

# Global Health Issues

## Virtual Press Conference

**3 April 2024**

### Speaker key:

FC	Fadéla Chaib
TAG	Dr Tedros Adhanom Ghebreyesus
JO	Dr Joshua Mott
MR	Dr Mike Ryan
TZ	Dr Teresa Zakaria
RP	Dr Rik Peeperkorn
JM	Dr Jaouad Mahjour
HB	Helen Branswell
BG	Belisa Godinho
MA	Muhammet İkbal Arslan
RM	Robin Millard
GA	Geneva Abdul
GT	Gabrielle Tétrault-Farber

### 00:00:51

FC Hello, all. I am Fadéla Chaib, talking to you from the WHO headquarters in Geneva. I would like to welcome you to our virtual press conference today, Wednesday, 3rd April, on global and humanitarian issues.

Let me introduce to you participants in the room. We have Dr Tedros Adhanom Ghebreyesus, WHO Director-General. Dr Mike Ryan, Executive Director of WHO Emergencies Programme. We have also Dr Jaouad Mahjour, Head of the WHO Secretariat to INB and IHR Amendments. And we have also the pleasure to welcome Pauliina Nykänen-Rettaroli, Senior Technical Lead on Human Rights, to talk about World Health Day.

We have also with us Dr Rik Peeperkorn, online from Jerusalem. He's the WHO Representative for the occupied Palestinian territory. We have a number of other WHO experts that I will be introducing if there is a need for them to

speak to you. So, without further ado, I would like to hand over to Dr Tedros for his opening remarks. Dr Tedros, you have the floor.

### **00:02:15**

**TAG** Thank you. Thank you, Fadéla. Good morning, good afternoon and good evening. First to Gaza. WHO is horrified by the killing of seven humanitarian workers from World Central Kitchen in Gaza on Monday. The work they were doing was saving lives, providing food to thousands of starving people. Their cars were clearly marked and should never have been attacked.

Delivering humanitarian aid in Gaza is already difficult and dangerous. Hungry people will go unfed because World Central Kitchen has quite understandably paused its operations. I honour our colleagues for their service and for putting themselves in harm's way to serve others. WHO has been working with World Central Kitchen in Gaza to deliver food to health workers and patients in hospitals. This horrific incident highlights the extreme danger under which WHO colleagues and our partners are working and will continue to work.

But we can only do so with safe access. This means an effective and transparent mechanism for deconfliction must be put in place to ensure humanitarian convoys can move safely. We need more entry points, including in northern Gaza, cleared roads, and predictable and expedited passage through checkpoints. Delays and denials of humanitarian missions not only prevent us from reaching those in need but also impact other operations and deliveries by diverting scarce resources.

In addition to the attack on the World Central Kitchen convoy, we are likewise appalled that Al-Shifa hospital has been put out of action and that much of it has been badly damaged or destroyed. Over the last few days, WHO's team in Gaza has been seeking permission to access what is left of the hospital to speak with staff and to see what can be saved but, at the moment, the situation looks disastrous.

### **00:04:47**

Al-Shifa was the largest hospital and main referral centre in the Gaza Strip, with 750 beds, 26 operating rooms, 32 intensive care rooms, a dialysis department and a central laboratory. I repeat, hospitals must be respected and protected, they must not be used as battlefields.

Since the conflict began, WHO has verified 906 attacks on health care in Gaza, the West Bank, Israel and Lebanon, resulting in 736 deaths and 1,014 injuries. Only ten of Gaza's 36 hospitals are still able to function even partially. WHO will continue to support those hospitals to deliver services as best they can. More than 33,000 people have now been killed in Gaza, and almost 80,000 injured. We are seeing a very high burden of respiratory and skin infections and diarrhoeal illness.

This Sunday marks six months since the conflict began. WHO welcomes last week's UN Security Council resolution demanding a ceasefire and we call for its immediate implementation. Once again, we call for all hostages to be released and for lasting peace.

Now to the Democratic Republic of the Congo, which is experiencing a severe outbreak of mpox. More than 4,500 suspected cases and almost 300 deaths have been reported so far this year, triple the number of cases and deaths reported in the first quarter of last year. 19 of DRC's 26 provinces have reported cases, and 70% of cases and 87% of deaths are in children under 15 years of age.

