

Global Health Issues

Virtual Press Conference

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Speaker key:

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TAG	Dr Tedros Adhanom Ghebreyesus
TZ	Dr Teresa Zakaria
MR	Dr Mike Ryan
RP	Dr Rik Peepkorn
HK	Dr Hyo-Jeong Kim
MK	Dr Maria Van Kerkhove
MT	Dr Michel Thieren
CV	Christophe Vogt
CO	Christiane Oelrich
DM	Donato Paolo Mancini
BR	Bianca Rothier
JK	Jamey Keaten
EP	Erin Prater
MP	Monika Pronczuk
GS	Gabriela Sotomayor

00:00:44

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, 19th October, 2023.

As usual, we will start with opening remarks from our Director-General, Dr Tedros Adhanom Ghebreyesus, and then I will open the floor to questions and we will have our usual panel of experts able to answer your questions.

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

And on Dr Tedros' left we have Dr Maria Van Kerkhove, our Technical Lead for COVID-19. Online we also have our WHO Special Representative for Israel, Dr Michel Thieren, and our WHO Representative for the occupied Palestinian territory, Dr Richard Peeperkorn.

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They also are joined by a panel of experts, so we will have people, ideally, able to answer all your questions. But now, without further ado, I'll hand the floor to Dr Tedros. Dr Tedros, you have the floor.

TAG Thank you. Thank you, Margaret. Good morning, good afternoon and good evening. Like the rest of the world, all of us at WHO have been shocked, appalled and saddened by the conflict in Israel and Gaza. The attacks by Hamas and other armed groups on 7th October that targeted Israeli civilians were horrific and unjustifiable.

At the same time, WHO is gravely concerned about the health and well-being of civilians in Gaza, who are suffering from bombardment and siege. I also deplore the attacks on health care in both Gaza and Israel, which have led to deaths and injuries of health workers and patients on both sides.

Under international humanitarian law all armed actors are obliged to actively protect health care. The bomb that struck the Al Ahli Hospital in Gaza City on Tuesday night and the loss of life it caused, regardless of who was responsible, cannot be tolerated.

Despite the airstrikes and the risks to their own security, the WHO team in Gaza has delivered lifesaving medical supplies sufficient to care for 2000 patients, but much more is needed. In Cairo last week, I met with Egypt's President Abdel Fattah el-Sisi, who agreed to facilitate the delivery of medical supplies to Gaza through the Rafah border crossing.

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On Saturday, WHO delivered a planeload of supplies to Egypt from our logistics hub in Dubai and a further four flights, with 40 metric tons of supplies, will arrive over the course of the next week. These include trauma medicines to treat wounded patients, medicines for those with diabetes, cancer and cardiovascular disease, and other essential health supplies to serve the needs of 300,000 people, including pregnant women.

We welcome Israel's announcement yesterday that it will not block the entry of water, food and medicines into Gaza from Egypt. Fuel is also needed for hospital generators, ambulances and desalination plants, and we urge Israel to add fuel to the life-saving supplies allowed to enter Gaza.

Our trucks are loaded and ready to go. We are working with the Egypt and Palestine Red Crescent Societies to deliver our supplies into Gaza as soon as the Rafah crossing is opened, hopefully tomorrow. WHO has mobilised US\$10 million dollars to support our response.

There's still time and opportunity to prevent the situation from escalating further. WHO supports the United Nations Secretary-General's call for an immediate humanitarian ceasefire. We call for the immediate and safe release of hostages seized and taken into Gaza by Hamas and other armed

groups, among them children, older people and those who need urgent medical care.

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We continue to appeal to Israel and Hamas to abide by their obligations under international law to protect civilians and health care. We appeal to Israel to restore supplies of electricity and water.

I wish to be clear that, as a United Nations agency, WHO is politically impartial and is committed to supporting the health and well-being of all Israelis and all Palestinians. To that end, WHO established an official presence in Israel in 2019, in addition to our existing office in the occupied Palestinian territory.

The WHO representative to the occupied Palestinian territory, Dr Rik Peeperkorn, and our special representative to Israel, Dr Michel Thieren, are both with us online today and available to answer questions. Thank you to both of you and other colleagues for your efforts in this terrible situation.

Bullets and bombs are not the solution to this situation. War will bring nothing but destruction and horror, and it will do nothing to make the region more secure, in fact the opposite. The only solution, the only hope is dialogue, understanding and peace.

