Global Health Issues

Virtual Press Conference
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Speaker key:

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TAG	Dr Tedros Adhanom Ghebreyesus
CM	Chido Mpemba
VM	Dr Vivek Murthy
EK	Dr Etienne Krug
RP	Dr Rik Peeperkorn
SS	Steve Solomon
TZ	Dr Teresa Zakaria
JR	Jennifer Rigby
BK	Banjot Kaur
JZ	John Zarocostas
EP	Erin Prater

00:00:31

MH Hello, everybody. This is Margaret Harris in the World Health Organization Headquarters, Geneva, welcoming you to our global press briefing on current health issues today, 15th November 2023.

As usual, we'll start with opening remarks from our Director-General, Dr Tedros Adhanom Ghebreyesus. And he will be joined by two special guest, Dr Vivek Murthy, the Surgeon General of the United States, and Chido Mpemba, the Youth Envoy for the African Union Commission, and they will be discussing the newly established WHO Commission on Social Connection.

After that, I will then open the floor to questions and our panel of WHO experts, both in the room and online, will be available to answer your questions.

In the room we have, to Dr Tedros' right, Dr Michael Ryan, our Executive Director of our Health Emergencies Programme. And next to Dr Ryan, we have Dr Teresa Zakaria, our Technical Officer for Health Emergency Interventions.

And seated next to Dr Zakaria we have Mr Steve Solomon, our Principal Legal Officer.

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To Dr Tedros' left we have Dr Maria Van Kerkhove, who is the Director ad interim for the Department of Pandemic Preparedness and Prevention, and Dr Etienne Krug, who is Director of our Department for the Social Determinants of Health.

Online we also have our WHO Special Representative for Israel, Dr Michel Thieren, and our WHO Representative for the occupied Palestinian territories, Dr Richard Peeperkorn, and Dr Rick Brennan, our Eastern Mediterranean Regional Emergencies Director.

And we have a host of others but I think we'll run out of time if I keep on listing. So, now, without further ado, we will go to Dr Tedros, for his opening remarks. Dr Tedros, you have the floor.

TAG Thank you. Thank you, Margaret. Good morning, good afternoon and good evening. Yesterday, I met for the second time with families of Israeli hostages being held in Gaza. I heard and felt their pain and heartache.

WHO continues to call for the hostages to be released unharmed and without any condition. We're deeply concerned for their health and well-being, just as we are concerned for the health and well-being of the people of Gaza, which is becoming more precarious every hour.

For the past three days, WHO has not received updates on the number of deaths or injuries in Gaza, which makes it harder for us to evaluate the functioning of the health system.

What we know is that only one quarter of Gaza's hospitals are still functioning . 26 out of 36 hospitals are now closed, either due to damage, attacks or because they have run out of fuel. Patients, health workers and ambulances are not able to enter or exit some hospitals.

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Prior to the conflict there were around 3,500 hospital beds across Gaza. Today, there are an estimated 1,400 and there are many more patients than beds. Doctors and nurses are having to make impossible decisions on who lives and who dies.

Torrential rain overnight has flooded makeshift camps, making conditions even worse for displaced people. Israel's military incursion into Al-Shifa Hospital in Gaza City is totally unacceptable. Hospitals are not battlegrounds.

We are extremely worried for the safety of staff and patients. Protecting them is paramount. WHO has lost contact with health workers at Al-Shifa Hospital. But one thing is clear, under international humanitarian law, health facilities, health workers, ambulances and patients must be safeguarded and protected against all acts of war.

Not only that, they must be actively protected during military planning. Even if health facilities are used for military purposes, the principles of distinction, precaution and proportionality always apply.

The safety of patients and staff, as well as the integrity of the health care systems in the wider community, are of paramount concern. International humanitarian law must be respected.

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WHO has staff who live in Gaza but many of them have been displaced and are just trying to protect themselves and their families. One of our staff said this week, there is no water, no food no electricity, only bombing, bombing, bombing.

Yesterday, international staff arrived to coordinate our operation. I spoke to our colleagues in Gaza this morning. They said the most pressing needs are for a ceasefire, the sustained opening of the Rafah crossing, safe movement for humanitarian aid and workers, and for supplies of electricity and fuel to be restored.

