considered preparations that need to be made in case there is a resurgence in COVID-19 in the autumn.

The programme and participants of the ninth meeting are given in Annexes 1 and 2.
Proceedings of the ninth TAG meeting, 24 May 2022

Summary of the ninth TAG meeting

The ninth TAG meeting had two main aims:

- to reflect on what has been achieved by the TAG to date and what challenges have been faced; and
- to explore the possibility of producing two publications from the TAG: one a retrospective on how the TAG has worked, based on reflections from the group; and the other more prospective, setting out implications for the future, including the potential autumn COVID-19 scenario.

An update on the latest epidemiological developments in Europe was presented. The data show that COVID-19 rates are going down in all countries and subregions except for the Iberian Peninsula, where a slight uptick in activity is being driven by the emergence and spread of a series of sublineages. The presence of these sublineages in Europe may become significant as we move into summer and autumn. Vaccination rates continue to vary across the Region, with greater uptake in western European countries than in eastern.

Members heard that the updated Composite Severity Index for school openings shows a very different picture from previous versions, in that school measures in some countries have been lifted completely. The severity scale is therefore much less, especially compared to the start of the pandemic.

Subgroup representatives reported back on progress on key TAG areas – school mitigation measures, youth participation, educational outcomes and mental health and well-being, and children in vulnerable situations. Members acknowledged that the TAG’s work had made some significant impacts in countries in these and other areas. Largely for logistical reasons, however, a formal evaluation of impact would be a challenging endeavour. It was acknowledged that despite the progress made, significant challenges remain in all these areas.

There was general agreement among the group for the publication proposal. Members were encouraged to send further reflections and ideas to the secretariat. Depending on what is received, a proposal for two papers in the first instance may then be distributed.

It was suggested that the next TAG meeting should be in-person rather than virtual – the secretariat undertook to explore options within WHO.

Opening

Natasha Azzopardi-Muscat (Director of the Division of Country Health Policies and Systems, WHO Regional Office for Europe) explained that the TAG had been reconvened for two main reasons. First, there is a duty to document the lessons learned by the TAG with a view to developing a publication. Secondly, the Regional Office is working on a strategy for COVID-19 for the autumn in case there is a resurgence. Any input or key messages the TAG would like to contribute would be warmly welcomed. Evidence highlighting the importance of schools and schooling remaining available to children and young people would be particularly relevant.
While schooling in Europe is now practically back to normal, legacy issues are emerging, particularly in relation to mental health of children and adolescents. It is also important to ensure advice is available for schools on early detection and onward referral.

Some children are still struggling with the impact of lost schooling, which may become apparent in summative assessments conducted within countries. There is a need to ensure that children and adolescents who have been affected by lockdown, quarantine and repeated disruption to their schooling and education are not further penalized due to an ongoing legacy effect of the pandemic.

The Regional Office is working hard on the issue of long COVID. Any information or evidence around the impact of long COVID in children and their education would also be very helpful.

**Antony Morgan (Chair of the TAG)** reiterated the importance of the meeting in terms of coming together as a group to reflect on what has been achieved and what challenges have been faced. The TAG’s work must be documented to identify lessons learnt and promote further progress. There may be scope for some short, sharp commentaries for prominent journals that allow people to see and understand what the TAG has done. A first paper could focus on the work of the TAG, explaining why it was set up, who was involved and what it achieved, and a second could set out what the TAG delivered and what lessons have been learnt, particularly on how schools could be better prepared when threats like COVID-19 come along. Some subgroup chairs are also considering more in-depth papers on the recommendations that members may wish to join or lead.

**Presentations**

**Richard Pebody (WHO Regional Office for Europe)** provided an update on the latest epidemiological developments in Europe. A very big Omicron wave had moved quickly across the Region over the Christmas/early New Year period, followed by a smaller shoulder with the BA.2 Omicron sublineage. There was a drop in activity across all age groups, including children, but the highest incidence was in children.