While the crisis in Israel and Gaza is understandably dominating our headlines, there is another crisis that's being forgotten, Sudan. Six months after the start of the fighting, the conflict in Sudan has had a devastating impact on people's lives and health across the country and beyond its borders.

More than 5.8 million people have been forced to flee their homes within and outside Sudan. Sudan's health system was already overstretched before the war. Now it's at breaking point. About 70% of hospitals in conflict-affected states are not functional.

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Health workers have gone without pay for months and are regularly attacked, and health facilities are occupied, looted or destroyed. WHO has verified 58 attacks on health care to date, which have killed 31 health workers and patients and injured 38.

People are dying from a lack of access to basic and essential health care and medication. The rainy season in Sudan is further limiting access to vulnerable communities. A cholera outbreak is spreading rapidly, while other outbreaks of malaria, measles and dengue continue to take lives.

We are also particularly concerned about the situation in Darfur. Many hospitals are reportedly inaccessible, and insecurity prevents humanitarian aid from being safely delivered. Nearly half a million people have fled Darfur into Chad, many in immediate need of health care, including trauma care.

WHO has so far shipped over 1,000 metric tons of health supplies to Sudan, and more is on its way. We have also launched 21 mobile health clinics to provide services to displaced people in various states. We need the international community to show solidarity now.

We need the steadfast commitment and support of our donors to continue to strengthen the response and meet the ever-mounting needs of the people of Sudan. But the solution to this crisis is not fundamentally a humanitarian solution. It is a political solution.

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Even as WHO responds to the many crises in our world, we continue to work in a huge range of areas to support countries to strengthen their health systems and meet the everyday health needs of their populations.

Today, WHO published the latest edition of the Essential Diagnostics List, an evidence-based register to guide countries on the most important diagnostics to have available for health workers and patients.

This year's list includes eight new tests, for hepatitis E, diabetes, endocrine disorders, reproductive, maternal and newborn health, and cardiovascular disease. In total, the list now includes 216 tests.

Also today, WHO is issuing new guidance for countries on regulating the use of artificial intelligence for health. AI holds great promise for health, in terms of improving diagnosis and treatment, especially in areas with a lack of medical specialists.

But it also comes with serious challenges, including the potential for unethical data collection, cybersecurity threats and misinformation. This new guidance outlines six areas for regulation of AI for health, to support countries to harness its potential, while minimising its risks.

Finally, the influenza season is approaching in the northern hemisphere, even as hospitalisations and deaths from COVID-19 continue to increase. During the acute phase of the COVID-19 pandemic, circulation of influenza viruses declined because of the precautions societies and individuals were taking to prevent infection with COVID-19.

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Flu is now back to levels similar to those seen before the pandemic. The co-circulation of flu, RSV and COVID-19 can cause significant disruption to health systems. To protect yourself and your loved ones, and to help take the strain off health systems, WHO recommends vaccination against both influenza and COVID-19, especially for high-risk groups. Margaret, back to you.

MH Thank you, Dr Tedros. I'll now open the floor for questions. There are a lot of you online and a lot of you with your hands up, so please keep your questions tight. The first question will go to Christophe Vogt, from AFP. Christophe, please unmute yourself and ask your question.

CV Thank you. Can you hear me, Margaret?

MH Loud and clear. Go ahead.

CV Excellent. That's great. Thank you very much for taking my question. It's about the Rafah border opening. How confident are you that it's going to be Friday? And also could you give us a sense of how it's going to work practically? Are there going to be verifications? How are you making sure that

the civilians get the products or the hospitals and not the combatants? And how is it going to be distributed? Thank you.

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MH Thank you. I think we'll start with Dr Teresa Zakaria and Dr Ryan will supplement.

TZ Thank you, Margaret, and thank you for the question. I think it's important to note here that we are ready. We will be ready to cross the border with the trucks, five truckloads of medical supplies, as soon as the border is open. That's really what is most important. Whenever that border becomes open we will be there. As of today, we have received confirmation that our supplies are indeed loaded in trucks and ready to join the convey to cross the border.

Now, on the second question on how do we make sure that the supplies do get to the people in need, that is the whole purpose of our operations. We do want to make sure that our supplies, our services, target those who are most in need. We will be working with partners with whom we have very well-established partnerships for many years.