Electricity is needed to power desalination and sewage treatment plants, hospitals and telecommunications, and fuel is needed to distribute aid. We might be able to get aid into Gaza through the Rafah crossing but without fuel we cannot get it to where it needs to go.

On Monday, the forklift we use to load aid on to trucks inside Gaza ran out of fuel. Gaza's telecommunications providers have said that without fuel or electricity their networks will turn off in the coming hours.

Earlier today, a truck with 23,000 litres of fuel entered Gaza but Israel has restricted its use to only transporting aid from Rafah. At least 120,000 litres a day are needed to operate hospital generators, ambulances, desalination plants, sewage treatment plants and telecommunications.

This problem can be easily fixed. The supply of electricity must be restored and sufficient fuel must be allowed to enter to run vital infrastructure and distribute life-saving aid.

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Although the situation in Gaza is rightly dominating our headlines, WHO's work continues in many other areas. The COVID-19 pandemic brought the problem of social isolation and loneliness to widespread public attention, affecting all countries, communities and ages. But the problem existed long before the pandemic and it continues for many people throughout the world.

Currently, one in four older people experience social isolation and one in six adolescents is socially isolated and lonely, though this is likely an under-estimate. Social isolation and loneliness affects both physical and mental health. It is associated with up to a 50% increase in dementia and a 30% increase in strokes and cardiovascular disease.

Social connection has profound benefits for improving health, education and the economy. Around the world, there are many initiatives to promote social connection in different communities but we don't yet know which ones work best. We need global leadership to identify the best buys and help deliver the resources needed to implement these solutions.

That's why today I'm proud to announce the launch of WHO's Commission on Social Connection. This is the first global initiative to tackle the epidemic of

loneliness. The Commission will work to understand the severity of the health risks that social isolation presents and to map effective solutions and resources.

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Today, I am pleased to introduce the co-chairs of the 11-member Commission on Social Connection, US Surgeon General, Dr Vivek Murthy, and African Union Commission Youth Envoy, Chido Mpemba. Chido, thank you for agreeing to lead this important initiative. You have the floor.

CM Thank you very much and thank you for the honour, Director-General for the WHO, Dr Tedros, and my fellow Co-Chair of the Commission, Dr Vivek Murthy, the fellow commissioners, all ladies and gentlemen and everyone who is within this press briefing.

Allow me just to state my appreciation and my honour to be part of this pivotal moment in history, embarking on the critical task of shaping a global agenda for social connection and not only that but ensuring that young people are fully represented, including at the decision-making table.

As a commissioner, as a co-chair of this commission, I take pride in our collective ability to contribute meaningfully. However, it also underscores the weight of responsibility on us all to enhance our communities' social fabric. I extend my gratitude to my fellow commissioners, to distinguished leaders for their global impact on this vital issue.

Reflecting on the challenging times of the COVID-19 pandemic, we witnessed the swift emergence of social isolation and loneliness, as has been mentioned by Dr Tedros. Looking as well at the statistics, again we see that the issue is something that transcends borders but is becoming a global public health concern, affecting every facet of health, well-being and development.

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Social isolation knows no age and no boundaries, impacting one in four adult individuals globally and 15 adolescents, as we've heard. Therefore, it's important that even as we embark on this journey and the commission, that it's a journey of co-leadership intergenerationally to make sure that everyone comes on board as we look to how we can tackle this challenge that we've found globally.

Now, as the African Union Chairperson's Youth Envoy I've also seen firsthand, even during embarking on my listening tours across the continent and globally with the diaspora community, how this has grappled young people in terms of how they've been affected by social isolation and, as result, have turned to alternative ways to see how they can be able to survive.

In such a world we've been faced with challenges such as COVID-19 but, not only that, we've seen challenges when it comes to peace and security. In addition, we've seen challenges when it comes to climate change. And, again, all of this is having an effect and an impact when it comes to social isolation and affecting people globally, not just young people alone.

