



WHO Director-General's opening remarks at the media briefing – 15 November 2023

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Good morning, good afternoon and good evening,

Yesterday, I met for the second time with families of Israeli hostages being held in Gaza.

I heard and felt their pain and heartache.

WHO continues to call for the hostages to be released unharmed, without any condition.

We are deeply concerned for their health and well-being, just as we are concerned for the health and well-being of the people of Gaza, which is becoming more precarious every hour.

For the past three days, WHO has not received updates on the number of deaths or injuries in Gaza, which makes it harder for us to evaluate the functioning of the health system.

What we know is that only one quarter of Gaza's hospitals are still functioning – 26 out of 36 hospitals are now closed, either due to damage, attacks or because they have run out of fuel.

Patients, health workers and ambulances are not able to enter or exit some hospitals.

Prior to the conflict there were around 3,500 hospital beds across Gaza; today there are an estimated 1,400. And there are many more patients than beds.

Doctors and nurses are having to make impossible decisions on who lives, and who dies.

Torrential rain overnight has flooded makeshift camps, making conditions even worse for displaced people.

Israel's military incursion into Al-Shifa hospital in Gaza City is totally unacceptable.

Hospitals are not battlegrounds.

We are extremely worried for the safety of staff and patients. Protecting them is paramount.

WHO has lost contact with health workers at Al-Shifa hospital.

But one thing is clear: under international humanitarian law, health facilities, health workers, ambulances and patients must be safeguarded and protected against all acts of war.

Not only that, they must be actively protected during military planning.

Even if health facilities are used for military purposes, the principles of distinction, precaution and proportionality always apply.

The safety of patients and staff, as well as the integrity of the health care systems in the wider community, are of paramount concern.

International humanitarian law must be respected.

WHO has staff who live in Gaza, but many of them have been displaced and are just trying to protect themselves and their families.

One of our staff said this week, "There is no water, no food no electricity. Only bombing, bombing, bombing."

Yesterday, international staff arrived to coordinate our operation. I spoke to our colleagues in Gaza this morning.

They said the most pressing needs are for a ceasefire, the sustained opening of the Rafah crossing, safe movement for humanitarian aid and workers, and for supplies of electricity and fuel to be restored.

Electricity is needed to power desalination and sewage treatment plants, hospitals and telecommunications, and fuel is needed to distribute aid.

We might be able to get aid into Gaza through the Rafah crossing, but without fuel, we cannot get it to where it needs to go.

On Monday, the forklift we use to load aid on to trucks inside Gaza ran out of fuel.

Gaza's telecommunications providers have said that without fuel or electricity, their networks will turn off in the coming hours.

Earlier today, a truck with 23,000 litres of fuel entered Gaza, but Israel has restricted its use to only transporting aid from Rafah.

At least 120,000 litres a day are needed to operate hospital generators, ambulances, desalination plants, sewage treatment plants and telecommunications.

This problem can be easily fixed – the supply of electricity must be restored, and sufficient fuel must be allowed to enter to run vital infrastructure and distribute life-saving aid.

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Although the situation in Gaza is rightly dominating our headlines, WHO's work continues in many other areas.

The COVID-19 pandemic brought the problem of social isolation and loneliness to widespread public attention, affecting all countries, communities and ages.

But the problem existed long before the pandemic, and it continues for many people throughout the world.

Currently, one in four older people experience social isolation, and one in six adolescents is socially isolated and lonely, though this is likely an under-estimate.

Social isolation and loneliness affects both physical and mental health.

It is associated with up to a 50 percent increase in dementia, and a 30 percent increase in strokes and cardiovascular disease.

Social connection has profound benefits for improving health, education, and the economy.

Around the world, there are many initiatives to promote social connection in different communities, but we don't yet know which ones work best.

We need global leadership to identify the “best buys” and help deliver the resources needed to implement these solutions.

That is why, today, I'm proud to announce the launch of WHO's Commission on Social Connection.

This is the first global initiative to tackle the epidemic of loneliness.

The Commission will work to understand the severity of the health risks that social isolation presents, and to map effective solutions and resources.

Today, I am pleased to introduce the co-chairs of the eleven-member Commission on Social Connection, US Surgeon General Dr Vivek Murthy, and African Union Commission Youth Envoy Chido Mpemba.

Chido, thank you for agreeing to lead this important initiative. You have the floor.

[MS MPEMBA ADDRESSED THE MEDIA]

Thank you so much, Chido.

Dr Murthy, thank you for your commitment to this important initiative. Thank you for your leadership. I remember last year when you told me about your commitment to this and your ideas, and I said WHO will support you in any way possible. I know what this means to you and your passion. Over to you.

[DR MURTHY ADDRESSED THE MEDIA]

Thank you, Surgeon General Dr Murthy for your leadership.

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Finally,

Today the Lancet released its 8th Countdown Report on Health and Climate Change, which highlights how the health impacts of climate change are increasing globally, costing lives and livelihoods.

The climate crisis is escalating the severity of extreme weather events, increasing food insecurity, exacerbating respiratory diseases, and fuelling the spread of infectious diseases.

Achieving the Paris Agreement target to limit global warming to 1.5 degrees Celsius is a public health imperative.

WHO joins the report's call for transformative action to reduce air pollution and increase health equity.

I look forward to COP28 in the United Arab Emirates next month, which for the first time will include a day dedicated to health.

Together, we must continue to remind the world that the climate crisis is a health crisis.

Margaret, back to you.