

Global Health Issues

Virtual Press Conference

31 January 2024

Speaker key:

CL	Christian Lindmeier
TAG	Dr Tedros Adhanom Ghebreyesus
YS	Yohei Sasakawa
SF	Dr Ibrahima Socé Fall
MW	Michael Ward
MR	Dr Mike Ryan
RP	Dr Rik Peeperkorn
TZ	Dr Teresa Zakaria
BK	Banjot Kaur
CF	Catherine Fiankan-Bokonga
BB	Busani Bufana
BG	Belisa Godinho
IF	Imogen Foulkes
YA	Yuri Aprelev
MA	Muhammet İkbāl Arslan

00:01:05

CL Welcome to today's press conference. It is Wednesday, 31 January 2024, and I welcome you from Geneva, the headquarters of the WHO, for today's virtual press conference on global health issues. I apologise for our slight delay but, therefore, I hope we can have a special guest here for you today and it is all worthwhile.

Now, let me start by introducing our special guest. A very warm welcome to Mr Yohei Sasakawa. He's WHO Goodwill Ambassador for Leprosy Elimination and also the Chairman of the Nippon Foundation. Welcome, sir.

But, of course, also in the room and present are, first and foremost, Dr Tedros Adhanom Ghebreyesus, WHO Director-General. Dr Mike Ryan, Executive Director for WHO's Health Emergencies Programme. Dr Teresa Zakaria, she's

Incident Manager for Escalation of Violence in Israel and the oPt. Then, we have Dr Maria Van Kerkhove. She's Director ad interim for Epidemic and Pandemic Preparedness and Prevention. And we also have Dr Socé Fall, Director for WHO's Global NTD Programme.

00:02:19

We have a couple of colleagues online. I'll name some. First, we have Dr Francesco Branca. He's Director of the Department of Nutrition and Food Safety. We have Dr Richard Peeperkorn, WHO Representative in the occupied Palestine territories. We Dr Ilham Nour Abdelhai. She's the focal point for WHO in Ethiopia. And we have Michael Ward. He's the senior specialist on the WHO Technology Access Pool.

A long list and, with this, let me hand over to the Director-General. No, wait, maybe one word first. Because of our special guest we have one translation today and that's in Japanese. So, if you want to switch to understand because the professor, most likely, will make his remarks in Japanese. And, with this, over to Dr Tedros.

TAG Thank you, Christian. And I would also like to welcome Mr Yohei Sasakawa, our WHO Goodwill Ambassador. Arigato gozaimasu for joining. Good morning, good afternoon and good evening.

First to Gaza, where WHO continues to face extreme challenges in supporting the health system and health workers. As of today, over 100,000 Gazans are either dead, injured or missing and presumed dead.

WHO has faced great difficulty even to reach hospitals in southern Gaza. Heavy fighting has been reported near hospitals in Khan Younis, severely impeding access to health facilities for patients, health workers and supplies.

During a UN mission on Monday, WHO delivered medical supplies to Nasser Medical Complex. Other missions to deliver fuel and food were denied. Despite challenges, Nasser Hospital continues to offer health services, although at reduced capacity.

00:04:45

The hospital is operating with a single ambulance. Donkey carts are being used for transporting patients. Yesterday, we made another attempt to get food to Nasser but due to delays about 500 metres from the checkpoint, the food was taken from the trucks by crowds, who are also desperate for food.

Our teams on the ground report increasing food shortages for medical staff and patients, with only one meal per day. The risk of famine is high and increasing each day with persistent hostilities and restricted humanitarian access. Every person our teams talk to asks for food and water.

Decisions by various countries to pause funds for UNRWA, the largest supplier of humanitarian aid in this crisis, will have catastrophic consequences for the people of Gaza. No other entity has the capacity to deliver the scale and breadth of assistance that 2.2 million people in Gaza urgently need.

We appeal for these announcements to be reconsidered and we continue to call for safe access for humanitarian personnel and supplies. And we continue to call for the hostages to be released. We continue to call for health care to

be protected and not attacked or militarised. And we continue to call for a ceasefire.

00:06:30

Last week, WHO's Executive Board met to discuss many aspects of the organisation's work. Among other issues, the board reviewed WHO's global strategic plan for the next four years and approved the first WHO Investment Round, which we will hold later this year and which aims to generate more predictable, flexible and sustainable funding for WHO's work.

Member States also discussed WHO's work on health emergencies, including pandemic prevention, preparedness and response. They expressed strong support for the pandemic agreement and amendments to the International Health Regulations, and emphasised the urgency of concluding negotiations in time for the World Health Assembly in May of this year. It's vital that Member States meet that deadline.

Yesterday, a group of more than 40 global health leaders published an open letter calling on world leaders to show leadership, urgency and commitment to conclude a pandemic agreement that transcends business as usual. I echo that call. One of the main purposes of the agreement is to improve equitable access to vaccines, tests, treatments and other products.

