

Global Health Issues

Virtual Press Conference

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Speaker key:

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MK	Dr Maria Van Kerkhove
MR	Dr Mike Ryan
SS	Steve Solomon
RP	Dr Rik Peepkorn
RM	Robin Millard
JC	Jamil Chade
GE	Gabrielle Emanuel
EF	Elaine Fletcher
JP	Juliette Perreard

00:00:32

TJ Hello to everyone from WHO headquarters here, in Geneva, March 21st. My name is Tarik and welcome to our WHO press briefing on global health issues. I will start by introducing our speakers in the room here. We have also a number of WHO experts online that we will introduce at a later stage.

As always, with us is Dr Tedros, our Director-General, Dr Mike Ryan, our Executive Director of Health Emergencies Programme. With us is also Dr Teresa Zakaria, who is Technical Officer for Emergency Operations and we also have Mr Steve Solomon, Principal Legal Officer, and just walking in is Dr Jaouad Mahjour, who is the Head of WHO Secretariat to the Intergovernmental Negotiating Body and IHR Amendments.

As I said, other people who are online I will introduce a bit later and Dr Tedros will also introduce some special guests that we have. Reporters who are

online, please clearly identify yourself and then click the icon, Raise Hand, if you want to ask a question when we get to that. With this, I'll give the floor to Dr Tedros for his opening remarks.

00:01:56

TAG Thank you. Thank you, Tarik. Good morning, good afternoon and good evening. As we speak, WHO's Member States are meeting to negotiate a historic, legally-binding agreement to protect future generations from the impacts of pandemics. There is much agreement between Member States on the objectives of the agreement.

Now they need to agree on how to achieve those objectives. Areas of disagreement remain but there is still enough time for countries to find common ground and finalise a strong agreement in time for the World Health Assembly in nine weeks. It's doable.

We're encouraged that Member States are committed to meeting that deadline and we're encouraged that communities, youth organisations, faith-based groups, health workers, current and former political leaders, and others are raising their voices to demand a strong agreement.

We cannot miss this generational opportunity. If we do, we will see the same inequities, the same lack of coordination, the same preventable loss of lives and livelihoods, and the same social, economic and political upheaval as we saw with COVID-19.

We cannot allow the cycle of panic and neglect to repeat. We cannot forget the trauma of the pandemic and the painful lessons it taught all of us. I urge all Member States to work together on the principles of solidarity and equity to find common ground, compromise and to give all of us an effective agreement and a safer future.

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Now to Gaza. On Tuesday, the Integrated Food Security Phase Classification partnership said that Gaza faces imminent famine because so little food has been allowed in. Up to 16% of children under five in northern Gaza are now malnourished compared with less than 1% before the conflict began.

Virtually all households are already skipping meals every day and adults are reducing their meals so children can eat. Children are dying from the combined effects of malnutrition and disease, and lack of adequate water and sanitation. The future of an entire generation is in serious peril.

In particular, malnourished children need ready-to-use therapeutic food that is targeted at their needs. There are some supplies of this type of food in Gaza but it cannot be distributed safely to where it is needed. Recent efforts to deliver food by air and sea are welcome but only the expansion of land crossings will enable large-scale deliveries to prevent famine.

WHO has supported the establishment of a nutrition stabilisation centre at Kamal Adwan Hospital to treat children with severe acute malnutrition with medical complications who are at the highest risk of imminent death if not treated urgently.

We are supporting the establishment of another centre at the International Medical Corps field hospital in Rafah and we are training health workers on how to recognise and treat malnutrition with complications. Meanwhile, Gaza's health system continues to suffer.

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WHO and our partners have been conducting high-risk missions to deliver medicines, fuel and food for health workers and their patients but our requests to deliver supplies are often blocked or refused. Damaged roads and continuous fighting, including in and close to hospitals, mean deliveries are few and slow.

We are particularly concerned about military operations inside and around Al-Shifa Hospital in Gaza City. Accessing Al-Shifa is now impossible and there are reports of health workers being arrested and detained. A planned mission to Al-Shifa today had to be cancelled due to lack of security.

Once again, we ask Israel to open more crossings and accelerate the entry and delivery of water, food, medical supplies and other humanitarian aid into and within Gaza. Once again, we call for health care to be protected and not militarised. Once again, we call for the release of hostages. And, once again, we call for an immediate ceasefire.

Now to Haiti, where the security situation in the capital Port-au-Prince continues to worsen. The airport is closed, making it impossible to import essential goods, including medicines. The national port is operational but accessing it is challenging as the surrounding areas are controlled by gangs.

