World Health Organization

COVID-19

Virtual Press Conference
8 April 2024

Speaker key:

SN Stephanie Nebehay, Moderator

TAG Dr Tedros Adhanom Ghebreyesus, WHO Director-General

VO Voice-over

VT Volker Türk, UN High Commissioner for Human Rights

SA Shorog Abubaker

EC Emilker Gabriel Cuatín Cuesta

AD Aya Douabou

00:01:59

SN Is mine okay? Good point. Is it [unclear] okay? Yes. [Unclear] Like that maybe? Is that okay? Thank you. Yes. Thank you. And the time code is going to be on this, right? Mm-hmm. [Unclear] I thought that... Well, that's all right. It's too late. It was supposed to be. Okay. Thanks. Good idea. [Unclear]

TAG How exciting.

SN Thanks. Okay. Thanks so much. Thank you. Mm-hmm. Okay. That's a good sign. So I'm told that there's just a few technical issues and we'll be starting very shortly. So thanks for your patience.

00:08:13

VO [Unclear] Her asthma... It's getting worse. We can't help you here. [Unclear] Can't help you now. [Unclear] Can someone please tell me what's going on? You must pay cash to [unclear]. [Unclear]

[Unclear] Her asthma... It's getting worse. We can't help you here. [Unclear] Can't help you now. [Unclear] Can someone please tell me what's going on? You must pay cash to [unclear]. [Unclear]

[Unclear] Her asthma... It's getting worse. We can't help you here. [Unclear] Can't help you now. [Unclear] Can someone please tell me what's going on? You must pay cash to [unclear]. [Unclear]

00:13:23

[Unclear] Her asthma… It's getting worse. We can't help you here. [Unclear] Can't help you now. [Unclear] Can someone please tell me what's going on? You must pay cash to [unclear]. [Unclear]

[Unclear]

[Unclear]

[Unclear]

[Unclear] Her asthma… It's getting worse. [Unclear]

[Unclear] Her asthma… It's getting worse. We can't help you here. [Unclear] Can't help you now. [Unclear] Can someone please tell me what's going on? You must pay cash to [unclear]. [Unclear]

[Unclear]

SN Good afternoon, everyone. I'm Stephanie Nebehay. I'm the moderator for this high-level dialogue on advancing human rights in the health sector, especially in hotspots worldwide that have been mired in conflict or climate crises, but through the perspective today of looking at solutions, including universal healthcare and economies based on equality, social and economic equality.

In the past decade, we've seen the growing impact of conflict on civilians in warzones from Syria to Yemen to Ethiopia to Sudan and, most recently, Haiti. Hospitals and first responders are no longer considered off-limit sanctuaries by many warring parties although they are clearly protected by international humanitarian law. The deadly airstrikes some of you may remember on MSF's Kunduz trauma hospital in Afghanistan was one of the early shocking attacks back in 2015 and very deadly.

00:20:23

In what is probably the most egregious ongoing example, in the last six months, hospitals across Gaza, including Al-Shifa, have been bombed and patients and medical staff killed while aid convoys with life-saving food and medical supplies are stalled in the face of creeping starvation. And access to healthcare for the population is one of the first casualties of war.

Meanwhile, in areas free of conflict, global warming has exacerbated droughts and floods, hurting health and livelihoods. These climate emergencies come against the background of increasing poverty and inequality in many parts of the world, which leaves families unprotected.

So our event today will be structured around three themes, followed by questions to both WHO Director Tedros Adhanom Ghebreyesus and High Commissioner for Human Rights Volker Türk. These three themes are the right to health in conflict and war, the impact of climate crisis on health, and solutions looking at universal healthcare and the human rights economy.

We'll also have short testimonials by video from campaigners on the ground for each of these three themes related to health and human rights. And there is interpretation available. There'll be an opportunity to submit questions by

the audience and online viewers through Slido and you will see a QR code on your screen.

00:22:03

So, over to Dr Tedros, who has been at the helm of WHO since 2017, steering it through the COVID pandemic and now through tricky negotiations on the pandemic accord, and to Volker Türk, the top UN human rights official. His 18 months in office have coincided with new wars, stretching his office and the monitors that they deploy worldwide, including in Ukraine. But I believe we're having first a word of welcome from our host, WHO. Is that… Okay.

TAG Maybe I will say welcome. No. First of all, apologies for the delay. This is our new building and we're still learning our technology. It's high-tech and we're still not able to tame it.

I'm actually fortunate as a WHO DG during my tenure to have a lot of construction. We started constructing this in 2018 and it was completed actually six months late because of COVID but on budget. It's 12 stories. Of course, our old building is under construction. As you know, many of the old buildings are built with asbestos, so everybody has to be evacuated, has to be out of that building.

So I'm seeing the construction. I have seen the construction of this but also the complete renovation of the old one. So I'm really lucky and would like to welcome all of you and apologise for the problem with the technology.

00:24:00

Then the second part is, my friend Volker, thank you so much for joining. This panel should have been done actually a few weeks ago. We couldn't do it because of some problems, but, a blessing in disguise, we're doing it actually during the right time. Because, as you know, yesterday was our birthday, WHO's birthday and this panel will commemorate the 76th anniversary of WHO. Thank you so much for joining us and very honoured to have you.