### **00:07:07**

While mpox is spread among children by close contact, there is also a concerning outbreak among adults due to sexual transmission in previously unaffected areas. These outbreaks are being caused by clade I of the virus that causes mpox, which has been present in DRC for decades, and can cause higher mortality than the clade II virus that spread globally in 2022.

WHO and our partners, including Africa CDC, are supporting the Ministry of Health to respond to the outbreak and to assess mpox vaccines. However, additional funding is needed to expand and sustain the response, and ensure the virus does not spread to neighbouring countries.

WHO has called consistently for more attention to better understand and stop mpox transmission in Africa, and to improve clinical care and access to vaccines. At its meeting last month, WHO's Strategic Advisory Group of Experts on Immunization, SAGE, also issued a call to action to enhance access to mpox vaccines, to improve regulatory and procurement processes, to ensure research is embedded in emergency vaccine deployment, and to invest in research capacity in Africa.

The mpox outbreak is one of several overlapping crises in the DRC. There are also outbreaks of measles and cholera, severe flooding in more than half of provinces and, since the beginning of this year, more than 350,000 people have been displaced, mostly because of armed conflict.

### **00:09:07**

Now to the United States, where the US CDC has confirmed one case of H5N1 avian influenza in a person who works at a commercial dairy farm. The patient did not report any symptoms apart from eye redness, was not hospitalised, and is recovering.

Investigations are continuing into how the person was infected, and WHO is in close contact with the US CDC. Any case of H5N1 is concerning because it is highly dangerous to humans, although it has never been shown to be easily transmissible between people. WHO and our partners track influenza viruses globally to monitor the evolution and spread of viruses in both animals and humans.

Finally, this Sunday marks World Health Day, the 76th anniversary of the Constitution of the World Health Organization coming into force. This year's theme for World Health Day is My health, My right, reaffirming what WHO has affirmed since its birth on the 7th of April, 1948, that health is a right for all people, not a luxury.

In fact, the WHO Constitution was the first instrument of international law to affirm that the highest attainable standard of health is a fundamental right of all people, without distinction. Today, at least 140 countries recognise the

right to health in their own constitutions and yet, around the world, that right is often unrealised or under threat.

### **00:11:12**

At least 4.5 billion people, more than half of the world's population, are not fully covered by essential health services and two billion people face financial hardship due to out-of-pocket health spending. Outbreaks, disasters, conflict and climate change are all causing death and disability, hunger and psychological distress.

Realising the right to health means passing and implementing laws to ensure people can access the health services they need, where and when they need them, without financial hardship. It means addressing the reasons people get sick and die, it means safe drinking water, clean air and good nutrition, it means quality housing and decent working and environmental conditions, and it means freedom from discrimination.

76 years since our founding, WHO remains totally committed to the highest attainable standard of health as a fundamental right for all people, everywhere. This World Health Day we call on all people to demand your health as your right. Fadéla, back to you.

FC Thank you, Dr Tedros. I will now open the floor for questions from journalists. If you want to ask a question, please raise your hand using the Raise Your Hand icon and unmute yourself. We will start with Helen Branswell, STAT. Helen, can you hear me?

HB Yes. Thank you very much, Fadéla. My question is about the H5 cases in the United States. I believe the last risk assessment that WHO conducted on H5, particularly the 2.3.4.4b clade viruses, was published in late 2022. Is WHO going to undertake an updated risk assessment of that clade of viruses, please? Thanks.

### **00:13:40**

FC Thank you, Helen. I would like to invite Dr Josh Mott, Senior Advisor, Influenza and Pandemic Preparedness, to answer your question. Dr Mott, can you hear me?

JO Yes, I can. Thank you, Helen, for the good question. Currently, it is the 2.3.4.4b virus that is spreading. As you know, it emerged in 2020 and spread globally as a virus in many animals but then it spread to aquatic and terrestrial mammals. As it spread, including in the United States, that virus has infected cats and dogs and other mammals and now, more recently, cattle and goats as well.

And, as you know, the recent case has been associated with infection in livestock and conjunctivitis in a dairy worker. What we know so far is that the virus, itself, has not changed substantially from that which we have seen spreading globally.