Less than half of health facilities in Port-au-Prince are functioning at their normal capacity and there is a pressing need for safe blood products, anaesthetics and other essential medicines. According to the World Food Programme, 1.4 million people are facing emergency levels of hunger and need assistance to survive.

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The cholera outbreak, which has been declining since the end of last year, could flare up again should the crisis continue. Cholera response activities and data surveillance have already been affected by the recent violence. The situation would worsen significantly in the coming weeks if fuel becomes scarce and access to essential medical supplies is not improved soon.

WHO-PAHO is supporting the Ministry of Health and other partners with supplies and logistics, including water, sanitation and hygiene and disease surveillance in centres for displaced persons. We call for safe and unhindered humanitarian access, the safety of health workers and the protection of health facilities.

We call on donors to increase financial support for Haiti. And we call on all partners and the public not to forget the people of Haiti. To say more, I'm pleased to welcome my colleague Dr Jarbas Barbosa, WHO's Regional Director for the Americas, and Dr Oscar Barreneche, WHO's Representative to Haiti. Dr Jarbas, you have the floor.

JB Thank you. Thank you, Director-General, WHO colleagues, representatives of the media. As our Director-General has already stated, the situation in Haiti is very critical. After some days that we have observed a decrease in the number of wounded people related to gunshots, in that last 48 hours, again, we've had a new wave of people going to hospitals to receive medical care related to gunshots.

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More than 50% of the health facilities are closed due to violence and even to deploy teams to preform cholera surveillance or to deploy medicines to the region where the cholera outbreak is still active has been very challenging because all the communications amongst the cities in Haiti are under very important disruptions at this moment.

Despite this fact, the Country Office Representative, WHO and PAHO, are working in the country, working with the other UN agencies, working with NGOs like Médecins Sans Frontières to provide technical support to the Ministry of Health and to keep health facilities open.

We have already delivered more than four tonnes of medicines and medical supplies to the hospitals in Port-au-Prince that are still open, including the most important hospital, that is La Paix University Hospital that is responsible for providing the emergency care for people that need emergency care there.

So, we are working together with these partners assisting the La Paix University, providing fuel to the National Ambulance Center, so they can have their vehicles moving in the Port-au-Prince metropolitan area and providing transportation of the patients.

We also have provided blood supplies and consumables to the National Blood Transfusion Center, allowing it to resume blood testing activities but, as the Director-General mentioned, we also have a very critical situation for the blood product supply.

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We are also working with the Ministry of Health for the active cholera outbreaks throughout the country, including the worst departments more recently, despite the dire security situation, by strengthening surveillance through the Epidemiological Surveillance Office. We have donated medical and water sanitation equipment to the Ministry of Health and we are deploying them to the most affected areas.

These actions are underway to re-establish health services in these sites as soon as possible through the resumption of mobile clinics supported by WHO-PAHO, UNICEF and IOM. But we are still looking for more partners and for more support in order to have at least the basic needs of the Haitian population being addressed.

The totally unstable situation and unpredictable at this moment can, in fact, be a very important barrier because the sites are closing, because people are not feeling safe to go to the hospitals. Many hospitals have been looted. So, it's a very critical situation as highlighted by our Director-General. Thank you.

TAG Thank you. Thank you, Dr Jarbas, and we look forward to hearing from you and also our WR, Dr Barreneche, during the question and answer session.

00:14:13

Finally, this Sunday marks World Tuberculosis Day. Each day, TB kills over 3,500 people, and the disease strikes close to 30,000 more. We are seeing some positive trends. Last year, we saw a significant increase in access to services for diagnosis and treatment, the highest number of people diagnosed since WHO began global TB monitoring in 1995. There is also some progress in the development of new TB diagnostics, drugs and vaccines.

Last year, I launched the TB Vaccine Accelerator Council to support innovative sustainable financing, market solutions and partnerships for TB vaccine research. However, all of this progress is constrained by limited funding.

So, to mark World TB Day, WHO is launching a new investment case for TB to help countries advocate for more resources to close gaps in access to services for prevention and care. The investment case outlines the health and economic rationale for investing in evidence-based, WHO-recommended interventions as part of every country's journey towards universal health coverage.

This World TB Day we remember the millions of people who lose their lives to TB every year and the millions who continue to struggle daily against this preventable and curable disease. We honour the health workers at the forefront of the fight to end TB. We thank the communities, civil society organisations, advocates, partners and donors for their tireless dedication and support, and we commit to carry forward the fight to end TB. Tarik, back to you.