Rates are going down in all countries and subregions except for the Iberian Peninsula, which is seeing a little uptick in activity, particularly in Portugal. The reason for this is the emergence and spread of a series of sublineages, initially BA1 and BA.2, but now also BA.4 and BA.5. BA.2 is now the dominant circulating sublineage for most of the European Region, but the situation in Portugal currently is being driven by the emergence and spread of BA.5. BA.4 and BA.5 emerged in southern Africa and led to a recent upsurge in activity there. The presence of BA.5 in Europe may become significant as we move into summer and autumn.

The impacts of the vaccine programme have been impressive, particularly in reducing infection rates, hospitalizations, admissions to intensive care and deaths, but western Europe continues to perform better than eastern. Countries such as the Republic of Moldova, Romania and the Russian Federation have seen quite substantial waves of hospitalizations and deaths in recent months, reflecting the lower vaccine uptake in vulnerable cohorts. Overall building up population immunity across all ages is widespread across the Region, but the picture related to vaccine-derived immunity is mixed.

The coming weeks and months bring much uncertainty. Virus evolution means spread at least of BA.4 and BA.5 and possibly other new sublineages and variants of concern can be anticipated. Natural and vaccine prevention are waning and people’s activities are returning to normal.
including being back at school. The autumn, when schools return after the summer break, could present a so-called perfect storm, with the emergence and spread of a number of respiratory viruses simultaneously. High uptake of vaccine – both for flu and COVID-19 – among vulnerable groups remains essential, as does having strong and integrated surveillance in place for SARS-CoV-2, flu and respiratory syncytial virus and optimal clinical management systems available.

Kayla King (WHO Regional Office for Europe) announced that WHO had launched its PHSM dashboard. All measures collected since January 2020, including those in schools, are available within this database.

The updated Composite Severity Index for school openings shows a very different picture from previous versions, in that school measures in some countries have been lifted completely. The severity scale is therefore much less, especially compared to the start of the pandemic.

Currently, 10 countries continue to either recommend or require adaptation with masks in school settings for students, teachers, staff and parents. A mass wave of lifting of compulsory mask-wearing measures has been seen across the Region, to be replaced by recommendations or advice. Many students are no longer required to wear masks in the classroom but may be required to do so as they transit throughout the school environment.

Only 12 countries continue to test students, teachers or staff for COVID-19, especially when coming into school for face-to-face learning, compared to 20 in January. Eight countries and one territory require students to show a COVID-19 vaccination proof of recovery certificate or a negative test result. Sixteen countries have lifted all PHSMs applicable within school settings, while 36 and one territory continue to implement non-pharmaceutical PHSMs such as hand hygiene, physical distancing and ventilation of classrooms. The situation has moved on from mass closures of school, or sending entire classes home if one case of infection was detected.

**Discussions**

Antony Morgan invited designated members to speak about particular measures in the recommendations as the basis for planning of publications. He reminded members that the first TAG recommendation basically was a principle, that everything possible should be done to keep schools open for as long as possible. Some recommendations reflected principles of public health, such as tackling inequalities and vulnerabilities, ensuring young people’s involvement and considering the school as an environment, while others focused on the specifics of tackling challenges posed by COVID-19 (like mitigation measures, vaccination and testing). As a package, the recommendations present a framework for action that may be relevant not only to COVID-19, but also to similar public health emergencies in future.

Eva Rehfuess (Germany) focused on the TAG process as reflected by members of the subgroup working on recommendations around school mitigation measures. She introduced a grid she has been using with the subgroup that enabled the collection of feedback on issues such as the composition and scope of the TAG, the process through which it has been interacting and operating, the outputs produced, and impacts in countries and at European level.

The subgroup believes the interdisciplinary composition of the TAG, including involvement of young people, has been very beneficial, but involvement of other school-related stakeholders (such as head teachers, teachers, social workers and parents) has perhaps been insufficient. The
TAG process was appreciated, although it was felt that it could have been more formalized, perhaps following the lead of the processes of guideline development groups.