We do know that that virus has been adapted to mammalian hosts in some capacity but has not shown any signs of spreading efficiently from human to human. And so, for that reason, at this point we have not seen a change in the virus. We'll continue to stay in close contact with the WHO Collaborating

Center for Influenza at CDC and with our colleagues at the Regional Office for the Americas, at PAHO, to continue to assess the situation. The investigation is ongoing. We're looking at the changing epidemiology and make decisions as we go.

### **00:15:15**

Some things that we're doing to be prepared of course, though, are to look at the current candidate vaccine viruses for H5. In case it were to spread in humans do the current viruses that we have, would they work for a pandemic vaccine? And we can say that right now, for this virus, they currently would, and it responds to antivirals as well.

That on top of making sure that surveillance is as good as it can be globally is what we're doing while we assess the situation and then determine any future need for more risk assessments.

FC Thank so you so much, Dr Mott. I would like now to invite Belisa Godinho, W Magazine, to ask the next question. Belisa, can you hear me?

BG Hi. Thank you for taking my question. I'm Belisa Godinho, from W Magazine, based in Portugal, of global broadcast. My question is how is emergency medical assistance in the conflict between Ukraine and Russia going? Anything new to highlight? Are human rights being assured? Thank you.

FC Thank you. Mike?

MR Yes.

FC Mike Ryan will take your question. Thank you.

MR Ukraine remains one of our largest operations in the world, along with our operations in Gaza and other places around the world. We're working very, very closely with the Ukrainian health authorities to ensure that the health system can emerge and be strengthened out of this nearly three years of war right now.

### **00:17:08**

There has been deterioration of the health system, there has been degradation of the health infrastructure, and we still require all parties in the conflict to provide unhindered humanitarian access and particularly in areas close to the front line and to those under temporary military control. We need to be able to meet people's needs in those conflict zones.

But the whole system across Ukraine has been put under pressure. It's remarkable to have seen how resilient that system is, how resilient health workers are but the prolonged war continues to bring new challenges and it continually tests the system's capacity to respond.

Insecurity and access challenges are continuing to hamper assistance in areas under military control, as I said before, and our assessment, the current assessment remains the same. About 40% of the population of Ukraine still requires some form of humanitarian assistance. There are 13.6 million displaced Ukrainians. 6.4 million individual refugees have been recorded globally.

So, there is still a huge displacement phenomenon. There are still many, many Ukrainians displaced outside the country as refugees, as I said. And when we've done needs assessments on the front lines, it's very, very clear that a large proportion of people lacked primary health care access. People with chronic conditions and children are facing problems in accessing health care.

### **00:18:45**

Attacks on health care have been the highest we've recorded in any particular conflict. We've verified a total of 1,682 attacks on health care since the beginning of the war. 1,461 of those affected health care facilities and 384 impacted health supplies.

We continue to monitor the situation at the Zaporizhzhia Nuclear Power Plant and we have an emergency appeal out there for US\$112 million to cover the requirements for health care support to the population of Ukraine through the Ministry of Health. So, a testament to our team on the ground, to our partners in the health cluster, to our partners in the Emergency Medical Teams and so those who funded this response.

So, the needs are still great. The health system is exceptionally fragile. The health workers continue to make the system work and WHO and its partners continue to support those health workers in that health system on the ground.

FC Thank you so much, Dr Ryan. I believe Dr Teresa Zakaria would like to add some details. Dr Zakaria, you have the floor.

TZ Thank you very much, Fadéla. On Ukraine, just to also build on what Mike has mentioned, this is one of the emergencies where WHO has actually managed to leverage the strength of the national partners, national organisations inside Ukraine to scale up the provision of emergency health services to the population in need of such services.

### **00:20:30**

This year, WHO is helping to coordinate 91 health cluster partners. The majority of them are national partners and they also include national EMTs. This is a good practice that we're also trying to replicate to the extent possible in other settings, including in Palestine, where national capacities exist and they can continue to be built up so that national Emergency Medical Teams can be as performant and considering their advantage as well, in terms of familiarity with the populations and the context.

I think I would also like to highlight here that Ukraine, as Mike mentioned, has still tremendous health needs. The health system remains resilient but requires help and the longer it is under pressure then the more eroded its coping capacities become.

