

Global Health Issues

Virtual Press Conference

10 January 2024

Speaker key:

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MR	Dr Mike Ryan
RP	Dr Rik Peepkorn
TZ	Dr Teresa Zakaria
MK	Dr Maria Van Kerkhove
BG	Belisa Godinho
GT	Gabrielle Tétrault-Farber
WA	Wheytnie Alexandre
ME	Mari Eccles
JR	Jenny Lei Ravelo

00:01:08

CL Hello and welcome and, of course, Happy New Year to all of you out there. This is today's first virtual press conference on global health issues here, from WHO, and the first of the New Year. It is Wednesday, 10 January 2024 and we are here live in the WHO Headquarters in Geneva. My name is Christian Lindmeier and I'll walk you through this press conference today.

Let me introduce the participants for today. We have, of course, Dr Tedros Adhanom Ghebreyesus, WHO Director-General. Then, we have Dr Mike Ryan, Executive Director for WHO's Health Emergencies Programme. We have Dr Teresa Zakaria, the Incident Manager for Escalation of Violence in Israel and the occupied Palestine territories.

Then, on the other side of Dr Tedros we have Dr Maria Van Kerkhove. She's Director ad interim for Epidemic and Pandemic Preparedness and Prevention. Then, we have Dr Francesco Branca, Director for Nutrition and Food Safety here, on my side. And Ms Erin Kenney. She's Director ad interim for the Department of Gender Rights and Equity.

We have a couple of colleagues online. First and foremost to mention is Dr Richard Peeperkorn, who is our representative in the occupied Palestinian territories. Others we'll introduce as we get to them. With this, let's get started for this New Year and over to Dr Tedros.

00:02:44

TAG Thank you. Thank you, Christian. Good morning, good afternoon and good evening. While many of us celebrated the dawning of the new year with family and friends for millions of people across the world 2024 is not a happy New Year.

This Sunday marks the 100th day of the conflict in Israel and the occupied Palestinian territory. The situation is indescribable. Almost 90% of the population of Gaza, 1.9 million people, have been displaced and many have been forced to move multiple times.

People are standing in line for hours for a small amount of water, which may not be clean, or bread, which alone is not sufficiently nutritious. Only 15 hospitals are functioning even partially.

The lack of clean water and sanitation and overcrowded living conditions are creating the ideal environment for diseases to spread. Delivering humanitarian aid in Gaza continues to face nearly insurmountable challenges.

Intense bombardment, restrictions on movement, fuel shortages and interrupted communications make it impossible for WHO and our partners to reach those in need. We have the supplies, the teams and the plans in place. What we don't have is access.

WHO has had to cancel six planned missions to northern Gaza since 26th December, when we had our last mission, because our requests were rejected and assurances of safe passage were not provided. A mission planned for today has also been cancelled.

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The barrier to delivering humanitarian aid to the people of Gaza is not the capabilities of the UN, WHO or our partners. The barrier is access. We call on Israel to approve requests by WHO and other partners to deliver humanitarian aid. We continue to call for a ceasefire but even without one corridors can be established to allow the safe passage of humanitarian aid and workers.

We continue to call for the release of the remaining hostages and we continue to call on all sides to protect healthcare in accordance with their obligations under international humanitarian law. Healthcare must always be protected and respected. It cannot be attacked and it cannot be militarised.

Now to Sudan, where the situation is continuing to deteriorate after nine months of conflict. Increasing violence, mass displacement, spread of diseases such as cholera, insecurity and looting are undermining the work of WHO and our partners to save lives.

We are also deeply concerned by reports of increased sexual and gender-based violence, as well as reports of family separation and child recruitment. In the past month, half a million more people have been displaced from the Al-Gezira state, due to the spread of the conflict.

The state used to be a safe haven from the conflict in Khartoum and is a hub for WHO's operations. Due to security concerns, WHO has temporarily halted its operations in Al-Gezira.

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The state is also considered the bread-basket of Sudan and fighting there has disrupted the annual harvest and increased the risk of food insecurity in conflict-affected areas. Even before the conflict began, many people in Sudan suffered from food insecurity.