Stephanie, thank you. I'm very glad to see you with your new job and with retirement I think you have changed the attire [?] and started a new chapter. Very glad to have you. And to my colleagues here. And also I see ambassadors and diplomats and my colleagues. And also, those who are joining online, thank you so much for joining.

So I think we can start, Stephanie, without further ado. Thank you.

SN Thank you. So the first theme, as we said, was the right to health in conflict and war. So, to set the scene, may I ask you each, starting with Dr Tedros, to describe what impacts on health facilities, health workers, ordinary populations your organisation, WHO, is seeing in today's conflicts and wars?

TAG Thank you, Stephanie. As we know, during conflict, the first casualty is actually health. As you rightly said, all the three are affected, meaning health facilities, health workforce and care workers, and also the population at large. When we see with regard to health facilities during conflict, deliberate destruction and damage has become the norm now. And not only that, disruption during conflict is common. And, third, the capacity is also overwhelmed. So in health facilities we see all three.

00:26:30

As, Stephanie, you said it, we have seen this in Yemen. We have seen this in Ukraine. We have seen this in Ethiopia. We have seen this in DRC, in Sudan, and almost all conflicts you can name. The problem is actually, the trend is increasing.

But not only health facilities. With regard to health workers, targeted violence is common and many are losing their lives. As you know, the psychological trauma also on health workers, which is another big problem… Even colleagues who have been deployed to Gaza, when they tell you their stories, the sleepless nights and… You name it. I don't want to go into details. That's another serious problem.

Of course, when you ask health workers, one of the things they say is the limited resources they have or the access to resources, which is another problem. So many of those I spoke to in many conflicts… They don't complain about their situation but complain about the lack of resources so that they cannot be able to save lives.

And, third, of course, the major focus in conflict is fatalities and injuries in the population and also displacement and the emergence of many diseases and the health risks that are associated with conflict.

So in all three categories these are the major areas, but in terms of destruction, maybe the health facilities… We have documented last year close to 1,500. This year, the first three months only, up to 300 have been documented. Targeted violence and the risk to our health workforce and care workers… 742 deaths so far. By the way, in conflicts, deaths and injuries of health workers is common.

00:29:02

Then, with focus maybe on the impact on populations, I just wanted to give two examples, for instance, where fatalities and injuries are high. For instance, if you see Gaza, more than 70% of casualties are women and children, which is actually enough to stop the war. The other problem that populations face is displacement. The highest displacement now on Earth is the displacement in Sudan, which is 8 million. That affects the health condition of the people.

So conflict… If there is something, anything that brings, it's hell [?]. And I have said it many times, my own experience, and that's why I don't… I really hate war because of the destruction. We gain nothing and I believe many of the problems we face can be addressed politically and can be addressed through a peaceful means.

Stephanie, back to you.

SN Some very stark statistics there which illustrate how widespread the problems are. High Commissioner, would you like to step in on that?

VT [Unclear] So, first of all, happy birthday, WHO. I think it's great that we have these anniversaries close by because, as you know, in the WHO constitution the right to health is enshrined. It is actually enshrined even before the Universal Declaration of Human Rights was drafted. So I'm very

happy to have the engagement with a human rights organisation such as the World Health Organization. It's important to bear this in mind.

00:30:56

When it comes to the right to health, I think it's important to go back to the origins, since we talk about anniversaries, and especially after two massive world wars, after atrocity crimes, horrible war crimes, the Holocaust, the Great Depression.

I think there was a real recognition that when it comes to health in conflict, hospitals, medical personnel are sacrosanct, which is why norms were created, first and foremost the norms within the universal human rights framework but also norms then when it comes to rules of war.

There is a special protection when it comes to hospitals, to medical personnel, precisely because the right to health is the most challenged in wartimes and it's the one that... I don't think there is any other situation where the right to health gets more challenged than in situations of violence, conflict, and war.

That's why there is this special normative system that protects both the infrastructure but also the personnel and of course the ones who seek treatment and access to healthcare. We see and I fully agree with my friend Tedros, with the Director-General of the WHO, that the trend of flagrant, blatant disregard for the laws of the war when it comes to hospitals and medical personnel has increased.

I remember actually Syria very well because there we saw this trend that there was almost a deliberate targeting of hospitals and of health personnel. Unfortunately, now Ukraine, from the end of February, the previous three months... Because of wide area bombardment, we have seen 28 health facilities being destroyed.

00:32:56

What is happening in Gaza is an unmitigated disaster because I think we see hardly any health facilities still working. I think there's about ten or so that are moderately working or basically not working to the extent that they should. So what does this mean? And I saw it myself.

I went to Al-Areesh in Egypt near the Rafah border. The type of injuries that you see are horrendous. The injuries because of bombardment, because of burns, sometimes skins that are no longer there, obliterated over the whole body... They are just horrible and of course you need healthcare. You need to have response.

But what happens if that health response is hardly ever functioning? You have people who are now being operated on, children operated on, without anaesthesia, for example. So it's a situation that we can't even describe. I think we need to really call for action that we need to regain the space of the normative values that go back to the origins of why it is important to protect healthcare personnel and health infrastructure in all situations around the world. We are talking about 55 active conflicts, situations of violence.