During the COVID-19 pandemic, WHO established COVAX and the COVID-19 Technology Access Pool, or C-TAP, to facilitate sharing of intellectual property, knowledge and innovations.

COVAX closed at the end of last year and today we are pleased to announce that C-TAP will become the Health Technology Access Pool, HTAP, with a broader mission to expand access to lifesaving tools for COVID-19 and other priority diseases.

We're also pleased to announce that WHO and the Medicines Patent Pool have agreed a licence agreement with the company, SD Biosensor, for the rights, know-how and material to manufacture its rapid diagnostic technology.

00:08:52

Also discussed at last week's Executive Board was WHO's work on noncommunicable diseases, including cardiovascular disease, diabetes and cancer. One of the most important actions countries can take to prevent these diseases is eliminating the things that cause them, including tobacco and trans fat.

Industrially-produced trans fat is used in many food products. It has no known health benefit but carries huge health risks. Five years ago, WHO launched a campaign to eliminate industrially-produced trans fat from the global food supply. So far, 53 countries have introduced best-practice policies including bans or limits on trans fat, with three more countries on the way. However, introducing a policy is one thing, implementing it is another.

So, last year WHO launched the process to recognise countries who are going beyond introducing policies to monitoring and enforcing them. On Monday, we validated the first five countries who are leading the world in implementing their policies on trans fat elimination, Denmark, Lithuania, Poland, Saudi

Arabia and Thailand. Congratulations to these five countries and we look forward to more countries joining them.

00:10:35

Finally, yesterday marked World Neglected Tropical Diseases Day and Sunday was World Leprosy Day. Neglected tropical diseases, or NTDs, affect more than one billion people around the world, especially in poor and marginalised communities but NTDs are preventable, and in many cases, can be eliminated completely from countries.

So far, 50 countries have eliminated at least one NTD and we are on track to reach our goal of 100 countries by 2030. But medical interventions are not enough. We must also address the conditions in which these diseases thrive, including stigma and discrimination. This year, the theme for World Neglected Tropical Diseases Day is Unite, Act, Eliminate.

One of the oldest and most misunderstood diseases in the world is leprosy. The world has made great progress against leprosy. The number of reported cases has dropped from an estimated five million a year in the mid-1980s to about 200,000 cases a year now.

Although it has now been curable for more than 40 years, it still has the power to stigmatise. Stigma contributes to hesitancy to seek treatment, putting people at risk of disabilities and contributing to ongoing transmission. Eliminating leprosy therefore requires not only renewed political commitment and access to services to treat it but also awareness-raising to mitigate stigma and increase social participation for those affected by leprosy.

One of the world's leading advocates for leprosy elimination is Yohei Sasakawa, the Chairman of the Nippon Foundation and WHO's Goodwill Ambassador for Leprosy Elimination. Mr Sasakawa has dedicated his life to ending leprosy and promoting human rights for those affected by the disease.

00:13:17

Later this afternoon, I will join him in launching the Global Appeal to End Stigma and Discrimination against Persons Affected by Leprosy. Sasakawa-san, thank you for your dedication to this cause. Arigato gozaimasu. You have the floor.

YS As you know, leprosy is not a curse, nor a punishment from God. It is a weak, infectious disease caused by leprosy bacillus that can now be cured with drugs. In many countries leprosy tends to be considered a disease of the past. In fact, it still exists. There are large pockets of cases, both registered and hidden, in more than 100 countries around the world today.

Another aspect that we cannot ignore is discrimination. Since Old Testament times, persons affected by leprosy and their family members have faced extremely harsh discrimination. It is a very serious human rights issue.

Over the past 50 years I have visited leprosy endemic areas in over 120 countries. Everywhere I met with countless numbers of people who have been abandoned, not only by society but even by their own families, living in despair and in solitude.

That's why I have dedicated my life to achieving zero leprosy, to free persons affected by leprosy from such pain and suffering. Unfortunately, I am only halfway there. So, what can we do to help achieve zero leprosy?

00:16:28

The answer lies in active early detection and prompt treatment. However, persons affected by leprosy are hesitant to visit medical facilities because of painless early symptoms and fear of discrimination.

As a result, the disease progresses, leading to serious physical disabilities. We must therefore not wait for patients to present themselves. We need to carry out extensive door-to-door campaigns to find the hidden cases.

Now that drugs are available free of charge worldwide and coronavirus is no longer a global health emergency, I believe it is an opportune time to give another strong push towards zero leprosy by strengthening active case detection and prompt treatment.

Dear friends and colleagues, zero leprosy is not an impossible dream. I ask for your further cooperation so that together we can make the impossible possible. Thank you very much, Dr Tedros.

TAG Thank you. Thank you so much. Again, arigato gozaimasu. I fully agree with you that zero leprosy is not impossible, so let's make the impossible possible. I'm with you and thank you so much for your lifelong commitment, more than 50 years. That's clearly a lot and that shows your commitment to those people who need support globally.

