



18.7.2022

## MISSION REPORT

following the delegation to the 75th World Health Assembly, 23 May to 25 May 2022, of the Committee on the Environment, Public Health and Food Safety (ENVI), joined by Chair of the Special Committee on the COVID 19 pandemic: lessons learned and recommendations for the future (COVI)

Committee on the Environment, Public Health and Food Safety

Members of the mission:

Sara CERDAS

Cristian SILVIU BUŞOI

Aurélia BEIGNEUX

Kathleen VAN BREMPT

(S&D) – ENVI, Chair of the delegation

(EPP) – ENVI

(ID) – ENVI

Chair of the COVI Committee (S&D)

# 1 INTRODUCTION

## **The World Health Organization**

Since 1948, the World Health Organization (WHO) have been the United Nations' specialized health agency connecting nations, partners and communities working to promote the attainable standard of health for all people. Today, the WHO works with 194 countries and on the front lines in 150+ locations. The WHO's mission is to promote health, keep the world safe, and serve the vulnerable.

The WHO are currently working to achieve triple billion targets. The targets are that, by 2025 (from a starting point of 2019), one billion more people will be benefitting from universal health coverage, one billion more people will be better protected from health emergencies, and one billion more people will be enjoying better health and well-being.

## **The World Health Assembly**

The World Health Assembly (WHA) is one of the three WHO organs (WHA, Executive Board (EB) and Secretariat) and the supreme decision-making body of the WHO comprising of 194 Member States (MS).

At the Health Assembly, country delegates make decisions on health goals and strategies that will guide their own public health work and the work of the WHO Secretariat. The Health Assembly also serves as a forum for reporting back on the implementation of the areas of work set, in order to determine what has been achieved and decide on strategies for addressing the gaps.

Each WHO Member State delegates no more than three representatives to attend the session of the WHA held in Geneva, Switzerland, each year in May. The WHA may convene in special sessions, as necessary; so far, this has happened only twice - in 2006 to accelerate the procedure to elect a Director General (DG), and at the end of 2021 to discuss the development of the "Pandemics Treaty".

The first WHA was held in Geneva in June 1948 with delegations from 53 of its, then 55 Member States. Since then, the WHA has met every year for the past 74 years. In 2021, the WHA was held for the first time virtually, due to the COVID-19 pandemic. The WHA elects an Executive Board (EB) which consists of 34 members that are technically qualified in the field of health. Meetings take place in January and in May (shortly after the WHA annual meeting). The EB prepares decisions and resolutions to be considered by the WHA and is mandated to give effect to the WHA decisions and to act as its executive organ. The WHO Secretariat at the headquarters of the WHO in Geneva consists of the DG and all technical and administrative staff. In addition to the secretariat, there are six regional offices responsible for the coordination of tasks in the respective region.

Participants of the WHA are delegations from WHO Member States, international organizations (such as the European Union, organizations of the United Nations or the World Bank, see also list of attendees at the 74th WHA in 2021<sup>7</sup>) and other non-state actors in official relations with the WHO (nongovernmental organizations, international business associations and philanthropic foundations, academic institutions) invited to attend the WHA as observers and to participate in technical briefings and (social)side events.

Non-state actors have to be granted the privilege of “official relations with the WHO” by the Executive Board, which is reviewed every three years.

The European Commission (EC) attends as an observer in the meetings of the WHO Executive Board and the World Health Assembly, as only nation-states can join the WHO as members with voting right.

The EU, through the EC, has significantly increased its financial contribution to WHO during the 2020–2021 biennium, with overall EU contributions to WHO increasing from US\$ 105 million in 2012–2013 to US\$ 466 million in 2020–2021. This contribution makes the EC the fifth highest overall WHO contributor for 2020/2021 (as of mid-2021). According to WHO Europe, the EC provided US\$ 135.76 million to WHO’s COVID-19 Strategic Preparedness and Response Plan in 2020.