00:16:21

TJ Thank you very much, Dr Tedros, for these opening remarks. Also, many thanks to Dr Jarbas Barbosa, WHO Regional Director for the Americas, and also thanks to Dr Oscar Barreneche, who is our Representative in Haiti, for being with us today and staying with us for any possible questions.

Besides Dr Barbosa and Dr Barreneche, we have also online Dr Maria Van Kerkove, who is Interim Director of the Department of Epidemic and Pandemic Prevention and Preparedness. With us is also Dr Rik Peepkorn, WHO Representative for occupied Palestinian territory. And we also have Dr Ilham Nour, Senior Emergency Officer leading the WHO response in Ethiopia. If I have missed someone, I apologise. With this, we will start with the session on questions and answers and we will start with Robin Millard, from AFP. Robin, please unmute yourself.

RM Thank you. On the pandemic accord negotiations, the letter from dozens of former world leaders suggests that there is a concern that this might not get done. What are the key sticking points that remain? What needs to happen to get this over the line and who needs to budge? Thank you.

TJ Thank you, Robin. We have Dr Jaouad Mahjour, who is Head of our Secretariat to the INB. Dr Mahjour.

JM Thank you very much for this very important question. I think, as the Director-General said in his introductory remark, the Member States in the INB, they agreed on the main objectives and they are now focusing on how to implement these objectives.

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For example, they agreed that prevention is extremely important for pandemic preparedness and response and they agreed that preventing a pandemic is important and not to wait for pandemics to occur to respond to them. They agreed also that raising the level of preparedness is extremely important to all countries and also strengthening the health system.

They agreed on many things. They agreed on the importance of research and development, they agreed on the importance of having a global supply chain to bring all the countermeasures to all countries who are in need. And now they are discussing how to implement these issues and what are the partners who they need to be involved in these processes. And this is now where the discussion is focusing.

Of course, some areas or some subjects are more difficult than others but they are putting all of them on the table and trying to find solutions to all the problems. Steve, to add anything?

TJ Thank you, Dr Mahjour. I hope this answered the question. Then, we can move to the next one. Do we have Jamil Chade, from Brazil, who writes for several Brazilian outlets? Jamil, you can unmute yourself.

JC Hello, Tarik. Can you hear me?

TJ Yes. We can hear you, Jamil.

JC My question is to Dr Tedros on dengue, which is having a very huge impact in Brazil at this point. My question to you is are you worried? What else can be done in the case of Brazil? And where are we with the vaccine development on this story? Thank you very much.

00:20:27

TJ Thank you very much, Jamil. We also have our Regional Director for Americas who may want to answer that. Dr Barbosa, would you like to take this one first?

JB Yes. Thank you. Thank you, Tarik, and thank you, Jamil. We have a record number of cases of dengue fever. We had last year more than four million cases. This year, in the first two months of the year, we are already getting a record number of cases.

What is concerning, maybe we have a combination of the El Niño phenomenon with some climate changes because the dengue fever is being experienced not only in the traditional areas but even in the north of Argentina and in other countries in the region we have very strong transmission at this moment.

Brazil and Paraguay are the most affected countries. We are working together with the Ministry of Health in these countries, providing technical guidance and supporting them. We have two main activities, Jamil. The first one is to

strengthen vector control. The second one is to reduce the case fatality rate. That is related to dengue. In general, they can be prevented if we provide technical guidance and provide training for the health care workers at the primary care emergency rooms, public and private, these sectors.

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The vaccine is already available. Brazil is using it. We are also offering the vaccine through PAHO's Revolving Fund for Vaccines but the vaccine will not be a response to the immediate outbreak. The quantity is still limited, so we are encouraging the countries that are introducing the vaccine to establish a very strong surveillance system to get more data now from real-life utilisation about the safety of the vaccine, about the effectiveness of the vaccine against the four serotypes of the dengue virus. That is always a challenge.

So, this is a concerning situation but in some countries in the last two weeks, we are seeing that for some countries they are already close to or are already in the peak of their transmission and working together with communities and national authorities, they can reduce the number of cases and, most importantly, prevent all deaths related to dengue fever. Thank you for these questions.

TJ Many thanks, Dr Barbosa, for this. Good to have you to answer these specific questions. Let's go now to NPR, National Public Radio. We have Gabrielle Emanuel. Gabrielle.

