

MEETING REPORT

Meeting on
“Schooling during the COVID-19 pandemic”

A high-level virtual briefing for
ministers of health

Jointly hosted by the Ministry of Health of Italy and the
WHO Regional Office for Europe

Rome, Italy and Copenhagen, Denmark

31 August 2020*

***This meeting report represents a summary of the discussions and directions from the meeting. It is not a full transcript and involves only limited individual attribution of statements.**

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Introduction

Schooling during the coronavirus disease (COVID)-19 pandemic poses difficult questions for decision-makers in the areas of both health and education. School is not just about education. Physical attendance at school and participation in school activities play a crucial role in children's mental, physical and social development and, in many cases, fulfils additional needs such as their nutrition and access to basic health services. It is already the case that up to 1.5 billion children and adolescents worldwide have been affected by school closures on account of the pandemic and, for many, it has had a consequent negative effect on their education, mental and physical health, and overall well-being. Children living in vulnerable situations are disproportionately affected with regard to their long-term health outcomes and also face greater difficulties with remote learning options. But with a disease that spreads through close contact between individuals, particularly indoors, children's needs must be balanced against that of keeping wider COVID-19 transmission under control and protecting those who are most susceptible in society. Younger children may themselves not be as prone to severe infection as older age groups, but they can transmit the virus and thus potentially contribute to spread in the community. And while enabling children to return physically to schools is critical during the current phase of the pandemic, decision-makers from both sectors are tasked with agreeing common actions on school openings, closings (and reopenings) that target the virus and not children.

Background: towards a consensus meeting

At the proposal of the Government of Italy, the World Health Organization (WHO) Regional Office for Europe (WHO Europe) convened a high-level virtual briefing for ministers of health from across the Region on the issue of schooling during the COVID-19 pandemic. During the early stages of the pandemic, countries throughout the world were quick to close schools as a critical measure to help control the spread and transmission of severe acute respiratory syndrome coronavirus (SARS-CoV)-2, the virus that causes COVID-19. It is clear, however, that this is not a long-term solution, not least because of the potential deleterious effects on children's immediate and longer-term health and well-being. As the pandemic continues and the new academic year begins in much of the northern hemisphere, Member States are looking for the best available information and thinking on how to safely and effectively keep schools open. It is against this backdrop, and the need to ensure that schools do not themselves become sources of disease transmission, that WHO Europe and the Ministry of Health of Italy convened this virtual briefing to exchange information and experiences (*see Annex 1 for the provisional programme of the meeting*).

The virtual briefing was designed jointly by WHO Europe and the Ministry of Health of Italy, with the intent of giving participating Member State representatives the opportunity to share and "test" their ideas with peers and experts in a safe environment. WHO Europe prepared a background document to frame the discussion, but the emphasis was on listening to participants and

exchanging experiences. The document, in both English and Russian, entitled “Schooling in the time of COVID-19: towards a consensus on schooling in the European Region during the COVID-19 pandemic”, was shared with participants in advance of the briefing, and will be further developed in line with the recommendations received from participants.

Aims and objectives

As stated in the scope and purpose of the briefing, the overall objective was 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.

Towards this end, the aims of the meeting were as follows:

- discussing a framework proposed to support countries in their considerations and interventions for schooling during the COVID-19 pandemic;
- sharing country approaches to safe reopening and operation of schools during ongoing community transmission of SARS-CoV-2;
- updating ongoing work by partners to build the evidence base for school opening and continuation of schooling during a potential second wave or the next epidemic;
- establishing a mechanism for cooperation across Member States of the European Region to collect and collate emerging evidence and inform policy practices to lessen the negative unintended effects of school closure and other infection prevention and control (IPC) measures on children.

The expected outcomes were as follows:

- summary of the exchange on measures to be put in place to allow for safe reopening and operation of schools;
- update from partners and collaborators on activities and emerging evidence in relation to schooling in the time of COVID-19;
- agreement on the next steps for regional collaboration to collate evidence on best practices for safe reopening and operation of schools, and a mechanism for updating and sharing recommendations and practices.