## **2 DEVELOPMENTS AT 75TH WORLD HEALTH ASSEMBLY:**

The 75th WHA (22-28 May 2022) was about “health for peace and peace for health”. It was organised – as every WHA - in two different formats – the plenary session and separate Committee sessions (Committee A and Committee B). Apart from the plenary and committee meetings, technical briefings are arranged that allow for the presentation, discussion and knowledge sharing on specific public health topics.

The most significant moments of the 75th WHA centered around global health security reform, sustainable financing of WHO and broader pandemic preparedness, support for Ukraine, support for inviting Taiwan as an observer, prevention of sexual exploitation and abuse and sexual harassment, strengthening health systems, health and human rights, and discussion of non-communicable diseases.

- The WHA held an historic vote in favour of a Ukraine-led resolution, which focused on safeguarding technical global health cooperation and called on Russia to cease attacks on hospitals and healthcare facilities. Through the resolution, the Assembly called for WHO to provide an assessment of the direct and indirect impacts of Russia’s aggression on the health of the people of Ukraine, in the region, and globally by January 2023.
- Countries decided to repurpose the current Working Group on Strengthening WHO Preparedness and Response as a working group on the International Health Regulations (IHR), to guide discussions on proposed changes to those protocols. Since the 2005 revision of the IHR, the world has benefited from increased transparency, improved rapid information sharing and stronger response coordination required by the regulations. However, the COVID-19 pandemic and other recent public health emergencies revealed gaps and shortcomings. The World Health Assembly approved resolution to amend Article 59 of the regulations to enable future amendments to enter into force more quickly. Through IHR amendments, there will be an improved use of publicly available data by WHO and Member States to ensure that all nations are informed of health security threats in a timely manner, and that WHO is equipped to provide recommendations on how to safely and effectively respond.
- WHA75 also adopted resolutions that will further essential strategies to ensure health systems strengthening and universal health coverage (UHC), including those on infection prevention and control (IPC) and human resources for health (HRH). The IPC resolution, calls for national actions to prevent community acquired and healthcare associated infections, with a particular focus on actions in health facilities, and for WHO

to draft a global strategy for consideration by WHA76 in 2023. The HRH resolution calls on Member States to take key actions related to planning, financing, education, employment, and protections for the health and care workforce, with support from WHO.

- The Global Health Sector Strategies for HIV, Hepatitis and Sexual transmitted infections (STIs) (GHSS) were adopted by WHA75, which will complement the upcoming replenishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria.
- In addition, the World Health Assembly discussed a broad range of non-communicable diseases (NCDs) issues – including multisectoral and multistakeholder action, progress in cervical cancer and in mental health promotion, managing NCDs during health emergencies, and new strategies and plans on oral health, diabetes, neurological disorders, harmful use of alcohol, and obesity.
- At the 75th WHA, WHO Member States also re-elected Dr Tedros Adhanom Ghebreyesus to serve a second five-year term as Director-General of the UN public health agency. Dr Tedros was first elected in 2017. He was the sole candidate.

### **3 SUMMARY ACCOUNT OF THE DELEGATION’S MEETINGS**

#### **Monday 23 May**

##### ***3.1 Antimicrobial resistance (AMR), Professor Hanan H. Balkhy, Assistant Director-General, Antimicrobial resistance***

Professor Balkhy presented the dramatic consequences of the ongoing Antimicrobial Resistance Pandemic:

- 1 child dies every 3 min from multidrug-resistant organism sepsis;
- 1.3 million deaths are attributable to AMR per year

The WHO Strategic Priorities on Antimicrobial Resistance consist of:

- Stepping up leadership for the AMR response
- Driving public health impact in every country
- Research and development for better access to quality AMR prevention care
- Monitoring the AMR burden and global AMR response

Dr Balkhy and Dr Haile Getahun complemented that presentation by explaining the Quadripartite Alliance’s (FAO/OIE/UNEP/WHO) coordination of the global One Health response guided by a strategic framework. The FAO/OIE/UNEP/WHO thus offer support for global promotion, advocacy and political engagement, support to Global governance structures, coordination of the AMR Multi-Partner Trust Fund (MPTF), coordination and monitoring of Quadripartite work plan implementation and mapping gaps and opportunities.