The TAG outputs, while strong, could perhaps have been more concrete and specific in some instances. Impacts in countries like Germany and the United Kingdom probably have been quite limited, as these countries have much national scientific capacity residing in strong institutions. At European level, however, the impact has been greater, particularly in allowing access to high-level meetings with ministers of health and education across Europe.

Dr Rehfuess’ personal view is that there is sufficient experience across the group to create a reflection paper on the added value of having a TAG in the context of a pandemic to inform pandemic preparedness.

Antony Morgan commented that the grid created by the subgroup could be very useful for collecting observations in a mapping exercise.

Pierre-Andre Michaud (Switzerland) made a few comments on the TAG processes before moving to youth participation. He has appreciated the interdisciplinary cross-country nature of the TAG and has found learning about measures that have been taken outside of his native country inspiring and useful. He also liked discussions on the kind of measures that should be taken in the future, but felt the time allocated for discussion in the meetings was inadequate.

Regarding youth participation, he highlighted three main areas in which investment could be made. Circulation of information to young people was poor, at least at the beginning of the pandemic. Young people were drowned in information, but much of it was unreliable. In future, a more structured way of spreading information to young people about COVID-19 and how its impacts can be addressed should be created.

Investment should be made in ensuring the real participation of young people in decision-making. Switzerland has made some progress in this area but can do better. As public health specialists, the TAG should reflect on channels and procedural strategies that allow young people to connect directly with decision-makers, including politicians. It should also think about how the role of young people in peer education and peer support in the time of a pandemic could be improved.

Indicators on how much young people have been involved in decision-making during the last months seem to be missing. This is perhaps an area in which WHO could devise means of gaining better information.

Tigran Yepoyan (United Nations Educational, Scientific and Cultural Organization (UNESCO)) suggested that effective involvement of young people is quite difficult to achieve, for many reasons. In some contexts, decision-makers do not believe that there is value in engaging young people, and in others, engagement is not easy to organize logistically. Since the start of the pandemic, UNESCO has been inviting young researchers from all over the world to carry out research under guidance from their universities. They presented their findings, including some recommendations for officials, at UNESCO headquarters in April, highlighting the need for more meaningful engagement of young people in research, planning, implementation and monitoring.
Pierre Andre Michaud agreed with this and added that the United Nations International Children’s Emergency Fund (UNICEF) has also been very active in this respect. His concern remains, however, that it is difficult to assess the extent to which the TAG recommendation on involvement of young people has had any impact on strategies in European countries.

Antony Morgan urged members to highlight any issues that arose from discussions in their subgroups regarding modification to the recommendations or which point to work being done in countries that could be set out as good practice examples. The recommendations are high level, so indicating how they can be enacted at ground level may be useful.

Colette Kelly (Ireland) believed it was a great achievement to have had young people’s involvement in the TAG, but the group could have involved them more closely. Going forward, young people’s involvement could be planned or structured better or more effectively. Young people were not present at all of the meetings, which reflects the logistical challenges faced. There were also issues around the diversity of the young people’s representation – ensuring the voices of young people who are less advantaged are heard is something the TAG should work towards. Regarding the recommendation on involving young people, most people would agree with the aspiration, but then ask, “But how do we do it?” It is not easy.

Antony Morgan commented that while the recommendations cannot set out how they should be implemented in different countries, there is a good opportunity to show how countries are putting the recommendations into action for others to follow.