Synopsis of the meeting

Opening and introductions

The briefing was opened by Dr Dorit Nitzan (Regional Emergencies Director, WHO Europe) and Dr Giuseppe Ruocco (Chief Medical Officer, Italy) as co-facilitators of the proceedings. Dr Hans Kluge (Regional Director, WHO Europe) thanked the Government of Italy for the initiative,

welcomed participants and noted that this briefing was to be the start of a dialogue with Member States rather than an end-point; evidence and experience needed to be gathered and documented in an ongoing manner to ensure that policies were adjusted as the situation evolved. Dr Kluge highlighted the importance of this briefing in the context of “leaving no one behind” and “strengthening the leadership functions of national health authorities” as two crucial elements in his European Programme of Work (EPW) to be presented to the 70th sitting of the Regional Committee for endorsement (14–15 September 2020). The Honourable Dr Roberto Speranza, Minister of Health of Italy, then thanked the Regional Office for taking up his proposal to convene experts around this issue, noting that this group would play a decisive role in advising on the “how” of protecting health and (re-)opening schools – the two need to go together and are not an either/or situation, he stressed. By way of closing, Dr Speranza requested that this briefing become a regular meeting to exchange evidence and experience going forward.

Presenting the work of the Regional Office, Dr Natasha Azzopardi Muscat (Director, Country Health Policies and Systems, WHO Europe) summarized the key elements of the background document prepared for this meeting. The document did not issue formal recommendations or guidance. Instead, it set out WHO Europe’s thinking that school closures were to be regarded as a “last resort” option as its starting point. It also sought to develop a number of scenarios and accompanying policy measures that Member States were asked to consider. Dr Muscat profiled these scenarios and packages of measures, and offered a number of key take-away messages in her closing:

- There is no one-size-fits-all approach for when to open, close and reopen schools (neither for Member States nor for schools themselves).
- In reopening schools, a gradual or staggered approach is preferred to an all-at-once policy.
- There is no zero-risk approach and transmission within schools will occur; in such cases, schools should not be stigmatized or blamed should closures become necessary.
- This is a fluid and dynamic situation necessitating ongoing attention and updating.

On behalf of Italy, Professor Silvio Brusaferrò (President, National Health Institute, Italy) was then invited to present the work of the Italian authorities. Stressing the multiplicity of actors at various levels and the range of stakeholders involved, Professor Brusaferrò highlighted the importance of multisectoral thinking and collaboration, which was behind the Italian policy documents and recommendations. At school level, the Italian approach was shown to be sensitive to the needs of different age groups and school staff and reflected a combination of standard and transmission-based precautions, e.g. hand hygiene, and environmental and engineering measures such as guidance on ventilation. Specific guidance has been developed on the management of suspected or confirmed cases within schools, which differs for a student or a staff member. Considerable attention has also been given to safe transport to and from schools – an issue raised by representatives from several other Member States later in the meeting – and to the online training of key individuals around outbreak management in schools and other educational settings. Professor Brusaferrò ended his intervention by stressing that while keeping schools open is far

more complex than closing them, it was in the short- and long-term interests of children and adolescents that we must work towards doing so.

Country case studies

Following the opening interventions, a number of Member States provided brief synopses of the schooling situation in their countries and the measures they had adopted or were applying. Changes in the way classes are scheduled and delivered, strengthened messaging about IPC and personal responsibility for good hand hygiene and physical distancing, alterations to the physical infrastructure, increased cleaning and sanitization regimens, and specific guidelines around outdoor and special activities were among the topics that all speakers touched upon. A few specific points bear mention.