The WHO representatives referred to the WHO *List of Critically Important Antimicrobials for Human Medicine*. The purpose of that list is the ranking of medically important antimicrobials for risk management of antimicrobial resistance due to non-human use to ensure that all antimicrobials, especially critically important antimicrobials, are used prudently both in human and veterinary medicine.

Further, Dr Kitty van Weezenbeek explained the Progress on new WHO initiatives that address crucial AMR response gaps at country level. Progress on AMR National Action Plans 1.0 (NAPs): 140 countries (86%) have developed a NAP (C-E). Looking at the past 5 years, there has been a clear increase in countries that have developed, implemented and monitored NAPs over the past five years (based on all 194 Member States).

The Members' comments referred to the differences between *EU List of antimicrobials reserved for human use*, compared to the *WHO List of Critically Important Antimicrobials for Human Medicine*. In particular, ENVI Members of the delegation referred to the concerns in the ENVI Committee that the respective EU list is not sufficiently stringent to meet its objectives.

### **3.2 One health, Dr Peter K. Ben Embarek SO, Head, One Health Initiative**

Dr Embarek outlined the main features of the WHO's One Health Initiative. The initiative acts as the Secretariat for the One Health High-Level Expert Panel (OHHLEP), as well as the WHO Secretariat of the FAO/OIE/UNEP/WHO (quadripartite) to support One Health related activities, coordinates interagency engagement and partnership. The One Health Initiative also coordinates the WHO internal One Health work plans and facilitates interactions with multiple initiatives on One Health to reduce fragmentation.

Members expressed their high interest in the 'One Health' approach, highlighting in particular the importance of addressing the environment and climate change part in the one health concept. Dr Embarek confirmed indeed the interlinkages between climate-change and health, giving the example of mosquito habitats (resultants of flood) that are leading to new vector-borne diseases. The importance of working at global level was stressed: Dr Embarek explained that wild animals carry diseases through borders and that the next pandemic can come from a wild animal.

### **3.3 Environment and Health, Dr Maria Neira, Director of the Public Health, Environment and Social Determinants of Health Department**

Dr Neira's presentation was centred on the strong interlinkages between health and environment. For instance, air pollution - both indoor and outdoor - is the most important environmental risk factor and causes 7 million deaths (globally) each year. The WHO, together with other UN agencies have already released a *Compendium of guidance on health and environment*<sup>1</sup>. Further, the WHO representative recalled the importance for the EU and its Member States to follow the *WHO Global air quality guidelines*<sup>2</sup>.

Regarding climate change, according to the WHO, it will likely have huge impacts on population health in the future; some of the actions that the WHO calls for include: foster policies to reduce carbon emissions; promote cleaner energy systems and public transportation; promote climate-resilient societies and health systems.

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<sup>1</sup> available at: <https://www.who.int/tools/compendium-on-health-and-environment#:~:text=The%20Compendium%20is%20a%20comprehensive,about%20health%20and%20environment%20interventions>.

<sup>2</sup> available at: <https://apps.who.int/iris/handle/10665/345329>

Reference was also made to the dangers of chemicals; exposure to selected chemicals causes 2 million deaths (globally) each year. The *WHO Chemicals Road map*<sup>3</sup> aims to enhance the health sector's engagement in the Strategic Approach to International Chemicals Management toward the 2020 goal and beyond.

Worrying data was presented regarding waste. Annual waste generation is expected to increase by 70% to 3.4 billion tons in 2050. The actions recommended by the WHO include: promoting a solid waste management system, fostering policies for waste reduction and promoting awareness campaigns on waste reduction and hazardous waste.