Let's not forget Haiti as well. Haiti is not a conflict as such, but it's essentially akin to it because you have gangs controlling wide parts of not only the capital

anymore but also parts of the country and, as a result, hardly any hospitals functioning. With the type of wounds and the injuries that you see, the mental anguish, all kinds of... The fact that you have of course also women wanting to give birth... You can imagine what this means when the health facilities are no longer there.

00:34:49

I think we really... There needs to be a wakeup call that the right to health has to be guaranteed through the right to peace. I fully agree with you that we have seen too much talk about wars and military solutions and not enough talk about how to actually regain the right to peace.

SN Many challenges despite the rules of war and the Geneva Conventions being in place.

We're going to shortly have our first of three videos and this is from Sudan, a testimonial by Shorog Abubaker, who is a protection officer with the Mayarim Organisation for Women's Development, where she helps victims of sexual violence perpetrated by all sides in the conflict that has displaced 8 million, as was referenced, and left many women and girls vulnerable and needing support medically and psychologically. So if we can go over to the video, please, the first. There she is.

SA [Non-English]

SN So that testimonial from Sudan... Perhaps I'll go first to the High Commissioner, then. The video where she has explained about these victims needing medical and psychological support... How is your office able to address these issues in war scenarios and what are some of the longer-term solutions to address this problem?

00:37:26

VT So when it comes to Sudan, of course, the situation is absolutely horrific, especially when it comes to sexual and gender-based violence. We have been documenting this for quite some time now, especially by having teams sent to the neighbouring countries, being able to take testimonies of women and girls but also of men and boys when it comes to sexual violence that is committed by all parties to the conflict in this war, in this absolutely senseless war.

If I can share with you a personal anecdote, when I was in Sudan, it was my first mission as High Commissioner in November 2022. So it was before the war. One of the issues that I raised with both, at the time, de facto president al-Burhan and Hemedti, the vice president, both who were now heading the warring parties of the conflict, was the issue of sexual violence.

I asked them both to take it very seriously because there was a bit of a negation of the fact that it would even exist. My troops don't do this. I said, well, there's no troop in the world, no army in the world where it doesn't happen. So you better make sure that it is actually addressed head-on and it's not ignored.

I think we... I got, at the time, assurances from both that they would have a zero-tolerance policy. Well, we see with this testimony that this is not the case

at all. Accountability, as a result, is extremely important when it comes to these types of crimes. We need to ensure that that accountability is there. I hope that... And we have seen also in the investigations by the International Criminal Court, for example, that they look specifically at the use of sexual violence in conflict and war situations.

00:39:13

I really hope that the perpetrators will come to justice. For us, this is one of the most important messages, apart from the obvious one, survivor-centred, both medical services but also counselling and the very difficult path of healing and overcoming trauma and dealing with the mental health aspects that such horrific violations always engender.

SN Important for that message to be transmitted at a high level from your office and also with the prospect of accountability down the line. The warring parties should be made aware.

Dr Tedros, would you like to comment, then, about how your office is addressing this widespread gender-based violence in many contexts and what some of the longer-term solutions might be?

TAG Yes. Thank you. As we all know, gender-based violence is common in conflict areas. The sad part is, in many conflicts we see weaponisation of sexual violence. That makes actually the number of victims very high. Because if it's weaponised, it's systematic and it's also deliberate.

From the WHO side, as I said earlier of course, we work on peace and health because we believe that there is no peace without health. There is no health without peace. But at the same time, of course, while the conflicts are raging, we have to support those who are affected. We provide support to countries to strengthen their health systems so the victims can get the support they need. We provide trainings so that there is a skilled workforce that can handle this.

00:41:50

But, to be honest with you, considering the scale of the problem, I cannot claim that we're addressing a significant part of the problem. Whatever we're doing or whatever the local facilities are doing compared to the problem is nothing.

I can tell you maybe... The sad part is, I'm not only a Director-General but someone who has been affected or who has the first-hand experience of this problem. As you know, during the conflict in Ethiopia, I said it some time ago, in a village where my uncle was killed in cold blood... He was an innocent person. In conflicts, by the way, innocent people are the victims. Many women, my cousins or third or fourth cousins, were also raped.

But the magnitude is so high. Maybe you have seen it. Tens of thousands of women were raped in that region during the conflict and there is no capacity in the region or WHO's capacity to handle it. But you see that not only in Ethiopia, but you see it in DRC. You see it in Haiti. You see it in Sudan. You see it as our sister said. I'm really sorry for what's happening also in Sudan. You see it everywhere.

00:43:33

So maybe my call to the international community is, because of weaponisation of sexual violence, the magnitude is so high. So the international community should take it seriously and there should be a reset in order to address this problem, first addressing the root cause of the problem but, second, the services that these victims need. It's not just medical services, the psychosocial support, the other support they need as well.

But with the growing emergencies now, one of the major challenges we are facing is actually gender-based violence which is beyond our capacity, I say it, beyond our capacity or beyond the capacities of any player. I know, in the conflict which affects me, thousands of women who haven't received any service whatsoever, nothing, zero. It's the same in many countries where there is active conflict.

SN Thank you, Dr Tedros, for that very transparent assessment and also adding your personal experience and family experiences in Tigray in Ethiopia, which must be very painful for you and your family.

We're going to be moving to the second thematic sector and this will be another video queuing up with the speaker being Emilker Gabriel Cuatín Cuesta, who is a coordinator at the Indigenous Youth of Latin America and Caribbean Network. He'll be speaking about how global warming, climate crisis, is provoking extreme climate effects including drought in the region, threatening the health and livelihoods of indigenous peoples who are protecting the biodiversity there. So our second video is ready, please.