GE Hi. Thank you. I wanted to ask about the mpox situation, particularly in the DRC but, in general, in Central Africa. I'm curious about the vaccine situation. What is hindering getting vaccines there and what's the prospect for vaccines arriving in the timeline?

TJ Thank you, Gabrielle. Dr Van Kerkhove, would you like to take this one?

00:23:43

MK Yes. Thanks. I can start. Thanks for asking the question around mpox. As you know, we've seen a large number of cases reported of mpox from DRC. In 2024 alone there have been more than 3,000 suspected cases and about 250 deaths, with a crude case fatality ratio of around 7.8%.

One of the things we're really trying to do is to better understand the epidemiology in the different parts of DRC. There are clearly different outbreaks that are happening. Some are happening among sexual networks. Some are happening with zoonotic transmission in some family clusters and this relates to your question about vaccines.

We're working with our country office in DRC, our regional office and many different partners to look at the types of interventions that can prevent infections but also stop transmission, and one of those interventions is vaccines.

We're currently looking at a number of different ways the vaccines could enter into the country, led by our country office, led by the Ministry of Health and the partners that are there, looking at bilateral donations, looking at the use of vaccines as part of a response strategy, looking at EUL, looking at PQ. A number of different options apply.

But we're also looking at supply. We're looking at how many doses could be available and then, of course, the strategies in which those vaccines can be used in outbreak situations. SAGE met this week. There was a press conference from SAGE earlier this week looking at the use of mpox vaccines in an outbreak situation.

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It needs to be tailored to the local epidemiology. Given limited supply, limited available of vaccines, you need to really be able to use those vaccines in a targeted way to reach those who are most at risk and, of course, that will depend on the epidemiology. Who needs to be targeted? Adults, children, MSM, sex workers, etc. And it will depend on our understanding of the epidemiology.

There are a number of countries that have put forth some donations and we're following up on each one of those and we're also looking at the different ways in which the vaccines can get into the country. So, lots of different opportunities with different timelines but there's a lot of active engagement with the country, looking with the different regulatory authorities to be able to expedite that as quickly as possible. Thanks for the question.

MR And just to add to that. The vaccines that may be available to the nation also are not licensed for use in children and would have to be used in a properly managed process to use them off-label or to gather the necessary data on safety and efficacy.

Small amounts of vaccine are potentially available from a donation perspective, therefore they would have to be used very judiciously according to a very specific strategy, remembering that the vast majority of cases occurring, and correct me if I'm wrong, Maria, but many, many of the people affected are children under 15, under five.

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So, we very much welcome the offers. We welcome the partnership with many institutions around the world, particularly in the US with the CDC, with NIH, USG, with Antwerp. There are a number of different players but in-country there are some very, very capable public health and research institutions that are working with those institutions.

So, pulling all of this together, we need to have a comprehensive strategy. Mpox is a concern. It is a worry. It has been under surveillance for years since the eradication of smallpox for that very reason. As an orthopoxvirus there has always been a fear that this virus could change its behaviour and being a zoonotic disease spreading into humans on a seasonal basis, causing very small outbreaks and usually in very rural communities.

We all saw in the last couple of years when that mpox transferred into a particular risk community and was able to spread around the world. And the MSM community deserve huge credit for effectively bringing that disease under control themselves with the support of health authorities, with the support of diagnostics and vaccination.

And community action is a very important part of preventing smallpox transmission. It's not just all about bringing in silver bullets. It's about

investing in communities so they can recognise this disease, about reducing transmission between people, by people understanding the disease, diagnosing it and avoiding contact with other humans when they have that. And then vaccination can play a very important part in that process.

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Again, remember Congo is going through, I think at this point, it must be going through eight or ten different epidemics. We have cholera, we have meningitis. It's incredible how the health system continues to react and respond. We also have a deep amount of instability in the east of Congo. The peacekeeping operation has shut down there. There are many, many armed groups operating in that area.

Again, a very difficult area in which to run any form of health operation, particularly any form of vaccination. So, the situation is complex. The capacities on the ground are remarkable. I must say I'm in awe of the scientific capabilities within DR Congo and how they've been maintained over many years, through many years of instability.

We do have credible partners on the ground. We have fantastic scientific partners on the ground coming in from outside to support. So, I think the challenge now is to put all of those pieces together. We need to understand better the epidemiology of this disease, how it's changing, how it's evolving, because it's not just a threat in Congo, it's a threat in the region and, as we saw with mpox in the last couple of years, can be a threat on a global basis.