Members welcomed the data and the recommendations shared by Dr Neira and expressed particular interest regarding the future legislative proposal on ambient air quality that will be presented by the Commission in the third quarter of 2022. Members consider that the respective proposal should take into consideration the WHO Air Quality Guidelines.

### **3.4 Meeting with the Ambassador Lotte Knudsen, Head of the Delegation of the European Union to the United Nations and other international organisations in Geneva**

Members had a first inception meeting with Ambassador Knudsen on Monday 23 May and exchanged views on the work of the EU Delegation in Geneva and the top issues that were going to be addressed by the 75th WHA. The Ambassador acknowledged the EU is generally working very well with the WHO.

The Ambassador spoke about the most controversial items on the 75th WHA agenda, including the resolution on Ukraine that was later put to vote and adopted by the 75th WHA. The resolution focused on safeguarding technical global health cooperation and called on Russia to cease attacks on hospitals and healthcare facilities. The war in Ukraine is dominating all the items on the agenda, and the EU has been working with every UN agency since the invasion. It was also mentioned the EU initiative to have Russia suspended from the Human Rights Council.

With respect to the Pandemics Treaty, it is seen as already a major success; negotiations are gradually starting in order to frame the key elements of a future draft. Among others, Africa has called for the inclusion of equity in the future Pandemics Treaty.

## **Tuesday 24 May**

### **3.5 Meeting with Dr Hans Kluge, Regional Director, WHO Europe**

The meeting with Dr Hans Kluge also consisted of an open discussion on the pandemic. The Regional Director started by recalling the need to “institutionalise the lessons learned” during the pandemic. One of the main concerns of Dr Kluge, is the rising issue of mental health, seen on its own as a pandemic. Another negative consequence of the COVID pandemic was the massive decrease of breast cancer and colorectal cancer screenings.

According to the WHO, when it comes to preparedness, the best one should be a strong primary healthcare system, linked with social care, that is closer to people's homes. Further, the

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<sup>3</sup> available at: <https://www.who.int/publications/i/item/WHO-FWC-PHE-EPE-17.03>

Regional Director addressed the issue of AMR, and gave the positive example of Denmark, one of the countries with the lowest AMR.

### **3.6 Meeting with Dr Carissa Etienne, Director PAHO and Regional Director WHO/ Region of the Americas**

Founded in 1902, the Pan American Health Organization (PAHO) is the world's oldest international public health agency. Its essential mission is to strengthen national and local health systems and improve health outcomes for all people in the Americas. PAHO provides technical cooperation in epidemic alert and response, disaster preparedness, health services organization and financing, immunization, nutrition, environmental health, mental health, road safety, health legislation, access to medicines and technologies, regulatory capacity, and other areas.

Dr Carissa Etienne presented how the PAHO countries dealt with the pandemic; in the Americas, PAHO is unfortunately used to having to deal with epidemics and natural disasters often. One of most significant crisis in the past few years, was the emergence of the ZIKA virus.

PAHO/WHO is working actively with the countries of the Americas to develop or maintain their ability to detect and confirm cases of ZIKA virus infection, treat people affected by the disease (ZIKA fever), and implement effective strategies to reduce the presence of the mosquito and minimize the likelihood of an outbreak.

The PAHO has been issuing recommendations for the clinical care and monitoring of persons with ZIKA virus infection, in collaboration with professional associations and experts from the countries, advising on risk communication to respond to the introduction of the virus in the country, or helping countries buy insecticides and larvicides for vector control, medicines for treating patients with complications, and laboratory supplies for diagnostic.

### **3.7 The impact of the COVID-19 pandemic on NCDs. Dr Bente Mikkelsen, Director NCD Department, Division for UHC/Communicable Diseases and Non- Communicable Diseases**

Since the COVID-19 outbreak, people living with NCDs are more vulnerable to becoming severely ill or dying from COVID-19. The more severe the transmission phase of the COVID-19 pandemic, the more NCDs services were disrupted.

