

Gaza, Israel & Global Health Issues

Virtual Press Conference 2 November 2023

Speaker key:

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RP	Dr Rik Peepkorn
MR	Dr Mike Ryan
NA	Dr Naeema Al-Gasseer
MT	Dr Michel Thieren
TZ	Dr Teresa Zakaria
RB	Dr Rick Brennan
JR	Jennifer Rigby
AF	Ashleigh Furlong
AD	Ari Daniel
GS	Gabriela Sotomayor

00:00:55

CL Hello and welcome to WHO and today's press conference on global health issues, of course with a special focus on the escalating violence in Israel and the occupied Palestinian territories. It is Thursday, 2nd November 2023 and we're here, at the WHO HQ. My name is Christian Lindmeier and I'll walk you through today's press conference. For a start, we will not have translation available today, so we'll have to do this in English all the way through.

Now, let me introduce the panel of participants that we have here, in the room. First and foremost, Dr Tedros Adhanom Ghebreyesus, he is Director-General of the WHO. Dr Mike Ryan, Executive Director for WHO's World Health Emergencies Programme. Dr Teresa Zakaria, she's the Incident Manager for the escalating violence in Israel and the occupied Palestinian territories. And

last but not least, Dr Sophie Maes, she's Senior Emergency Officer and we have her here for any questions about Sudan.

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Now, we have a big list of colleagues online for the purpose today and that's, first, Dr Rick Brennan, he's the Regional Emergency Director in the Eastern Mediterranean Region. We have the WHO Representative from Egypt, Dr Naeema Al-Gasseer. We have also the WHO Representative in the occupied Palestinian territories, Dr Rik Peepkorn. And we have the WHO Special Representative for Israel, Dr Michel Thieren. Welcome to all of you and, with this, let me hand over to the Director-General for the opening remarks.

TAG Thank you. Thank you, Christian. Good morning, good afternoon and good evening. We're running out of words to describe the horror unfolding in Gaza. Since Hamas's horrific attacks on Israel on the 7th October, more than 10,000 people have been killed, including more than 8,500 in Gaza and 1,400 in Israel. In both Israel and Gaza, 70% of those killed are women and children. More than 21,000 are injured and more than 1.4 million people in Gaza have been displaced.

The situation on the ground in Gaza is indescribable, hospitals crammed with the injured lying in corridors, morgues overflowing, doctors performing surgery without anaesthesia, thousands of people seeking shelter from the bombardment, families crammed into overcrowded schools, desperate for food and water, toilets overflowing and the risk of disease outbreaks spreading, and everywhere, fear, death, destruction, loss.

So far, WHO has verified 237 attacks on health care, including 218 in the occupied Palestinian territory and 19 in Israel. Attacks on health care are a violation of international humanitarian law. 14 out of 36 hospitals in the Gaza Strip are non-functional. However, functionality is affected by lack of food and clean water, and the lack of fuel to power generators.

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As health needs soar our ability to meet those needs is plummeting. 23 hospitals have been ordered to evacuate in Gaza City and North Gaza, and forced evacuation in these circumstances would put the lives of hundreds of patients in a life-threatening situation.

Moving a baby on life support would be hazardous in a high-income country. Doing so in Gaza would gravely endanger a child whose life has only just begun and who knows nothing of this conflict, nor is responsible for it. Demanding these patients move puts them and the health workers in an impossible situation and in most cases they have nowhere to go.

I send my appreciation to health workers in both Gaza and Israel who are dealing with the consequences of this conflict. The best way to support those health workers and the people they serve is to strengthen the existing health system by resupplying the hospitals and ensuring their security.

In the past two weeks, WHO has been able to deliver 54 metric tonnes of humanitarian supplies to Gaza but this does not even begin to address the scale of need. Far more is needed than can be delivered with a drip-feed of aid.

Before 7th October, an average of 500 trucks a day were crossing into Gaza with essential supplies. Since 7th October, only 217 trucks have entered in total. To sustain the humanitarian response on the scale needed we need hundreds of trucks to enter Gaza every day.

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We thank Egypt for opening the Rafah border crossing to allow the evacuation of severely injured patients and foreign nationals. It is too late to help the dead now but we can help the living.