Now, what we would need, however, is assurance that transportation of supplies and onward delivery to those in need can be done as safely as possible, and the more we have that safe space to work with our partners in reaching those who are in need, then the better.

We are able to monitor that the supplies really reach patients and those who are in need of medical care. So, that's extremely important, that safe space for us to work in. It will also guarantee how the supplies are being utilised. Thank you.

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MR And we are working with the Egyptian MOH, with the Egyptian Red Crescent, with the Red Crescent societies in Gaza and the Ministry of Health, the technical staff there to try and organise this to go as quickly as possible.

We have very, very detailed lists of the medical equipment and supplies that we're sending in and they're extremely well documented, extremely well inventoried. They're prepacked on pallets with destinations on them.

Getting across at Rafah, as Teresa said, it's not just crossing the border at Rafah, and anyone who has ever worked in a humanitarian setting knows that there's a long way to go in terms of getting to a hospital facility or getting to a frontline health centre.

The roads are very badly destroyed. There's a huge issue of deconflicting those routes so that the trucks that carry that material are not attacked in any way or disrupted in any way, and that the goods can be offloaded safely and then put into further storage for further distribution, usually as needed, from a WHO or UNRWA or a Red Crescent warehouse.

There are absolutely no guarantees in a humanitarian situation that you can completely avoid any diversion of aid. Aid diversion is a fact. It happens. We do everything in our power to ensure that that doesn't happen but it would be a

lot easier for us to make those assurances if we are not just having a border opened and you can send 20 trucks across and then we have to work that out.

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Bringing supplies through a border crossing and to humanitarian assistance requires security planning, logistics planning. It is best done with people on the ground. It is best done with independent monitoring of the delivery, and we do that in countries all over the world and in very difficult humanitarian situations and in zones of active conflict.

But what we get from the combatants, what we get from the people carrying out the hostilities is guarantees of deconfliction. We've done this in so many places, this is our business, with our colleagues in UNICEF and WFP. But what we need are the guarantees and the joint planning on either side. What we need is a fully supported humanitarian operation, not a token.

It's great to have a start. It's fantastic that we're beginning and I will pray this evening, and I don't pray very often, that that border will open tomorrow. So, for anyone who has anything to do with that decision, we thank them, but we then need to take this beyond that, beyond the gesture and we need to make sure that the corridor is a corridor.

Humanitarian assistance needs to move every day. 2.5 million people need assistance. 20 trucks is a drop in the ocean of need right now in Gaza. We have the risk management processes in place, we have the means to monitor the delivery but we need to be able to have access and we need to be able to have the deconfliction guarantees that will allow our staff to operate on the ground and do their jobs.

MH Thank you very much, Dr Ryan and Dr Zakaria. The next question goes to Christiane Oelrich, from Deutsche Press Association. Christiane, unmute yourself and ask your question.

00:18:32

CO Thank you, Margaret. I'm going the same way. My question is on Gaza and Rafah. If I understand correctly, WHO found fuel somewhere in the last couple of days to supply hospitals to run a bit longer. Is there any more fuel in storage and is WHO working on a plan B if Israel does not allow fuel in? How would the hospitals there operate? And, finally, maybe you can update us on how many hospitals out of the total of how many are still operational at this point. Thank you.

MH Thank you, Christiane. I'm going to ask Dr Rik Peeperkorn, our Representative in the occupied Palestinian territory, to answer that question. Rik, I hope you can hear me and you're online.

RP Thank you very much. Can you hear me clearly?

MH Very well. Hear and see you very well.

RP By the way, I just want to add something on the former question. WHO, of course we also work not only with the Egyptian Red Crescent but also with the Palestinian Red Crescent and we have already made sure that all the preparations are in place to receive the supplies that are trucked in as planned. So, we do that through the Red Crescent and directly.

On the fuel situation, this is extremely serious. There is very little fuel in Gaza left and what fuel there is, as part of One UN, decisions have to be taken where does the fuel go?

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It goes to desalination, first to run the core UNRWA services, second to desalination plants to make sure that there is actually a little bit of water, and to the bakeries also to make sure there is some bread. Then, allocation to the hospitals.

Now what we, I think, plea for and I'd also refer to the comments of the DG, this fuel is targeted on seven hospitals, four of them what we call north of Wadi Gaza, that is Shifa, Indonesian, the PRCS and the Turkish Hospital, and three or four in the south.