Now, it's unimaginably worse, especially for children under five and pregnant and breastfeeding women, who are the most vulnerable to acute malnutrition. An estimated 3.5 million children under five, one in seven, are acutely malnourished and more than 100,000 are suffering from severe acute malnutrition, requiring hospitalisation.

At the same time, Sudan is suffering from an outbreak of cholera, with around 9,000 cases and 245 deaths. Towards the end of last year, WHO and our partners supported vaccination campaigns in three of the most affected states.

Now to Ethiopia, where WHO is gravely concerned about the worsening health crisis in parts of the country. The north-western region of Amhara has been badly affected by conflict since April 2023. The internet is still cut off in the region, severely impeding communication with health partners and authorities.

Restrictions on movement are impeding the provision of humanitarian assistance. Fighting is affecting access to health facilities, either through damage or destruction, roadblocks and other obstacles. According to a multiagency report, 61 health facilities have been fully damaged and 39 partially damaged as a result of the recent conflict in Amhara.

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Health facilities are unable to deliver training and supplies and are unable to transport samples for laboratory confirmation in many areas. Conflict, drought and displacement are driving widespread hunger and disease outbreaks, including media reports of near-famine conditions in Tigray and Amhara.

The El Niño phenomenon has affected more than 17 million people across Ethiopia but the impact in the northern areas is particularly concerning. Disease outbreaks are spreading in northern Ethiopia as the result of conflict, drought, economic shocks and malnutrition, especially in the Tigray and Amhara regions.

Over 30,000 cholera cases were reported between August 2022 and December 2023 across the country, including in Amhara, Tigray and Afar. Cholera is also spreading in the Somali region due to recent flooding. Outbreaks of malaria, measles, leishmaniasis and dengue are also on the rise. The most pressing need is for access to the affected areas so we can assess the need and respond accordingly.

Finally, although COVID-19 is no longer a global health emergency the virus is still circulating, changing and killing. Data from various sources indicate

increasing transmission during December fuelled by gatherings over the holiday period and by the JN.1 variant, which is now the most commonly-reported variant globally.

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Almost 10,000 deaths from COVID-19 were reported to WHO in December and there was a 42% increase in hospitalisations and a 62% increase in ICU admissions compared with November.

However, these trends are based on data from less than 50 countries, mostly in Europe and the Americas. It's certain that there are also increases in other countries that are not being reported.

Just as governments and individuals take precautions against other diseases, we must all continue to take precautions against COVID-19. Although 10,000 deaths a month is far less than the peak of the pandemic, this level of preventable death is not acceptable.

We continue to call on governments to maintain surveillance and sequencing, and to ensure access to affordable and reliable tests, treatments and vaccines for their populations. And we continue to call on individuals to be vaccinated, to test, to wear masks where needed and to ensure crowded indoor spaces are well ventilated.

Although COVID-19 is no longer a global health emergency, there are many other emergencies to which WHO is responding, including in Gaza, Ukraine, Ethiopia and Sudan. On Monday, WHO will release our Health Emergency Appeal for 2024, outlining how much we need to protect the health of the most vulnerable people in 41 emergencies globally.

In 2024, we aim to reach almost 90 million people with lifesaving support. The coming year will be a test for humanity; a test of whether we give in to division, suspicion and narrow nationalism or whether we are able to rise above our differences and seek the common good.

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Despite the many challenges we face, I remain an optimist and WHO remains committed to doing everything we can to promote, provide and protect the health of the world's people this year and every year. Christian, back to you.

CL Thank you very much DG and with this we now open the floor for questions from the media. Let me remind you again, to get into the queue please raise your hand with the Raise Your Hand icon and then we'll get you. And don't forget to unmute yourself when we call upon you. And we start with Belisa Godinho, from W Magazine, Portugal. Belisa, Happy New Year to you and please go ahead.

BG Happy New Year to everybody. Thank you for taking my question. There are several health challenges in the world to solve at a global level. What is the most worrying emergency issue right now? Where to start? Thank you.

CL A big question. The biggest worrying emergency.

MR Thanks for the question. I think Dr Tedros has outlined some very acute issues pertaining to the occupied Palestinian territories, to Sudan and to

Ethiopia but that is the tip of an iceberg of chronic and protracted emergencies around the world and also an increasing intensity and geographic spread of acute emergencies and I think Tedros, again, referred to it in his speech.