We can help those who live every moment in fear. We can help injured civilians. We can help the almost 200 women who are expected to deliver babies every day. We can help children and older people. We can help those with life-threatening diseases who need urgent medical care.

WHO will do everything we can to ensure that all people in Gaza have access to life-saving health and humanitarian services. In the current situation this is almost impossible. At the very least, we need a humanitarian pause in the fighting and ideally a ceasefire. We need unfettered access and safe passage agreed by both parties to ensure the security of access routes.

Let me be clear. There can be no justification for Hamas's horrific attacks on Israel. I understand the grief, the anger and the fear of the Israeli people. I also understand the grief, the anger, and the fear of the Palestinian people.

WHO continues to call on Hamas to release the hostages it took, many of whom need urgent medical attention. We continue to call on Israel to restore supplies of electricity, water and fuel. We continue to call on both sides to abide by their obligations under international humanitarian law. And we call on all who can to de-escalate this conflict, rather than inflame it.

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With the world's attention focused on Gaza and Israel, we are continuing to remind the world that we cannot forget Sudan. Since the conflict erupted in April, almost six million people have been displaced, including 4.6 million within Sudan.

Combined with the more than three million people who were already displaced before the war, Sudan now has one of the largest numbers of internally displaced persons in the world.

The already fragile health system is buckling under the load of injuries, outbreaks, malnutrition and untreated cases of diabetes, cancer and cardiovascular, kidney and respiratory disease. In addition to measles, rubella, malaria and dengue, outbreaks of cholera have been declared in three states.

WHO is preparing to support cholera vaccination campaigns. More than 70% of health facilities in conflict hotspots are non-functional and in areas not directly affected by the conflict health facilities are overwhelmed with patients. Critical services have been discontinued in many areas, including for maternal and child care, severe acute malnutrition, and treatment of noncommunicable diseases.

Meanwhile, the health system itself continues to be attacked. So far, WHO has verified 60 attacks on health care since the start of the conflict, including the

occupation of a paediatric centre in Nyala, in South Darfur, last week. We are pleased that the hospital staff have been released unharmed but the paediatric centre was looted and has had to suspend its operations.

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I thank all health workers in Sudan, most of whom have not been paid in six months but continue to serve in the most difficult context. While talks between the parties to the conflict have resumed in Saudi Arabia, there is no sign of improvement on the ground. We call on the parties to implement the commitments they made in May this year.

The late Kofi Annan said that suffering anywhere concerns people everywhere. The suffering of civilians in the occupied Palestinian territory, Israel and Sudan, and in so many other crises, must concern all of us. WHO is doing everything it can to alleviate suffering in all of these places but in each case the ultimate solution is one thing we can't provide, peace. Christian, back to you.

CL Thank you very much, Dr Tedros, and with this we're opening the line for questions and answers now. Let me remind you, in order to get into the queue for questions, please raise your hand with the Raise Your Hand icon. And we'll start with Jennifer Rigby, from Reuters. Jen, please go ahead and unmute.

JR Hello. Thank you for taking my question. The question is about Gaza. It's slightly two-part. The first is do you have any estimate for how many people have died in Gaza outside the casualties from bombing and is there any count of that from the authorities or from WHO, and also who is the most vulnerable? And then the other question is, is WHO working with Israel to set up a field hospital in Gaza?

00:14:04

CL Thank you very much, Jen. I guess we'll go to Dr Rik Peeperkorn, the WHO Representative in the oPt. Rik.

RP Hi. I didn't get the second part of the question. I think the second part was on field hospitals. Is that correct? Okay, then I'm right. Let me first go to the total number and I think Dr Tedros referred already to the staggering number and unfortunately we echo the reports.

The reports, unfortunately it has been increased. We talk now about 8,805 deaths, of which more than half are women and children. And injuries are at 22,250 and also for the injuries over half women and children. And displacement was already mentioned of 1.4 million of the 2.1 million Gazans.

You asked about field hospitals. We are currently not working on field hospitals but maybe, if I'm allowed, I could say something about the WHO plans and WHO Operational Response Plan for the next three months. We are finalising an Operational Response Plan with an estimated budget of 50 million for the next three months and the focus is, first and foremost, on supporting existing health facilities, so strengthen and maintain services and reinstitute a trauma pathway.