The one thing to remember with this particular disease, which is the clade I. There's clade I and clade II. The disease that spread mpox around the world among men who have sex with men and other groups was clade II. Clade I is ten times more virulent and has a case fatality rate of up to 10%.

So, this bug is badder and it's more virulent and we really do need to keep a very, very close eye on it. So, thank you for that question. It's important to keep the focus on these issues and, again, remind our partners out there that in the global appeal for mpox control last year zero dollars were received in order to support that response.

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We were very lucky to have the donors contribute to our Contingency Fund but all of the resources WHO used in response to that were generated from the Contingency Fund. Similarly, for cholera which is affecting 31 countries right now. Zero response to our appeal on cholera and all of the funds being used in that response are coming from our contingency funds.

We will continue to do that under the leadership of Dr Tedros and Dr Jarbas and our regional directors around the world but it is very hard to maintain and support prolonged responses in, very often, challenging places like Haiti, challenging places like DR Congo, who have excellent health workers, brave, courageous people on the ground.

They will get the job done. We need to resource them, we need to support them and we need to partner with them. So, an appeal today to those of you out there. Please support these responses and the organisations that provide

that support, not just WHO, because these diseases won't stay where they are unless we endeavour to put them back in the box.

00:31:18

TJ Thank you very much, Dr Van Kerkhove and Dr Ryan. We will go to the next question. Health Policy Watch. Elaine Fletcher. Elaine.

EF Hi. Thank you very much. With all the caveats that you note just now about mpox vaccines, I don't believe I've seen any data produced by WHO on the need in DRC and West Africa and the availability of vaccines, particularly from Bavarian Nordic, which as far as I understand is still the sole provider.

I don't think I've seen any public conversations with Bavarian Nordic about how they could scale up their production and we all know their facility was undergoing renovations last year and that created or contributed largely to the global shortage.

So, I'm just wondering if WHO needs to take the kid gloves off in dealing with this issue because it is so potentially serious, as you've said, both regionally and globally but, first of all, regionally. I apologise if I don't know where the numbers are but I just haven't seen them at all and we had that with COVID. We had all those numbers out there and we were pushing through those numbers for more access. So, just not seeing that.

MR Well, there are numbers. You know that production capacity at the manufacturers is closely held proprietary information sometimes but we have an idea of production. It's not just the MVA vaccine. There's LC16 vaccine from the Japanese side.

One of the challenges with the MVA vaccine is that it requires two doses and giving two doses of a vaccine with a time apart is challenge in a complex environment. Finding the same person twice and vaccinating them can be a challenge.

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The challenge with the LC16 vaccine, which is made in Japan, is that is a one-dose vaccine but it must be administered intradermally and those of you who are old enough will remember getting your smallpox vaccines and having the vaccine essentially scraped on to your skin rather than injected into your muscle. And that's not a problem, that's technically not an issue but it requires quite a bit of retraining with the vaccinators.

There are no silver bullets here and I think Bavarian Nordic have been very open to discussing how they can scale up production. I know that CEPI and others are working on new vaccines or potentially evolving vaccine platforms and I do know that Gavi and others are willing to engage around how the existing vaccines, beyond donations, could also be procured.

There is work going on in the background. I won't go into the detail of it here but WHO sees that. But when we talk about taking the gloves off, yes, we are taking the gloves off but we're taking the gloves off to join hands in partnership, not to beat anyone around about the head.

MK And if I could just comment on the need, the questions on the need there. There are lot of discussions that are happening right now on estimating

the need. We saw during the global outbreak that started in 2022, the different communities that were asking for a vaccine, the different communities that needed a vaccine and you know where the available vaccines were used in the northern hemisphere.

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And in AFRO, our colleagues in AFRO, our colleagues in DRC and in many countries are looking at the local epidemiologies, what is actually happening in-country. And there are some enhanced surveillance activities that need to take place and there are very capable people, as Mike has said, and I fully agree, that can carry out this work to really estimate the populations that are most at need.

But let's be real here. If we look at the use of vaccines, when we develop strategies with country counterparts and local counterparts, we have to look at a number of things, not just the need but what is the availability. So, we have to have these contingencies and strategies looking at different types of scenarios.

If we look at the different regions across DRC in which populations need vaccine, what is that denominator of the population? What is the denominator of the at-risk groups? And then how much do we have available? If we have X available, what's the best use of that vaccine in that country, in that region to stop transmission? If we have a little bit more, what can we do?