Main causes of NCDs service disruption:

- Decrease in inpatient volume due to cancellation of elective care
- Closure of population-level screening programmes
- Government or public transport lockdowns hindering access to the health facilities
- NCDs related clinical staff deployed to provide COVID-19 relief

Most counties which have included NCDs services in national COVID-19 plan, have prioritized services for the four major NCDs: cardiovascular disease services, cancer services, diabetes services, and chronic respiratory disease services.

Rehabilitation was the most commonly disrupted service. WHO's recommendations state that when rehabilitation services are temporarily ceased, decreased or diverted, clear guidance needs to be adopted to identify priority patients who should continue rehabilitation (e.g. surgery, stroke, cardiovascular emergencies and NCDs multi-morbidity). Wherever appropriate and feasible, tele-rehabilitation services should be used.

The WHO representatives also informed Members that excess mortality will be assessed with data by the WHO in the fourth quarter of this year.

### **3.8 COVID 19 and lessons learned, Dr Michael Ryan, Executive Director, WHO Health Emergencies Programme**

Members had an open discussion with Dr Ryan on the general 'lessons learned' following the pandemic. It was acknowledged that according to WHO data, closing borders did not stop the virus, but only delayed its spread. Also with respect to measures restricting access in retirement homes, it was noted that these excluded the disease until a large wave hit those vulnerable.

The WHO is of the view that travel-related measures should only be taken in conjunction with other measures. The WHO advises countries to find a balance ensuring the maximum control of the disease with the minimum socio-economic impact.

Regarding the special session of the WHO WHA in November 2021, it was recalled that it gave a mandate for a negotiating body to define the outline of the future instrument currently called "the Pandemics Treaty".

### **3.9 Global accord on pandemic prevention, preparedness, and response, Dr Jaouad Mahjour, Assistant Director-General, Emergency Preparedness and International Health Regulations**

The meeting with Dr Mahjour consisted mostly of questions and answers. Dr Mahjour stressed that the WHO sees Europe is in a strong position to show leadership when it comes to the future Pandemics Treaty.

Members' questions concerned matters such as the origins of severe acute respiratory syndrome (SARS) and the Middle East respiratory syndrome (MERS), the origin of the COVID-19, but also the WHO's preparations for a possible wave of contaminations in winter 2022.

In response, with respect to the origins of SARS and MERS, Dr Mahjour pointed out that while most likely animals are at the origins of those viruses (for SARS coronavirus, the origin are believed to be bats), all hypothesis are still on the table at the WHO. The WHO's assessments show that the earliest cases of COVID could go back to November 2019, given the excess mortality, and that is why they consider that the market in Wuhan is not the origin of this virus.

The WHO is of the view that during the cold season, the virus will become more transmissible and encourages policy makers to have contingencies, set risk management measures, and most importantly, to continue testing in order not to lose track of the virus.



### **3.10 Meeting with Dr Ahmed Al-Mandhari, Regional Director, the WHO Regional Office for the Eastern Mediterranean (WHO EMRO)**

The WHO Regional Office for the Eastern Mediterranean is one of WHO's 6 regional offices around the world. It serves the WHO Eastern Mediterranean Region, which comprises 21 Member States and occupied Palestinian territory (including East Jerusalem), with a population of nearly 745 million people.

The Regional Director explained that many of the WHO EMRO countries face high difficulties linked to securing basic public health to its populations, and were also weakened by many years of conflict and sanctions. *Inter alia*, it was mentioned that countries such as Libya, Somalia and Lebanon ignore the aspects related to environmental health. With respect to the COVID vaccine, it was recalled that thanks to European Investment Bank/European Commission loans, there will be an increased local production capacity of the COVID vaccine.