We should realise the health system in Gaza is incredibly resilient, on the breaking point but resilient. Within this plan we will focus, of course, on health service delivery, the management of casualties, the re-establishing of a trauma pathway from the point of injury and also maintaining the continuity of essential health services and the re-establishment a referral pathway at primary, secondary and tertiary levels.

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We focus on public health intelligence, early warning, disease prevention and control, supplies and logistics, and coordination. This is the core of the WHO Operational Plan. Then, to supplement it we will focus on a number of Emergency Medical Teams from outside Gaza to work with those key referral hospitals on certain areas where it's most needed. We also will plan for two to three additional field hospitals, ideally one in the north and two in the south.

I want to make a very important point and people maybe don't realise that there are approximately 20,000 health workers in Gaza, 20,000 health workers operational in Gaza. There are 7,084 physicians of which 529 are surgeons. There are more than 11,600 nurses, almost 4,000 pharmacists and 607 midwives. There's lab technicians, etc., etc.

There was, before this war, a functioning health system. There are still from the 36 hospitals there's 22 hospitals operational, partly operational I would say, and I think Dr Tedros already described all the shortages which are, of course, affecting these current hospitals. There's also, when I look at the primary health care facilities, currently 26 of the 74 primary health care facilities still partly functioning.

The point I want to make is we will have to focus. We are now in, I would say, an ultra-emergency phase and WHO is doing a lot to address that. I will not focus on that now but in this humanitarian response and when you look at health and the health system we have to focus on supporting and making sure that the existing health systems will be able to deliver.

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It will be really a bit delusional if you think that with a few EMTs from outside or setting up a few hospitals, that we can supply appropriate or even a minimum level of health services for 2.2 million Gazans. For that and to have, of course, this plan to make sure it's operational, we need ideally a humanitarian ceasefire but we definitely need safe passages, humanitarian corridors and sustained access to the needed supplies. Over to you. Apologies for taking so much time.

CL Thank you very much, Dr Peeperkorn. We go to Dr Mike Ryan. And maybe if we can, we have a question about clarification, whether we said 15 or 50, one-five or five-zero million for the Operational Plan, if we have that.

MR I think 50.

RP 50.

CL 15? One-five? Dr Ryan, please, for the other part.

RP Five-zero.

CL Okay. So, now, not to confuse everybody, five-zero, 50 million for the Operational Plan, five-zero. Thank you, Dr Peeperkorn. And now, Dr Mike Ryan, please.

00:20:06

MR I just want to reinforce the point that Rik made. The best and most effective and most rapid way to save lives is to support the existing system. Rik laid out the numbers to you there. The doctors, the nurses, the pharmacists, the technicians, the porters and everybody else within that system have done remarkable work over the last three weeks.

They have saved countless lives. They want to continue doing that. The facilities are there, the machinery is there, the beds are there, the operating theatres are there. It is the responsibility of all parties to the conflict to allow those hospitals to be resupplied.

International law is clear on this. It's not just about not attacking facilities, it's about protecting facilities and occupying authorities have a special responsibility to ensure that such facilities are not only protected but serviced and supplied for the adequate needs for the populations that they serve.

The issue for EMTs coming in and field hospitals, the best and most effective way to introduce an EMT or a field hospital is to bring it in in association with an existing facility where it adds to the number of beds, it adds specialist capability, it allows exhausted surgeons and other to rest while others take on the role.

Putting field hospitals far away from population centres unsupported by the local infrastructure is not the best way. It takes a long time and secondly, right now, we have no deconfliction effectively operating. There is no humanitarian access and anyone out there that says we've got humanitarian access, it is not true.

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Our supplies are being delivered in a way that I haven't seen in the past. It has been almost impossible to set up appropriate notification, acknowledgement and deconfliction measures in this particular conflict. Getting trucks over the border is one thing. Getting them to the places in which they are needed is another. And that has not been facilitated, that has not been supported. In fact, if anything, quite the opposite.