All these hospitals are running out of fuel and specifically, I would say, the hospitals north of Wadi Gaza, we talk about one or two days. So, it's extremely important and I think that Dr Tedros made these comments that what is needed also through the humanitarian crossing is, first and foremost, fuel, water, food and essential medicines. Thank you. Over to you.

MH Thank you very much, Dr Peeperkorn. I think that answers the question fully. The next question will go to Donato Mancini. Donato, please unmute yourself and ask your question.

DM Hi. Good afternoon. Thanks for taking my question. First of all, do you have a verified death toll from the explosion at the hospital? And secondly, who will be doing the delivery of aid inside Gaza? Will it be you or will be partners? And how will that work?

Have you received assurances from the IDF, from Hamas, that you will be able to do so securely, even in the northern part of Gaza, which is currently subject to an evacuation order? And do you have any information on when aid is allowed in tomorrow, certain foreign nationals will be able to leave? Are you able to say anything about that? Thank you.

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MH Thanks. We'll start with Dr Teresa Zakaria.

TZ Thank you, Margaret, and thank you for that question. I think it's important to really acknowledge that in times of war it would be extremely difficult to actually find the accurate number of casualties, be it for this particular attack on a hospital, Al Ahli, or other incidents.

What we are mostly concerned about is our capacity to respond, whether health services are available to those who have been injured and beyond that as well because we know that hospitals are also utilised as safe havens for those who have been displaced from their homes. That is also to be taken into consideration.

So, we won't be able to get accurate numbers and the situation is so volatile that in any case any number that we would be able to provide you now would be obsolete in the next couple of hours.

I think the focus is really then to make sure that those who need help, those who need surgical care, emergency care and other treatment can actually access these services, and at the moment it is extremely difficult because all of the hospitals north of Wadi Gaza and actually in the entire Gaza Strip are full, the occupancy is full.

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The capacity of the health system, the Ministry of Health, as well as partners, are already exceeded. So, what do we do with increasing health risk with every day that we cannot get supplies and fuel into Gaza? Then, that would actually result in even increased death tolls. So, that is the major concern for us.

On assurances of safety, I think that is what we are all calling for and, as I've mentioned previously, we will be waiting for the operational environment to allow us to come in but when that moment arrives our teams and our supplies are ready.

MH Thank you. And Dr Rik Peeperkorn is online to add.

RP I agree, it's incredibly difficult to make an assessment but based on the reports and the initial assessments from the Ministry of Health, you talk about Al Ahli Hospital, it indicates that 471 people lost their lives and 342 people sustained injuries, including 28 critical injuries. We are just finalising the sitrep. It will be out this afternoon.

This actually brings the total number of Palestinians killed in Gaza to almost 3,500 of which, I just want to add, more than half of them are women and children. We also have more than 12,000 numbers of Palestinians injured in Gaza. And, as was also already mentioned, unfortunately in the West Bank there is also a tense situation where we have seen 62 Palestinians killed and more than 1,300 Palestinians injured. Over to you.

00:25:30

Oh, and the last point I wanted to make, it was about how do we manage the supplies or the distribution. We work and we are preparing, together with the Palestinian Red Crescent, etc., but I think what Mike Ryan said was incredibly important. It's one thing to get humanitarian supplies in, the other one is to get them to the right place. So, you need a humanitarian pause to actually make sure that that happens. Over to you.

MH Thank you very much, Dr Peeperkorn. The next question goes to Bianca, the Geneva Correspondent for Globo TV. Bianca, please unmute yourself and ask your question.

BR Can you hear me?

MH Very well. Go ahead.

BR Thanks, Margaret. If you could update us with the numbers of attacks on health care. I'm not sure if I understood. Now you mentioned health care workers dead or not? If you can just clarify how many hospitals attacked, how many health care workers dead. And if someone could share with us more details about the difficult in the field. What is the biggest challenge in Gaza right now? Thanks.

MH Thank you very much. We have our expert who manages the attacks on health care surveillance, Dr Hyo-Jeong, online. Hyo-Jeong, over to you.

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HK Thank you, Margaret, and thank you for the question. In the Gaza and the West Bank side of the situation we have currently, as of today, documented 136 incidents of attacks on health care since 7th October. 59 of these took place in the Gaza Strip and 77 in the West Bank, including East Jerusalem.