Now, in addition, when we look at regions, like in Africa, where the majority of the population comprises of young people that are facing multiple challenges,

such as what I've mentioned before, including even unemployment and economic development, the struggle remains socially connected being intensified in terms of what we need to do for the solution in reaching impact and making sure that collectively we can drive this work for better development and this being a topical issue when it comes to public health.

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Now, whilst digital spaces are offering support, including to refugees, they also present limitations on authentic human connectedness and they highlight the intricate relationship between social ties and social well-being.

In conclusion, I believe it's imperative to redefine the narrative surrounding loneliness, particularly for vulnerable populations excluded by the digital divide and the power of connection necessities, collaborations across sectors, such as civil society, governments, business and political leaders, alongside the active involvement of young people embracing the African philosophy of ubuntu, recognising that I am because of you are.

And it's important that we unite, a united effort to foster social linkages. It's very important that we continue with this work and I'm truly honoured to be within this commission whilst also working with global citizens on how we can tackle this issue. I thank you.

TAG Thank you. Thank you so much, Chido. Dr Murthy, thank you for your commitment to this important initiative. Thank you for your leadership. I remember actually last year when you told me about your commitment to this and your ideas, and when I said WHO will support you in any way possible. So, thank you so much for your leadership, and I know what this means to you, your passion. Over to you.

VM Thank you much, Director-General. I remember that conversation as well and I'm so grateful that we've come to this place where we are now launching this Commission on Social Connection.

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It's truly and honour to serve as co-chair of the commission alongside Chido Mpemba. I'm really excited about our work together. And I also want to thank Dr Ailan Li, Dr Etienne Krug and other WHO leaders and staff who helped stand up this commission.

We are now poised to do something that we have never done before, which is to come together as a global community to address the public health challenge of loneliness and isolation. Loneliness and the broader issue of mental health are ones that I have focused on during my tenure as Surgeon General of the United States.

These issues don't just affect one country, they affect all of us. Earlier this year, I released a Surgeon General's Advisory on our epidemic of loneliness and isolation to call attention to this underappreciated public health threat that has now become widespread.

Social disconnection, this increases the risk of serious physical health conditions including heart disease, stroke, dementia and premature death.

Loneliness and isolation also the risk of mental health conditions, including depression, anxiety and suicide.

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And social disconnection has now become a key driver of the broader mental health crisis that we are seeing in this world, a crisis in which nearly one in eight individuals worldwide are living with a mental health disorder. That's roughly one billion people and it includes 14% of the world's adolescents.

Poor mental health takes a toll not only on the quality of individual lives but also it has enormous economic consequences. Two of the most common mental health conditions, depression and anxiety, cost the global economy $1 trillion each year.

Now, just as loneliness and isolation are associated with a greater risk for a number of health conditions, mental and physical, the opposite is also true. Evidence shows that social connection is linked to better heart health, better brain health and better immunity.

It's also important to know that the benefits of social connection are not just individual, they are societal. Communities where residents are more connected with one another fare better on multiple measures of population health, as well as community resilience, community safety, economic prosperity and civic engagement.

For too long loneliness has existed behind the shadows, unseen and underappreciated, driving mental and physical illness and draining us at an individual and societal level of our well-being.

Now, we have an opportunity to change that. As a global community we can work together to more clearly understand the full impact of loneliness and its root causes. We can develop and implement strategies to foster social connection at individual, institutional and community levels, and we can build partnerships to support and learn from each other as they strengthen the social fabric of their communities.

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This will require bold action and sustained commitment from global partners. It will demand our long-term focus, investment and effort. But it will be worth it because, if approached thoughtfully, improving social connection can be a lost-cost, high-yield approach to improving both the lifespan and the quality of life or healthspan of the global community.

In closing, I want to acknowledge that, for many of us, the issue of loneliness and isolation is a personal one. Most, if not all of us, know someone in our lives who is struggling with loneliness or isolation. It may be our child, our spouse, a friend or ourselves. I've seen the consequence of loneliness up close in my own life and in the lives of so many of the patients I have been privileged to care for as a doctor.