By the way, you said you were halfway. You're more than halfway because in the 1980s, that's around the time you started, it was more five million cases. Actually, it was 10-12 million estimated, also from others. And now we're around 150,000, I think. That's big progress. So, thank you so much for your leadership and commitment.

00:19:20

And thank you, once again, for your commitment to fighting this disease as well as, especially what you said, the stigma and discrimination. And thank you for taking it not just as a health problem but as a human rights problem as well. So, arigato gozaimasu. Christian, back to you.

CL Thank you very much, Director-General, and thank you very much, Mr Sasakawa. I'd like to encourage questions for Mr Sasakawa first because we're not sure how long he can stay due the upcoming event this afternoon. Again, if you want to come into the line and ask your question, please raise your hand with the Raise Your Hand icon. With this, we start with Banjot Kaur, from The Wire, in India. Banjot, please go ahead and unmute yourself.

BK Hi. Thanks for taking my question. My question is on leprosy. You spoke about stigma, which is particularly associated with leprosy. India has also had a leprosy elimination programme for quite some time now and has made some progress also.

But from India's point of view, if you could highlight what are the specific areas that the country needs to do more so that the required progress can be

achieved and where are the areas that we should have done better by now and we actually couldn't do so, we currently couldn't do so?

00:20:57

CL Thank you very much, Banjot. We'll give it to Mr Sasakawa.

YS Well, thank you very much for the great question. I appreciate that. Now, looking at the world, when it comes to the various activities towards elimination of leprosy, it is India and there are so-called colonies where the persons affected by leprosy, as well as their families, are living collectively, in what we call colonies. There are 850 in India and we are supporting who are living in those colonies.

When it comes to stigma and discrimination this is a very important issue and back in 2010 the United Nations Member Countries have participated and voted for the importance of elimination of stigma and discrimination aimed towards the persons affected by leprosy as well as towards the family members.

It was adopted in that UN conference. However, even so, I would say that the activities are still not full-fledged, even today. I think that there needs to be a further push in order for us to enlighten people to talk about how important eliminating discrimination and stigma is.

Even in India, there are still 130 or so discriminatory laws that exist in some of the regions in India, so we do have to take speedy action in order to solve that aspect as well. Did this answer your question?

CL Banjot, I think we're good. Thank you very much. With this we go to Catherine Fiankan, from France 24. Catherine, please go ahead and unmute.

CF Why leprosy is so prominent in Africa and what is the WHO doing about it?

CL Maybe we could start with why leprosy is so common in Africa from Mr Sasakawa and then Dr Socé Fall for the action of WHO. Mr Sasakawa, please. Why is leprosy so prominent in Africa?

00:24:12

YS For example, in South-East Asia or in Brazil there are still quite a number of leprosy hidden cases that exist unfortunately, according to my prediction and therefore, since the COVID pandemic has subsided, not only the African regions but in South-East Asian region, as well as in Brazil.

I would like to go around different places in those countries so that I would be able to contribute in finding new cases in various parts of those countries and I also would like to further push and reactivate that activity.

CL And Dr Socé Fall, please.

SF Thank you, Christian. Catherine, thank you for the question. First of all, leprosy is a global problem. I think we all heard from Mr Sasakawa talking about the number of countries affected. We have more than 100 countries affected and some big countries outside Africa, like Brazil, India also affected.

We need to take it in the context of poverty and difficult access to basic services, so all vulnerable populations in the world are at risk. But making sure that in every single country we have all the means to detect cases, to investigate around them, to do contact tracing.

00:25:56

And post-exposure prophylaxis is the way to reach zero elimination. It is like what we are doing for outbreak control. So, we need to use the opportunity of the capacity we have built for outbreak control and pandemics to really accelerate leprosy elimination because we are targeting zero transmission.

So, it's a global problem but every region, every country needs to take specific action but also create conditions for access to primary health care and universal health coverage. We cannot talk about universal health coverage in any country if you cannot provide services to prevent and treat people who are affected by leprosy. Thank you.

CL Thank you very much, both. We have one written question from BBC News, Kinshasa, Emery Makumeno. Can you elaborate on the 2030 objectives to end neglected tropical diseases in general, especially what has been deployed to deal with the rest of countries still grappling with tropical diseases, mainly in Africa? I guess this is for Dr Socé Fall.

SF Thank you very much. The global roadmap for NTD elimination is a blueprint for all countries and partners, targeting disease elimination by 2030. Some of the diseases are targeted for eradication, meaning stopping transmission worldwide and leprosy also is one of them.

But we have other targeted interventions where we want access to treatment and to reduce the number of people who need NTD intervention by 2030. So, we are talking about 1.6 billion people who need intervention, not only in Africa but worldwide.

00:27:55

It means that we need really to take a more horizontal approach when dealing with NTDs because the same people are at risk for so many other diseases, including epidemic-prone diseases but also noncommunicable diseases and mental health, meaning that strengthening the health system is the way to go to make sure that those people that are difficult to access have access to primary health care and can be referred to secondary or tertiary services when needed.