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Unfortunately, what we're seeing more and more is a group of countries that are moving into multiple, repeating crises, almost falling into the abyss of fragility, conflict, vulnerability in which the horsemen of the apocalypse of famine and conflict and disease.

Historically, we associate these three things together. Our populations associate these things because historically our communities have been deeply affected. When these three processes intertwine and amplify it creates the conditions in which there's a convergence of risk, there's a convergence of those threats.

And they self-amplify and create these conditions where countries can't recover from one emergency. They move from one phase of emergency led by one particular threat, be it drought, into the next phase of the emergency which is led by conflict, into the next phase of the emergency which is led by famine, into the next phase of an emergency which is driven by an epidemic, and sometimes up to five, six or seven emergencies occurring in one country at one time.

So, it's not that we're necessarily seeing any particular country being the worst but what we're seeing is, if you listen to what Dr Tedros said about Sudan and Ethiopia, you very much see very similar patterns in terms of multiple different threats occurring in multiple different parts of one large country at one time.

And those threats repeating, moving geographically, moving over time, where countries have no opportunity to recover, communities have no opportunity to recover and they're thrust from crisis into the next.

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This context of fragility, conflict and vulnerability is growing. We believe at WHO that up to a quarter of the world's population will live in contexts like this by 2030. The vast majority of the poorest people in the world will live in these contexts.

The old idea that we have an acute emergency and we respond to the emergency well or badly and then we recover from the emergency, that's great. That very much is the case in many countries.

And we still are faced around the world with the threat of pandemics, the threat of major emergencies. We've seen huge natural disasters last year. We've been through the pandemic together. We see different epidemics from emerging diseases occurring around the world, and that will continue to happen.

But we're also seeing this really, really worrying phenomenon of long-term protracted crises in countries and ultimately that is driven by fragility, it is driven by increasing vulnerability and driven by an absence of governance in

many cases, and conflict. So, I hope that frames our concerns for you in an adequate way.

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CL Thank you very much, Dr Ryan. I understand that a couple of the journalists who raised their hands have not appropriately identified themselves, so please do that otherwise we cannot really call upon you.

And while you all rename yourselves on screen with your agency and name maybe we want to go to Dr Rik Peeperkorn, who is our representative in the oPt to give us a brief update on the situation there and benefit from the fact that we have him online today. Rik, please.

RP Thank you very much. Good afternoon to all and, of course, a very Happy New Year to all. Maybe following up on the DG's comments, I think maybe the most critical issue, what is happening now, is what we call the shrinking humanitarian space.

You mentioned the word access and not only access towards Gaza, which needs to be increased and there should be multiple more avenues actually getting goods into Gaza, but specifically within Gaza.

It was mentioned that for WHO and focusing on health, 26 December was, for example, the last mission we carried out to both Al-Shifa Hospital and to one other hospital north of Wadi Gaza. Since then, we have had seven attempts to bring in medical supplies and goods north of Wadi Gaza.

There was an agreement with all parties to the conflict that there is a need to have a number of hospitals operational and revive a number of hospitals in the north, at least four to six hospitals, that they are operational again because we shouldn't forget there's an estimated two million people in the middle and the southern areas of Gaza and approximately 300,000-400,000 people north of Wadi Gaza.

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Now, without being able actually to move the supplies and goods, including fuel, up north who are we punishing? We are punishing the Gazans who live there, the IDPs who live there, especially the health workers and, of course, the patients. So, that's a huge concern.

And the other concern is we've seen the hostilities and evacuation orders actually going more the southern areas, to the middle areas, Khan Yunis and that's close to the Nasser Medical Complex but also in the middle area, close to Al-Aqsa Medical Complex.

The three hospitals which are the key referral hospitals in the south are actually Nasser Medical Complex, the European Gaza Hospital and Al-Aqsa, and they are the referral hospitals now actually serving probably around two million people.

Now, with these evacuation orders and that's what happening, and this is what I want to maybe stress, you get evacuation orders. So, the population leaves or a big part of the population leaves. With that also a big part of the medical staff leave the hospitals, fears for safety.