### **3.11 HPV/immunization agenda, Kate O'Brien, Director of the Department of Immunization, Vaccines and Biologicals at the World Health Organization.**

Dr O'Brien presented the WHO Immunization Agenda 2030 (IA 2030), which by the end of the decade, aims to:

- Reduce by 50% the number of children receiving zero vaccine doses
- Achieve 500 introductions of new or under-utilized vaccines in low- and middle-income countries
- Achieve 90% coverage for essential childhood vaccines

The IA 2030, consists of 7 Strategic priorities:

- 1 Effective, efficient and resilient immunization services are accessible to all people as an essential part of primary health care, and thereby contribute to universal health coverage.
- 2 Immunization is valued and actively sought by all people, and health authorities commit to ensuring that immunization is available as a key contributor to enjoyment of the highest attainable standard of health as a fundamental right.
- 3 Everyone is protected by full immunization, regardless of location, age, socioeconomic status or gender-related barriers.
- 4 All people benefit from recommended immunizations throughout the life course, effectively integrated with other essential health services.
- 5 Immunization programmes can 1) anticipate, prepare for, detect, and rapidly respond to vaccine-preventable and emerging disease outbreaks, and 2) ensure immunization service delivery during acute emergencies and among communities affected by conflict, disaster and humanitarian crisis.
- 6 All countries have a reliable supply of appropriate and affordable vaccines of assured quality, and sustainable financing for immunization programmes.

- 7 Innovations to increase the reach and impact of immunization programmes are rapidly made available to all countries and communities.

Dr O'Brien explained that the COVID-19 pandemic led to major backsliding on childhood vaccinations in 2020. 23 million children missed out on basic vaccines in 2020 (3.7 million more than in 2019). In that regard, it was noted that zero-dose children (those children who did not receive a single vaccine) live disproportionately in the African continent in countries affected by conflict, and the regions with the strictest COVID-19 response measures experienced the largest increases in zero dose children.

The WHO Global strategy to accelerate the elimination of cervical cancer was also presented, corroborated with the Sustainable Development Goals 2030, the target 3.4 of which is a 30% reduction in mortality from cervical cancer. The WHO 2030 control targets aim that 90% of women identified with cervical disease receive treatment and care.

The WHO's assessment regarding the key issues of concern in Ukraine at this moment, indicate:

Immediate health risks for refugee population:

Very High risk: Covid-19, Measles, Chronic Infectious diseases (TB/HIV/HBV/HCV), Cardiovascular disease, Chronic respiratory diseases (COPD, asthma), Diabetes, Mental Health.

High risk: Diphtheria, Respiratory diseases including influenza, Acute watery diarrhoea inc. cholera & rotavirus, cancer, maternal and neonatal health, sexual and gender-based violence, injury/trauma and sequelae.

**Wednesday 25 May**

**3.12 Breakfast with Ambassador Lotte Knudsen, Head of the Delegation of the European Union to the United Nations and other international organisations in Geneva**

**3.13 Meeting with NGOs**

- **Pandemic Action Network:** *Eloise Todd*, Co-Founder, and *Rafael García*, Policy Communications.
- **Save the Children:** *Marionka Pohl*, Global Head of Policy & Advocacy, Health and Nutrition.
- **WaterAid:** *Andreas Berglöf*, Policy and Advocacy Advisor health; and *Helen Hamilton*.
- **International Committee of the Red Cross (IRC):** *Sophie Sutrich*, Head of Covid19 Management Team

- **Doctors Without Borders**, *Maria Guevara*, International Medical Secretary, *Nathalie Ernoult*, Deputy director Policy and Advocacy at MSF Access Campaign

The meeting consisted of an exchange with the abovementioned representatives of NGOs active on different health related fronts. Members first listened to the NGOs' presentations of their field of work and difficulties, and continued the meeting with a number of questions related to the NGOs' work during the pandemic.