We need a real global approach but we have a platform to make sure that NTDs are not neglected anymore. We have a platform of universal health coverage and primary health care. We have the platform of pandemic preparedness and response. We are talking about climate change affecting so many NTDs, the One Health approach, dealing with animal health, human health and environmental health.

So, we should not see entities in isolation but in the context of a real health system able to deliver critical services to the people who need them most because if we can't deliver some critical services for NTDs for people who need them, we cannot dream about universal health coverage.

NTDs should be a real tracer for universal health coverage and in this context we are working with other programmes in WHO but also with so many other partners. But we ultimately need countries to be on the driving side. The country leadership and commitment to make sure that domestic funding is also secured for NTDs, as we do for other programmes, will be extremely important.

00:29:30

And global partners also with specific funding mechanisms need to leverage funding to be able to cover cost-cutting areas like supply, like surveillance and so many others. Thank you.

CL Thank you very much, Dr Socé Fall. He's Director for the WHO Global NTD programme. Next question goes to Bafana Busani, from Inter Press. Bafana, please unmute.

BB Thank you. I have a few questions. My first question to Dr Tedros. Despite the advances in global medicine, why is it we're still failing to completely eliminate leprosy? Is there a need for a new push both for research funding or political action?

And then I also have a question for Mr Sasakawa. You've been doing this campaign for a good past 75 years. Are you convinced that public awareness is the single solution that will work towards eliminating discrimination for persons affected by leprosy? Thank you.

CL Thank you very much. We'll start with the Director-General.

TAG Thank you. As I said in my speech, in the 1980s the number of cases was 10-12 million and now we have 150,000 annually, which is a significant reduction from where it was. It means what we're using actually is enough.

As Mr Sasakawa earlier said, the medicine is available and it's actually free but the question you asked is why are we not eliminating the disease fully? The target which we are now setting with this appeal, zero disease, zero disability and zero discrimination, why can't we reach there?

00:31:51

The reason is related to stigma and discrimination. That's why the launch today is very important. Because of stigma and discrimination many are not coming forward, because of stigma and discrimination, and they are not presenting themselves, meaning we're not detecting early to treat them.

So, if we can fight stigma and discrimination then I think taking it to zero, zero disease, zero disability and zero discrimination would be possible. That's why the mobilisation is important. As you rightly said also, political commitment will be very important in countries to do this.

And people should also understand that this actually needs a lot of, what do you call it, this disease needs a lot of effort to be transmitted from one person to the other. It's not easily transmittable. People should not treat it as in the past, as very infectious or easily transmittable.

But not only that, more important is the reason behind the stigma and discrimination is in many countries there are still people who believe that this

is either a curse or punishment, but it is not. It's a bacterial disease that can be treated easily, that's not actually transmittable easily, but that can be treated easily.

00:33:32

So, the key is in the political commitment. The key is in fighting stigma and discrimination. The key is in the public understanding this and helping. And the key is the early detection and treatment. So, with that, we can take it to zero. The tools are at hand, as Mr Sasakawa has already said, and today's event is to say exactly that. Thank you.

YS Thank you very much for the great question. Now, when it comes to leprosy, amongst all kinds of diseases leprosy is quite rare or, I would say, it is quite unique because, especially in the early phase, people do not feel any pain. If you feel pain somewhere in your body then you would naturally go to clinics.

However, there is no pain, especially in the early phase of leprosy. You would only see small, discoloured patches that start to appear on your skin. As long as you see that and come to the clinic, then the people can be put on medication and the person would not develop any disability.

But many people are not aware that the small discolouration and patches are indeed the beginning of leprosy and that's one of the reasons why people would be put under medication late in the phase. In some cases they develop disability and then finally come to the clinics or hospitals.

And many people do not want others to find out that they have leprosy and that's one of the reasons why they don't want to come out to the clinics to get the medication. That's why the treatment would become later in their phase. That is a uniqueness of leprosy.

So, one of the reasons why I'm trying to do this kind of event or taking various activities around the world is because we want to have the support from the media so that this information can be disseminated to all parts of the country, so that many people would be able to check their own skin and then see whether there are any white, discoloured patches or not.

00:35:58

If you do see that, then we encourage those people to go to the clinic. So, you can use a pen, for example, and touch that discoloured patch and if you feel nothing, if it is numb, then this could be the early symptom of leprosy. So, just go to the clinic right away and get the medication.

And we just wanted this information to be disseminated to the periphery of all parts of the world. And that's one of the reasons why I'm taking this activity, and this is one of the most effective ways to let people know what needs to be done in order to prevent the development of leprosy.

As long as we get the support from media and disseminate this information, I think zero leprosy achievement is not a difficult thing to do. We just want people to know the correct information about leprosy and, at the same time, understand what leprosy is all about, so achieving zero leprosy is not a dream anymore.

CL Thank you very much, both. With this, we go to Belisa Godinho, from W Magazine. Belisa, please go ahead and unmute.