So, there is a huge gap between the rhetoric of some and the actual reality for our health workers on the ground and our staff on the ground. That needs to change because, quite frankly, I'm sick of hearing all of these reassurances that don't actually exist on the ground for the people we work with.

Our staff are operating under duress at the risk of their lives to help ordinary civilians and bringing supplies to hospitals. How are we going to bring in field hospitals with further international workers when we can't even guarantee the basic safety of the staff we have on the ground now? The is unconscionable. This is unthinkable.

I've operated in many, many, many different crises in my time, many different situations and we have never found it as difficult, never found it as difficult to

establish the basic rules of engagement that would allow us to act in a proper humanitarian fashion with minimum guarantees of safety to our staff and to our partners.

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So, the rules of this have got to change. If the international community want WHO and others to bring international staff and international field hospitals into Gaza, they must be able to guarantee their safety and the occupying power must do likewise. There is no other way to do this.

As Rik said, the best way to do this is to support the existing system but we will not be instrumentalised on this. We will not become a party to this. We are doctors, we are nurses, we are pharmacists, we are lab technicians, we are porters, we are drivers. Our job is to save lives. That is our only job.

CL Thank you so much. With this, to the next question and that goes to Ashleigh Furlong, from Politico. Ashleigh, please unmute.

AF Hi. Thanks for taking my question. I wanted to know if you have the numbers for how many injured have been able to cross into Egypt and possibly also if you could try to set out how health workers decide who is transported and how you triage those patients. It's obviously an impossible decision and I wondered if the WHO has any guidance on that. Thank you.

CL Thank you very much, Ashleigh. For the first part we start with Dr Naeema Al-Gasseer. She's the WHO Representative in Egypt. Naeema, please go ahead.

NA Good afternoon, good evening and good morning. I would like to thank you for this opportunity to answer your question directly. There has been a discussion on the most needed in terms of trauma and medical evacuation for people who needs surgery for burns, for orthopaedic and, at the same time, people who are critical in terms of cardio problems or thoracic injuries. This is one.

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Regarding the safe access, I would like to echo what Dr Ryan said and also the Director-General. The movement of the patients has not been easiest to date. We have a total number of 46 that arrived to hospitals. They were distributed between two main hospitals in North Sinai and, at the same time, we know that they have been accompanied by 36 family members. Some of them have been only by one or a couple of two.

The decision on who should be coming in at the same time has been a consensus between several parties as we understand, especially between the Ministry of Health in the occupied Palestinian territory and Ministry of Health in Egypt. This the latest that we have.

One of the critical aspects is that there have been so many more, 365 international, some people call dual, some of them are international, that yesterday have arrived and they have been safely checked at the border and passed. 35 children who were given their immunisation at the border for polio because of the fear. This is just quickly to answer this question.

However, the concern is the movement has not been as easy and already, as Dr Mike Ryan said, it is not as easy as we think, we just open the door and the movement has happened. It started from 11 o'clock in the morning until ten o'clock at night and it was trickling and, at the same time, very slow, as I understand.

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Now that I am talking with you, I had one of the WHO's checkers leave from the country office, at the border since 11 o'clock in the morning, and he said only three UN Italians passed and, of course, they were taken by their embassies and left. No patients yet. The Ministry was expecting patients since morning to come through.

This shows the complexity of allowing safe passage, humanitarian access, more importantly ceasefire. There is a fear of movement by the patients, by their families, very well put by Dr Tedros and by Dr Mike Ryan. If the children and critical patients are on machinery to keep them alive, with this movement they are being put at risk.

CL Thanks so much Dr Al-Gasseer. Dr Mike Ryan, please.

MR I just want to add a note of thanks, and Dr Tedros mentioned this, but particularly to the Ministry of Health in Egypt and to His Excellency the Minister of Health, Dr Khaled Abdel-Ghaffar, because the work that has been done in Egypt over the last number of weeks in terms of medical evacuation preparedness has been truly state of the art.

While I was in Al-Arish with Dr Saafan, the Head of the Hospitals Directorate, we were able to, with Naeema, who has just spoken so wonderfully, we were able to visit the Al-Arish Hospital, we were able to visit the ambulance teams. There are 65 ambulances on standby with full resuscitation capability. There are 13 emergency physicians assigned to those ambulances for the most difficult cases.