We have to think in a lot of different ways in terms of the strategies of how best to use. So, agree, there are no kid gloves on. There are lot of discussions that are happening with our partners. We had a big partnership meeting yesterday where we outlined what we know in terms of the information. We had people from the country, from DRC, who were presenting what was ongoing.

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A lot of people are now actively engaged and we're grateful for that but we do have to look at the different types of scenarios and be realistic about how much vaccine is available, how quickly the vaccines can be used and how they can optimally be used in different parts of DRC and beyond to have the biggest impact in stopping human-to-human transmission.

TJ Many thanks, Dr Ryan and Dr Van Kerkhove, for these answers. Let's go to the next question. We have Juliette Perreard, from Nikkei, Japan. Juliette.

JP Yes, thank you. Good afternoon. Talking about health emergency, we would like to have more information and an update on the International Negotiating Body that is happening right now at the WHO. Do you think the discussion on the pandemic treaty, as we call it, would have a chance to reach a final proposal for the General Assembly that will take place in May? How is it going on those discussions and the drafting of the new pandemic treaty?

TJ Thank you, Juliette. Dr Mahjour talked a little bit about it but maybe he or Mr Solomon can tell more about the progress.

SS Thank you and thank you for the question. Countries are working together, as Dr Mahjour has said and as the DG has said, and there are 194 of them.

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So, finding common ground is not easy but those countries working together found common ground in 2003 when they came together to work on the problem of tobacco control and they concluded the Framework Convention on Tobacco Control. And those countries found common ground in 2005 when they agreed on the International Health Regulations for dealing with health emergencies.

Finding common ground now is doable, as the Director-General said. Like then, like back in 2003 and 2005, it won't be easy to find common ground. It will require compromise. But the good news is, as Dr Mahjour has said, that key principles have been agreed, principles involving equity, fairness and solidarity, transparency and accountability.

And the involvement of civil society, communities, private sector, community groups, like in 2003 and 2005, will also be important in 2024. It's important to emphasise that this is a country-led process and a country-established process and a country-deciding process and those countries are systematically working to find answers to complex and key questions.

And those questions include how to better share information, medicine and vaccines, how to better prevent pandemics, how to better secure supply chains during pandemics, how to better build global manufacturing capacity to support diversified production of vaccines and medicines and therapeutics and diagnostics, how to sustainably finance all this work.

And some, the question they're looking to find answers to is, as the Director-General said, how to avoid repeating the mistakes of the past and how to do all this before the lessons of COVID-19 are forgotten, so how to do all this by the World Health Assembly in May of this year.

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JM Now just to remind ourselves that the Member States, when they created the INB, they decided to have a final outcome by the next World Health Assembly in May '24. And during the ongoing INB discussion, no single country challenged this deadline and all of them, they expressed this commitment to reach an agreement by May '24. And this is something very positive and I'm sure that they will find a way to overcome their differences by May '24.

TJ Dr Ryan.

MR From the perspective of health workers, public health workers and people who are operating around the world today, dealing with mpox, dealing with cholera, dealing with potential pandemic pathogens, trying to strengthen their systems, communities who were so affected by the pandemic, fearing the next one, wondering whether they will be last in the line again.

Everyone went through the pandemic in different ways and we were all affected in different ways. And I think this is a moment for world leadership,

this is a moment for ministries of health on behalf of their sovereign states, and they still bear the sovereign responsibility for the health and protection of populations.

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But what we recognise with infectious diseases is they know no borders. Everyone knows that there is no way to affect, stop, mitigate or reduce the impact of an infectious disease without working together. This treaty is really the promise to that future. It's a promise. As Tedros has called it, it's a generational agreement. It's a promise to the next generation.

It's a letter to our children to say we, the countries of the world, we the leaders of the world have come together and we solemnly commit to a process that we will try to do better the next time.

We all know in the next emergency, the next crisis, nothing is ever perfect but what we recognise is that we're much better when we operate with a set of guide rails, a set of rules that allow us to engage and behave in a predictable way in a crisis because there's nothing worse in a crisis than adding more chaos, that the response become as chaotic as the crisis you face.

And that is the worst case scenario. We don't know what we're going to face. We don't know how bad it will be. We hope it never happens. But in doing and in preparing well, we will build stronger systems and we will deal other diseases in a better way.

We will make our health systems more resilient. We'll train our health workers better. We will create more confidence and we'll create more security for our populations. So, it's not just the benefit will be written in the next pandemic. The benefit will be written in everything we do between now and then and people can sleep easy, people can live their lives without wondering will the same thing or worse happen again. That's the responsibility and I think it's a really important time. Tedros has spoken to the Member States. Nine weeks and a couple of days, right?