The topics discussed concerned the distribution of the COVID and other vaccines and the functioning of the COVAX (COVAX is the vaccines pillar of the Access to COVID-19 Tools (ACT) Accelerator). The NGOs explained that COVAX suffered in the beginning due to the lack of financing and also due to the rich countries purchasing too many vaccines. At a later stage, there were many donations made, but when it came to implementing the vaccination programmes in the beneficiaries-countries, there were situations where it was discovered that no needles had been donated, to actually perform the vaccination.

With respect to the Pandemics Treaty, several of the NGOs' representatives stressed the importance of vaccines' intellectual property being a public good.

Most of the NGOs took the occasion to stress that vaccination for other diseases, access to hygiene and water to fight cholera and other diseases, as well as other preventive measures should also be on the policy makers' and donors' agenda.

### **3.14 Debriefing with Gerton Van Den Akker, Head of Global Health & Labour/Social Affairs Section at EU Delegation to the UN**

The meeting with Mr Van Den Akker mostly addressed the EU's status and role in the WHO. While the EU is a large financial contributor to the WHO, the EU Delegation has limited observer rights, and is most of the times not entitled to officially take the floor to present a position (the rotating Presidency does that). Mr Van Den Akker thus called for the EU to be given a bigger role in the WHO.

## **4 COMPOSITION OF THE DELEGATION**

### **Members of the European Parliament:**

- Cristian BUȘOI (EPP) - ENVI
- Sara CERDAS (S&D) - ENVI
- Aurélia BEIGNEUX (ID) - ENVI
- Kathleen VAN BREMPT - Chair of the COVI Committee (S&D)

### **EP Staff**

- Ioana-Alice POSTU, Administrator, ENVI Secretariat
- Carla AIRES, Administrator, COVI Secretariat

Although Javier GOMEZ DE AGÜERO LOPEZ, administrator ENVI Secretariat, did not participate physically to this delegation, he was co-responsible for organising it, and offered full support to the delegation.

### **Political advisors**

- Carl LARSSON LINDQVIST (S&D)
- Krzysztof Jakub STRUS (ID)

**MISSION to the 75th World Health Assembly  
of the Committee on the Environment, Public Health and Food Safety  
(ENVI), joined by Chair of the Special Committee on the COVID 19  
pandemic: lessons learned and recommendations for the future (COVI)  
23 May to 25 May 2022**

<b>Monday 23 May</b>		
<b>Time</b>	<b>Activity</b>	<b>Venue</b>
13h15 <sup>4</sup>	Transfer from Hotel to WHO	
13h30	Accreditation & access to WHO Premises	Avenue Appia 20. 1211
<b>Technical session.</b> Chair: Ms Oxana Domentì, WHO Representative to the EU, WHO		
13h45-13h50	Greetings by <ul style="list-style-type: none"> <li>– Ms Oxana Domentì, WHO Representative to the EU, WHO and;</li> <li>– Ms Sara Cerdas - Rpresenting the European Parliament Delegation</li> </ul>	WHO, Salle V
13h50-14h30 (40 min)	AMR, Professor Hanan H. Balkhy, Assistant Director-General, Antimicrobial resistance  <i>15 min presentation followed by 25 minutes exchange</i>	WHO, Salle V
14h30-15h10 (40 min)	One health, Dr Peter K. Ben Embarek SO, Head, One Health Initiative  <i>15 min presentation followed by 25 minutes exchange</i>	WHO, Salle V
15h10-15h30 (20 min)	Coffee break	
15h30-16h10 (40 min)	Environment and health, Dr Maria Neira, Director of the Public Health, Environment and Social Determinants of Health Department  <i>15 min presentation followed by 25 minutes exchange</i>	WHO, Salle V
16h10-16h30 (20 min)	Transfer to the EU Delegation	EU Delegation 66 Rue du Grand-Pré
16h30-17h15 (45 min)	Meeting with the Ambassador Lotte Knudsen, Head of the Delegation of the European Union to the United	EU Delegation (Room C, 5 <sup>th</sup> )

<sup>4</sup> The time should be respected strictly to arrive in time to the WHO.