Vivian Barnekow (WHO Regional Office for Europe) explained that it was actually very difficult to get young people on board with the TAG. Issues such as sitting exams precluded them from joining some meetings. The work of the TAG in this area nevertheless has inspired some other initiatives WHO is now taking forward, such as a consultation on adolescent well-being in July 2021 that succeeded in inspiring young people to actively participate. WHO is also working on determining how young people can be involved in all of WHO’s processes and in initiatives in countries. A direct outcome of the July 2021 consultation was a document setting out tips for policy-makers on child and adolescent participation in policy development.1

Didier Jourdan (UNESCO char Global Health & Education) explained that discussions in his working group focused on the future papers, not on the TAG functioning and outcomes. The working group is looking at outcomes in two dimensions – educational outcomes and mental health and well-being. It found incredible richness in the production of research data and different kinds of contributions from United Nations agencies and national bodies.

It is extremely important that the TAG publishes. The TAG is a very interesting and innovative intersectoral group, with education and health representatives involved at every stage of the process. There is clearly added value in sharing the experience of the TAG to contribute to systematic intersectoral thinking. This would be a very important focus for the first paper.

The focus of a paper on outcomes would need to be considered very carefully. Much research has already been done on the long-term impact of the pandemic on mental health and educational outcomes. There is an incredible diversity of data, but it is extremely difficult to draw

conclusions on long-term impacts – it is probably too early to do so. Analysis of the long-term impacts of the educational consequences of COVID-19 is still being done.

Much has also been published on mental health consequences of the pandemic. The key theme of the Health Behaviours in School-aged Children (HBSC) report that will be published in 2023 will be mental health, and this great and very important survey will surely deliver some valuable data on mental health.

There is a big gap in terms of health literacy and citizenship for health education. Among all the measures that could help to build healthy and resilient schools for the future, data on the work being done in school systems to educate children how to distinguish between reliable and unreliable health information are missing.

**Antony Morgan** reminded members that the initial idea was to develop short, high-level papers, one of which was on the TAG process and lessons learnt. Members who have worked more specifically on the recommendations may also wish to highlight three or four key issues in papers, reflecting other work going forward in the areas and emphasizing how the topics need to remain in focus. The expectation was not for in-depth papers, but perhaps commentaries of around 1500 words. The meeting was attempting to map the issues that may need to be raised in the papers, and the secretariat will synthesize the mapping and get back to the group to engage in further discussion about the potential of preparing papers.

**Eileen Scott** *(United Kingdom, Scotland)* emphasized that one of the values of the TAG was to raise concerns about the wider impacts and harms to children of the pandemic. Work being done in Scotland is producing concerning evidence about the impacts of the health-promoting value of schools being missed during lockdowns, including the cessation of coterminous services such as dentistry and school nursing. Dental service provision to children saw a very precipitous decline that will have long-term impacts; removal of decayed teeth is one of the interventions that leads to use of general anaesthetic in children, which is highly preventable. Speech and language and communication delay are also being seen. Data such as these need to be captured so that the impacts are understood and sentinel indicators of how children can catch up can be developed. Supporting countries in delivering services to children in the absence of an education context is a key point for the future.

**Florian Götzinger** *(Austria)* reported on discussions within the subgroup on children in vulnerable situations. The group strongly appreciated the interdisciplinary participation of all during meetings and the involvement of young people. The extent of young people’s involvement can be debated, but it was very important that they were there and their voices were heard and respected.

The COVID-19 pandemic has shown that vulnerable children or children in vulnerable situations are even more vulnerable during extreme situations. Care for children in general, and specifically those in vulnerable situations, decreased during the course of the pandemic. Children with HIV, children with tuberculosis and those who have psychological problems were among those whose needs were disregarded for lengthy periods. Mitigation measures also had huge impacts, including the fact that health staff had to use extensive personal protective equipment that is not conducive to having good dialogue with children. The TAG has reflected this in its discussions and recommendations, but it has not thought enough about how much the pandemic also silenced the voices of vulnerable children, who often were unseen and unheard.
The TAG meetings were virtual, for obvious reasons. For the future, however, it would be important to reinstate in-person meetings. In-person meetings encourage better dialogue during and between formal sessions and also enable people who are struggling with translations to address their concerns directly.