00:43:18

SS Nine weeks, four days.

MR It can still be done but it's really important that people out there recognise that, that people out there want this to happen because I sense in the room that the Member States want this to happen but it's the art of compromise, the art of convincing everyone in a room that they've got the largest slice of the cake when you're trying to divide that as evenly as possible.

So, I do think it's at a really crucial moment. We have huge confidence in our Member States that they will do that. It's a process led by Member States, led by a bureau, decided on by those Member States, chaired by co-chairs selected by those Member States.

This is entirely a process of the Member States but the Secretariat and Dr Tedros are doing everything possible to support and try and find ways to make that a successful process because the outcome matters here. The outcome really matters.

This isn't some dusty old document that will sit on a shelf somewhere. This treaty will save lives. This treaty will make better vaccines faster. It will make better surveillance systems to detect more quickly. It'll build a better health workforce to respond when the time comes.

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It will save lives, maybe not your life but maybe the life of the person sitting beside you. So, from my perspective people may think this is just a piece of paper. When you work in this area for long enough, transforming pieces of paper in to meaningful things that matter in the lives of people is the art of government.

And this is the art of 194 governments, to give us that piece of paper so that we collectively, as institutions and public health practitioners around the world can give life to that aspiration. So, it's very important that we take the discussion out of the dusty room and into the real world that matters and into the lives of people and the things that can change their lives and protect them and make them more secure.

TJ Thank you, Mr Solomon and Dr Ryan and Dr Mahjour. As we have Dr Rik Peeperkorn online, our representative for occupied Palestinian territory, it would be really good to have the latest update on the situation there in terms of hospitals and WHO activities as we are getting many questions, not only from media from partners as well. Dr Peeperkorn, could you please provide a brief update on the situation in Gaza?

RK Good afternoon. Can you hear me?

TJ Yes. We can hear you very well.

RK All right. Let me start. I think the DG referred to already a number of topics. Let's first start again with the chilling figures. We talk about 32,000 people killed, mostly women and children. We're getting more the 74,000 people injured and we know what kind of injuries they are. And we talk about an estimated more than 8,000 people missing under the rubble.

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We talk about 2.2 million Palestinians in Gaza and I think we've raised this so many times, an almost epic humanitarian catastrophe. And we got this IPC report, widespread food insecurity and a looming, although I want to say, completely avoidable famine. A risk of starvation among vulnerable under-fives, disease, etc. A lot of desperation and amidst that, of course, often a breakdown in law and order.

Now I want to say something about shrinking space because in January and February the UN's missions, I think only to the north, less than 20% got approved. In March, we saw a slight improvement and we, as WHO, we went through Al-Shifa, we went through Kamal Adwan and a couple of other missions, bringing in supplies, making assessments, food for patients and workers and fuel.

But today, for example, our mission to Al-Shifa, again was actually denied. We were planning, we were even asked to do that, to provide fuel, some food for patients and staff and to do a quick assessment. And it was cancelled due to

the ongoing insecurity and a raid. And this is again, I think we've raised it so often, what is needed is an effective and a transparent workable deconfliction mechanism, so we ensure that our convoys and the UN and partners and health facilities are not targeted.

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These convoys should not be unsafe. They should be facilitated, including through checkpoints, predictable and expedited. And it means also that all roads are operational. It will require more entry points, including in the north of Gaza, cleared roads, etc. And this is not complicated, absolutely not complicated.

We've seen a decreasing health system functionality. Now, actually, we talk about 11 hospitals because Al-Shifa is currently not really functional. We cannot call it functional. So, five in the north, six in the south partly functional. Nasser Medical Complex, a very important medical complex, we want to help it revive and start up again. And I just want to mention Al-Shifa was just bouncing back and once again it's an ongoing raid. It will have consequences for this hospital's fresh up functionality.

We heard a lot about malnutrition and maybe let me say one or two words on malnutrition. The DG mentioned clearly that if you talk about the north, you talk about one in three children are acutely malnourished. Before it was not 1%, it was 0.6-0.7% of children acutely malnourished and now we talk about between 12.5-16%.

And we have raised this, not only WHO, many UN partners. We've been witnessing this and reporting on this on a day-to-day basis for months and it's quite shocking why so few seem to listen and act. And it would be completely unacceptable if Gaza would slide into a famine. And we are watching. It's also completely unnecessary. So, we can reverse this trend.