We have seen this happening as well in the north, that when people leave, when actually medical staff leave it's more difficult, first of all, for ambulances and if hostilities actually increase it's difficult for ambulances and patients to access the hospital.

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There's fewer staff available but also for WHO it becomes very complex to almost impossible actually to bring medical supplies and fuel. So, very quickly the hospital from functional becomes partly functional, barely functional to non-functional, and this is all what we mentioned about protection. This should not happen and the international community must not allow this to happen as well in the middle and the southern areas.

And I just want to say maybe one thing to show how specific and how quickly this can change. When I was in Gaza a couple of weeks ago I visited most of the hospitals in the south and middle area and a few in the north. But one hospital in the middle area, Al-Aqsa Hospital, I found that was one of the better functional hospitals when I visited.

Yes, it had 200 beds and 600 patients, so three times. It had a lot of IDPs but it still had a functional ICU and a very good functional emergency ward. Well, over a couple weeks it completely changed. First of all, it became the emergency ward. The trauma cases, they increased massively because of the hostilities and the military activities close by.

But when the WHO team was visiting just last Sunday, on 7 January, only 30% of staff were left in the hospital. 70% had already moved out because of the evacuation orders, the hostilities, etc.

You might have seen the statement from Médecins Sans Frontières, which had a very well-functioning, we worked close with them, Emergency Medical Team, who pulled out their staff on 6 January. And MAP UK did the same on the 7th because of serious security concerns.

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Now, when we still talk to the hospital director, what does he want? What does he expect from us? And I think we should listen to him. He wants WHO to come back regularly, keep on bringing supplies but also to be there, to be present.

And the key question he asked, he said please help protect our hospital. Make sure that our hospital can be accessed. From the 600 patients only 145 are there currently and the rest, they all left for Nasser Medical Complex which is already overloaded as well.

So, this is just a few examples how quickly the hospital functionality can change and how important it is to protect. We have to protect a health system which is on its knees or I would say even worse, it's close to collapse now unfortunately also in the middle and southern areas, and a hospital and system which needs to be revived in the northern areas. Over to you.

CL Thanks so much, Rik. And, with this, we go to the next question. Thanks all for changing or adding to your names. That is, indeed, very helpful and

necessary. Next goes to Gabrielle Tétrault-Farber, from Reuters. Gabrielle, please go ahead and unmute.

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GT Thank you very much. My question is related to the missions that were cancelled, the medical aid delivery missions that were cancelled in Gaza. I'm just wondering if we could have more detail on the mission that was cancelled today. We know that the last mission, the one that was cancelled on Sunday was destined for Al-Awda Hospital and the central pharmacy in northern Gaza. Just wondering if you have more details on the one that was cancelled today.

And also if you could elaborate on how deliveries are planned to Gaza based on the different situation in the country. We have the north where there's more devastation and the south where there's a large population, a lot of displaced people. So, just wondering how the needs are evaluated in these different parts of the small enclave. Thank you.

CL Thank you very much, Gabrielle. Parts of this, I think Rik you answered already but let's go to Dr Rik Peepkorn for more on today's missions and the other parts. Over to you.

RP I think also the DG actually raised it as well. I just want to stress that out teams are ready, and not only WHO teams, the One UN, because many missions have been cancelled to the north. What I understand is in January 16 or 17 now out of 21 missions have been cancelled. So, that's absolutely not just WHO, that's important missions of food and fuel and water, etc.

And what you need for a mission to the north, and unfortunately currently everywhere in Gaza, because nowhere in Gaza is a safe place, you need what we call deconfliction that you can proceed safely. And if you do not get the permission, you cannot move.

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Our requests were repeatedly rejected. We hope and we plea that we've got kind of confirmation that the missions for tomorrow to hospitals in the north is approved. I'm little bit like first see, then believe but I want to be an optimist here that tomorrow's mission will happen.

But, of course, there should be now be no reason, and I think this was also stated. If there's no ceasefire, then at least humanitarian corridors, whatever we call them, humanitarian corridors, pauses, they should be allowed, and they are required within Gaza.