**Sergey Sargsyan (Armenia)** supported the idea of in-person meetings and suggested it would encourage a more integrated group approach to issues such as children’s physical and mental health and education. **Martin Weber (WHO Regional Office for Europe)** believed this represented a widely held view among the group. He would explore options for in-person meetings and report back to the group.

**Freia De Bock (Germany)** lent her support to the idea of the group producing publications. A paper on the TAG and its methods, how it worked and how it could be improved, would be helpful in explaining how WHO implements technical advisory groups. A publication on public health decision-making processes around children and young people in countries that perhaps adopt different decision-making processes would also be helpful.

**Antony Morgan** suggested that in addition to a more in-depth paper on public health decision-making processes around children and young people, the topic could also be raised in one of the shorter papers as something that needs to be taken forward. He then asked if there was anything related to vaccination that could be included in a commentary-type article that sets out lessons learnt in this area? Members undertook to consider this.

**Mark Jit (United Kingdom, England)** highlighted that the development of the recommendations was not a finite task, but evolved over time as the evidence and the COVID-19 situation changed. Recommendations on schooling that might have been appropriate in 2020, for instance, would not be so in 2022, following widespread vaccination among children and school staff and the emergence of more transmissible but less threatening variants. It was not about working towards a single product, but about remaining responsive to a changing situation. This should be kept in mind, and any papers that are being developed should highlight how the recommendations evolved over time.

**Antony Morgan** agreed it was important to reflect the changing contexts in which the TAG operated in any documentation developed by the group.

**Freia De Bock** stated that her understanding of the TAG’s work was that it aimed to give recommendations to governments and other national bodies to help them make better decisions for coming school years. How is WHO going to evaluate how effectively the TAG has achieved this goal? Are TAGs normally evaluated? An evaluation would be very challenging methodologically and it might not be realistic to expect very detailed conclusions, but it would seem important to try to assess the impact in countries.

**Martin Weber** agreed that this was an important question but was difficult to answer. He wondered if any TAG members had found the high-level meetings helpful in being able to promote the TAG’s messages in their countries? The main purpose of the high-level meetings was to enable engagement of this kind, allowing TAG members direct access to policy-makers who were in a position to implement the TAG recommendations. At an observational level, measuring this kind of impact might be helpful.
Ivana Pavic (Croatia) responded by saying the TAG’s work helped a great deal in Croatia, particularly by providing the ammunition to advocate for schools staying open to the ministries of health and education and the National Institute of Public Health at a time when it appeared the simplest solution would be simply to close schools. The Government was being lobbied vigorously to allow shops, restaurants and cafés to remain open. Their closures were having a serious effect on the national economy, so closing schools possibly had attractions in terms of reducing public expenditure. Being able to get support from WHO and the TAG group to argue strongly for schools to remain open as long as possible and be closed last and opened first in lockdown recovery was very, very helpful.

The TAG should continue with this work. No one knows what will happen in autumn, when new waves of infection may force lockdowns or the re-imposition of other mitigation measures. What is certain is that post-COVID problems regarding school-aged children and adolescents will remain. Mental health issues that have emerged or been exacerbated during the pandemic are connected very strongly to disruptions to supply of education. The post-COVID phenomenon sometimes known as long COVID presents long-term mental and physical health challenges to children, with many having problems with headaches, fatigue, sleeping disruption and many other issues related to post-COVID syndrome. This TAG could help countries to manage post-COVID issues and also respond strongly to any new wave of COVID-19 in the autumn.

Antony Morgan agreed that some people may have the misperception that COVID-19 has gone away and that all the problems it has brought have also disappeared. The post-COVID impact, particularly around mental health, needs to be highlighted continuously to countries and governments so they can reflect and act on the issues. Would a paper on this be helpful?

Freia De Bock suggested that perhaps case studies on how the TAG recommendations could help countries would be useful, reflecting the evolution of the recommendations and where and how they have helped.