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We also have to focus on food production in Gaza, poultry, fisheries, destroyed, not functional. That needs to be started. And for WHO it's like what the DG said, nutritional stabilisation centres, we need to establish them in all key hospitals. We're already working in a number of hospitals north, central and south.

We need to combine this and rapidly expand the so-called malnutrition centres and really flood the place with ready-to-use therapeutic foods, the so-called RUTF, working with a nutrition cluster, with UNICEF and partners, etc. This is there, it is possible and we should bounce back.

And lastly, because we get a lot of questions on Al-Shifa. Normally, we always have contact with health workers on the ground. It has been impossible to establish direct contact. So, we hear everything from second-hand and from media as you do.

We are, as we say, terribly worried about the situation, the situation of health workers, patients, civilians because the hospital was bouncing back and again providing minimal health services. It was again even becoming the trauma centre of the north.

Now, we get reports that the surgical ward is damaged, bombed, etc. We don't know. We have to verify and check that. We get reports that health workers have been detained, which would be an utmost concern. Again, we had planned a support mission today. We were even asked for that, to provide food, fuel and do an assessment. It was cancelled and it should not have been cancelled.

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Maybe my last point is, and I think we have raised this already a couple of times, an ongoing concern of ours is about medical evacuation. 8,000-plus patient cases in Gaza need referral. 26% are cancer cases, probably 43-50% war injuries, 5% kidney dialysis, 20% are severe inpatient cases.

Referral criteria, at that moment the medical evacuation is an ad hoc process. It lacks transparency. It has not produced results. We have only seen 2,630 patients referred. That is nothing compared to what is needed. Referral criteria are not functioning.

WHO is completely ready. We've made proposals for that and we're constantly pushing this with all parties to the conflict. We want a functional medical evacuation, a transparent one and that's something we expect. The patients have a right for this better treatment.

And having been, myself, repeatedly to Gaza for a longer-term with my team there and reporting constantly, I've never seen so many severe trauma cases in my life, having been seven-odd years in Afghanistan, never seen such a condensed, never seen so many amputations, including among children, burns, horrible traumas, spinal fractures, etc. Those patients deserve better treatment.

And then we don't even talk about the regular patients. Normally 50-100 patients daily were referred to East Jerusalem and the West Bank for their treatment and 50% of them were oncology/cancer cases, etc. We need to get them out. We need to assist them.

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Egypt is ready to do that. Many countries in the region offered support and even some European countries offered support. We cannot understand why this is not working. We need all of you to build up the pressure and make this work. I think I want to leave it here. Thank you very much.

TJ Thank you very much, Dr Peeperkorn, for this update. With this, we will slowly come to an end of this press briefing. I would like to call on Dr Jarbas Barbosa, our Regional Director for the Americas, to give some closing remarks. Dr Barbosa.

JB Thank you, Tarik. Very briefly, first I just want to summarise that the situation is very critical in Haiti, as we mentioned before. In the last 48 hours it looks like there is an increase in the violence because more people wounded by gunfire are going to hospitals and emergency rooms.

So, I think it is critical that the global community come together, first to ensure that in Haiti we have a higher level of security, that we can keep the hospitals and health centres open to address the very acute problems that you have in

Haiti, the highest maternal mortality rate in the region, the cholera outbreak, but also to respond to this very emergency situation that we have there.

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So, medicines, blood products, fuel, everything that we need to provide the care that people in that country deserve to receive. And it is in very, very critical situation, as I mentioned.

And just a brief comment. In the region, we have convened four face-to-face meetings to discuss the INB. So, I think that's it is very important to have all the countries engaged and I can feel from my conversations with many Member States that despite all the difficulties and complex issues that have been discussed there is a very strong commitment to compromise, to come together, to establish consensus and to have the world better prepared for the next pandemic. Thank you.

TJ Thank you very much, Dr Barbosa, for this update on Haiti. For reporters who are interested, please write to us. We also have our Representative, Dr Oscar Barreneche, who can be available for interviews and to answer questions on the situation in Haiti.

With this, I will just tell you that the audio and video file will be sent to our media list a little bit later and the transcript will be available tomorrow from this press briefing. With this, a last word for Dr Tedros to close the press conference.

TAG Thank you. Thank you, Tarik. I just would like to thank the members of the press for joining us today and see you next time. And also my appreciation to Jarbas and Rik and also Barreneche for joining us during this press conference. Thank you and all the best.

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