	Nations and other international organisations in Geneva	floor)
	Transfer to the reception venue	
17h30	Reception hosted by the German Permanent Representation to the UN <b>(MEPs only)</b>	Restaurant le Vieux Bois, close to the Palais, 10-minutes drive from the EUDEL
19h00	Transfer to the hotel	

<b>Tuesday 24 May</b>		
08h45	Transfer from the Hotel to the EU Delegation	EU Delegation 66 Rue du Grand-Pré
09h00	Coffee	EU Delegation
09h15-10h00 (45 min)	Meeting with Dr Hans Kluge, Regional Director, WHO EURO	EU Delegation (Room 1)
10h00-10h30 (30 min)	Meeting with Dr Carissa Etienne, Director PAHO and Regional Director WHO/AMRO	EU Delegation (Room 1)
10h30-11h00 (30 min)	The impact of the COVID-19 pandemic on NCDs Dr Bente Mikkelsen, Director NCD Department, Division for UHC/Communicable Diseases and NCDs  <i>15 min presentation followed by 20 minutes exchange</i>	EU Delegation (Room 1)
11h20-11h40 (20 min)	Transfer to WHO and accreditation procedures	Avenue Appia 20. 1211
12h00-13h00 (1h)	Lunch at the WHO restaurant	
<b>Session on health emergencies.</b> Chair: Dr Gaudenz Silberschmidt, Director, Health and Multilateral Partnerships, WHO		
13h10-14h10 (1h)	<ul style="list-style-type: none"> <li>– COVID 19 and lessons learnt, Dr Michael Ryan, Executive Director, WHO Health Emergencies Programme</li> <li>– Global accord on pandemic prevention, preparedness, and response, Dr Jaouad Mahjour, Assistant Director-General, Emergency Preparedness and International Health Regulations</li> </ul>	WHO, Salle V
14h10-14h45 (35 min)	Meeting with Dr Ahmed Al-Mandhari, Regional Director, WHO EMRO	WHO, Salle V

14h45-15h15 (30 min)	HPV/immunization agenda, Kate O'Brien, Director of the Department of Immunization, Vaccines and Biologicals at the World Health Organization.  <i>15 min presentation followed by 15 minutes exchange</i>	WHO, Salle V
15h15-15h30 (15 min)	Closing remarks Ms Oxana Domenti and Dr Gaudenz Silberschmidt	WHO, Salle V
	Free time / Time for bilateral meetings at their own discretion	
18h00-20h00 (2h)	Inter-Regional event on migration and health organized by WHO/EURO; WHO/AFRO; WHO/EMRO Followed by networking reception	Inter Continental Hotel Genève 7-9 Chemin du Petit Saconnex, 1211 Geneva
	Transfer to the hotel	

<b>Wednesday 25 May</b>		
8h30	Transfer from the Hotel to the EU Delegation	
09h00-10h00 (1h)	Breakfast with Ambassador Lotte Knudsen, Head of the Delegation of the European Union to the United Nations and other international organisations in Geneva	EU Delegation (Room B, 5 <sup>th</sup> Floor)
10h-11h30 (1h 30 min)	Meeting with NGOs <ul style="list-style-type: none"> <li>- Pandemic Action Network: Eloise Todd, Co-Founder, and Rafael García, Policy Communications.</li> <li>- Save the Children: Margot Nauleau, Advocacy Advisor, Health and Nutrition.</li> <li>- WaterAid: Andreas Berglöf, Policy and Advocacy Advisor health; and Helen Hamilton.</li> <li>- IRC: Sophie Sutrich, Head of Covid19 Management Team</li> </ul>	EU Delegation (Room 1, 5 <sup>th</sup> Floor)
11h30-12h15 (45 min)	Debriefing with Gerton Van Den Akker, Head of Global Health & Labour/Social Affairs Section at EU Delegation to the UN	EU Delegation (Room 1, 5 <sup>th</sup> Floor)
	Transfer to the hotel	
	End of mission	