- On behalf of Armenia, Dr Lena Nanushyan (Deputy Minister of Health) noted the close collaboration between the education and health authorities in drawing up guidelines for the reopening of schools.
- From Croatia, Professor Radovan Fuchs (Minister of Science and Education) reflected on the need for differential measures to be applied to different age groups, e.g. maintaining a distance between students.
- Representing Denmark, Dr Dan Petersen (Acting Director, Evidence, Education & Emergency Services, Ministry of Health) noted that Denmark had already reopened their schools but that ongoing stakeholder communication in “sectoral partnerships” had been central to devising the guidelines (national health authority, health and education ministries, municipalities, headteachers, teachers, pupils’ associations and parents).
- Professor Dr Walter Haas (Expert Advisor at the Department of Infection Epidemiology, Robert Koch Institute) stated that schools had already started in parts of Germany and that there was no evidence that the opening of schools had led to increased incidence rates of COVID-19 in the population.
- From Israel, Dr Efrat Aflalo (Director, Health Promotion, Ministry of Health) explained the variety of in-school measures implemented and noted the requirement that parents sign a daily statement on behalf of their child(ren), which covered both the health of the child as well as information around isolating or verified cases in the family.
- On behalf of Turkey, Dr Bekir Keskinilic (Deputy Director General of Public Health) noted the size of the country and diversity in school settings, which led to a new e-learning platform with 3300 lessons and activities to reach students in 66 000 schools, and a COVID-19 education platform for teachers, school managers, school bus drivers and other staff to secure the protection of children.

In addition to the above, several common themes emerged from these country experiences, reflecting shared concerns and priorities. The first is the need for special provisions to be made for the most vulnerable students and staff, and those at risk of becoming vulnerable. All representatives recognized the importance of face-to-face teaching in general, as well as the important developmental opportunities through in-personal schooling. But they also highlighted

the risks faced by those with special needs, individuals from poorer backgrounds, and those who needed to look after ill family members. The background document noted this as a priority issue and Member States showed that they were already working to ensure an equity lens in all their measures.

Another important theme was that of inter- and multisectorality. While it was clear that the health and education authorities were working closely in all countries, the need for involving other sectors, such as transport, social services and the environment, were highlighted. Collaboration was also noted at meso- and micro levels between local authorities, school boards and unions, and parents' organizations and clubs.

A third theme was around communication – risk communication, community engagement, transparency and clear guidance were all touched upon. WHO has already referred to an “infodemic” accompanying the COVID-19 pandemic on account of the proliferation of both good and bad information, especially via social media. It is crucial that people know where to go to obtain information and that they can trust. In respect of schools, therefore, pupils, parents and school staff all require clear and unambiguous information from the same source. This point was highlighted in both Dr Azzopardi Muscat and Professor Brusaferrero's presentations and reflected in Member States' own measures. The need for direct lines of communication between the health and education authorities and individual schools, as well as with health-care facilities and practitioners was also stressed.

Expert panel presentations

Following the formal interventions by Member States, a round of expert viewpoints was provided from organizations partnering with WHO Europe in this area. Key points included the following:

- Dr Anshu Banerjee (Director Maternal, Newborn, Child and Adolescent Health and Ageing, WHO headquarters) presented the global-level guidance provided by the WHO Technical Advisory Group (TAG) on School Opening based around the need to ensure that school education is continued to the degree possible. Dr Banerjee noted that two subgroups on transmission and mental and social adverse effects complemented and fed into the work of the TAG.
- From the United Nations Children's Fund (UNICEF), Mr Parmosivea Bobby Soobrayan (Regional Adviser, Education) stressed that the impact of school closure on vulnerable populations is severe, despite best efforts at promoting remote learning.
- Dr Joanna Herat (Senior Programme Specialist on Health and Education, United Nations Educational, Social and Cultural Organization [UNESCO]) noted that reopening schools is only the first step – it is crucial to ensure attendance and that children catch up on their lost learning.
- Dr Ivana Pavic Simetin (Deputy Director, Croatian Institute of Public Health), who is chair of the Schools for Health in Europe Network, pointed to the Network as a valuable resource for the exchange of experiences, but also stressed that despite the pandemic,

there remain other risks to the health of students and teachers, which underscore the need to ensure a healthy and sustainable school environment.

Two WHO collaborating centres were represented:

- Professor Didier Jourdan (UNESCO Education and Health Chair), who heads WHO's Collaborating Centre for Global Health and Education at the Université Clémentine Auvergne, pointed to the evidence from a 43-country survey on school closure. This revealed the negative mental health impact on students, especially those most vulnerable.
- Dr Eileen Scott (Head, WHO Collaborating Centre for Health Promotion and Public Health Development, NHS Health Scotland) stressed the importance of children and adolescents as key stakeholders, and the need to prioritize their experiences and the wider impacts of school closure on them in designing measures or policies going forward.