Today, we are embarking on an effort to create a world where loneliness and isolation are replaced by social connection, a world where we harness the potential of human relationships and connected communities to help us live

healthier, happier and more fulfilled lives. I look forward to this work that we will do together. Thank you so much.

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TAG Thank you. Thank you so much, Surgeon General, my friend, Vivek. And thank you again for your leadership.

Finally, today The Lancet released its 8th Countdown Report on Health and Climate Change, which highlights how the health impacts of climate change are increasing globally, costing lives and livelihoods.

The climate crisis is escalating the severity of extreme weather events, increasing food insecurity, exacerbating respiratory diseases and fuelling the spread of infectious diseases.

Achieving the Paris Agreement target to limit global warming to 1.5 degrees Celsius is a public health imperative. WHO joins the report's call for transformative action to reduce air pollution and increase health equity.

I look forward to COP28 in the United Arab Emirates next month, which for the first time will include a day dedicated to health. Together, we must continue to remind the world that the climate crisis is a health crisis. Margaret, back to you.

MH Thank you very much, Dr Tedros. We've got a couple of questions that were actually pre-submitted, so I'll start with those. I know that there are a lot of you online but I'll start with the pre-submitted, especially the one on the Social Connection Commission.

This question asks how much is the Social Connection Commission going to focus on digital and social media-driven loneliness and isolation? I don't know whether you would like to start with that, Dr Krug.

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EK Thanks very much. Social media are, indeed, both a contributor to social isolation but, as well, part of the solution that needs to be explored and therefore, yes, the commission will definitely look into that. Of course, it's not up to me to say what the commission exactly will do, it's up to the commission, but certainly this is one of the areas we will be focusing on in the future.

MH Thank you very much. Now, the next question goes to Jennifer Rigby, from Reuters. Jen, unmute yourself and ask your question.

JR Hi, there. Thanks for taking my question. I just wanted to ask about any evacuation plans for patients and staff at Al-Shifa Hospital and, indeed, other hospitals in Gaza where necessary. Are there plans in place and what organisations are working on those plans? Thank you.

MH Thank you. We'll start with Dr Rik Peeperkorn, our Representative in the occupied Palestinian territories. Dr Peeperkorn, are you online? Ah, good. There you are.

RP Thank you very much for the question. Let me tell you what we know. We have difficulties, like all partners, in actual communication with Al-Shifa. We always have communication with health workers, both our team in Gaza as

well as us in Jerusalem and, as was already said, we lost contact. So, indirectly what we get is the following.

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We know that currently what we have been informed is that 34 premature children are still alive, as per latest reports, and there were 39 to begin with. We were informed that 82 bodies were burned in mass grave today. 80 dead bodies remain unburied.

We got informed haemodialysis was done for 45 patients for two hours only. That there's no central oxygen, water, power and fuel. We are informed that there 633 patients, 116 doctors, which includes a total medical and admin staff of 500. And also there is an estimation that there are still around 3,000-4,000 IDPs. There might be less.

Now, you asked the possibility of evacuation. A number of partners, including WHO, are urgently exploring the possibility of an evacuation of patients and medical staff. To start to make sure that this can be enabled, of course there's a need for a safe passage and also for fuel for the PRCS ambulances. Then, we can start this process. Over to you.

MH Thank you, Dr Peeperkorn. I'm just looking around the room. I think that question has been fully answered. Now, we have a number of consolidated questions because you all asked a lot of questions earlier today and we were really holding it until this press conference.

So, I'm going to give you a combination of questions asking on the update on the hospital situation, which I think Dr Peeperkorn has covered to an extent. But what is the latest regarding health care workers? And can you update on the flow of medical supplies into Gaza? What is the current state? I think that is also for you, Dr Peeperkorn.

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RK Yes. Can you unmute myself? Am I unmuted?

MH You're unmuted. Go ahead.

RK All right. I think the DG already pointed out the key facts. At the moment, 64% of the primary care facilities are not functioning. The two, and they're very small hospitals in the north, Al-Ahli and Al-Subha [?], they remain open in a very limited way.

More than 72%, 26 out of 36 of the hospitals are currently not functioning and I think the DG made the very important point that of the 3,500 deaths which were across Gaza, today there's an estimate of 1,400 and an occupancy rate of over 160%.