00:37:14

BG From W Magazine, based in Lisbon, Portugal, of global broadcast. My question is how can people in health service in Portugal and other parts of the world benefit from the Health Technology Access Pool specifically. Is it planned to be implemented globally in the public and in private health sectors? Can you talk a little more about this subject? Thanks.

CL Thank you very much, Belisa. I guess this is a question for Michael Ward, our specialist on WHO Technology Access Pool. Michael, please go ahead and unmute.

MW Thank you, Christian, and thank you for the question. In fact, yes, we are going to be interacting with publicly-funded research and development institutions. The licences that we were able to secure, mostly under C-TAP, came from such organisation such as NIH or the National Research Council in Spain and others.

But, importantly, the announcement from Dr Tedros today is from the private health sector and a global leader in in vitro diagnostics. We, of course, will be reaching out to both sectors but, importantly, it is how we will do it, which will be focused on WHO priorities and a rigorous business case assessment that looks at the access gap, looks at partnerships that need to be established, works with other WHO technical units and has an end-to-end solution.

We learned a lot from the C-TAP experience and that will be applied to the Health Technology Access Pool, which maintains an anchor in pandemic preparedness and response but also, at the same time, looks at other priority diseases.

00:39:32

And we will do this, in part, by acquiring technologies, supporting their development and diversified production, technologies that are platform technologies, such as the RDT technology that is announced today under licence through the Medicines Patent Pool. Thank you.

CL Thank you very much, Mike. Next is Imogen Foulkes, from BBC. Imogen, please go ahead and unmute.

IF Hi. Thanks very much for taking my question. I'm afraid it is going to be about the Middle East, not about leprosy. Dr Tedros, could I have your reaction to the events in Jenin Hospital yesterday morning? And second, UN agencies, including your own, are having to face a lot of accusations. I'm thinking, in particular, on Friday I think Israeli diplomats accused the WHO of colluding with Hamas. And I just wonder how concerned you are that the space for debate about what aid agencies do is getting very challenging. Thank you.

CL Thank you very much.

MR Hi, Imogen. You'll have to put up with me. I think your question is well asked. I think the challenge we all face now is that the humanitarian space is very constrained. Every aspect of what the agencies and the NGOs are trying to do is constrained. We're constrained on bringing assistance in across the

border, we're constrained on how we store it. We're constrained on how we can distribute it with so many distribution plans being denied or being impeded. We're constrained in that the number of health facilities is reduced and even the ones that working are operating at a much more reduced rate.

00:41:45

Anything that affects any part of that, the system is so fragile right now. The connections between procurement and delivery and transport and trans-shipping and storage and delivery and being able to deploy Emergency Medical Teams, supply them in the field, support them in the field. The ability to move patients. As Dr Tedros referred to, we have donkey carts moving heavily traumatised patients.

The system is so fragile that any further constraint to that system, be it financial, be it any piece of that system being constrained, further pressure on the border, further pressure on the medical staff and the hospitals, further pressure on the supply chain. Fear in the hospitals and fear amongst the doctors and nurses that they may be targeted at any time, that they may become wrapped up in another piece of the conflict, be it in militarised use of the facility or be it in extrajudicial killings.

Whatever it is, the health workers are operating in that frantic, that terrorising environment and they're trying to do more and more with less and less. So, this is one of these situations where the straw that breaks the camel's back, we don't where the point of failure is.

There are so many points of failure in the system and they're being pushed and they're being pressured. And one can argue that this is an accidental outcome of war or are these points and these weak points in the system of delivery of aid being pressured and being manipulated and being turned on and off at will in order to become part of the overall conflict.

00:43:26

And that, for us, is the hardest part. We are apolitical. Our job is to get the job done. Our job is to work with partners. Our only interest is the health and welfare of civilians in Gaza, in the West Bank, in Israel. What we've seen is horrific attacks on all sides. We've seen civilians bear the brunt of that.

We have seen health facilities and health workers attacked on both sides of this conflict. We have seen a disproportionate use of force that has resulted in the health system's collapse in Gaza and a tremendous number of casualties, tremendous number of deaths.

We collude with no one. We cooperate with NGOs. We cooperate with doctors and nurses on the ground. We cooperate with our sister agencies and NGOs. Claims against WHO of collusion are false, they're harmful and they endanger our staff in the field, most importantly endanger our staff in the field.

We want and we will remain open to discussions with all sides on how we can improve our performance because all performance can be improved but the space for the UN to operate has been constrained and constricted to a point where it is impossible to deliver on all that we want to deliver on.

We work towards the health and wellbeing of all peoples in all situations and it really is time for the international community to take a step back here because of what's happening in terms of nutrition. Sometimes we're asked, we were discussing here beforehand the metrics on nutrition. And what are the metrics? And how many people are this far gone in terms of nutritional status? And what stage they're at.

00:45:08

You only have to look into the faces of the people on the cameras and the TVs every night to see how the nutritional status of people in Gaza has gone down and down and down. They are desperate. We talk about desperate people taking food off trucks. What would you do in that situation? Your family is starving. You're starving.