Martin Weber agreed that the group had discussed creating scenarios a number of times and this is now becoming more relevant.

Charlotte Deogan (European Centre for Disease Prevention and Control (ECDC)) said that as a partner of the group, she would continue to think about what aspects might be of value in a paper. The ECDC will continue to work with scenarios and modelling on different aspects of the emerging variants and the potential situation in autumn.

ECDC is also working on a range of after-action reviews, looking into what happened in decision-making around certain aspects of the pandemic. Schools are one of the areas of focus, and ECDC is partnering with a few EU member states to review how and why decisions related to schools were made and how they were revised and revisited throughout the pandemic. The aim is to identify how evidence and public health goals and objectives and children’s rights came into these decisions.

The TAG’s central message that closing schools is the last resort is a sharp and easily understandable message that quickly resonated in some countries and was cited in the media. Similar messages could be explored for other areas in order to balance interventions in terms of proportionality, effectiveness and cost-effectiveness.
Antony Morgan commented that using the TAG key message in the title of one of the publications could have a strong effect. There is probably an urgency to prepare a paper quite quickly, which explains why the idea of developing a short, sharp commentary setting out the main issues arising from the TAG is so attractive. This could be followed by other papers as the group sees fit, but getting the main message out quickly is really important.

Members were encouraged to send further reflections and ideas to the secretariat. Depending on what is received, a proposal for two papers in the first instance may then be distributed. The work of the TAG deserves some form of output in the form of a publication – what is needed now is for the comments of the group to be collated and a more precise articulation of what the papers could address to be developed.

Closing

Martin Weber provided a brief summary of the discussions. He remains completely convinced that the TAG is adding much value to the thinking and work around schooling and COVID-19. This is certainly the case within WHO, where the TAG’s perspectives have helped colleagues move away from a view entirely dominated by infection control. The TAG has brought different issues into WHO’s discussions and decisions.

The idea is to produce two papers – one a retrospective on how the TAG has worked, based on reflections from the group, and the other more prospective, setting out implications for the future, including the potential autumn scenario. Developing high-level, very concise papers along these lines and publishing in general public health journals to give them additional impact is the aim.

There are many concerns about young people’s mental health and well-being currently. Members were asked to alert the secretariat to any papers emerging on this issue. It was mentioned earlier that the HBSC study will have a mental health focus – data sets from the study that were collected during the outbreak could be compared to those from pre-COVID times, allowing the development of publications that document the effect of COVID-19 on control measures.

Participation of young people is in the recommendations, but papers should emphasize that participation should be taken into consideration and put in place in the next school year if schools need to re-implement mitigation measures.

The points raised about in-person meetings were well made, and explorations into feasibility will be taken forward in WHO.

Scenarios will be addressed again in the autumn. Many scenarios need to be developed. The fundamental question with the precautionary principle is, what is precaution? Is it about taking precautionary measures to ensure infection control, or is it taking precautionary measures to prevent damage to children’s education, mental health and well-being? This needs to be debated.

Antony Morgan then closed the meeting.
# Annex 1

## Agenda

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<td>Opening the meeting and setting the scene</td>
<td>Antony Morgan TAG Chair</td>
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<td>Natasha Azzopardi Muscat WHO Regional Office for Europe</td>
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<td>10:10–10:20</td>
<td>Latest epidemiological developments in Europe</td>
<td>Richard Pebody WHO Regional Office for Europe</td>
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<td>10:20–10:30</td>
<td>General update on status of school opening and public health and social measures</td>
<td>Kayla King WHO Regional Office for Europe</td>
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<td>10:30–10:40</td>
<td>Introduction to discussion</td>
<td>Antony Morgan TAG Chair</td>
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<td>Reflections on: the process and outcomes; lessons learnt; longer-term issues</td>
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<td>10:40–10:55</td>
<td>Feedback to TAG Chair and WHO on TAG process</td>
<td>Antony Morgan TAG Chair</td>
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<td>10:55–11:50</td>
<td>Discussion on proposals for two commentaries or editorial in a high-profile journal (including reflections from each of the subgroups on how their work might feed into papers or potential other papers)</td>
<td>Antony Morgan TAG Chair</td>
</tr>
<tr>
<td>11:50–11:55</td>
<td>Summing up and the way forward</td>
<td>Martin Weber WHO Regional Office for Europe</td>
</tr>
<tr>
<td>11:55–12:00</td>
<td>Closure of the meeting</td>
<td>Antony Morgan TAG Chair</td>
</tr>
</tbody>
</table>
Annex 2

