Center for Strategic and International Studies

TRANSCRIPT

Event

"An Update, As Year Two Unfolds—Gaza: The Human Toll"

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FEATURING

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Dr. J. Stephen Morrison:

Good morning, good afternoon, good evening. I'm J. Stephen Morrison, senior vice president at the Center for Strategic and International Studies, a think tank based in Washington, D.C. This is the 19th episode today, October 15th, of the CSIS series Gaza: The Human Toll. It's a product of the CSIS Bipartisan Alliance for Global Health Security, in partnership with the CSIS Middle East Program and its program The Humanitarian Agenda.

Today, we're delighted again to be joined by several key experts and leaders in the response to the health and humanitarian crises which continue to burgeon in Gaza. We'll be hearing momentarily from Rik Peeperkorn, WHO representative for the Occupied Palestinian Territory. He'll be followed by Jean Gough, UNICEF special representative in the state of Palestine. And Hamid Jafari, our third guest, WHO director for polio eradication. Hamid is running slightly late and will be joining us momentarily. We're very grateful to each of them for coming back again to speak to us.

We're here today to learn about the second polio vaccination round, that campaign in Gaza to reach under ten-year-olds that began just a day as a day or so ago. The first round was in early September. We'll hear much about that. It was – the first campaign was surprisingly successful. It did bring cooperation from both Hamas and the Israeli Defense Forces. Humanitarian pauses proved to be possible. Over 90 percent of the children – 600,000 children, 90 percent reached. We'll hear those numbers from them.

We're here also to talk about the larger picture, the continued war inside Gaza and what that's meant for health and humanitarian programs, and the broader regional war where Israel now finds itself in an active war in Lebanon against Hezbollah and an active war against Iran, including continued attacks upon Israel from Hezbollah and Iran and other allies such as Houthis from Yemen. We'll turn to the question in the course of this about what this widening war may mean for the unending health and humanitarian crises faced by Gazan civilians.

I want to offer special thanks today before we get started with the conversation to my colleague Sophia Hirschfeld, who expertly and very carefully curates and organizes each of these episodes. And I want to offer special thanks to our sterling production team here, which also brings a remarkable energy and quality and professionalism to these programs. Eric Ruditskiy and Alex Brunner are with us today. We'll hear momentarily from Rik Peeperkorn and Jean Gough, followed by Hamid.

Before we start, a few personal remarks. We're now into year two, now into a rapidly widening regional war when talks have collapsed; talks

over a peace settlement that might free hostages, that might bring about an enduring ceasefire and a surge of humanitarian relief, lay the groundwork for some form of transitional governance and reconstruction. It's a very open-ended and dark period we're in.

In the widening war involving Lebanon, Hezbollah, and Iran, we're seeing very similar battle habits in those places, similar to what we've seen in the year of war in Gaza: urban aerial bombardments, the kill-and-displace numbers, massive numbers of civilians. We're reading reports of escalating strikes on schools, settlements, hospitals, clinics, ambulances, healthcare workers; over 1.2 million displaced in less than a week, 12,000 dead or wounded.

In the Gaza instance, Hamas – like Hezbollah – continues to embed and to attack from within. The widening war has featured not an easing of war inside Gaza, but rather an intensification. We had the recent bombing in central Gaza, the Al-Aqsa hospital, and the horrific ignition of fires that killed those settling, those that were seeking refuge in that hospital, the displaced.

We're also beginning to hear discussion in the media and elsewhere of the possibility of mass evacuation of civilians from northern Gaza. There were evacuation orders this past week for three hospitals in the north. It was very difficult for those – WHO and other – officials seeking to reach those hospitals to evacuate those patients to get access.

But there is this specter that a plan may be in the works – we can talk a bit about that – to empty the north and turn it into a military buffer zone. Four Israeli human rights groups have brought this possibility to the press in the last few days: Gisha, PHR-I, B'Tselem, and Yesh Din.

We're also seeing intensified attacks, as I said, in Gaza upon healthcare workers. A recent U.N. report reviews the evidence in Gaza over the last year. In northern Gaza, an almost complete break of aid since October 1st; some modest relief in the last few days.

So this brings us back to the polio campaign. If we have a security situation deteriorating and evolving in this way in this widening war, what will be possible? We'll hear momentarily about that.

I do think eventually in the course of our conversation we'll come back to the question of what does this all suggest Gaza may look like in the course of 2025. Are we heading into a situation of unending long-term attrition? I'll return to that later.