In the Gaza Strip we of course include that attack on Al Ahli Hospital on Tuesday evening, so as a result we had 491 people killed and 370 injured. Of those killed it includes 16 health workers that were on duty at the time of the event. On the West Bank side we have more than 61 ambulances affected and 12 people injured and two people killed due to the attacks.

I also want to add that we also have a monitoring mechanism in the Israeli side. As of today, since 7th October, we have documented eight incidents which have led to seven deaths. Six off these incidents have impacted health care personnel and three impacted health facilities. I just want to add where we monitor attacks on health care, we monitor attacks of these health care workers, health facilities, patients, as well as transport. Over to you.

MH Thank you very much for that answer. We can go on to the next question. Oh, no, Dr Ryan does want to add. Sorry, I misunderstood.

MR Sorry. My fault. Again, these numbers change and it's important to recognise every hour the numbers are changing, aligning the numbers from the various places and announcing them on a daily basis.

So, you'll find the numbers will go up or you may get a slightly different number from level of the organisation or the other, but it's our daily sitrep that we take those numbers from and we're pleased if you report the numbers off the daily sitrep.

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Again, just to document the reason why we do surveillance of these attacks on health care, and we've been doing it for a large number of years now, that's mandated by the World Health Assembly, a resolution of all our Member States. It's mandated by a resolution in New York.

And what it calls on WHO to do is to document attacks on health care, attacks on health workers as well, and to verify those events and to document the impact that those events have on life, on the infrastructure, on the delivery of health services.

WHO does not investigate the causation, the perpetration or the criminal activities or any violations that are associated with such attacks. That is for others to do. Our job is to verify, to bear witness to these attacks and report them to the world. And that's what we do and that's what we've done on both sides of this conflict.

But it is important for everyone to remember that attacks on health care, it's enshrined in international health law. Health is not a target. It can never be a target. It is not an excuse to say it was an accident. The parties to a hostility

are not only directed to avoid attacking health services, they're directed to ensure that damage to health services or injuries to health workers and patients is not a direct or indirect result of their hostilities.

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In other words, they are supposed to plan to avoid that. So, damage to health care facilities, blasted health care facilities, whether by accident or by intent, are a result of war and are considered to be acts that are prohibited under international law.

Sometimes I hear these arguments around, well, it wasn't intended or it's that awful word collateral damage. Health care workers and health care facilities and patients are not collateral damage. They are protected under international law and, as such, it is the duty of every party to the hostility to ensure that they plan to avoid those facilities.

It's very hard to speak about this because it's our fellow health workers and others who bravely, on all sides of conflict, stay with their patients. They stay in their facilities. They continue to serve. And this is happening again and again and again all over the world. It's not just in this setting.

It's particularly acute and it's particularly awful in this situation but we've reported on this in Yemen, we've reported on this in Syria, we've reported on this in Afghanistan, we've reported on this all over the world. And health has become a target.

We keep saying health is not a target. Where I sit, health has become a target and it's become a target that has been used in the prosecution of war. And it has to stop. And this is just the latest, most brutal, most awful example of how this happens.

MH Thank you very much, Dr Ryan. The next question goes to Jamey Keaten, of Associated Press. Sorry, Jamey. Jamey, please unmute yourself and ask your question.

00:32:19

JK Thank you, Margaret. Can you hear me?

MH Loud and clear. Go ahead.

JK Thank you. My question was just following up a bit on both Christiane's and Cristophe's questions. Mike, you mentioned that you have a very, very detailed list of the items that you plan on or hope to ship into Gaza. If you could give us a flavour of what that is, maybe broadly, without every point-by-point detail, that would be very helpful to understand exactly what you're talking about.

Then, secondly, the question is it sounds like you're going to have about five of the 20 trucks roughly, if that's what we're talking about here. Who gets to decide what the composition of the convoy is and how does that all work in terms of the decision-making in terms of the contents of the convoy? Thanks.

MR I don't envy those officials who are currently making those decisions. You get to send 20 trucks into a situation where 2.5 million people are thirsty, without food, without water, without medicine. Would you like to be choosing,

Jamey, who gets the boxes? It shouldn't be 20 trucks, it should be 2,000 trucks, and we shouldn't have to be making these choices.

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But those choices are being made and they're being discussed with the Egyptian Ministry of Health on our side, they're being discussed with the Egyptian Red Crescent, with UN officials. And there's issues of offload, onload and the packaging and there's lots of discussion going on and designating which trucks can go out. These are awful choices that humanitarians have to make but hopefully this trickle will turn into a river of aid that will flow in the coming days.