We see a real problem with disease surveillance. It is disrupted. And I'll come back to that. The risk of infectious diseases is on the rise. Based on the data from UNRWA and our colleagues, there's now close to 72,000 cases of acute respiratory infections, 44,000 cases of diarrhoea, 808 cases of chickenpox and close to 14,200 skin diseases, scabies and lice, and even some cases of hepatitis A now identified.

Where we struggle with as WHO, and I want to really be clear that over the last three days we have not received updated data on injuries and deaths, due to the intensifying hostilities and the limited connectivity. So, it makes it much harder to evaluate the functioning of the health system. And we know that active ground operations in Gaza near the hospitals, along with the lack of fuel have halted movement for refugee teams, ambulances, etc.

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Now, we already discussed Al-Shifa. Let me go back to one thing. I think the DG really pressed for the fuel, water, food and medicine, and an acute shortage persists. And I think it was a really good step and really, I think, promising step that some fuel was received through UNRWA. At least the goods could be transported to the warehouses but it is only 9% of what is needed per day to sustain these life-saving activities, if you talk about water desalination, bakeries, hospitals and actually the UNRWA operations in the shelters.

What we have seen and that's, I think, also critically important is the water and sanitation areas, where UNRWA's solid waste removal services started to shut down yesterday and are posing an environmental hazard, with 400,000 tonnes of rubbish per day accumulating in overcrowded camps and makeshift shelters.

Also linked to that is the public sewage pumping stations and the water wells, etc., which are currently again not functioning, and the two main desalination plants in Rafah and the middle area.

My last point is, so then what is needed? And I think I want to really make a clear plea on that. There is an excellent Flash Appeal from One UN and partners and it's for 1.2 billion for the next 90 days. It's not just focusing on health, I want to make very clear, it's focusing on food security, on health, of course on nutrition and shelter, non-food items, water and sanitation, education, multipurpose cash and protection, and including coordination, including telecommunication, which is needed.

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WHO, we released an Operational Response Plan. We already implemented this from October to January. It's part of the Flash Appeal and we focus on four key areas. One is health service delivery through the management of casualties, maintaining a continuity of essential health services but especially to establish a referral pathway from primary, secondary, tertiary level and expanding the bed capacity, which is now 1,400, quickly again to 2,500.

Now, linked to that, we need to get going on an organised medevac. There is no organised medevac at the moment, so we are working with all partners. We need to establish a mechanism that a medevac becomes operational and over the next three months we medevac, for example, 30, 40, 50 patients, critical patients a day, like maybe 2,000 patients over the next three months into Egypt.

Now, linked to this a number of Emergency Medical Teams are very much needed. There are already two teams in Gaza, one from ICRC and one from Médecins Sans Frontières, which will be assisting these key referral hospitals

as part of our plan. And, complementary to that, we see the scope for a few strategically located field hospitals.

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The second pillar is what I already discussed, public health challenges, disease prevention and what do we do on outbreak response. Everything should be underpinned by the third pillar, which is everything related to supplies and health logistics support. And, of course, the fourth pillar, emergency coordination. Thank you very much. Over to you.

MH Thank you very much, Dr Peeperkorn, for that really excellent, comprehensive reply. Continuing with the consolidated questions, because we've received numerous questions this week from media on the use of hospitals and what international humanitarian law says is acceptable and not acceptable. So, I'm going to ask our legal expert, our Principal Legal Officer, Steve Solomon, to outline the position. Over to you, Steve.

SS Thank you very much, Margaret. Let me start by recalling that the WHO Constitution sets out as a principle, a principle that all Member States of the organisation accept that, quote, the health of all peoples is fundamental to the attainment of peace and security, close quote.

At the core of this principle is the concept of the neutrality of health and of health care. The neutrality of health care, this concept, is also a key foundation of international humanitarian law. It is a key to protection of the civilian population and it is a key aspect of post-conflict stabilisation and recovery.

International humanitarian law is clear. Health care facilities should not be attacked or used to commit acts harmful to the enemy. But even if they are used for military purposes, health care facilities are never without protection under humanitarian law.