What I would like to do now is invite Dr. Rik Peeperkorn to open with

his overview and prepared remarks, followed by Jean Gough.

Over to you, Rik. Thanks so much for joining us.

Dr. Richard (Rik) Peeperkorn: Yeah. Thank you very much, Steve and Jean, colleagues. Greetings from Gaza. Maybe you hear some sounds in the background. So I'm in the WHO office in Deir al-Balah, and actually as we speak, at 4:00, the technical committee comprising of the Ministry of Health, WHO, UNICEF, UNRWA, and NGO partners are meeting to discuss the polio campaign to replan, to review, analyze, and to plan for tomorrow. And I think it's maybe a little odd, I'd say, after your, I would say, completely realistic but very grim introduction.

So we focus on polio. And you rightly said that the first round of this campaign was a success, and probably a success against many odds. We – and then I mean, again, the Ministry of Health, WHO, UNICEF, UNRWA, and partners – we want to make sure that we also – the second round will be a success.

So we started – the campaign started yesterday in what we call central Gaza. The campaign aims to vaccinate an estimated 592,000 children under 10 years of age with the second dose of novel oral polio type 2. In addition, vitamin A will be co-administered. I'm sure Jean will focus on that as well.

So, yesterday, started in central Gaza. It's the same pattern: three days, but one area-specific humanitarian pause. Critical. Central Gaza, we need to vaccinate 180,000 children. And yesterday was a good start of the campaign, because the preliminary data show that we've vaccinated more than 90,000 children under 10 years and more than 76,000 children received vitamin A. So that's more than 50 percent, so that's good.

I was out today and, again, I saw the same levels that I saw on the first round, this high level of community participation. I was in a hospital, in Jaffa Hospital, but also at the PRCS – the Palestinian Red Crescent Society – primary health care center and community outreach, and it sounds so odd in everything what you described in your introduction. A lot of, yeah, almost joyful kids and their parents. I saw – from all age ranges. I saw newborns and a little girl called Sarah from only 12 days, et cetera – another child, Jamal, from one month – up to kids of almost 10 years old. And so we are discussing today that there's a lot of – so the spirit, I would say, is the same.

It's a very complex program. You talk about 400 teams. You talk about multiple fixed sites, mobile teams, et cetera – and, of course, very

detailed microplanning.

Maybe I want to close. Before I hand over to Jean, I want to say something as well overall on health. So when you are here in this – in this polio campaign and you feel almost – also on the streets you navigate – you travel or you walk – it's not normalcy, but it's a little bit of a sense like, hey, this is possible. Why is there not much more possible? And I think I raised it during the first round. We don't want to just talk about a polio bubble where we can – we, as the U.N., WHO, UNICEF, humanitarian partners – where we can, you know, assist. And not just looking at polio but if you look at the overall health situation, that is still – it's the same challenges, and I would say there's a lot of bleakness there.

You referred to WHO missions over the last nine days as we saw evacuation orders in the north of Gaza, evacuation orders from three hospitals – Kamal Adwan, Al-Awda, and Indonesian Hospital. And WHO was requested to assist with what we call internal medevac from those hospitals, from the most critical patients and non-walking patients, to Al-Shifa and to Al-Ahli Hospital.

We were also asked, desperately asked, to bring fuel and some of the medical supplies, not just to those three hospitals but to all hospitals in the north. And it's quite shocking that one year in this crisis it took us nine attempts – nine attempts, nine missions. We finally – with a lot of pushing, we got a last mission just two days ago. We managed to get the last mission on Saturday. Actually, it was last Saturday. We managed to actually medevac those patients, get an EMT out, bring fuel and supplies, not only those three hospitals and other hospital.

And I want to stress this: We do now the polio campaign, and you feel you're a little operating in this bubble. We need this bubble for humanitarian support, and not just in health but in water and sanitation, in food security, and in shelter, even if there is no ceasefire – we all want a ceasefire – if there's no ceasefire but there's an ongoing war. By now we should have proper humanitarian corridors, humanitarian policies, so that the U.N. humanitarian agencies can do their work. We are ready for it. We constantly work it. It's incredible how much time and effort, and how unnecessarily endangering it is with all those missions which are delayed, repeated, canceled, et cetera.

Over to you.

Dr. Morrison: Thank you, Rik.

Just one quick question. First of all, congratulations that after all of

those attempts you were able to persevere and be successful in terms of the evacuation of the three hospitals and bringing fuel and other essential items on Saturday.