It's an interesting question. I've got lists and lists and lists here, down to exactly what is being transported across, but it doesn't make for easy reading, Jamey, because when you look down through a list and you realise that you're looking at amputation kits, intubation kits, pneumothorax kits, that means when someone has a punctured lung, when you're looking at external fixators for comminuted fractures. The list goes on and on.

Wound dressings. So many wound dressings. Infusions, disinfectants, gloves, anaesthetics, painkillers. All the stuff you would expect around a health facility. All the stuff we'd expect today here, in Geneva. If we get hurt, if we crash our car on the way home, all of that will be available to us and not available to any man, woman or child in Gaza tonight who is injured for any reason.

So, the list is what we'd expect. There's probably trucks pulling up to hospitals all over the world tonight with all of that stuff. Unfortunately, there's no trucks pulling up to hospital in Gaza right now with all of that stuff.

MH Thank you very much, Dr Ryan. I think that answers your question, Jamey. We now go to Erin Prater, from Fortune magazine. Erin, please unmute yourself and ask your question.

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EP Thank you so much for taking my questions, two, if I may. The first is what is the status of blood supply in Gaza? I believe we heard just a couple of days ago that there was only one week of supplies left. Is there more in the trucks that are waiting at Rafah or how will that situation be addressed?

The second I believe is for Maria. I know it's know off topic but JN.1 the COVID variant, which is BA.2.86 with an important escape mutation, is quickly taking off in Europe and it looks to be significantly more immune evasive, according to preliminary reports. Any thoughts on this? Thank you so much.

MH Thank you. Dr Ryan will start and Maria will answer the second one.

MR Rik may want to come in on this but my understanding is one of the biggest needs has been blood bags. The people of Gaza historically are brilliant. They've always been able to donate enough blood, and it's the same in every conflict.

Very often, it's not a lack of blood donors, it's a lack of a safe way to take and give blood, so you run out of blood bags before you run out of blood. It sounds crazy, doesn't it. You don't have the bags to take the blood. And that's what it

comes down. Rik, maybe you can confirm that but I think the bigger need is blood bags, not blood itself, over, because there are plenty of donors.

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RP Thank you, Mike. Yes, you are completely correct but I want to also put it a bit in perspective because we always talk about trauma supplies and everything related to that, and rightly so. But we also should think, for example in Gaza there are 350,000 patients suffering from non-communicable diseases who need to get their insulin.

There's 2,000-4,000 cancer/oncology patients who need to get access to their medications. There's a paediatric hospital with cancer patients, etc. We talk about emergency primary health care, we talk about emergency obstetric care as well, so the whole range.

And last but not least, I want to really make this critical point. You talked about what is running out. At the moment, in the shelters, etc., we talk about less than what I believe, understand is a litre per person of water. So, that's one of the highest or top priorities, extremely.

But one of the most critical items which needs to be added to that convoy is fuel. Fuel to make sure desalination plants can run, fuel to make sure bakeries can run, fuel to make sure that UN partners can actually implement the most essential operations, and fuel to ensure hospitals can sustain their operations and can sustain lives. So, fuel is absolutely a top priority. Over to you.

MH Thank you very much and over to you, Maria, for the second question.

MK Thank you. I'm surprised to get a COVID question today but I'm happy to address the one that you've raised. JN.1, yes, it's a descendant lineage of BA.2.86. Currently, there are 62 sequences that we are aware of submitted to open platforms from 12 countries.

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And, yes, as we are concerned about any of these variants that are emerging, we look at a number of factors, including immune escape. Most of the sequences that are circulating and outcompete others are more transmissible than the next but it is something that we have to keep a close eye on.

I want to put this into context because I mentioned 62 sequences from 12 countries. Right now, the dominant variant worldwide is EG.5, which is on the increase and about 48% of sequences that are submitted globally are this particular variant of interest. And there are a number of variants around the world that are in circulation.

So, while COVID is only one disease that we are dealing with, it is one that is still circulating in every country and, right now, we are seeing an increase in percent positivity for SARS-CoV-2 in the last several weeks and this is ahead of the northern hemisphere winter season.