00:45:45

EC [Non-English]

SN Right. So, on our theme of climate emergency, I'll turn first, I guess, to the High Commissioner on how climate crisis… We've seen how some natural habitats are shrinking. Indigenous people and other local communities are affected. Their resources are vulnerable to exploitation and so forth. Perhaps you could comment on how your office is dealing with the climate crisis in the context of bigger pictures.

VT Well, one of the unfortunate things of war is that, because it's always about crisis management, it actually doesn't have much room left political room as well, to actually deal with the big challenges of our time. Of course, the climate crisis is clearly one of them, which means… And for me, climate change and the effects of climate change are a human rights crisis.

Because it affects in particular the right to life. It affects the right to food. It affects the right to health. And we know how much right to food and right to health are actually interlinked because if you're not able to produce anymore the type of food that you need, you will actually see the consequences when it comes to the right to health. But it also goes to water and the whole water management system.

So you see the interlinkages in all its aspects and it really goes directly to essentially what is a rights issue. Because when we talk about rights, it's not something that comes because it's charity. It's because it's an entitlement that people have. We sometimes forget this. Especially when it comes to

climate change, the inequalities and the vulnerabilities that especially marginalised communities face... We need to bring back the justice issue, the equity issue, the equality issue, undoing the inequalities.

00:48:46

I think it was very remarkable to actually listen to a representative from the indigenous community because we have seen members and representatives of the indigenous communities at the forefront of making us aware of the interconnection between all of these rights.

They use different language, which is very refreshing, sometimes spiritual language as well, but they actually show us that we live within an ecosystem, that we live within a space that actually brings the different aspects of human rights and health together, including the health of the environment.

Finally, the General Assembly in 2022 declared that there is a right to a safe, healthy, and sustainable environment. So environment and health come together also in the recognition of the right to environment.

Indigenous communities, environmental defenders, are often at the forefront of making sure that the effects of climate change, that the effects of pollution, that the effects of business practices that are often very damaging to the environment and to the climate... That they are actually brought to the fore and that they are talked about and that there is even litigation happening as we speak, precisely to bring it back to some of the fundamental rights that are being affected through climate change.

We have been involved in litigation issues, for example, including... By the way, there is one coming out very soon which was brought forward by Swiss retired women who have lodged a complaint through the European Court of Human Rights. We expect that this is going to be issued very soon.

00:50:42

SN Those environmental defenders have put themselves at risk through their advocacy.

VT Through incredible risk and I think we really need to have special protection measures for them whenever we are present. Latin America was mentioned. In Colombia, for example, we have done a lot for the protection of human rights defenders and particularly those who defend the environment and particularly for indigenous populations.

SN Right. Dr Tedros, would you like to comment on that interplay or that nexus between the planet's health and human health?

TAG Yes. Thank you. I agree with my friend Volker. One thing on the health side. The climate crisis is a health crisis as well. Actually, the most compelling argument with regard to convincing people on climate change, I think, is health. Some countries are using that and people are getting it.

Because of climate change, asthma is on the increase. Cardiovascular diseases are on the increase. Deaths due to heatwaves, especially the population that is affected by heatwaves, is on the increase. Vector-borne diseases like malaria and dengue are actually invading places they have never been known before and they can see it. It's happening.

00:52:22

That's why it's becoming more compelling than talking about global warming or talking about the ice melting. I think they understand it when it has impact on the communities, when they see that it has impact on their children and themselves. So I think we need to continue to use the health argument.

I would like to thank UAE actually for the COP28 where, for the first time, health has a Health Day, a full day focused on health, during a prime day, the third day, and also the agreement that was signed of course, phasing out the fossil fuel.

As you know, many people ask, why target only fossil fuel, but there is a clear reason to focus on fossil fuel. Because more than 70% of the contribution to greenhouse emission is actually fossil fuel, the combination of oil, coal, and natural gas. The three contribute, on average, 20% to 23%. In total, more than 70% of the contribution actually comes from fossil fuel. That's why that has to be a target. Because through air pollution and you name it and then the climate change, the impact on health is really serious, as we all know.

So there is progress now and I would like actually to thank my colleagues, starting from Maria Nera and her team. They have been working very hard the last few years and I think people are starting to get it. We are engaging Azerbaijan and they would like to give it prominence also during COP29.

I think continuing to advocate, promote, and use the compelling arguments of health to let the international community understand the current and the impact of the climate change now at the present time is, I think, important. So we will continue to push.

00:55:15

But, as Volker said, I think when we talk about climate change and the planetary and human health, we shouldn't also forget the loss in biodiversity. I think people can understand that as well and deforestation plus the contribution of the health sector itself to climate change, meaning the approach should be comprehensive and it should bring both mitigation and adaptation by all sectors.

That's what we have seen during the recent COP28. There is a realisation that no sector is immune actually. Whatever contribution they have focused on mitigation and adaptation, there should be intervention by all sectors.

SN Yes. That is a compelling argument, our own health. By mainstreaming that into some of these negotiations, surely that will get people's attention if malaria and other things are turning out to be endemic in areas where… Appearing in areas where they were never endemic before.