Ukraine is at the moment funded at 24% of the financial requirements and it's really far from what we need to properly respond to the need of the populations but this is also to highlight that unfortunately across the world this is what we're seeing, less and less financing to respond to the urgent health needs of so many millions of people affected by various humanitarian emergencies. Thank you and back to you, Fadéla.

FC Thank you. I would like now to invite Muhammet Arslan, from Anadolu, to ask the next question. Muhammet?

**00:22:14**

MA Thank you, Fadéla. As you mentioned, there is an unsafe environment for health care workers in Gaza right now. My question is how many staff does WHO have there now? And does WHO have safety concerns for its staff? And the last question is have you considered any measures to ensure that your service will continue to reach Gazan people? Thank you.

FC Thank you, Muhammet. I would like to invited Dr Rik Peeperkorn, WHO Representative, to take these two questions. Dr Peeperkorn, you have the floor.

RP Thank you very much and good afternoon to all. I think the question is twofold. First of all, we have a very strong team in Gaza, with approximately seven internationals and currently 16-17 national staff operating. We are there to stay and deliver as good as possible.

We actually recruiting more staff. Probably at the moment we actually have 20 national staff because we're recruiting more staff. Some of our Gaza staff are now based in Cairo and assisting us as well. We are there, of course, to stay and deliver.

Now, you mentioned something about the security and security concerns and the DG I think rightly highlights why were all appalled by the killing of the seven WCK humanitarian workers, our colleagues, in clearly-marked vehicles. Actually, I know that area very well and it's actually in a deconflicted area.

What that shows is that the deconfliction mechanism is not working and maybe I want to say something about that. The UN and partners, you need to be able to deliver aid throughout Gaza. What is needed is an effective, transparent and workable deconfliction and notification mechanism.

**00:24:39**

The UN has to be assured that convoys and facilities are not targeted. It means ensuring movement of aid within Gaza, including through checkpoints, that it is predictable, expedited, that roads are operational, that roads are cleared.

Now, just to repeat, the DG also reflected on Al-Shifa. Since the last siege of Al-Shifa, that was a couple of weeks ago, WHO organised six missions, six missions to do three tasks, discuss with the staff, make a quick assessment and to assist the patients to be referred from Al-Shifa to Al-Ahli Hospital and staff, and to make sure that for the patients in critical condition a triage would be done and to take them to the south of Gaza.

Six times those missions were denied, impeded or delayed. And so it's not functional. And even today, today the WHO, my team was in a mission to the north again to deliver fuel and medical supplies, food and water to Al-Ahli Hospital and Al-Sahaba in the north, and help with referral for some patients.

They were, as was planned and agreed, between 6:00-7:00 ready to go. They went to the checkpoint. Just before the check point they've been waiting and waiting and waiting up till now. Now they have to return back. As we speak,

they're returning back to their guest houses. So, again, we see way too many missions impeded, delayed or denied.

### **00:26:38**

And it's not only about this mission, it's a whole day in that AV but it's also making, the missions which are delayed and I have been on quite a few myself, they're becoming more arduous and dangerous. You sometimes return at 11 o'clock at night or midnight or even past midnight. It becomes unnecessarily dangerous.

And I want to say something about that too. This is not the first time, this horrific attack on WCK. We shouldn't forget that already in December/January we have seen, unfortunately, attacks and sometimes a shooting at UN vehicles and including, I remember I was on a mission myself in early December to the north, to Al-Ahli and there was an airstrike just 150 metres from our car. The truck delivering medical supplies was shot at. The PRCS people were shot at and PRCS staff were actually arrested and detained for a while.

So, all of that makes, of course, a humanitarian operation extremely difficult. And this is what we expect, a functional and a workable deconfliction mechanism and that means a mechanism all over Gaza and not just to the north, for all over Gaza. Over to you.

FC Thank you, Dr Peepkorn. I would like now to call on Robin Millard, from AFP, to ask the next question. Robin.

RM Thank you. I'd like to ask a question on the pandemic accord negotiations. Countries failed to reach an agreement on time before Easter and are going to come back at the end of April for more talks. So, in the time between now and then, what do you want to see countries do in order to try and bridge those gaps that still remain? Thank you.

### **00:28:50**

FC Dr Peepkorn, can you mute yourself, please.

RP It's done.