This is a population that is starving to death. This is a population that is being pushed to the brink. And they are not parties to this conflict. And that is at the core of this. They are not parties to this conflict. The civilians of Gaza are not parties to this conflict and they should be protected, as should be their health facilities.

That is our only interest in this and I believe that the international community needs to reset our expectations in this response and reset the behaviour of all parties in this conflict.

CL Thank you very much. And Dr Tedros.

TAG Thank you. I think Mike covered it. I'll just say a few words. The accusation of collusion by the ambassador is really irresponsible because, as Mike said, it could put our staff in danger. But I would like to assure the ambassador that there is no collusion and WHO refutes any accusation.

We're impartial and we're doing our job and if there is anything we're saying also in addition to the support it is this problem will not be resolved by force. Anyone who wished well for Israel and Palestinians would advise that a lasting solution be found.

00:47:10

That is actually something that we believe could help both the Israelis and the Palestinians to live in peace. Other than that, our support is to those who need our support badly and we will continue to do that. So, thank you, and Christian.

CL Thank you very much, Dr Tedros. Next goes to Yuri Aprelev, from RIA Novosti. Yuri, please go ahead.

YA Thank you. I had the same question about Jenin, if Palestine contacted the WHO about it. I'm talking about what happened in the hospital Ibn Sina in Jenin yesterday. If you have anything from the Palestinian side on that? If you are talking with the Israeli side on that? And is it normal? Is it something that was seen in this conflict, that military operations like this with special forces have taken place?

CL Yuri, thank you. You were a bit broken at the end but I think we got the gist of it and I think we should try and get to Dr Richard Peeperkorn, our WHO Rep in the occupied Palestinian territories. Rik, are you online?

RP Yes, I'm online. Can you hear me?

CL Yes. All good.

00:48:52

RP I think it is a complex question. We base ourselves on reports. Let's just first focus on what we've got reported when it comes to this attack on Ibn Sina Hospital in Jenin, in the West Bank. It was reported and later we saw this also in the news that the special forces operation actually went into Ibn Sina Hospital and one person, allegedly a patient, and two companions, were killed.

Now, we've seen the videos and you must have seen the videos, where the persons who carried out that operation disguised themselves as health workers and civilians. There were also further reports of assaults against the medical security teams at the facility during the incursion.

And what we should, I think, all realise and, again, I'm not an expert. I'm a medical doctor and a public health expert and learning more and more about international humanitarian law unfortunately. But the use of health assets for non-health purposes is considered an attack on health and it creates a sense of fear and it's dangerous for health workers and patients.

It also reduces the trust in health workers, the hospitals and the system, the health system at large, and it puts them in danger and, related to them, decreasing the people's access to care.

So, I think what we reiterate and I think WHO has done, the DG has done, and I've heard this from Mike many times, we reiterate the call for active protection of civilians and health care and respect for the fundamental human rights and international law. Over to you.

And maybe let me add something on what Mike just raised. I think we should maybe also focus a little bit more on that and what's happening in Gaza right now about the so-called shrinking humanitarian space, unfortunately not so-called.

00:51:11

Just let me give you some data. In January, WHO planned 15 missions, medical supplies, food, fuel, etc. And of those 15 missions, eight got denied. So, eight to the north. 15 to the north. This was only to the north. Eight were denied, three were impeded, partly impassible roads and postponed and delayed, one was facilitated and two partially facilitated.

Now, to the south in the same January, what you would say is easier and that should happen all the time, seven planned missions south, three were facilitated, two partially and two denied. Now, this should be the real issue. All those missions should have been facilitated.

We try to do our level best because we provide minimum assistance and much more is needed. So, all these delays, etc. We heard about the mission the DG was referring to, just two days ago, to the Nasser Medical Complex.

The mission was intended to bring medical supplies to Nasser Medical Complex and food. It was agreed that food would go very early to make sure that food could actually reach the hospitals for the patients and for the staff.

Then, that was not allowed and it would be delayed. Then, the food transport didn't happen, so medical supplies only. The fuel, which was done by UNRWA was also postponed. The next day, again.

00:52:55

So, this is an enormous amount of work to, every time, plan the next another plan to bring in the food. Again, very early six o'clock start, team ready to go. Then, just 500 metres before the checkpoint it gets halted, cannot go, delay, delay, delay.

Crowds come around the food truck. A lot of I think very good from our team trying to convince the crowd, hey, this is food for the hospital. In 1.5 hours they could actually convince them of this. And then people are indeed so desperate. I've been there a couple of weeks. I'm going back to Gaza next week. People are desperate. So, finally, the food truck was taken by the people, who were completely desperate and hungry.

I want to stress this point and this is where Member States should focus on. It's the dismantling of health services which we see, which we know is what happened in the north of Wadi Gaza and you see it now happening. And we've been warning constantly about this.