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Al-Arish Hospital has full resuscitation capability, 30 ICU beds, six paediatric intensive care beds and also Egypt has brought a number of specialist surgical teams into work in that hospital, including burns, thoracic surgery, reconstructive surgery, plastic surgery, etc.

There is a very intricate and well worked secondary layer of hospitals that have been identified to take patients on further referrals and the Ministry of Health have also built a stabilisation and triage unit at the Rafah border.

All the preparations are there on site, on the Egyptian side. It is in place, it is highly professional but, as Naeema has outlined, the problem is getting safe passage for very scared patients and others in moving toward that border, again reflecting the terrible complexity of the situation on the ground in Gaza.

CL Thank you very much, both. The next question goes to Ari Daniel, from NPR. Ari, please go ahead and unmute.

AD Thank you so much. My question is around a report that the Foundation for Defense of Democracies put out, and they said that there's concern that Al-Shifa Hospital, which is the largest in Gaza is, according to

credible reports, a Hamas base of military operations. And I was just wondering on the WHO's perspective around potentially disentangling the critical need for care in these hospitals and the potential complications of them being used as a base for military operations. And secondly, if there's time, I'm wondering what sort of support is being offered for the mental health side of things in Gaza. Thank you.

00:30:15

CL Thank you very much, Ari. Very different questions. We'll start with Dr Ryan on Al-Shifa first.

MR The reality on the ground at Al-Shifa and other hospitals is that we have thousands of health workers, thousands of patients, probably hundreds of thousands of civilians sheltering at these multiple facilities all over but in the north now, where they're effectively cut off from any assistance.

The rules are clear on this. Health care must be protected. I know what's going on above the ground. We know what's going on above the ground. We deal with the doctors, the nurses and the administrators at that hospital and all of those hospitals and they are crammed full of patients, ongoing operations, intensive care and much, much else. And in that context we have no information on what may be happening elsewhere or underneath these facilities. That's not information we would have. It's not information we could verify.

The misuse of facilities, and Dr Tedros just outlined an example from Sudan, where the misuse of facilities for military purposes is equally outlawed under international law. The difficulty here is separating the needs of 50,000 people, for example, at Al-Shifa Hospital, civilians, doctors, patients, and others.

We have no independent verification whatsoever of any of the information that you refer to and in this situation where such an eventuality occurs, again it is the responsibility of the occupying power to not only agree with the local health authorities on an evacuation but then, if that does happen, that has to be fully facilitated, fully supported logistically and those patients, those doctors need to have a place of safety to go where the patients can receive an adequate and similar amount of care.

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None of those criteria are met. Those patients cannot be moved. Those doctors and nurses will not leave their patients. And all we know is that that is the situation above the ground in those facilities and particularly at Al-Shifa. We have no knowledge of anything else to which you speak and no evidence likewise that that assertion is true.

There's lots of misinformation and disinformation in war. We're all subject to it. We're all victims of it. All we know is that we are supporting the thousands and thousands of patients, civilians and health workers who continue to try and deliver life-saving health care in hospital facilities all over Gaza.

CL Thank you very much, Dr Ryan. For the question about the mental health facilities or options, we'll try and go with Dr Rik Peepkorn, from the Jerusalem office for oPt.

RP Thank you very much. I want to stress, first of all, mental health and psychosocial support is possibly, and specifically in the occupied Palestinian territory, one of the biggest needs and specifically when you look at Gaza but also applied for the West Bank, East Jerusalem, etc., the many escalations, crises, wars, they've gone through.

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The need has always been tremendous and currently what I know is there's actually one specific hospital for mental health patients which is still partly functional but that's just a very small part of that. WHO, in the past we always have been supporting the whole area of mental health and psychosocial support, to strengthen mental health and psychosocial support in primary health care and create a referral pathway, etc., at all levels. And we continue to do that. Actually, we were just starting with a new grant when this all happened. So, we would focus on this again.

At the moment we talk, of course, about the mental health and psychosocial needs for many; many in Israel and an enormous amount, I think everyone in Gaza, everyone in Gaza. Just yesterday, I just want to raise, we had an all-staff meeting with my teams in Gaza and a lot of people were actually online.