Participants

Temporary advisers (members of the TAG)

Antony Morgan
TAG Chair

Annika Ersson
National Health Authority
Sweden

*Bruce Adamson
Children and Young People’s Commissioner, Scotland
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Ministry of Health
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UNESCO Chair for health and education
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Colette Kelly
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*Olga Komarova
Scientific Centre of Child Health
Russian Federation
Ninth meeting of the Technical Advisory Group on Safe Schooling During the COVID-19 Pandemic

*Shamez Ladhani
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United Kingdom

Pierre-Andre Michaud
Lausanne University
Switzerland

Leyla Namazova-Baranova
European Paediatric Association

*Catherine Naughton
European Disability Forum

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Finland

*Peter Paulus
Leuphana University
Germany

Ivana Pavic
Croatian Institute of Public Health
Croatia

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Royal College of Paediatrics and Child Health
United Kingdom
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*Malika Nakisbekova
International School Miras
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*Frida B. Rasmussen
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United Nations agencies and partners

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Division for Peace and Sustainable Development, Education Sector

*Christophe Cornu
Division for Peace and Sustainable Development, Education Sector

Tigran Yepoyan
Regional Advisor for Health and Education, eastern Europe and central Asia

UNICEF

*Gabriele Fontana
Regional Health Adviser
UNICEF Regional Office for Europe and Central Asia

*Nina Ferencic
Regional Adviser on Adolescent health

*Svetlana Stefanet
Regional Immunization Specialist
UNICEF Regional Office for Europe and Central Asia

*Malin Ljunggren Elisson
Senior Advisor of Education
UNICEF Regional Office for Europe and Central Asia
Council of Europe

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*Anna Bracco
Directorate-General of Democracy (DG II)

ECDC

*Anastasia Pharris
Education Specialist

Jonathan Suk
Senior Expert, Public Health Emergency Preparedness

*Charlotte Deogan
Scientific Officer, Coronavirus and Influenza

World Health Organization

Headquarters

*Anshu Banerjee
Maternal, Newborn, Child & Adolescent Health & Ageing

Valentina Baltag
Adolescent and Young Adult Health

*Faten Benabdellaziz
Enhanced Well-being

*Abdi Mahamud
Incident Manager

Regional Office for Europe

Natasha Azzopardi Muscat
Division of Country Health Policies and Systems

Martin Weber
Quality of Care

Vivian Barnekow
Child and Adolescent Health and Development

Ana Paula Coutinho Rehse
Country Health Emergency Preparedness & International Health Regulations
Ninth meeting of the Technical Advisory Group on Safe Schooling During the COVID-19 Pandemic

*Siddharta Datta
Vaccine-preventable Diseases and Immunization

Valentina Grossi
Water and Sanitation

Kayla King
Country Health Emergency Preparedness & International Health Regulations

Aigul Kuttumuratova
Primary Health Care

Liudmila Mosina
Vaccinations

Richard Pebody
Health Emergencies Programme

*Govin Permanand
Health Policy Analyst

*Oliver Schmoll
Policy and Governance for Health and Well-being

*Dorotha Jarosinska
Policy and Governance for Health and Well-being

*Ernesto Negrin
Child and Adolescent Health and Development

Olga Pettersson
Child and Adolescent Health and Development

* Unable to attend.
The WHO Regional Office for Europe

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