So now we're going to move to our third section on solutions and a third video that addresses inequalities. We'll have a testimonial by Aya Douabou, who's a programme officer at the Global Initiative for Economic, Social, and Cultural Rights. She has a video with a very chilling account of what happened to a family member of hers in 2018 in Ivory Coast and the denial of medical care, which speaks to the need for universal healthcare and these other solutions. So I think we're ready for the third video, please.

00:57:22

AD On September 11th 2018 in Ivory Coast, my mother closed from work and went to church. She got into a commercial vehicle that was later involved in a car accident. She had a very bad head injury, a cranial trauma.

My brother, who shortly joined the accident location, made sure my mother was taken to a nearby public hospital that was unfortunately unequipped to take care of my mother's head injury.

So, from there, she was referred to a teaching hospital located 52 kilometres away. The ambulance, the public one, took her there, bypassing another teaching hospital on the way, God knows why. When they got to the destination, the hospital staff said they couldn't attend to my mother because they were overwhelmed.

So, from there, my mother was taken to a private hospital that requested a collateral deposit in cash of the equivalent of above $1,000 US. My brother begged. He pleaded with them. They did not listen. Nobody carries around that kind of cash.

From there again, my mother was taken to a military hospital located 12 kilometres away. Of course, she died after spending six hours with no medical care, in complete suffering.

We sought justice, but our justice system did not quite help. The public prosecutor told me unconvincingly that if I want to sue the state through those public hospitals, I may, but I did not receive additional counselling. As for the private hospital, he said there was nothing we can do if a private hospital requests a collateral deposit before saving someone's life and that is their internal policy.

00:59:09

I think victims of systemic medical negligence and their family deserve better in terms of accountability in the health sector.

SN So, Dr Tedros, how did that very personal testimony resonate with you, the denial of life-saving medical care, and how does it speak to this need for universal healthcare coverage which you are promoting?

TAG It's a very sad story and I'm sorry for your loss, Ms Douabou, but unfortunately it happens in many places. It's happening many places as we speak. It happens even in high-income countries because of wrong policies, not because of lack of resources. It happens in poor countries as well.

I know actually a friend from many... Who died some years ago now. He was from a high-income country and he was diagnosed for cancer. The family had some saving, but as head of the household, he had to decide either to use the money to be treated or forgo treatment and leave the money for the family and leave peacefully.

I was not surprised. He was a very good man. He chose to forgo his own treatment and leave whatever money they had for the family. But, to be honest, he shouldn't have chosen between forgoing treatment and leaving some money for his family. Very difficult choices. So, both bad options, but he

had to take the least bad. Least bad for him was to protect his family even if he is going to go.

01:01:28

I know many of you in this room would have the same or similar experience, people who have lost their savings for treatment and, as a result, are impoverished or descend into poverty. That is not a surprise because... Imagine if half of the world's population still doesn't have access to health services. So it's a big size. You will see the same story, similar stories, in many countries. I don't think many countries are immune.

Of course, we have 140 countries who have identified or recognised health as a right in their constitution, which is important. Because health should be treated as a fundamental human right, as an end in itself. At the same time, it's a means to development. So you have both in one. Universal health coverage or health for all... It's a political choice, but whether it's in a high-income, middle-income, or low-income country, it's possible.

I'm a true believer of universal health coverage because of some of the examples I have seen globally. Of course, the first time I saw universal health coverage in action was in Denmark in 1988. I was there as a student of epidemiology. I had health insurance for the first time in my life. I go to a health facility. I pay nothing, just get the service, get the medicine, nothing. As you know, everything is taken care of using the general tax system in Denmark and the many other countries that follow the same system.

Then, when I was a student in the UK in 1991 doing my master's, the same through the NHS. That's a different model and you know it. UK, for instance, started the Lord Beveridge system of NHS in 1948. During that time, as you know, it's immediately after the Second World War when its economy was on its knees. So even economy may not be an excuse to start or not.

01:04:15

Even in low-income countries, countries can start with the services that they can afford. But many of the things that they can afford... Many of the things actually can be afforded except the high-tech medical care. Saving mothers, saving children, primary healthcare free... It can be done. It's a matter also of the financing models used. Financing models can be used even in low-income countries that can help people avoid financial, what do you call it, hardships.

So I believe it's possible and I believe it has to be a rights issue, an end in itself, as I said earlier. It should be accepted by countries as a means to development. It's an investment and it's not a cost to contain. Because you get both. As a right, an end in itself, you will have a healthy society. Combine with education, by the way, health and education. Then you have a productive society as well.

So I hope the countries, the 140 countries who recognise health as a human right, will implement it fully. I also hope the remaining countries who haven't recognised health as a rights issue will also recognise health as a rights issue in their constitution in the future. But I think all the evidence... Everything is there to see the benefits of putting health at the centre and countries will commit to realise it. Thank you.

01:06:21

SN Thank you, Dr Tedros. I can see why that would be a very memorable event as a young man when you had your first right to some free healthcare. I can see why that stayed with you.

TAG [Unclear] Director-General now. I'm a strong believer of UHC and it's because of Denmark and then what I saw in the UK. Of course, some other time I saw it in Sweden. I saw it also in Norway. I started to study it actually since 1988.