The human pauses for polio vaccination campaigns and these measures like the evacuation of the hospitals, these are all kind of separate taskings that get negotiated in their own right, is that correct? In other words, there is – there is still today, over one year into this war, no formal deconfliction mechanism at work, is that correct?

Dr. Peeperkorn: Yeah, but I want to correct you one thing. So these three hospitals, they are not evacuated. These hospitals are still operational.

Dr. Morrison: It's just –

Dr. Peeperkorn: And we need to bring fuel. We only medevaced the most critical patients from those hospitals to Shifa, to a more – safer place, because there's a lot of, well, kinetic activities around those hospitals. So we helped to medevac. And a lot of patients who could – walking patients, so they medevaced themselves. Those hospitals are still operational. There's still a substantial number of patients in those hospitals and staff, et cetera, and we should support them, specifically Kamal Adwan and Al-Awda. Unfortunately, we cannot call Indonesian Hospital currently operational; I think they have difficulties in admitting new patients.

And, yes, what I said, you're correct that I think we still struggle to do the humanitarian work. There is a deconfliction mechanism – I want to stress that – but it is often not adhered to. And it's combined with a lot of what we call unnecessary delays.

And, for example, this medevac mission I was talking about, you're talking about 25 people. So let me paint you the picture. There's two U.N. vehicles, WHO, and, I say, OCHA and UNMAS assisted as well on security. WHO led. There were six PRCS ambulances and staff, and an ambulance or cabs 25 people, plus a fuel tanker, plus medical supplies. There was even more. Now, those guys, the men and women, they are ready at four, five, six in the morning to go. And if they could go at 9:00 in the morning, they would be back after noon, at 1(:00) or 2:00, in daylight. What is often happening, they have to move to a holding point, then to the checkpoints, and it all is accompanied with massive delays. We've all been – I've been in many of those missions which were canceled, delayed, et cetera. We sometimes stood for eight to 10 hours at a holding point or a checkpoint.

Especially with these larger missions, you have to take a cutoff point. You cannot delay till after 2(:00) or 3:00 because you will never – you

will come back at midnight, et cetera. So this mission finally – I mean, like – and we have had a couple of missions which we had to cancel for that, or they were canceled themselves, repeated. And even the mission the last time, which was relatively smooth, they came back 10:30 at night at our guest houses in Deir al-Balah. So this is what I say. It needs to be organized better. I'm just talking now about a few health missions.

This is equally applicable for food. And you heard about the incredibly concerning food situation in north Gaza. But it also applies – I'm sure that Jean will come with examples on wash and on other areas, and of course on shelter.

Over to you.

Dr. Morrison: Thank you very much, Rik.

Jean, over to you, please. Thank you for joining us today. I'm not hearing her. Jean, I think you're muted.

Jean Gough: Sorry for that.

Dr. Morrison: OK, we hear you.

Ms. Gough: Now you hear me. Good morning, Steve.

Dr. Morrison: Good morning.

Ms. Gough: And doctor colleagues. And thanks for hosting us again.

As you said at the beginning, this is the second round of the polio vaccination campaign in Gaza. And that applies the same approaches as the first round that allowed the vaccinations of approximately 560,000 children under the age of 10 in 12 days. We will apply the same – the same strategies in the second round in terms of the areas we target, the number of days, the working hours allotted to each of the areas in the Gaza Strip. So we are – we are having three days – three to four days. We will be working from 6:00 a.m. to 2:00 p.m. We hope to administer 591,000 children with vaccines under the age of 10. We started yesterday, as you heard already, in Deir al Balah, in the middle area. We already reached 92,000 children, were vaccinated yesterday with polio. Then we will be moving to Khan Younis and Rafah. And then we will be going north.

During the second round, we will also take the opportunity to administer vitamin A to children between two and 10 years old. This will help to reinforce their immune system. It is a simple measure, but

critical to support the health of thousands of children who are living in extremely severe hygiene and sanitation conditions. We are targeting with vitamin A 470,000 children between two and 10 years, and yesterday we reached 76,394 children.

I also want to emphasize the logistical challenge that such a vaccination campaign represents. The first round, successfully rolled out in September, presented humanitarian workers with overwhelming difficulties, including operating amid devastated infrastructure. For example, 75 percent of the existing cold chain, critical for any immunization campaign, was destroyed over the last year as war ravaged the entire strip. In order to solve the problem, in addition to the 1.6 million doses of vaccine, UNICEF had to bring in refrigerators, freezers, iceboxes, vaccine carriers, all equipment required to maintain the stock at a temperature between 2 and 8 centigrade.