We are now talking about how difficult this mission is to go to Khan Younis, we call the middle area. At the moment, there are military activities around the hospital, the Nasser Medical Complex, which is, by the way, the Al-Shifa of the south, together European Gaza Hospital. So, this is how important it is.

At the moment there are military activities. Patients cannot reach the hospital anymore, ambulances cannot go, WHO cannot deliver the supplies, and very quickly a hospital goes from partially functional and it becomes minimally functional or barely functional.

00:54:42

At this hospital, Nasser Medical Complex, only a couple of weeks ago when I was there it served over 1,000 patients. Currently, 400 patients. It had hundreds of staff. Currently, it has only a few hundred staff and most of them are volunteers.

It was actually helping the field hospitals and other hospitals around. It was the prime referral hospital. Now, it has to refer patients to a field hospital, which is very difficult as well because of the military activities.

And this is what we mention constantly. We see a breakdown of health services constantly happening. I'm not only talking about an attack on a facility but when military activities get close to a facility this is what is happening.

And we cannot afford to lose Nasser Medical Complex nor the European Gaza Hospital, nor Al-Aqsa Hospital. And this is where Member States should focus on, on the protection of the health service and making sure that humanitarian supplies can reach those hospitals all over Gaza. Thank you. Over to you.

CL Thank you, Rik, and all the best wishes to you and to colleagues there. We have time, I think, for one last question and that goes to Muhammet İkbāl, from Anadolu. Muhammet, please go ahead.

MA Thank you so much, Christian. My question is also about the famine in Gaza. Palestinians in the north of Gaza Strip eat animal feed to survive. There is also great famine in all Gaza. Israel prevents humanitarian aid for this region. What health consequences might this have? Could Gazan people face a humanitarian catastrophe due to hunger or famine? Thank you so much.

00:56:50

CL Thank you very much, Muhammet. We go to Dr Mike Ryan.

MR I think I'd like to be sitting here today saying that Palestinians in Gaza face a catastrophe. The Palestinian people in Gaza are right in the middle of a massive catastrophe, whichever way you look at it, in terms of nutritional status, shelter, access to clean water, access to electricity, access to medicines.

Whatever parameter you apply, this is a catastrophe. But if you're asking if the catastrophe can get worse, absolutely. And nutrition underpins every aspect of our health. It doesn't matter if we're talking about leprosy, as we're talking about today, infectious diseases, susceptibility to chronic diseases, so many factors, basic health and nutrition.

And it's not just the amount of calories you eat, it's the quality of those calories. So, we're not just talking about food, we're talking about the quality of the nutrition on both fronts. The calorie count consumed by Gazans has dropped systematically and the quality of that nutrition has dropped.

And populations are not supposed to survive on food aid for months and months and years and years. It's supposed to be emergency food aid to tide people over while the agricultural system recovers or while the fishing system recovers or while the importation system recovers. In this situation, there's no prospect for any of those to recover right now.

00:58:22

So, certainly nutrition has a major impact on the immunologic system and particularly in children, and if you mix a lack of nutrition with overcrowding and exposure to cold through lack of shelter in children, you can create the conditions for massive epidemics.

And we're seeing that with acute watery diarrhoea. We're seeing hepatitis outbreaks. We're seeing huge numbers of pneumonia cases amongst that. So, the population are experiencing all of this. Teresa might want to comment or Rik on some of the actual metrics regarding the severity of that but the last major assessments that were done were pretty bad and the current assessments that are underway, I don't predict them to get any better.

Nutrition has become a major issue. Dirty water, a major issue. Shelter, an absolutely incredibly major issue. Access to medicine. Access to health. And our ability then, when children become very ill and require medical feeding, we don't have the capacity.

We can save many, many children in clinical feeding programmes. Even in the worst of famines you can save a lot of children if you have the right intervention at the right time. Imagine in this situation with the overcrowded hospitals, with no access to medicines, with doctors and nurses completely

overwhelmed. How many of those children do you think they can save? Very, very few. So, maybe Teresa, Christian, may want to supplement with numbers or Rik may want the final word on that.

00:59:55

CL Exactly. Let's start with Dr Zakaria, please.

TZ Thank you, Christian. Thank you, Mike. Perhaps just on the numbers. We know already that 90% or over two million people in Gaza are already extremely food insecure. It means that they're not eating sufficiently in quantity and in quality to maintain their health.

What we're seeing now is that people have coping capacities. Their health status, however, is going to continue to deteriorate until they become sick by that continuous lack of food, and again in terms of quantity as well as quality.

What is most concerning is this lack of nutrition for a long period of time among children, especially those who are under five, because when they reach the stage of acute malnutrition then they are at imminent risk of dying. So, we don't want to reach this.

Gaza is not a territory that had problems with acute malnutrition among young children and we cannot reach this stage where then children are at imminent risk of dying because they're not getting the food that they need. Thank you.

CL Thank you, Dr Teresa Zakaria. And Dr Peeperkorn wanted to come in.

RP Thank you very much, Christian. I think these are very important questions and comments. I want to comment on two points. I'm not an agriculture specialist but I learnt a lot from colleagues from FAO and WFP.