FC It's done. Thank you. Thank you so much.

JM Thank you very much. I think the negotiations that started a few months ago are continuing. I don't think that what has happened at the last INB could be qualified as a failure but this is a continuous process that Member States are taking to negotiate and to come up to consensus.

What the INB asked for is they mandated the Bureau of the INB to come up with new iterations for discussion and negotiation in the next INB on 29th April but also they asked the Bureau to organise several informal meetings before that, before sharing the text and also after sharing the text.

And the Bureau is planning and organising several informal meetings with key proponents of the negotiation but also with the regional groups and also with ambassadors in Geneva. The aim is to seek advice from Member States on what are the key issues that need to be reflected in the new iteration but also

what are the areas where there is potential agreement or what are the areas where we need more work.

### **00:30:25**

And this preparatory meeting that the Bureau is planning will be extremely helpful in, first, coming up with the new draft that is a good step forward to reaching consensus but also to seek the advice from the Member States on issues that they would like to see in this text.

I think we are very hopeful and we are optimistic that in the next meeting the member states will get there. I think the only challenge that they have now is how to deal with these great big amount of details that there in the compilation text that reflects all Member States' inputs.

But I think the Bureau is working on that to come up with a more streamlined version that concentrates on key issues and also the most important things to discuss now and to agree on now and maybe reflect on issues that need further work after the deadline of May '24.

FC Dr Tedros?

TAG Thank you. On the pandemic agreement negotiation, one, there is progress already made until the last meeting and, second, there is commitment by Member States to have a deal by May 2024 and, third, they know their respective positions now with the remaining issues where they have not reached consensus.

And that means, I think, by the time they come back, they will be ready to give and take. So, considering all these three, our understanding is, as Dr Mahjour said, there could be a deal. That's what we expect, given the current situation.

I have tried to participate in or to attend many of the meetings in the last round of negotiations, INB 9, and what I have seen is encouraging and I hope they will reach a deal by May 2024. Thank you.

### **00:32:52**

FC Thank you, Dr Tedros. I would like now to call on Abdul, a reporter for the Guardian. Abdul, can you hear me?

GA Hi. Can you hear me?

FC Yes. Please, go ahead.

GA Thank you. It's Geneva Abdul, from the Guardian. I just have a question with regards to the comment that was made that the current deconfliction mechanism is not working. What are the repercussions the WHO foresees that will result from this, both for medical workers in Gaza but also those in need of aid? Thank you.

FC Thank you. I believe we still have Dr Peeperkorn. Dr Peeperkorn, can you hear me?

RP Yes, I can hear you. I tried to be clear on that. A good deconfliction system that you agree at the UN, I'm talking now for the UN and partners, that you agree, first of all, we prepare a mission every time in Gaza, whatever mission it is. If it is food delivery, if it is medical supplies, it doesn't matter if it is

WHO, WFP or UNICEF, you prepare a mission, which is a lot of work. And all the details are shared through our Israeli counterparts, the timing, where to, including the people on the missions, all the staff, is done.

### **00:34:25**

Then there's an agreement. There's an agreement, there's a green light that, okay, that mission can take place from this hour. You want to start as early as possible and for some of the food transport, my colleagues in WFP can be clearer, it's even better to do that at night, actually before the sun rises.

But as I say, what we do, medical supplies, fuel, food for patients, we normally start a mission, we gather around five or six o'clock in the morning. And we should start at six o'clock because there will be always delays and you want to be back in daylight, that's one.

So, there's an agreement then that you will report and you will get a green light again around 6:30 or 7:00 o'clock, that's where it starts. Normally, there's a holding point at the checkpoint, the military checkpoints. You have to wait. Again, discussions.

I've had a few smooth missions but most of the missions there were always problems. There were always delays, delays, delays and often denials in the end or even before, that we submitted a mission and it was denied for, very often, completely unclear reasons. But if you've agreed you stick to it.

And what I've said, the mission of today is a good example to bring fuel, medical supplies, food and water to those two hospitals in the north. It was all agreed that they would leave 6:30-7:00 o'clock but first of all they don't get a green light to go. Then, finally, they get a green light to go to the checkpoint. They go to the checkpoint and with food it's always risky. I am going to say all those missions have their risks as well with so many people desperate.