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The principles of precaution, of distinction and of proportionality always apply. Combatants are obligated to operate in absolute accordance with these principles. This means, among other things, that hospitals may never be attacked if the humanitarian consequences likely to result from the damage to these facilities, including consequential effects on health system capacities, exceeds whatever military advantage is likely to be gained.

Simply put, under international humanitarian law, health facilities, ambulances, health workers and patients must be safeguarded and protected against all acts of war. As the DG has repeatedly made clear, the safety of patients and of staff, of the hospitals themselves, of clinics and of all medical transports, as well as the integrity of the health care system and the wider community, are of paramount concern. International humanitarian law and the neutrality of health care must be respected by all and at all times. Thank you.

MH Thank you very much, Steve. The next question goes to Banjot Kaur of The Wire, India. Banjot, please unmute yourself and ask your question.

BJ Thanks for taking my questions. Could you confirm if the Palestinian Health Ministry has sought specific help from any of the countries in terms of

providing medicine and equipment, and if the countries have responded to the request?

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MH Banjot, could you clarify? Because we don't speak for the Palestinian Health Ministry. Are you asking us whether we know whether the Palestinian Health Ministry has reached out to different countries? Is that what you're asking? Because I don't think we can answer that.

BJ Yes. Also, because you have been coordinating a proportion of the aid work doing on there. So, if WHO has also reached out to countries with any specific request for providing any sort of aid and the Palestinian Health Ministry has also done the same.

MH We can talk about how we reach out through our Emergency Medical Teams and perhaps Dr Teresa Zakaria can give you some information about the extent of the aid and supplies that we're organising.

TK Thank you for the question. I think I will be able to partially answer this question with what we currently know in terms of what has gone into Gaza since the escalation of the violence.

Just perhaps to highlight prior. We have a really well-established relationship with the Ministry of Health of Palestine, even prior to this escalation of violence. So, then, we are aware of needs in terms of supplies and equipment and everything else that the health system requires in order to function properly, even prior to the escalation of violence.

And I think it is important to highlight as well that even before 7th October there was already considerable shortage in supplies overall and the people of the occupied Palestinian territories were already suffering from lack of adequate medical services. This has only worsened since 7th October.

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Now, in terms of what were are aware of, as of 13th November we know that over 930 trucks of aid have entered Rafah, so have gone into the Gaza Strip, of which 185 were for the health sector. These trucks contained supplies and equipment to be utilised by the health sector.

Now, of these 185, 16 trucks were from WHO. So, this just shows, as well, how much bilateral aid is being provided to the population of Gaza by different countries, different entities, including as well a very large donation by the Government of Egypt, itself.

Now, what we are sure is that up until now whatever has come into Gaza is not sufficient. It is really not sufficient because health needs continue to rise every single hour and every single day that this escalation of violence continues.

And outside of the medical supplies itself, we know that for health services to actually be provided there are some other conditions that also need to be met, fuel for electricity, for oxygen generation, for safe water to actually be available for the treatment of patients but also for the management, the control of infections, for example.

And so for as long as these other items, these other conditions are not met, even if we bring in as many trucks with medical supplies, it will never be sufficient to actually meet the health needs of the population in Gaza. I think that's also important to highlight. Thank you very much and back to you, Margaret.

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MH Thank you so much. Dr Rik Peeperkorn had something to add, I understand, as well. Over to you, Rik.

RP Thank you very much. Two things. Yes, the Palestinian authorities definitely have reached out to partners and also to One UN and to Member States to assist, to a large extent, with the humanitarian catastrophe, what we see, and address that in Gaza, including in the West Bank. They also recognise that the humanitarian partners will do a lot of the work but they are approaching Member States and raising funds themselves.

I want to add to this a little bit also on WHO. I already said something about the WHO Operational Response Plan with a total budget of 110 million. First of all, the WHO's resources straight away, key resources facilitated by HQ, approximately ten million. We are depleting that very rapidly now to make sure that we get in supply.