First, a very pragmatic point, and I think you should, as journalists, raise this with WFP. According to the information we get, WFP actually has almost sufficient food and food supplies to actually cover the larger population of Gaza.

01:01:52

It's all about getting this food into Gaza, making sure that the humanitarian activities can work. So, you need more trucks, you need more transport facilities and to make sure that it can be transported all over Gaza. So, the understanding is that actually it is there. It's mainly a logistical problem outside and within Gaza. That is one.

The second one is visiting Gaza every month, Gaza in a large part was self-sufficient when it comes to meat and poultry, when it comes to eggs, when it comes to vegetables, when it comes to fruits, really good fruits and vegetables and fish as well. That was all there. What I understand is that 30 million chickens are not there anymore. So, the whole agriculture and agrifood activities have actually collapsed.

Now, how could we strengthen that? And linked to that is, of course, the private sector which has been constantly raised by the humanitarians to make sure that you cannot be reliant on a humanitarian initiative, how large it is. You need the private sector to get back into action and back on their feet.

Why is that not happening? Those questions should be raised, those questions should be pushed, and that should be changed. And I've seen a report. There is a review going on and, like Mike Ryan, I'm also not very optimistic about that review but I will listen to the experts. It should come out somewhere in mid-February.

01:03:39

Again, make sure that WFP goods can come into Gaza and can be distributed everywhere and make sure that agricultural and the agrifood and the fisheries can start up again because that was there, that was Gazan and that was working. Thanks.

CL Thank you very much, Dr Peeperkorn. Now, we are coming to the end of our press briefing. Before I give the floor to Mr Sasakawa for some final words let me just remind everyone that we will send the remarks and the sound and video files soon after the briefing, and then the transcript will be available tomorrow.

I understand that we had a bit of a sound problem before, so the recordings should solve this. But first, now, to Mr Sasakawa for some final remarks. Thank you.

YS Thank you very much for that opportunity. Now, together with WHO I would like to cooperate so that we would be able to bring zero leprosy and also bring stigma and discrimination down to zero. And we're going to announce the global appeal. Now, leprosy is not a disease of the past. This is still ongoing, even today.

Having said that, amongst all kinds of diseases that exist in this world, this is one of the very unique diseases. The reason I say that is because leprosy does not entail any pain. Usually, when you are sick you will feel plain or you will feel feverish and that's why you have some motivation, wanting to go to the clinics to be treated.

01:05:40

However, when it comes to leprosy, especially in the early phase of the disease, there is no such pain or no fever experienced. It is just small, discoloured patches that appear on the skin. Therefore, the patient does not feel the urgent need to go to the clinics to get treated.

Therefore, when they feel that they need to go to the hospital, that's the time when they have the disfigurement of their hands or of their feet, meaning that there is some sort of disability that they experience, and then finally they go to the clinics. Around the world leprosy has become more of a source of stigma and discrimination. Therefore, I would like to strongly say that leprosy is not a disease of the past. It is still ongoing.

So, WHO wants to eliminate this globally and for that we would like to have the strong support and cooperation from the media people like you, so that you can disseminate the essence of this leprosy to the people around the world.

I would like to have the media people understand what this disease is all about. People think that this disease is already a hidden illness but it's not. If you can disseminate the information that this leprosy is curable, the

medication is delivered free of charge, then that would help many patients around the world.

01:07:18

I am a strong believer that there is always a problem and the answer in the same place. So, my philosophy is to visit the site so that I can see the problem with my own eyes and find the solution there. So, I would like to have the cooperation of the media to disseminate this info.

CL Thank you, Mr Sasakawa. And Dr Tedros, for closing.

TAG Thank you, Thank you so much again, Ambassador Sasakawa. More than 50 years of commitment and visits to more than 120 countries is really great and thank you so much for your lifelong commitment. And you're saying I'm not tired yet, still I want to finish the job.

I would also like to thank you for your continued leadership and commitment. That inspires me personally, as an individual, that kind of focus, persistence, perseverance and continued commitment, and it also inspires many colleagues here.

And thank you so much, indeed, for supporting, especially leprosy patients. I know in what situation they live. They're one of the most stigmatised and to have someone like you globally to help them means a lot. So, thank you so much, indeed.

I say this because of my personal experience also. In 1990, I had an attachment in the Armauer Hansen Institute in Ethiopia, working for some time on leprosy before I did my immunology Master's, actually in preparation for the course.

And that's when I had first-hand experience with leprosy patients and in what condition they live and the level of stigma, and not only for the patients but including for their families. I have no words to thank you for your commitment because I know what it means, so arigato gozaimasu.

01:09:57

Then, the second issue is again to what I said in my speech, asking those donors who have suspended funding to UNRWA, we really urge you to reconsider. I think Gaza is a disaster but it could even be worse with the suspension of the funding. So, we urge you to reconsider.

Then, finally, thank you so much to the members of the press for joining us and see you next time. Thank you.