### **00:36:21**

Then, they had to wait before the checkpoint and they wait, and they wait, and they wait. In the meantime, very little discussion. Nothing is going on. And at one stage, they already realise if we get the green light now, we cannot go to Al-Sahaba anymore. They already changed their plans. They would only deliver the supplies to Al-Ahli Hospital and then go back. But now it took so much time and finally it goes over, so they will not be able to return and they have to cancel the mission.

So, of course, what is a workable deconfliction mechanism is that routes are coordinated and cleared, that also it is a predictable mechanism and we ensure that also the roads are cleared, which are going to be taken, and that there's multiple entry.

And it is not so difficult. Anyone who knows Gaza, there are a number of roads which can easily be cleared and made operational and there should be 15 missions going to the north every day. Multiple food, water, shelter missions should be going and maybe one medical mission every day. That should be happening, including everywhere in the south. It also means roads should be clear and unexploded ordnances should be removed.

And these missions are also complex because also from the UN you need to have a security officer with you, which are often rare, and you would like to have even somebody who recognises unexploded ordnances with you in the team and then, of course, your team lead.

### **00:38:13**

Now, it's an enormous amount of work and every mission which gets delayed or impeded or denied means, and I think the DG was pointing that out, that other missions cannot take place, so that we cannot do other priorities. In a way, it's a simple mechanism and somehow it has never properly worked.

It's, yes, we have had many missions but we've made them properly work and we have, I think, in former press conferences in January and February, I think we made a point that from the 20 missions we actually asked for the north, I think something like 14 or 15 were denied, impeded, not happening.

That should not happen and I want to make to the point. Even if there is an active conflict going on, then you expect that humanitarian corridors are created, humanitarian corridors where the humanitarian part of the UN and partners can safely deliver their aid and do their job, make your assessment, deliver it and come back in time.

And clearly the horrific attack on WCK is clearly a sign that it was, of course, absolutely not working. And I just wanted to make the point that we have had incidents in the past and the UN has repeatedly reported on those incidents. It should not happen, so I really do expect whatever comes out that we get a functional deconfliction mechanism and a proper notification system and that the UN and partners can do their work.

And I just want to say that we are here and we're here to stay and to deliver. Maybe the last point I want to make because it's close to my heart and the DG was referring to Al-Shifa Hospital and it's currently, as we've all seen, non-functional. And, indeed for anyone who knows it, it was the beating heart of the Gaza health system.

### **00:40:30**

You talk about 17,000 operations, 750 beds, a dialysis department with a capacity of 52 beds, a central lab for the Ministry of Health. But even maybe more important, it was also a teaching hospital. Hundreds, thousands of young student doctors, nurses, midwives, lab technicians, residents were taught there and got their training.

And this hospital not being functional and the other, the second largest referral hospital in Gaza, the Nasser Medical Complex in Khan Younis, at the moment also not functional. We've reported on the missions there. I just want to stress the point that WHO, we will help to make these key health care institutions functional again because it is needed. Those two institutions are absolutely needed in Gaza and we will make that happen too in the future. Thank you very much.

FC Thank you, Dr Peeperkorn. Dr Mike Ryan.

MR I just want to speak to this because there's maybe an impression that this deconfliction thing is something that has just started in this conflict and it

is not working before it's new to us. We've been doing this for decades and humanitarians and militaries don't necessarily have the same objective. What you need in order to have deconfliction is that the military and the humanitarians do have the same objective.

### **00:42:06**

We have different objectives but we have one common objective. In a normal situation, where people are abiding by international humanitarian law, that the humanitarians and the military authorities are both occupied with the protection of civilians and the assurance of continued humanitarian assistance despite the conflict.

I won't say whether a conflict is justified, not justified, right or wrong. The issue is that a responsible military operation will always seek to protect civilians and ensure that they have access to the basic necessities of life, shelter, food, water and medicine. That's why we can work with military authorities, and sometimes not formal military, sometimes anti-government elements and sometimes organisations that don't have tremendously rigid or strong military structures because we agree on that principle.

And when we agree on that principle we, as humanitarians, can disclose very sensitive information to those militaries. We can tell them who we are, where we are, where we're going, what we're taking, how long we will be, so that they can use their military tactics to avoid attacking us so we can serve the people. That is a common objective of a responsible military acting responsibly in a conflict for which they believe they have a justification to carry out.