We distributed a substantial amount of supplies five times to seven hospitals, PRCS and UNRWA facilities. That is, indeed, a drop in the ocean. Other partners did the same. We are in close coordination with a number of partners who have reached out for additional resources, so making plans to make sure that the pipeline will be sustained.

We need, of course, much more flexible resources, I want to say flexible funding, to make sure that we can implement the WHO Operational Response Plan. And I want to also make the point we need 1.2 billion to build a secure, flexible resource so that we can implement the Flash Appeal because, besides health, all the other areas which I've mentioned are as important. Over to you.

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MH Thank you very much for that. That was, again, very, very helpful. The next question goes to John Zarocostas, from France 24 and The Lancet. John, please unmute yourself and ask your question.

JZ Good afternoon. Thank you for the briefing. I just would like to hear some comments on the record from Dr Tedros and perhaps Mr Solomon. In your meeting yesterday with the Foreign Minister of Israel, Mr Eli Cohen, and the Health Minister of Israel, Mr Uriel Buso, did you convey these same messages you are telling us today to the two ministers? And what was their response? And, secondly, did you get any assurances from the two ministers concerning the health sector and its protection? Thank you.

MH Thank you, John.

TAG Thank you. During our meeting, I think one of the issues discussed was on especially the hostages that were taken during the horrific attack on October 7. And we listened to the families of the hostages, four families. Their stories are very, very heartbreaking. And we have informed them, briefed them

about what we're doing with regard to the release of the hostages, that we're reaching out to some countries who could influence and also work with ICRC and hope there will be some opportunity for the release of the hostages. So, that's the main area.

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By the way, the meeting was organised in order to meet the families of the hostages. Of course, other issues have also been discussed, about the dire condition in Gaza, but not only that. We also discussed about even the long-term solution is a political solution and that they have to commit to the two-state solution that can bring peace and stability, peace to the Israelis and peace to the Palestinians.

So, these were, in general, some of the issues we have discussed but, as you know, not only meeting during the in-person, we are asking for a ceasefire, we're asking for the sustained opening of the Rafah crossing to be able to move supplies through Rafah, medical supplies, other humanitarian aid.

But not only that, during those movements we need to have safety, safety of our workers, safety of the health workers in order to move or others to move these supplies. As you have heard from my statement earlier today, one of the major problems is now power and fuel. I think replenishing that would also be very important.

So, many of the requests we have made, we have said repeatedly and not only just at the meeting yesterday but I know, John, you know all the asks we're making and I hope there will be a solution to address the dire condition in Gaza. It's really, really heartbreaking.

I was talking to my colleagues today by phone, those who are in Gaza, and they were telling me about one story, a family who have two kids, three years and a half and another one, 11 years. The three and a half years, her right leg is amputated, and the 11 years old, both legs amputated.

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So, not only the death of children but you see all this tragedy that the children are facing and you can understand how the parents would feel. This is really a serious tragedy and something beyond words, and I hope our words and asks are taken seriously for the sake of the innocent people who are paying the ultimate price.

MH Thank you so much, Dr Tedros. I think we've got time for one more question and that can go to Erin Prater, from Fortune. Erin, please unmute yourself and ask your question.

EP Thank you so much. Just curious regarding the Social Connection Commission. I know it's early and you all have much work to do but what are some possible solutions that might be implemented to tackle this problem? Just give me a flavour for that, if you don't mind. Thank you.

MH Thanks. Both our commissioners have left but luckily we've got Dr Etienne Krug, who can answer that.

EK Thank you. It is still early days, of course, for the commission but there are a number of solutions that we know work. There are possible

psychological interventions like cognitive behavioural therapy, that has been tried and worked in some countries. And then there are also very simple solutions at the level of society, for example improving and making public transport more accessible to people, so that those who live far and don't have the resources can just move around and get to other people.

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Or things like creating small groups around gardening, around physical activities, bringing people together, facilitating this bringing of people together so that the social isolation can be broken. But, again, it's early days and that's what the commission certainly is going to be looking into.

MH Thank you very much, Dr Krug. Well, as I said, we're really running out of time, so I'll just hand it back to Dr Tedros for any final remarks.

TAG Thank you. I would like to thank the press for joining us today and see you next time.