I also want to make the point that even in the south we have now to get into deconfliction for every mission, including in the middle areas and in the southern areas. It takes an enormous amount of planning, time, questions, delays, etc. And that should not happen. The people should be served.

And linked to that, I also want to make a plea that I think the private sector engagement I think is very important., it's very much needed. You don't want Gaza to be dependent on humanitarian assistance. That will never be able to change the situation on the ground. So, private supply chains should be restored, supported because finally they will be the backbone of the economy.

Today, this mission was going to Al-Shifa and I just want to say Al-Helou Hospital and the Patient's Friends Hospital. Al-Helou is actually almost opposite our office in Gaza City. It's a relatively small hospital where there used to be some oncology treatment. Now, it's more focused on maternal and child health.

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The Patient's Friends Hospital is also very much focused on maternal and childhood. Both have asked for specific medical supplies and, of course, some fuel to make sure that the hospitals keep running.

We have planned many missions, I want to stress that as well, to Al-Awda Hospital. It's further north. We need to go there. That's also an important hospital for maternal and child health.

And another thing to say how quickly the situation changes. Al-Shifa, everybody knows it was the largest referral hospital in Gaza and then, well, it became non-functional for the reasons I already described. The last time we were there it was more functioning as a first aid treatment, almost like an outpatient department and referring every more critical trauma patient to, for example, Al-Ahli Hospital.

Currently, there are some dialysis patients who still get treatment. It used to be the centre of dialysis. And also at the moment there are a few operation theatres operating again. Now, there was an agreement that we will help to revive Al-Shifa Hospital to at least a functional first level hospital. And for that, of course, what is needed are regular medical supplies, fuel, and medical staff to actually be able actually to go there. And that's what we are focusing on.

And on the last mission actually we did to Al-Shifa on 26 December. We work closely with other partners and WHO delivered not only medical supplies then but also material to assist World Central Kitchen, who actually established two kitchens which are now operational and that's, as you see, a positive, now operational and serving 1,200 meals per day. Over to you.

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CL Thank you very much, Dr Peeperkorn. With this, we go to Alexandre Wheytnie, from the ABC Medical team. Alexandre or Alexander, please go ahead.

WA Great. The question I have, I know Dr Tedros mentioned that given the situation in Gaza it led to a lot of risk for diseases to be spread. Are there any particular diseases that WHO is currently monitoring that we're concerned about, like in Gaza, that might be at risk of spreading?

CL Thank you very much, Alexandre. This is an important one. We go here to Dr Teresa, who can shed some light on this.

TZ Thank you for the question. I think it's very important to mention that at the moment what we are capturing through our surveillance systems are really just signals, so they're syndromic. These are basically the manifestation of diseases that we are seeing.

Now, the causes of these various manifestations can be extremely broad and we don't have any means to actually verify what pathogens, so what bacteria,

virus, parasite and others are actually causing these manifestations of diseases. So, that's really important to highlight because we don't know what we're dealing with. We are not fully aware what measures we need to put in place to actually control any diseases that are spreading.

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There are lots of diseases that may actually just spread undetected and that is extremely concerning because by the time we actually find out about it, it will be a very late stage for which then containing it will be extremely difficult.

We know that the population, the entire population at the moment, 93% are actually categorised as not having adequate access to food, and we know that food is necessary to make sure that the body has the immunity system to fight diseases.

In addition to that, we also know that living conditions are still extremely poor, Lack of water, lack of access to healthcare. It has been impossible for us to actually implement even the most basic infection prevention and control. Also, that's extremely important to highlight.

We have seen increased reports of acute respiratory infections, diarrhoeal diseases, jaundice but, again, these are just manifestations of multiple diseases and we can't get the bottom of it because we're not in a position to even test, collect samples and test.

So, again, back to the importance of ending hostilities and provision of that safe space for all of us to be able to implement the very basic public health interventions to make sure that people don't die from diseases and that diseases don't spread is just not there.

And so more this escalation of violence lasts and the less able we are to actually do something at the early stage, and the more people live in continuous suffering without access to very basic survival necessities, then the greater our risks are of missing the spread of diseases and to have really unnecessary additional deaths and people getting sick. Thank you and back to you.