Exchange of views

The final session, introduced by Dr Evgeny Kamkin (Deputy Minister of Health, Russian Federation), was a quick-fire round of reflections on four questions that were raised in the background document. These were the following:

1. Is the framework as proposed in the working document understandable and feasible to implement, and what is missing?
 - a. Are the incidence thresholds as defined useful delineators, and are the corresponding indicators and measures practicable in your context?
2. What are the interventions and actions being envisaged within your country?
3. What are the main outstanding issues that need further research and deliberation?
4. How can the WHO Regional Office for Europe provide further support to Member States in the coming weeks and months?

The following participants provided responses: the Right Honourable Christopher Fearn (Deputy Prime Minister and Minister for Health, Malta), Ms Ogerta Manastirliu (Minister of Health and Social Protection, Albania), Ms Lilja D. Alfredsdottir (Minister of Education, Science and Culture, Iceland), Dr Alexey Tsoy (Minister of Health, Kazakhstan), Dr Marta Temido (Minister of Health, Portugal), Dr Pilar Aparicio Azcárraga (Director General of Public Health, Quality and Innovation, Spain), Dr Tina Bregant (State Secretary, Slovenia), Dr Clemens Auer (Special Representative for Health, Federal Ministry for Social Affairs, Health, Care and Consumer Protection, Austria), Dr Anne Spaar (Specialist in Prevention and Public Health, Federal Department of Home Affairs, Federal Office of Public Health, Switzerland), Ingrid Keller (DG SANTE, European Commission) and Dr Pasi Penttinen (Head, Influenza and other Respiratory Viruses Programme, European Centre for Disease Prevention and Control [ECDC]).

Relating elements of their own country experiences to the four questions, speakers felt that WHO Europe was going in the right direction with the document and thinking. Participants noted that having a series of guiding principles based around the best interests of children and adolescents was a shared view, along with the need to ensure in-person/in-school learning to the extent possible. Speakers expressed their agreement with the fact that a zero-risk approach was not possible, and felt it was important that WHO Europe stresses this when possible. Additionally, it was suggested that WHO Europe might pre-emptively look to reassure countries and the general public that the increase in case numbers coinciding with school reopenings is expected and that knee-jerk reactions would therefore be counterproductive; there was a need to follow the evidence and adjust measures accordingly and as planned.

Dividing the mitigation measures for schools into personal, administrative, and environmental and engineering in the background document was deemed useful and practicable. Alongside, there was a need to adjust the intensity of measures according to the transmission scenario, i.e. speakers agreed with the importance of measures being introduced as a “package”, with each package built onto the preceding one as the transmission scenario changed. The use of different transmission scenarios was seen as a helpful way of structuring responses. The specific indicators used to define the transmission scenarios (which are those used by WHO) received broad agreement, though it was felt that more nuancing was needed in practice.

Specific questions were raised regarding physical distancing measures, use of face masks and testing of students. The background document touches on these elements, reflecting guidance provided by WHO. The difficulty of ensuring a minimum 1 metre distance between individuals at all times was highlighted, and some speakers noted that a greater distance between older children and/or between children and school staff was something they were looking at. Some countries are introducing mask-wearing for students of a certain age, while others are advising the use of masks only where minimum distances cannot be maintained. The importance of monitoring students’ health – in some settings informally, others more systematically – was highlighted, along with strict rules for both students and staff on remaining home if feeling unwell. It was felt that more clarification from WHO around screening and tests for school-aged children – how many times, when and where should COVID-19 testing be done – could be helpful. The representative of DG SANTE said that they had developed guidance on testing in schools.

As during the country case study interventions, speakers stressed the importance of protecting and serving the needs of those most vulnerable, both students and staff.

An additional point drawn from the interventions was interaction with the media. This was deemed a priority to ensure that the information being disseminated was correct and up to date, but crucially, also to assuage parents of any fears they might have about returning their children to school. In this regard, not just COVID-19 information, but broader issues around school and educational settings being fundamental to children’s development was seen as messaging that the media could help with.