SN Well, with 140 countries on board, perhaps there'll be some momentum although, as you say, it's a political choice. Mr Türk, would you like to comment, then, on… You've been championing the idea of human rights economies. Can you walk us through that and how they relate to the video which we just saw about denial of healthcare?

VT Well, I think the video… The testimony is really, first of all, horrific for the person and for the family involved, but it also reveals something which is about the inequalities that we face within societies. For me, universal health coverage goes beyond politics actually. It is a rights issue.

So, for me, even the Universal Declaration of Human Rights, despite the fact that sometimes it's reduced to civil and political rights, has already recognised the right to health in Article 25. Because it's a right to adequate standard of living, it includes health. So I think, if you like, politics is a little bit constrained by what obligations states themselves have accepted.

01:08:05

I would very strongly argue that universal health coverage is a question of rights. It has to influence the budgetary decisions that states make, which brings us to the issue of the human rights economy. But before that I should also say, universal health coverage… If there was any lesson to be learned from the COVID pandemic, it is precisely that. It is that you need to have universal health coverage in order to be able to deal with the big challenges or the stress factors that a pandemic can unleash, for example.

So universal health coverage… Unfortunately, we have forgotten a little bit the pandemic. Maybe not at WHO, but if you look at some of the public discussions these days, there is less of the lessons learned from the pandemic. We really need to go back to that because we don't want to be again surprised. We want to be sure that we're prepared for whatever comes next and universal health coverage is absolutely critical both in terms of rights but also in terms of sustainable development for any country in the world.

Human rights economy is a provocation. It's a provocation to all those who decide how the resources are allocated within their budgets. It's not just at the domestic national level. It's also at the international level.

Because of course at the domestic level we also see some of the fiscal space constraints that governments face, particularly in the developing world, where because of debt repayments they often don't have the fiscal space necessary to reallocate resources to fundamental rights such as education and healthcare. As a result, there is also a broader discussion to be had about how international financial institutions are dealing with this type of issues.

01:10:07

But it's also at the domestic level and it's interesting. When you actually undertake budget analysis with governments from a human rights perspective, when they look at who is going to benefit from resource allocation, who is going to be excluded, who is going to be marginalised as a result, it gives you a very different prism of a budget analysis. So it actually challenges economies, those who work in treasury or finance ministries. It challenges politics more generally about where the priorities lie.

Health is a public good. It's a public good that needs to be provided for through universal health coverage. As a result, you would want health and universal health coverage to be prioritised within budget decisions that are being made. And not just because it's what may be nice to do but because it's actually an obligation that you have towards your own population.

So it's not a question anymore of discretion. It's a question of obligation. I think that's what the human rights economy helps us work through to actually combine… And there was a question in one of the Slidos that, how can we make sure the WHO and the human rights system work more strongly together?

We actually have a framework of cooperation with WHO. I think we want to have a strategic dialogue between the two organisations precisely to go into much more depth about what the human rights machinery can do to advance the health objectives that you pursue within the World Health Organization. I think it would be good to really tease it out and to use the different arguments precisely for that purpose.

01:12:09

SN Right. Well, budget allocations… If nothing else, the pandemic should have helped us see the true priorities.

I believe we're going to be moving now to the questions through Slido. A reminder, there's that QR code there. We have some of the questions coming in actually from online. We're going to have a first question about… There's negotiations going on in this very room actually for the new pandemic accord. There'll be resuming shortly at the end of April, I believe.

So perhaps, Dr Tedros, you could first address some of the potential benefits of the accord and maybe help us understand some of the myths that are circulating about that the accord would violate people's rights or impose lockdowns or remove sovereignty from governments. Perhaps you could help set the record straight on that for us, please.

TAG Yes. Thank you. No. Thank you. On the pandemic accord… I was also looking at the Slido. One of the questions now coming… I met some member states also earlier today and one of the common questions now is, will this thing happen? Will we have a deal by May 2024? Maybe I will start from that.

I believe that it can happen because of two reasons. One, there is already progress made in the last two years of the negotiation. Second, especially INB9, I was in the room most of the time and listening to member states' positions. I think the parties understand the relative positions of everybody.

01:14:15

Sitting in this room actually, listening, I felt that the next meeting will be a matter of give and take. They know the relative positions, so they will be ready for give and take. If there is give and take, it can happen. I know member states now know what to give and what not to give or where they could be flexible and where it may be very difficult to be flexible. But at least that's what I believe from what I saw and what I heard. If there is a will, there is a way. I hope the deal will be made by May 2024.

Then, coming to what benefits, I think the benefits will be based on lessons learned from this pandemic. We have faced many problems, starting from surveillance, reporting, sharing of tools, and also with regard to financing governments. We hope the pandemic agreement will address all these issues.

By the way, in the chapters that we have now in the pandemic agreement, starting from prevention, primary prevention, strengthening the surveillance system, the PABS, the pathogen access and benefit-sharing, increasing the production capacity, technology transfer… Everything is there already. So it's a matter of give and take.

So what has failed during this pandemic? Based on the lessons learned and many of the recommendations, I think the pandemic agreement has already benefited and incorporates all this. So it's a matter of give and take.

The advantage of having this pandemic agreement will be, we will not repeat the same mistake, meaning it will be possible to prevent the next pandemic or, if not, we will be able to detect it early and manage it quickly without serious damage like what happened now. It means the next generation will be safer than we are.