That is not my choice to make but it is the responsibility of all combatants in a military conflict to abide by the international humanitarian law, which is to allow access for humanitarians to the population who are at risk and to ensure that the access for those humanitarians is planned, guaranteed and supported.

### **00:43:52**

That's international humanitarian law, that is the expectation, and deconfliction works when both parties, the humanitarians and the military, observe and are obsessed with that same objective, to ensure that the civilian population receive the care that they need.

And in that sense we, as humanitarians, disclose a lot of information because telling someone where you are in a conflict puts you at risk. Telling someone what road you're using puts you potentially at risk. We do that in order so the military know where we are.

We can't assume all the time that the military will know where everyone is. We want to avoid accidents. We want to avoid any problems by letting them know and Rik outlined that process day to day. There's a huge overhead in doing that because it's exhausting to do that every day.

And the problem is, and we've said this way even before January. Rik, you were saying it in January. Well, back last year, in November, WHO was clearly stating that the deconfliction system wasn't working. We were telling the world that it wasn't working. It's clearly not working and our staff and our partners are in danger because of it and something needs to be done to ensure it.

We would like, as Tedros said, the conflict must end, hostages must be released. We need peace. In the absence of that peace we need deconfliction and we need humanitarian access and we need humanitarian corridors. And in protecting those health workers by providing them with medicine, and Rik spoke to that in his intervention, I'd just like to link the two ideas.

### **00:45:22**

We have the treaty or the accord or the agreement coming up, which at its heart is about protecting populations but, within that, protecting health workers. And now we have a problem in conflict, where it's difficult to protect health workers.

At the consultation between the bureau of the INB and civil society and non-governmental organisations, Pedro Villardi from Public Services International spoke eloquently about the need for this agreement in order to provide the basis of protection for our health workers who suffered so much, sacrificed so much, gave so much, their lives in the face of COVID.

They're doing the same thing in Gaza. Our health workers are offering up their very lives to support the populations they service, both our health workers and the agreement of an accord and the health workers who serve in Gaza deserve our protection, our collective protection under international law, be that in an international agreement for the next pandemic or be it through the proper application of international humanitarian law, which already exists.

So, we call out to all the Member States, please ensure that IHL is respected and that deconfliction measures are demanded by the international community, especially now, in the case of Gaza.

FC Thank you. I would like now to invite Gabrielle Tétrault-Farber, from Reuters, to ask the next question. Gabrielle.

### **00:47:00**

GT Thank you, Fadéla. I'd like to ask about Al-Shifa, if possible. It has been described as the heart of the health system in Gaza and for months we've been saying that Gaza couldn't afford to lose another health facility. What happens now when you lose such a massive referral centre? And what are the odds you think you have to get that mission authorised from the Israeli authorities in terms of making an assessment of what can be done for the remaining patients on the ground? Thank you.

FC Thank you, Gabrielle. Dr Peeperkorn.

RK Thank you, Gabrielle. That is a very focused question. First of all, I think we definitely need an Al-Shifa or Nasser Medical Complex and I think we all realise that the current health care providers are insufficient and absolutely not of the quality you would like to offer anyone around the world. Also realising that Gaza had a relatively, I wouldn't say fantastic but okay, functional health system before this crisis, and again producing health indicators at par with its neighbouring countries.

And, yes, it struggled somewhat in quality of primary health care, mental health and with no proper oncology, WHO, we wanted to assist with actually setting up a cancer hospital in Gaza but, overall, it was working well. So, there

is huge group of very well trained health workers which we estimate probably a quarter, a third maybe a little more, a little less are still operational.

### **00:48:56**

Currently, what is done is a little bit what is done, I think, in every crisis or war. So, which hospitals are still operational? And we have seen over this last six months that, for example, when you look at the north, we have hospitals like Al-Shifa, which was non-functional at one stage, and then it became functional again with a lot of support from WHO and partners. It again became functional and not as a third-level hospital but definitely as a first-level hospital.

Actually, when we talked about it a couple of weeks ago, six or seven weeks ago and I was again in Gaza, then Al-Shifa it was still again the referral point of trauma cases in the north. That is now again lost. Maybe I'm too old for it but I always think we should look at the possibility to have at least a functional unit there and definitely a trauma support unit, primary health care unit and look for what is possible, but you need access for that.