Several speakers mentioned the fact that they were parents of school-aged children, and that the discussion was thus one that was of personal relevance as well.

Speakers reflected on the “unknowns”, which made the design of policies a challenge. The evidence base around the effectiveness of non-pharmaceutical interventions (NPIs) was still developing, but more was becoming known about the epidemiology of COVID-19 in children. This served to underscore the importance of WHO’s voice and involvement, and participants expressed appreciation for WHO Europe having convened this briefing.

Although a final discussion/question-and-answer session had been scheduled to close the meeting, time did not permit it. Participants were instead invited to submit questions via the online chat function, some of which were taken up during the discussion itself.

Conclusions

Two key interrelated issues emerged from the briefing and were reflected in the closing remarks. First, it was clear to all that this was uncharted territory. With widespread school closures having characterized countries’ early response to the pandemic, participants reflected that there was little current evidence around three key questions, which would otherwise be needed to take evidence-informed decisions on when to open and close schools in the current pandemic.

- (i) Are schools a vehicle for COVID-19 transmission (i.e. are children more likely to become infected in school or from exposure outside of school settings)?
- (ii) Are schools driving community transmission?
- (iii) What mitigation measures for minimizing transmission are best suited to what context and which school setting?

And as such, an overarching priority is to gather such evidence and to share and learn from it. Data on issues such as the impact of differential class sizes, school-based IPC measures, staggered class times and specific public health measures were all seen as crucial, and participants stressed the need for all involved to document what worked or did not work and in what situation/under what conditions. It was noted from the outset that countries would need to be flexible in applying and adapting policy measures as the school year progresses, and this will in turn need to be based on the emergent evidence base. In this regard, WHO Europe is proposing to develop a living platform (*see below*) that will help to document and develop this.

A second important consideration is the need for international collaboration in this area. From Dr Sperenza’s opening intervention, through several case studies from Member States and expert reflections, participants stressed the need for countries to work together and learn from one another. COVID-19 is affecting all countries, and measures to bring it under control in one setting can be easily undone if similar measures are not applied elsewhere. This is a common threat, and one that threatens an entire generation of children across the WHO European Region. WHO Europe was thus seen to occupy an important position in bringing countries together and promoting collaboration.

The way forward

In view of participants' request for WHO Europe to establish this briefing as a regular occurrence, and to help gather and disseminate the best evidence as it becomes available, WHO Europe proposes three new directions as the way forward:

1. building a coalition across Member States to inform actions and move forward jointly to implement the best possible measures on the provision of schooling for all;
2. agreeing a unified set of data to learn more about the impact of COVID-19 on children, their families and communities to better inform future policy;
3. preserving equity as a core guiding principle to ensure underserved populations are not further disadvantaged.

As the situation changes rapidly and further evidence accrues, Member States requested WHO Europe to create a "living platform" that can provide a basis for updating documentation, based on emerging evidence and experience. In order to facilitate the timely collection, analysis, dissemination and exchange of practices, a Member States' network will be established. A WHO Europe Secretariat will support this initiative, linking up with focal points from Member States, other agencies, including the ECDC, WHO headquarters and United Nations (UN) partners. This would build on existing data collection mechanisms and expand them to cover school-relevant issues not collected so far.

A Regional Technical Advisory Group will be established to review emerging evidence as Member States reopen schools and implement measures for schooling. Members will include epidemiologists, paediatricians, ethicists, virologists, youth representatives and representatives from major regional stakeholders. The Group will review the control measures taken by national and local governments, and assess them in terms of their effectiveness and potential adverse effects on child health and well-being, and their impact on children's rights. From this, the Group will propose a unified set of data to learn more about the impact of COVID-19 on children, their families and communities with the ultimate aim of better informing future policy.

WHO Europe will also facilitate a youth-led initiative to engage in dialogue and document children's and adolescents' perspective of the effects of the applied measures, and to ensure that children and adolescents are heard as equal stakeholders in the process.

It is anticipated that this work will allow for an update to the WHO Europe background document prepared for the briefing, and for the Secretariat to convene a high-level meeting of Member States for end November or early December to help countries make decisions for the next school half-year, the first half of 2021.