00:34:24

MR And just maybe to add because it's another sign of how the system is collapsing and has collapsed in Gaza. The Gaza Central Public Health Laboratory has been in place for the last 40 years in Gaza or more.

It has provided very high quality environmental and human health sampling systematically across Gaza in support of all the hospitals there. It has done the water testing in Gaza, it has done the environmental testing in Gaza and it has provided an excellent public health service.

Unfortunately, the Central Public Health Labs for Gaza were based north of the Wadi Gaza and those labs have been put beyond use. Therefore, Gaza no longer has, and has not had for quite a while, a functioning laboratory system.

So, when Teresa says we don't know, the reason we don't know is not that nobody is telling us that they're having problems. They're telling us but there's nowhere for the sample to be tested. Now, we are trying to make

arrangements for samples to be taken out of the country and tested in other places, to bring in mobile labs.

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And this is the trade-offs when you talk about access because do you replace a truck of food with a truck of lab supplies? Which truck has more priority? Which services need to be most acutely rebuilt? Is it to bring in water testing equipment or is it to bring in water?

And these are the trade-offs and these are the compromises that are being made by the international partners in deciding what can be brought in, what's the highest or lowest priority.

So much public health infrastructure has been destroyed or put beyond use in Gaza that it is impossible to even contemplate. In the presence of a full ceasefire, it would be a gargantuan task to address the effective situation on the ground for public health, the effective destruction and loss of public health and healthcare infrastructure.

In the context of continued, intense hostilities, without an effective deconfliction system that allows, as Rik referred to, a predictable means of getting access to populations, to hospitals or even to outbreak zones, it remains quite impossible.

And in that we've heard various comments made about the UN isn't doing enough, the UN isn't doing enough. Well, if you continue to destroy infrastructure, if you continue to destroy services at this rate, and then you blame the people who are trying to come in and support and help and provide lifesaving assistance, who is to blame here?

Is it the people who are destroying the infrastructure and destroying the livelihoods and destroying the services or is it those who are trying to help restore those services under intense bombardment, under the threat of violence? Are they the ones to blame?

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Rik said it quite clearly. We are ready. WHO is there. You've seen the images from the field. We are on the ground and we are serving. We can do more. We can do much more. We must be given the means to do much more and, right now, that's not possible.

CL Thank you very much, both, for these important points. Next goes Mari Eccles, from Politico. Mari, please go ahead and unmute.

ME Hi, there. Thanks very much for the presentation. I've got a question on a separate issue, on flu. Several European countries have reported rising flu cases. I was just wondering, do you view this at the moment as more of a threat or concern than COVID or are there other respiratory diseases as well now a greater threat, such as RSV or Mycoplasma pneumonia? Thank you.

CL Thank you very much, Mari. We will go to Dr Maria Van Kerkhove for this.

MK Thanks very much for the question. I don't think I heard the whole thing but I got the gist of it. Certainly, we're seeing an increase in respiratory

infection across the globe due to influenza, to COVID, to adenovirus, to rhinovirus, to bacteria like Mycoplasma pneumonia, that are causing pneumonias, particularly among children. Also, we have RSV causing disease in children.

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This year, particularly in the northern hemisphere, we are seeing co-circulation of many different types of pathogens and this is causing a significant increase in burden and hospitalisations, not just from COVID, from flu, but from these other pathogens as well.

You ask are we concerned more about one versus the other and that's a challenging question because the risks are similar in some age groups, particularly those who are of older age with underlying conditions and, most notably, for flu and for COVID, for those who are not vaccinated.

We have a significant challenge in access to vaccines around the world. We have low demand and uptake of vaccines that are available. And vaccines for COVID and vaccines for influenza save lives, particularly among those who are most at risk, have underlying conditions, immunocompromised, pregnant women. And this is what we are really concerned about.

For influenza, we are seeing in the northern hemisphere increases in the last several months but it's not exclusive to the northern hemisphere. COVID is the same. You heard the DG talk about an increase in hospitalisations of 42%, increases in ICU admissions of 62%. That is not exclusively in the northern hemisphere, that's around the world. So, there a lot of concerns that we have.

Among children, RSV is of note, which is circulating. And you've heard quite a lot about Mycoplasma pneumonia, which is circulating in number of countries. You heard maybe about this in China but it's also circulating in Europe. And Mycoplasma pneumonia circulates and has peaks every four to five years.