01:16:52

We are the lived community and we know how it feels. I think if this generation cannot write the pandemic agreement or the pandemic treaty, I don't know who will do that. So it will address the major problems we have faced and it will prepare us better and we will not face the same disaster if we have the pandemic agreement or treaty.

Then, on the myth, you call it, or misinformation and disinformation, as I said earlier, this pandemic agreement is to strengthen surveillance. This pandemic agreement is to share information, to share pathogen samples, and to share tools and to work together. Because this virus doesn't know borders. Any pandemic doesn't know borders or doesn't need a passport to move from one country to the other. So it affects all humanity and all humanity is on one side and the virus on the other.

So this is what is in the agreement, but what is not in the agreement is what is flying as misinformation. WHO is not going to cede any country's sovereignty. I don't need to explain much on this. The member states themselves have been really concerned about this claim.

In the pandemic agreement or treaty that is being negotiated, one of the articles, Article 24, is actually on this same issue. It refutes the claim. It says, the WHO Secretariat or its Director-General will not dictate any country. Whatever we agree here will be implemented based on the national law.

01:18:54

So, to those who have doubts, the only thing I would like to say is, just go and read the text and check Article 24, which clearly says it will not give any powers to WHO to take any country's sovereignty. Meaning, like some are fearing, WHO will not have the power to impose lockdowns or to impose mask mandates. It will be up to the countries based on their risk assessment that they will decide what measures to take.

Of course, WHO will advise, will guide, but it will not intrude into countries and cede their sovereignty. I think that has to be clear. Initially, with my colleagues, we used to have... What silly, people are saying this, this is really silly. We were laughing. But it's no longer a laughing matter. It's actually dangerous. What is spreading is dangerous. It's very dangerous and we have to all fight it. It's not true and I think the global citizens should know the truth.

We will continue, but not only the article, Article 24... We have many member states in the room. I think you should also tell your side of the story. This agreement is being negotiated between you, between member states, and will be implemented by you without anybody's, whatever, influence, based on your national laws. I think your voice will also help us in pushing back on the misinformation and disinformation that is circulating.

But I am hopeful that we will have a deal and I am hopeful that the member states will conclude the deal on time so we will not face the same problem and tragedy that has taken the whole world actually hostage. Thank you. Stephanie, back to you.

01:21:16

SN Thank you. Well, hopefully your message is heard about give and take in the next period of informals and then the resumption of negotiations ahead of the assembly. That Article 24 language sounds very explicit about defining WHO's roles and what it's not able to do, for any doubters.

So, then, I think we still have to hear from Mr Türk on the potential pandemic accord through a human rights lens.

VT Yes. I see there are a number of questions actually on this very issue. First of all, I would like to pay tribute to WHO for an amazing job that you have all been doing during the pandemic. I saw it first-hand from where I was at the time in the Secretary-General's office and I really admired the perseverance, the incredible hard work, the energy, the dynamism that you have all put in in order to help us manage this, help the world manage this pandemic.

I think there are indeed lots of lessons to be learned from it and I hope the pandemic accord will see the light of day. It's absolutely critical, if we look even at intergenerational justice issues, that we are really capturing the lessons learned from this pandemic so that we are able to be much better prepared in the future also for children and for young people today who may face yet another pandemic, not least because of climate change and biodiversity loss and so forth.

Look. I admire also... I have huge appreciation for those who negotiated this pandemic treaty and I can only imagine how difficult it is to look at the different dynamics within it. I have no doubt about that.

01:23:25

It is also true, though, and you have seen probably my... Especially the member states have seen my open letter that I wish that human rights would feature more prominently in the pandemic accord because we all know that, and we have just been discussing it, right to health is a fundamental human right.

We have also seen during the pandemic the human rights implications of it because they go beyond the immediate health response. We know how it influences socioeconomic inequalities. We know there are structural barriers to access to healthcare. In some instances there are issues of emergency measures that may not be necessary, proportionate, timebound, and so forth.

So there are a lot of human rights implications that go beyond immediately the health response. I think it would be good to think through, at least to make sure that the human rights component... That there is a very clear interlinkage there and that it's woven into the pandemic accord.

I think we need to make sure that we understand, whenever there is any measure, be it preparedness, be it prevention, what is the human rights impact? How does it affect different segments of a population? Are they involved? Is there a participation? How do we actually learn? Also, what are the equity issues around access to treatment, vaccines, and so forth?

So there are human rights implications in all of this and it's important to make sure that they are flagged throughout that treaty to make that interlinkage so much closer between, if you like, the human rights mechanisms and the health work that needs to be carried out.

01:25:18

SN Thank you. I think we have a few minutes left, so we'll move to the questions that have been submitted. The first one has been submitted and says, how can WHO empower the voice of LDCs and low or middle-income countries for access to medicines, given what the questioner says is the inherent power imbalance in the international system, which acts as an obstacle to that access? Dr Tedros?

TAG Yes. I think two things we are pushing on this. One, it's the local production. We have a mRNA hub technology transfer in South Africa and a training hub also in Korea. 15 countries are members of this initiative now. Of course, mRNA not only for COVID. That technology can be used for many other diseases. So I think that will be important and it's being positioned very well also in the pandemic agreement itself. So that, I hope, will address.