Annex 1: Provisional programme



WHO meeting on Schooling during the COVID-19 pandemic 31 August 2020, high-level virtual briefing for ministers of health

Provisional programme

Monday, 31 August 2020

- 09:30–09:40 Opening of the meeting by the WHO Regional Director for Europe, Dr Hans Kluge and the Minister of Health of Italy, Dr Roberto Speranza
- 09:40–09:50 Presentation by the WHO Regional Office for Europe, *Dr Natasha Azzopardi Muscat, Director of the Division of Country Health Policies and Systems*
- 09:50–10:00 Presentation by Italy, *Professor Silvio Brusaferrò, President of the National Health Institute*
- 10:00–10:45 Country case study presentations (tbc)
- Armenia
Dr Lena Nanushyan, Deputy Minister of Health
 - Croatia
Professor Radovan Fuchs, Minister of Science and Education
 - Denmark
Dan Petersen, Acting Director, Evidence, Education & Emergency Services, Ministry of Health of Denmark
 - Germany
Professor Dr Walter Haas, Expert Advisor at the Department of Infection Epidemiology, Robert Koch Institute
 - Israel
Dr Efrat Aflalo, Director, Health Promotion, Ministry of Health, Israel or Professor Ran D. Balicer, Head of Research for the COVID-19 National Cabinet
 - Turkey
Dr Bekir Keskinilic, Deputy Director General of Public Health, Turkey or Dr Gokhan Gozel, Infectious Diseases Department, Public Health Directorate General

Followed by discussion

- 10:45–11:15 Expert panel discussion: WHO headquarters, UNICEF, UNESCO, WHO collaborating centres

- WHO headquarters – *Dr Anshu Banerjee, Director Maternal, Newborn, Child & Adolescent Health & Ageing*
- UNICEF – *Mr Parmosivea Bobby Soobrayan, Regional Adviser, Education*
- UNESCO – *Joanna Herat, Senior Programme Specialist on Health and Education at UNESCO*
- WHO Collaborating Centre for Research in Education and Health and UNESCO Education and Health Chair, *Professor Didier Jourdan*
- Schools for Health in Europe – *D. Ivana Pavic*
- WHO Collaborating Centre for Health Promotion and Public Health Development, NHS Health Scotland – *Dr Eileen Scott*

11:15–11:45 *Break*

11:45–13:00 Exchange of views and reflection on four key questions:

1. Is the framework as proposed in the working document understandable and feasible to implement, and what is missing?
 - a. Are the incidence thresholds as defined useful delineators, and are the corresponding indicators and measures practicable in your context?
2. What are the interventions and actions being envisaged within your country?
3. What are the main outstanding issues that need further research and deliberation?
4. How can the WHO Regional Office for Europe provide further support to Member States in the coming weeks and months?

- Russian Federation to open exchange – *Dr Mikhail Murashko, Minister of Health*
- Malta – *Rt Hon. Christopher Fearne, Deputy Prime Minister and Minister for Health*
- Albania – *Ms Ogerta Manastirliu, Minister of Health and Social Protection*
- Iceland – *Ms Lilja D. Alfreðsdóttir, Minister of Education, Science and Culture*
- Kazakhstan – *Dr Alexey Tsoy, Minister of Health*
- Portugal – *Dr Marta Temido, Minister of Health*
- Spain – *Dr Pilar Aparicio Azcárraga, Director General of Public Health, Quality and Innovation*
- Slovenia – *Dr Tina Bregant, State Secretary*
- Austria – *Dr Clemens Auer, Special Representative for Health, Federal Ministry for Social Affairs, Health, Care and Consumer Protection*
- Switzerland – *Dr Anne Spaar, Specialist in Prevention and Public Health, Federal Department of Home Affairs, Federal Office of Public Health*
- EC DG SANTE – *Dr Ingrid Keller, Policy Coordinator, Chronic Diseases*
- ECDC – *Dr Pasi Penttinen, Head, Influenza and other Respiratory Viruses Programme*
- Floor open

Closing remarks and reflections for the future

The WHO Regional Office for Europe

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Kyrgyzstan
Latvia
Lithuania
Luxembourg
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