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Essentially, given the lifting of the public health and social measures, with the world opened up, these viruses, these bacteria that pass efficiently between people through the air, take advantage. Winter months, holiday gatherings facilitate this but the big point of this is there's a lot we can do.

With influenza there is vaccination. There are treatments. Early diagnosis and clinical care is critical. Same thing for COVID. But we need people to test, to get treated, to enter into the clinical care pathways to make sure that they have access to antivirals to prevent severe disease and, most notably, to get vaccinated, especially if you're in a high-risk group.

So, a lot of concerns that we have right now of respiratory diseases. The data that we have for flu and for COVID and for RSV essentially goes up to the end of 2023. This is around the holiday, New Year time, so we expect those trends to continue into January through the winter months in the northern hemisphere.

But again, for COVID in particular we see increases in the southern hemisphere as well. COVID has not taken on a seasonal pattern. So, multiple pathogens, multiple threats but a lot that we can do.

CL And Dr Ryan, please.

MR Just to add a little because I think also when we compare the patterns for influenza in Europe last year to this year they're pretty similar and they're on quite a similar trajectory.

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What is interesting and what is of note is that the rate of positivity of samples has shot up very acutely over the last month, which means there's very intense transmission going on across Europe.

What is also positive and was confirmed in the southern hemisphere earlier in the year is that the current vaccines are quite effective at reducing influenza-related hospitalisation.

It's almost the same issue when it comes to COVID. The vaccines may not stop you being infected but the vaccines are certainly reducing significantly your chance of being hospitalised or dying.

And it really means that those people in vulnerable age groups with underlying conditions, having access to and when you have access to, taking the opportunity to be vaccinated against SARS-CoV-2 and against influenza is the best investment you can make in your own health and the health of your family.

But obviously, as Maria has said and Dr Tedros said in his speech, avoiding getting infected in the first place is a good bet and certainly reducing your risk of exposure to high doses of these viruses is a good idea. But the message is if you're not vaccinated already and you're living in the northern hemisphere, the vaccine works. Get vaccinated.

CL Thank you very much, both. We move on to Jenny Ravelo, from Devex. Jenny, please go ahead and unmute.

00:42:51

JR Hi. Thanks for taking my question. I have two short ones. One is can you maybe specify what medical supplies/support aren't getting inside Gaza because, as you said, the missions were being cancelled?

And the second one is understand WHO's Health Emergency Appeal last year was 2.5 billion. How much were you able to raise for that appeal and do you expect a higher funding appeal this year? Thank you so much.

CL Thank you very much, Jenny. We'll go back to Dr Peeperkorn for the first part, I guess, and we may come back here for the second. Rik, please.

RP Thank you very much. Can I also just add? I want to say something about these infectious diseases because it was mentioned. I think it's important that there is some data but I think what was said about the displacement, the winter, and the disrupted health, water, sanitation systems and a high level of food insecurity, contaminated water, of course it's a cocktail for diseases.

But I think UNRWA, and I want to credit UNRWA and the Ministry of Health, together with WHO, there's some data and I just want to mention two, maybe three. One, since the start of this crisis we've seen almost 200,000 cases of

respiratory infections but take a look at diarrhoeal diseases under five. More than 82,000 and on average last year you saw 2,140 cases of diarrhoea under five. And this year, in November '24, we saw more than 43,000 cases, so a twentyfold increases in cases.

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And everything we say is an underestimation, not only the under-capacitation of UNRWA, WHO and Ministry of Health actually to measure but also the lack of access to health facilities. So, the situation is likely to be worse but I just want to mention there are some data.

And I think what Mike was referring to, I don't know should we call it an outbreak or not, a twentyfold increase? You could almost say it is a kind of outbreak already. And if it is not improved, the situation, I think we will expect more outbreaks like that.

On what supplies got in. We have had, I think, multiple missions both to the north and the south. And the missions initially was very much a push system, a push system from trauma supplies, make sure that medical equipment and trauma supplies came in.