It was, of course, as you can imagine, a very trying and emotional meeting. Some of my staff, it's incredible. I think they're all incredible. Some of them are still fully operational, risking their lives to make sure that essential supplies and medical supplies go to the hospitals and health facilities, to PRCS, to UNRWA facilities where its most needed.

WHO delivered already three times both to facilities in the north, facilities in the south with staff, my staff risking their lives to do that. But I can tell you, and this is about UN staff and people will argue, oh, they're even a bit more privileged than the other Gazans, there were other members of my staff, they were completely desperate, utterly desperate and utterly depressed and no vision about life anymore.

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Well, this is a group of what a lot of people would call privileged staff, so think about the rest of the Gazans and the Gazans being under blockage for the last 15 years, going through multiple escalations and wars, etc. So, yes, there's an enormous need and distressed population.

I'm in direct contact with health workers, with surgeons at various hospitals. Every day we try to exchange texts and also my staff in Gaza are doing the same thing, so that we can target the supplies as good as possible, deliver the supplies, as Dr Tedros was referring to, and many more are lined up.

And we, of course, get also very disconcerting information about them, their mental health state, of their health and of the health workers. So, yes, this is one of the top priorities and also in our three-month plan is one of the key topics as well to be addressed. Over to you.

CL Thank you very much, Dr Peeperkorn for this. We also need to go to Dr Michel Thieren, who is our Special Representative in Israel. I'm sure he has a lot to add here. Over to you.

MT Thank you, Christian. On this side it's a whole shadow of trauma that is spreading across the country, the survivors, the families of hostages, the witnesses of atrocities, the displaced population, the hosting communities of those displaced people and survivors. I would even say the decision-makers.

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The whole country is plunged into a night of trauma and the trauma spreads a bit like a virus. There is great deal of trauma with people that are together. There are people who stay too long in contact with stories of others. It's really an issue that must be stopped.

The Ministry of Health has insisted on the urgency to restore nationwide mental health resilience and we have been discussing this the whole day yesterday with health authorities in the presence of Dr Hans Kluge, who came here also to pay sympathy to those people who are traumatised. I think there is an urgent mental health collapse here, in Israel, and it will be urgently addressed and we are working on that on this side.

CL Thank you very much, Dr Thieren, and thanks to all of you. A very grim picture you are painting there. Next question goes to Gabriela Sotomayor, from Proceso. Gabriela, please go ahead and unmute.

GS Thank you very much, Christian. I know that Gaza is a very important issue but I have a question on Acapulco, Mexico. On Wednesday, October 25th, a Category 5 hurricane left the port of Acapulco devastated. Nearly a million people live there with 80% of all homes severely damaged.

Severe damage is also present in the hospitals. There is still no access to water, food, medicines, electricity and fuel is scarce. With the heat and bodies still under the rubble, this could lead to disease outbreaks, such as cholera or dengue. The number of deaths are at this moment are 46 but a lot of people are looking for their loved ones.

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So, my question is whether the government of Mexico has requested your assistance or your expertise in managing these disasters or do you have any assessment of the state of the hospitals in Acapulco? Thank you so much. Thank you for taking my question.

CL Thank you very much, Gabriela. You're right, this is easy to forget in the current crisis. I'm not sure we have anyone here today who could talk about this. Maybe Dr Ryan can try.

MR We will come back to you on this. Dr Ciro Ugarte is our Regional Emergencies Director and I know that our team in the Pan American Health Organization, the Americas Regional Office for WHO, are in close contact with the authorities in Mexico and offering assistance.

So, I will have to update you later on the specifics of what assistance has been requested and what can provided but again our condolences and our hearts go out to people caught in these rapid-onset natural disasters which are becoming more unpredictable, increasingly more impactful and they destroy lives all over the world. Climate change is here, the emergency is now and

many people around the world are paying the price for our climate inaction. Thank you.

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CL Thanks so much, Dr Ryan. As we said, we'll connect you afterwards. Please, get in touch. Next question, I think it's a follow-up, goes to Jen Rigby. And I have a sense we forgot a part of your question before so please go ahead and ask Jen. I'm not sure you're hearing us.