There are other hospitals in the north which have had different treatment. We talked about Kamal Adwan, we talked about Al-Ahli. Al-Ahli was a relatively small hospital and became relevant because other hospitals became partly functional, non-functional, barely functional. But also, Al-Ahli, when I was there early December it was completely overloaded and then actually late December it was non-functional.

It was besieged. Health workers left. Health workers came back. It's now again partly functional and WHO and partners, we help Al-Ahli Hospital. So, Gaza will have to deal with a number of hospitals in the north.

Now in our discussions with our Israeli counterparts, they have informed us they want functional health in the north. So, we will push that agenda and, again, we have been able to sometimes bring supplies when we have reported on the many missions we did.

### **00:51:10**

We want to do much more and we don't want a mission like today, to be cancelled or delayed or impeded and not happening. So, yes, we will have to work with a number of these facilities and see what can be done. That also applies for the south, south of Wadi Gaza, where approximately 1.9 from the 2.3 million people reside. That's even more important now.

Like which are the hospitals which are functional? And then losing Nasser Medical Complex is, of course, a huge blow. It means much more work for the European Gaza Hospital, which is completely overwhelmed and Al-Aqsa Hospital, which are now the two referral hospitals.

And a hospital in Rafah itself, Al-Najjar, which used to be not a referral hospital but is currently operating as a referral hospital. There are a few field hospitals, which is IMC, I think which is doing a fantastic job as well and even taking some of the referral cases.

But even then, even IMC relies on, for example, European Gaza Hospital to refer patients and more complex patients and they don't have all the medical equipment for that. So, it's complex but I'd say overall we have to recognise

that absolutely insufficient health care is provided in Gaza. It's a health system on its knees, as we've said so often, and it is. It's insufficient. It's incomplete.

### **00:52:56**

WHO and partners, we're also trying to help the primary health care system to revive there. UNRWA, I want to mention, is doing a fantastic job in actually making sure that primary health care clinics are continuously open and we're also happily supporting and working with that. So, we've always made the point that we want to expand the current system and expand it with Emergency Medical Teams.

There's a number of Emergency Medical Teams operational and specifically south of Wadi Gaza. We were planning to bring in the first Emergency Medical Team in the north in Al-Ahli Hospital. That has happened. We had plans, of course. If you would have asked me that six weeks ago, we were helping to revive Al-Shifa to get an Emergency Medical Team in Al-Shifa.

All those things can only work when there is a certain level of security. Of course, we all want a ceasefire, but a certain level of security. What I can say now about Al-Shifa is that thousands will be left without health care. They will have to move to places in the north, to Al-Ahli, to Kamal Adwan, to Al-Helou, which is a very small hospital, which as also struggles to remain open, and to places like that. Over to you.

FC Thank you, Dr Peepkorn. We have come to the end of our press briefing. Thank you all for your participation. You will be receiving the video and audio files of this press conference shortly and the transcript will be available on the WHO website and, of course, we will be sending you Dr Tedros' opening remarks.

### **00:54:52**

I would like also to let you know that just after the closing by Dr Tedros we will have a short video to show about World Health Day. Before we show the video, Dr Tedros, if you want to close this press briefing.

TAG Thank you. I would like to thank the members of the press for joining us today. Maybe to add a few lines to what Rik has said on Al-Shifa Hospital. I visited Al-Shifa Hospital in 2018. Even then, although the service it was providing was okay, it had problems because of the siege even then.

So, what will happen now with Al-Shifa gone, I think, as Rik said, many will not be able to access services like what they were getting in Al-Shifa but, not only that, people who need medical evacuation will increase. And medical evacuation is already slow but I think the number of people who need it will increase, of course.

And with a slow evacuation meaning, I think you can guess, people will die because they will not get the services either from Al-Shifa or because of slow evacuation because they cannot be evacuated. That's why, at least, the process for the evacuation has to be expedited and people who need medical evacuation should be supported elsewhere otherwise we will lose many people, we will lose many lives.

Again, to the press group who joined today, thank you so much and see you next time. But please don't go. We invite you to watch the video. Thank you.

**00:57:15**