The second is the governance of the financing institutions that many of the low-income countries, LDC and LMIC, are raising, which we support. Because supporting in the preparedness of pandemics is not a charity. It's solidarity. The high-income countries contribute through these financing institutions not just for the sake of the low-income countries, but it's for their own sake. Because everybody is protected when we protect the weakest link because we are as strong as the weakest link.

So if we believe that this is not charity and solidarity... So the governance in these financing institutions should also ensure the ownership by the low and

middle-income countries as well. So I think these are a couple of the issues we are pushing among others, but based on the preparedness architecture now we have prepared, there are many other initiatives that will address this problem. It's a very important one. Volker had already said it.

01:28:10

There is one thing at the centre of the COVID pandemic problem. It's equity. There is already agreement by all member states that operationalising equity using international law has to be at the centre. That's very important. So it's an equity issue. So that, I think, frame will address this question. Thank you.

SN And the technology transfers, as you mentioned. Mr Türk, do you want to comment on that or would you rather jump ahead?

VT No. I just want to comment as well because I fully agree. For me, it's also linked to the human rights economy. Because it looks at inequity issues within the international system, precisely because you want to ensure that LDCs… SIDs, for example, are much better protected and can actually afford the type of investments that they need to make.

By the way, we are seeing now in southern Africa, Mozambique, Zimbabwe, Zambia a cholera outbreak, which is quite significant. Again it shows, if you look at… For instance, Zambia had to go through a very difficult process on the financial side. If you then see what it then brings in terms of lack of investments because of austerity measures that can't be made, it shows the link between a human rights economy and how it affects the right to health. Because you see, then, an outbreak of cholera, for example.

01:29:57

SN Right. So the next question has to do with what seems a parallel track, staying with health and human rights by OHCHR and WHO, although complementary. The question is, they've been detached and in parallel. So can you perhaps just sketch out a few of the areas of the next steps in mutual cooperation?

VT Well, what I would suggest, Tedros, if you agree that we actually have a strategic dialogue, both organisations, WHO, OHCHR… That we see together and work through these different issues and actually… We can use the framework of cooperation, bring it to the next level.

We couldn't do it during the pandemic, but I think it would be good to take stock. Look strategically at how both worlds can be much closer together on a number of fronts. We can plan for it sometime this year, I think. We need to prepare it obviously, but it would be good to do it and to be shoulder to shoulder in this.

TAG I fully agree with the strategic dialogue. Based on that, we can renew our MOU which we have signed some years ago, identifying based on the changing actually global situation, identifying areas of cooperation and work together. But there is a strong commitment to work together. It was the first time actually we signed an MOU a few years ago and this shows the commitment to continue on the same track. Thank you.

01:28:10

SN	I think we're up against time. It's just about 2:00. Do we have time for some closing remarks by either of our speakers perhaps? Was there any take-home message you want to send to the audience briefly? Because I think we're just up against the 2:00 time limit. Yes?

VT	I can quickly say something. If anything, what this discussion has proven is that you actually need to make sure that both worlds are a seamless transition. And they are. I mean human rights and health. Because health and human rights is one and the same.

Of course, the mechanisms are then different because you have the human rights mechanisms. We have the different treaty bodies. I saw in some of the comments from the Slidos and some of the questions, CRC, the Convention on the Rights of the Child, was mentioned.

So it's good to work through all of these, but it's a seamless working together that is needed in order to be upfront on making sure that the right to health is realised and that it's properly understood, especially by the political class and the economic class.

SN	Dr Tedros, do you want the final...

TAG	Thank you. I fully concur with that. To add my one... It's seamless. I fully agree.

Then the couple of points I would like to add is, we started with our discussion on conflict. In the past, this is since 2019, we lost two of our colleagues in conflict actually. The first one was during Ebola outbreak in North Kivu. More than 18 armed groups actually operate in that region, in North Kivu, DRC. Our late colleague, Dr Richard Mouzoko, was killed in cold blood by the armed groups, by the way. The second one is Dima Alhaj from Gaza just at the end of last year.

01:34:05

I just wanted to remember our two colleagues who lost their lives in conflict because yesterday was our World Health Day and remembering their contribution and their sacrifice.

Then, of course, the key now is the pandemic agreement or pandemic treaty. So we hope we will conclude that... Our member states will conclude that agreement. I would like to remind that we keep the momentum and I'm glad we have many member states today. They will make a deal and I am very confident that that will happen. So these are the two things I would like to add.

But not only those late colleagues, but I would like to thank my colleagues for their hard work. I think Volker had already said, especially when we were passing, the whole world actually, through the turbulent weather... We're in a better situation now, but if I didn't have a great team that is hard-working and working in good faith, I think we would have been in trouble. We normally take for granted what we have, the precious things we have at hand, but it's such a great honour actually to work with my colleagues.

I would also like to use this opportunity especially to thank the general, Mike Ram, the soldier, and congratulate him, because now he is our Deputy

Director-General, for all his sacrifice. And his team and all WHO staff at large, by the way, for all the hard work. Because it's our World Health Day and we would like to pay tribute and to say thank you so much since thanksgiving is the song of the heart.

01:36:20

So thank you. Thank you so much. I am honoured and privileged to work for WHO. And thank you, Volker, for joining us and to be with us during this important day.

VT Thank you.

TAG [Unclear]

SN Thank you [unclear]. There may be some celebration next door or a little...

01:36:52