And it's really critical that those who are most at risk get vaccinated for COVID, get that additional dose when it is time for you because those doses of vaccine prevent against severe disease and death. And we have to continue to vaccinate because the virus is circulating. So, this JN.1 is one of the latest

subvariants that are in circulation but, quite frankly, there are hundreds of different SARS-CoV-2 lineages that are in circulation.

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Our teams, the countries that are dealing with so many other complex emergencies and other diseases still continue to do surveillance for SARS-CoV-2 and I am pleased to say that in recent weeks we have had an increase in countries that are providing data on hospitalisations, data provided on ICU admissions, and we also have an increase in sequences coming from countries around the world.

So, a huge thank you to those of you who are working public health surveillance because this help us track this virus that is still circulating in every country.

MH Thank you very much, Dr Van Kerkhove. We're coming up to the top of the hour. I really apologise. I know there are a lot of you online but we've only got time for one more question and that goes to Monika Pronczuk, of the New York Times. Monika, please unmute yourself and ask your question.

MP Hi. Good afternoon. Thanks so much for holding this briefing. I just wanted to ask a question about the number or numbers of casualties that you guys gave. What is the source for the numbers?

You said that 3,000 Palestinians were killed in Gaza and that's slightly lower than what the Gaza Health Ministry is reporting. Where does that difference come from? And also does this number include the casualties from the hospital explosion, strike, however we're calling it? Thank you very much.

MH Dr Rik Peepkorn, please. That question is one for you. Dr Peepkorn, could you unmute yourself?

RP Sorry. I just said I will report, of course, on oPt. I'm sure that Michel can report on Israel. In oPt, what we see at the moment is almost 3,500 people have been killed in Gaza of which, I just want to say, almost more than half are women and children.

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Over 12,000 Gazans have been injured, again close to half are women and children. In the West Bank we talk about 62 Palestinians killed and 1,300 injured. And with regard to the Al Ahli Arab Hospital, estimates from the Ministry of Health indicate 470 people lost their lives and 342 people sustained injuries, of which 28 are critical. Over to you.

MH Thank you. I might actually ask Hyo-Jeong to talk about the attacks on health in Israel because we have been monitoring those casualties. Oh, sorry, I got confused. I think Dr Michel Thieren.

MT Thank you and good afternoon. The numbers that we have from Israel is 1,400 dead and 3,500 injured, many still recovering, still in the hospital.

MH Thank you very much.

MR Can I just add that the numbers we get, certainly in terms of overall deaths and casualties, come from Ministry of Health, from Palestinian Red Crescent. They're collated but, the same as Michel has said, WHO relies on

information from ministries of health, we rely on their daily numbers and we don't do specific verification of every death and every injury. That's not WHO's job. We rely on our colleagues in the Ministry of Health to report those numbers to us.

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We may supplement that information with numbers from other sources, particularly in areas where governments aren't active or if governments don't have active surveillance or active reporting, and that happens in many humanitarian contexts. Where the government is not present WHO, working with our partners, make estimates of death and mortality.

But we believe that the numbers being reported in Israel and in the occupied Palestinian territories, they may not be perfectly accurate on a minute-to-minute basis but they grossly reflect the level of death and injury on both sides of that conflict.

MH Thank you very much. I'm going to spoil Gabriela Sotomayor because she's got one question that she can ask very quickly on the hospitals running out of fuel. Gabriela, please go ahead and ask your question.

GS Thank you, Margaret. Thank you very much for taking my question. My question is simple. How much time do hospitals have left to continue operating with the fuel they already have in Gaza? What is the timeline there?

MH Thank you.

MR I'll answer this before Rik because we keep going around on this. The hospitals ran out of fuel days ago. What's been happening is we've been finding fuel. UNRWA and others have been finding fuel within reserve stocks. Rik and others, people on the ground in Gaza have been working together to try and reprioritise whatever little fuel is left.

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But technically these hospitals ran out of fuel days ago. They're been supplemented with absolutely precious supplies and the choice is between keeping the desalination plant going so you have some water or supplying the hospital or supply UNRWA, who are housing, right now, 600,000 internally displaced people.

So, what do you do? Do you supply one or the other? And that's been the issue with fuel. The fuel has gone. What is left are tiny amounts of fuel that are being repurposed within the UN and NGO system to desperately try to provide a couple of days extra fuel where that can be done.