Another important challenge has been the endless population movements. In the north of the Gaza Strip, several displacement orders have been issued affecting thousands of children. Once again, it will be absolutely critical that not only the localized humanitarian pauses are respected, but also that people are not forced to move from one area to another. This will be essential for us to be able to vaccinate at least 90 percent of children under the age of 10 among the population, including in the north.

Hundreds of vaccination teams started the second round and will be working hand in hand with a total of 800 social mobilizers who continue to reach out to families to raise awareness on the importance of taking the second dose. As expected, and similar to the dynamics of the first round, the turnout was kind of slow at the beginning of the day and it picked up as the day went on. As we did in the first round, we broadcast messages by radio. We sent SMS messages; very, very useful in the Gaza context. And we are using all digital channels available to amplify the message. This outreach will continue until the second round concludes. Once again, local teams will be deployed in areas that need special coordination to reach children, including those who could not be reached during the first round.

I want to reiterate the importance of localized humanitarian pauses as a prerequisite for a successful second round of this campaign. We need all polio workers and nutrition workers to be able to operate in a safe and secure environment, and all parents to be able to bring their children without fear. We call on all parties to respect this.

The first round of the polio campaign has shown the world that when we come together and we line up, it is possible to bring physical aid to

the children in Gaza, including to the ones in the north. It is crucial that this happens again in the second round. We should also be able to do more of these pauses in other aspects of children-related health and other interventions in the Gaza Strip.

Let me end by saying that today is Global Handwashing Day, and handwashing is one of those critical interventions for health. It removes the germs, it avoids getting sick, prevent children from spreading the germs. And according to studies, handwashing in the community reduces the number of people to get sick with diarrhea by 23 to 40 percent, reduces diarrhea illness in people with weakened immune system by 58 percent, reduces respiratory illness like colds in the general population by 16 to 21 percent. And these two commodities – water and soap – are scarce in Gaza. So let us work together to make sure that we increment the number of water. We are working to make sure that we also get more soap inside Gaza to be able to reduce the sickness and illness. So today, Handwashing Day, is a great day to bring this to your attention.

Thank you so much.

Dr. Morrison: Thank you, Jean. And, Jean and Rick, I mean, the story you've told of the success of the first round and the movement forward starting yesterday, it's very inspiring. A couple of questions for you on the program.

How do you understand why you've had this success against the backdrop of so much failure? What is it that explains why you've been able to succeed? Can you explain that?

And I know you've done remarkably careful planning. I know you have a playbook of operating in many other fragile and conflicted settings. I know you have strong leadership. You have strong political backing. You've been able to mobilize support at high places. Maybe you could say a bit, because, you know, in the – in the course of the year of this war and the drama and tragedies we've seen in Gaza there has been such a debate that has emerged about why there is not more pressure and concern to break – to break these patterns, and you in effect have broken the patterns with these campaigns, at least in this instance in time.

And so my first question is: How do you – how do you explain this – what is such a standout success against a backdrop of such terrible things that have happened? How do you explain this?

Dr. Peeperkorn: Who do you want to start this answering this question?

Dr. Morrison: Well, I'll turn to you, Rik, first, and then to Jean.

Dr. Peeperkorn: OK. Jean, you have more time to think about it, then, for that.

So it's a difficult question because, you know, joking aside, I think your point is completely right, Stephen. I tried to also focus on that in my introduction, that not only me, I'm sure we all think that, hey, if this is possible – these complex campaigns – in this environment, why is not more possible? Why is this not more regularly possible for other intervention? And I don't have a good answer for that because I think it should be possible for other interventions.

One year in this crisis, in this war, we should have mechanisms to make sure that at least sufficient humanitarian supplies get into Gaza, that sufficient humanitarian supplies get distributed within Gaza on the safe way and everywhere, et cetera. We should have been handling that by now. We should have been managing that by now. And I know there's constant blaming, as at the U.N. – not just WHO and UNICEF; the U.N. is ready for that with partners. So I think it's a very good question.

Maybe my point why this is a little easier with polio, so first of all, I think that the world is in that sense a bit connected. Something we all – we all know about, at least member states they know about polio and the global eradication program since 1988, which has been pretty successful. We have two countries remaining with wild polio – Afghanistan and Pakistan, a few cases each. And we see these VDPV outbreaks always in areas where there is civil strife, there's war, et cetera. You see this coming out and popping out. And there's a quick, I think, coming together – like, hey, how can we assist, how can we prevent – because polio, we shouldn't forget, remains the longest-running public health emergency of international concern. And the detection of polio – in this case, VDPV – in Gaza Strip, it reminds us that until we stop transmission of all poliovirus, children everywhere remain at risk.