In case not, let me ask what I think we forgot. I think we forgot the percentage of other diseases, non-conflict-related injuries and diseases in Gaza, if we have figures about that. I'm not sure we have. Perfect. Dr Teresa Zakaria, the Incident Manager, please.

TZ Thank you very much for this question. I'll have to be honest. I don't have precise numbers for this and I think this is where it's really important to understand that we need to go beyond these figures. They're an indication as to how bad the situation is on the ground and people may be dying because of complicated heart disease but why does that person die in the end? It's because the person cannot access hospitals.

Why? Because perhaps their neighbourhood was bombed, the road leading to the hospital was bombed. And so, as such, it is unfair and it is not logical at that this point to actually attribute the cause of death, whether it has been directly linked to bombardment or not.

What we know for sure is that the population in Gaza are extremely suffering and we see that just with the case load, the occupancy of all hospitals inside the entire strip. That is extremely important and that is a clear sign for us too, that we need to do something about it.

And, yes, thousands of patients are already in hospitals beyond available beds. Hospitals are putting in place make-up beds and treatment options as well for people but they're really at the verge of collapsing and that is extremely important to address. We just cannot allow the situation to go on for even another minute. Thank you.

00:43:31

CL Thanks so much, Teresa, and I think Dr Rik Peeperkorn also has his hand up.

RP First of all, let me provide some facts. We know, for example, there are 1,000 patients in need of kidney dialysis. We know there are 130 premature babies in incubators. We know on average there's another, every year, 2,000 cancer patients which, of course, are all at risk.

We also know pre-conflict that on average 100 patients per day, they would actually be referred out of Gaza to East Jerusalem or the West Bank for their specialist health care, 100 patients per day. One in four is a child. Most of them are oncology related, that's the biggest group, but of course there is also specialisation.

So, yes, of course this war, this conflict has an enormous impact. There's another 350,000 estimated people who have non-communicable diseases, think diabetes, cardiovascular disease, of course cancer, oncology, etc., which

are in need to get their insulin, etc. So, yes, we definitely have some facts for that.

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And what we currently see, because I think there was also a question related to infections, etc, in the shelters, in all the UNRWA shelters and the makeshift shelters we try, with UNRWA, to get a good assessment. We're seeing a lot more acute respiratory infections among children. We see, of course, much more diarrhoea, and we see skin diseases, etc.

The water and sanitation in a number of these shelters is really problematic, so we really have to be able to better monitor for outbreaks and be ready for response. Over to you.

CL Thank you very much also Dr Peeperkorn again. We're coming to the hour but I would like to give a last round of opportunity for our guests online here. Maybe we will start with Dr Rick Brennan, our Regional Emergency Director in the Eastern Mediterranean Region. Dr Brennan, over to you.

RB Thanks very much, Christian. I think that the Director-General said it best, the needs in Gaza right now are skyrocketing while our ability to address those needs is plummeting. You've heard all the statistics from our colleagues.

I think we've tried to convey what that's like for an individual mother or child or father on the ground, particularly those crammed in these overcrowded settings now, over 700,000 people in schools and difficult to get access to food, water. We hear of these dramatic descriptions now of toilets overflowing and the risk of disease spreading. And then that, coupled with the constant bombardment, it's just a really toxic mix.

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So, what you've heard from my colleagues is exactly what we need. We need guaranteed access, secure access, protected access to those in need. We need to strengthen the existing health systems. The field hospitals which we are consistently asked about, they will only address a small proportion of the need.

We need the access, we need it guaranteed. We need a major, major scaling up of the humanitarian assistance and the cross-border operation and, most of all, we need the ceasefire that the Director-General has called for. Thanks very much.

CL Thank you so much, Dr Brennan. With this, we're coming to the end of it. Thank you all for your participation. Again, we will be sending the audio file and Dr Tedros' remarks right after the press conference, and the full transcript will then be available later today or tomorrow morning. For any further questions or follow-ups, please write to mediainquiries@who.int. Now, we'll go to Dr Tedros for closing remarks.

TAG Thank you. Thank you, Christian, and thank you to the members of the press for joining us today. See you next time.