I believe for Al Shifa, Rik, fuel was found with our colleagues in UNRWA in order to maybe extend their use for another two days. But, again, this idea that there's some cliff edge, we passed the cliff edge long ago and we are collectively careering towards the ground.

RP Yes, and I would like to add on that what I raised in the beginning. Mike is completely right. The hospitals have run out for a long time, fuel. We talk about absolute minimum requirements to keep some functions running and not just in the south, the four hospitals, more specifically I would say, north of Wadi Gaza, Shifa, Indonesia, PRCS and Turkish.

So, it's minimum supplies and, by the way, it's UNRWA, WHO, indeed like me, we allocated some fuel, whatever we have. As One UN, we have to make these horrendous choices, as Mike said, between desalination, between bakeries, between running of operations and fuel for hospitals.

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No one should have to make these kind of decisions, etc., and I also want to stress these hospitals north of Gaza that has been raised by WHO many times, they got an evacuation order. We all know doctors, health workers, they don't leave their patients. These hospitals and the patients have nowhere to go.

It's not only hospitals and patients. Talk about Shifa, more than 750 patients, thousands of IDPs. More than 2,000 patients in this northern group of hospitals. They have nowhere to go. The health workers have nowhere to go and these IDPs have nowhere to go.

So, again, I want to stress fuel is an absolute top priority. I agree very much with what has been said. Fuel has run out already. We talk about minimum requirements. Thank you very much.

MH And just to say IDP refers to internally displaced people. As I said, we're going to close now but Dr Michel, we'd just like to hear a little bit more about the situation in Israel. Could you give us a few words about the situation?

MT Thank you, Margaret. As soon as this tragedy struck, WHO offered solidarity, presence and support. And I visited directly affected areas, I visited affected hospitals, I visited the morgues and the national forensic institutes. I listened to the patients. I listened to the survivors. I grieved for the dead.

I listened to the first responders, the doctors, the nurses and I listened to forensic teams. Everywhere I went I encouraged everyone I met. And I also met with health and civil authorities, national and local.

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What Israel is facing is a singular event. The mental health needs are immense and they are scaling up by the days. Those emergency mental health needs must be addressed very quickly. And I must say that bearing witness and offering solidarity, support is a key function here and it does have an impact.

So, the situation is a situation of a trauma, a massive trauma. Let's not forget that 100,000, probably more now, people are on the road and being displaced, many of them are located in public facilities but also among friends, and we are following that very closely with local and health authorities. Thank you, Margaret.

MH Thank you so much, Dr Michel. Now, we'll close the presser but, of course, it's over to Dr Tedros for final remarks.

TAG Thank you. Thank you, Margaret. Most of the questions were on conditions in Gaza, so I just would like to say a few things on that. We visited Gaza with colleagues in 2018 and even then the condition in Gaza was bad, especially the health services.

With the conflict now, it's moving from bad to worse because those facilities that can provide service are getting less and less because a big number are getting out of service while, because of the overwhelming rise of casualties and fatalities, those who seek service is increasing.

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And that's why this situation will lead to more fatalities because of lack of service and that's why also we said the health situation in Gaza is dire and at a breaking point.

As you know, I was in Cairo ten days ago and discussed with President el Sisi. He agreed to help us in sending supplies through the crossing, Rafah crossing, and based on that offer we managed to get the supplies, the first shipment to the crossing area, border in Rafah more than six days ago now, I think Saturday, but still we didn't manage to cross.

So, that's also with the question whether we will be able to do it tomorrow or not. I'm not sure, to be honest, because we have been waiting for more than six days since the supplies have been delivered to the border area and still it hasn't happened. And the likelihood of it happening tomorrow, we hope it will happen and, as Mike said, we can pray but we cannot be sure.

And that's what worries us because with each passing day and with more attacks and less service the level of casualties will continue to rise but in addition to that, the supplies, the fuel and so on, as has been said, is another problem that will of course influence the service because without fuel the hospitals will not run.

The situation is very dire and at a breaking point and unless supplies are allowed very soon, it's not about tomorrow, it should have been allowed even yesterday or the day before yesterday, there will be a tragedy in Gaza, and that's our fear.

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So, we hope the announcements will be honoured and we hope there will be crossing tomorrow but, for sure, based on the experience we had the last few days, we're also at the same time, we're worried whether this will happen tomorrow or not. But we urge those who can do it to please, please make this happen to avoid the tragedy in front of us. With that, thank you to the press for joining us today and see you next time.