Then, of course, based on the assessment we did we got a lot of requests. We got a specific request, an ongoing request for trauma supplies but also for specifics on analgesics but sometimes even for non-communicable diseases and antidiabetic drugs or psychotropic drugs.

We have a problem, though. We also wanted to get functional X-ray machines and CT and MRI scanners. We've also witnessed unfortunately problems getting some of those supplies in as well. It's an ongoing supply which gets into Gaza and we try now to tailor it much more on the specific requests. So, it's still partly a push system, partly a pull system.

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And on the funding, let me say, and maybe my colleagues from HQ will clarify, I think, overall. But when this crisis started the One UN partners quickly came out with a so-called flash appeal that was 1.2 billion, WHO leading and coordinating health.

We planned for all WHO and partners, 212-215 million for 90 days. Then, we were also asked by partners and donors, so what's WHO doing themselves? So, we immediately released an Operational Response Plan from October till the end of January with a budget of 110 million and we secured approximately 50 million with an additional 40 million pledged.

So, we still need and I think it's a very good question to raise because we make a lot of comments and analysis, but finally we need to be operational on the ground and we definitely need way more flexible resources.

And the plan is focusing on restoring and strengthening of the health sector, including the primary healthcare, which we never discuss anymore, maternal and child health, emergency obstetric care, mental health, non-communicable diseases.

The second point that we discussed was the public health surveillance and early warning disease system, supplies and logistics to underpin that and coordination.

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The last point I want to make, we are still in the humanitarian phase. There's still a war going on. I think Mike started to refer to when this all stops, and we hope sooner than later, then you get into a whole rehabilitation and recovery phase.

And only if you look at health, that will be hundreds and hundreds and hundreds of millions needed, and I'm only talking about that sector. So, yes, this is going to be a marathon humanitarian initiative, what will be required over the coming years, I'm afraid. Over to you.

MR Just following up on those numbers, Teresa can give you more details on this year's appeal going forward but in terms of our Health Emergency Appeal last year, we appealed for \$2.54 billion and we received \$1.3 billion, which represents around 50% of the total ask.

That looked a little better than it might actually appear because a piece of that, a good chunk of that was the final SPRP, the strategic plan for COVID, which was included there, which was nearly fully funded or much better funded.

So, we're definitely operating at less than 50%, which benchmarks fairly well, slightly more than the overall humanitarian received as a proportion of the budget but still not enough to do everything that we wanted to do. But we'd like to thank the donors who have contributed to that Health Emergency Appeal.

It's harder and harder and it's tougher and tougher out there. The environment is very difficult. Donors are struggling, governments are struggling and we really do recognise and thank, on behalf of the beneficiaries, those governments that continue to engage in funding acute health response in these situations.

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It saves lives, it makes a difference and it shows that we are one people, one planet. So, again, thank you to the donors who continue to support that. Teresa, if there's anything on this year's appeal.

TZ For this year, in terms of humanitarian needs, I'll just focus on people facing humanitarian emergencies. Mike mentioned it earlier. We're looking at 250 million people in need, 165 million more require urgent health. So, that's the proportion of those requiring humanitarian assistance or requiring health assistance.

The current appeal for the health sector is close to US\$3 billion. We're basically looking at, more or less, a \$34 cost per beneficiary. And in terms of costing, actually this has not really changed over the years.

I do believe that there's been really strong collective effort to make sure that planning for financing health assistance to those requiring humanitarian health assistance has been as efficient as possible.

And as Mike said, though, last year we saw that less than half of the requirement was met. We know that there are even bigger challenges for this year to meet this financial need. From the humanitarian partners side, I think there's been a lot of effort to make sure that the calculation, the targeting has been as clean as possible.

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We've also collectively improved the methodology which we use to identify and quantify those who really need acute urgent humanitarian health assistance and so, yes, we're calling on all partners, all donors to make sure that this \$3 billion can be mobilised to avoid even more suffering and the loss of lives among these hundreds of millions of people. Thank you.

CL Thank you very much, all of you. With this, we come to the end. Thank you for all waiting and apologies to those who have not now made it to ask their questions.

The transcript will be sent tomorrow during the day but you'll see the files from this briefing very soon today. With this, over to the Director-General for the closing remarks. Thank you very much.

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

00:52:28