We all know, at least we who are a little older, what it means to get polio. We also know how easy it is to prevent. It's good vaccine. So we know that also the poliovirus everywhere – this is incredible – will always exploit gaps in immunization and find these pockets of unimmunized children or underimmunized children. And specifically, again, you will find them in areas of war and conflict, et cetera, in this region plagued by conflicts, I don't need to say, and all of the other instabilities.

Now, I think countries don't want that. So a country also feel – I think everyone feels, rightfully so, stressed. We can prevent this. We know

what polio is. And we don't want this poliovirus to spread, so we want to stop this transmission. And then I think if we get all together, there's also a strong program and a strong focus. I think we can do a hell of a lot. We can do much more.

But the question you still raised, I still think it should apply. It should make everyone – anyone related to this conflict, we should be ashamed that we cannot apply this kind of thinking, this kind of innovation, this kind of enthusiasm to all the other areas of humanitarian support, the key priority areas in health, in water and sanitation, in food security, in shelter, et cetera. So, yeah, we should keep pushing this agenda and make sure that we get more of these interventions, and that we get it in a regular way. And whatever you call it – humanitarian corridors, pauses, et cetera – it's insane that we still discuss after one year and we raise more or less the same challenges.

Over to you.

Dr. Morrison: Thank you, Rik.

Jean. Over to you, Jean.

Ms. Gough: I think Rik has said it all, but just let me add a few. You know, when we – UNICEF does the water and sanitation, we lead the cluster of water and sanitation in Gaza – and we were collecting these samples of water to detect things, I never thought polio was going to be there. So when we did it in June, it was never in my mind that this was going to show up, because we didn't have polio for 25 years. And so I think this – how did not have any disease, and it coming up? And the – as Rik has said, the spread, the transmission is very high. I think it created all of this panic.

And I think the world knows polio. Everyone knows the consequences of polio. And I think that has created this ability. And we know how to stop it. I think it's a program that is well articulated, every – to A, B, and C. We know we could reach our goal. So I think that also mobilizes the international community to come together to do this. So I think it was – once we discovered it, everyone came together immediately. And everyone knows that if you don't act fast the consequences are high. So I think all of these factors helped to come all together and say, yes, let's do this.

And I guess the borders – polio doesn't know borders. So it allowed the international community to come and help us, even in times when we brought in the vaccine and all of that the airspace were closed. We had to move Earth and everything to ensure that the flights arrive in Tel Aviv, that we reach it in time, and be able to reach our targets. So I think

this – hopefully, we are able to do the same thing. I think there was a big discussion how we do measles. So we want to look at routine immunization as a group. And I think the immunity gap that Rik spoke about, we need to bridge that gap, because we could have other surprises in the road that also are equally transmittable diseases.

So I think this is something that we will work together with WHO to make sure that we continue using these humanitarian pause to prevent the disease to happen. I think in this case, we didn't prevent it. We got it. So then we mobilized. But I think we could do more to see less prevent and ensure that it doesn't happen. But it's – we need to continue pushing the machine. Sometimes it's not easy, because objectives sometimes are not equal. But we want to make sure that the objective of all of us, to improve the wellbeing of civilians, and children in particular I think in this case, is very important for us. So let's work together.

After 25 years, I think it really struck the chords of everyone, and everyone came together and supported us financially. And everything that it took to raise this. I guess, knowing the program itself, knowing what it takes to break it I think it's important. When we do water, sometimes there's more long-term types of programs that you need to implement. And sometimes it is not as fast. It's not as tangible as when we do these types of activities. And maybe that's one of the cause that allowed us. But we can't stop. We know that we got it for polio. We need to get it from other things. And we will try to continue in this part, identifying quick wins to allow the improvement of the health of children in Gaza. Let me stop there.

Dr. Morrison: Thank you. Thank you.

Dr. Peeperkorn: Maybe – Steve, can I maybe add on this? I think Jean mentioned a very important thing, that – and we are already discussing this with the UNICEF, the Ministry of Health, and other partners. Like, of course, we had a lot of discussions could we already have added, for example, measles or some other things? And logistically, et cetera, it's absolutely not possible if we want to reach this coverage for polio of 90 percent. So, I mean, like, that's not my decision; it's a technical committee, which – the whole group here in Gaza. And I think they very much made the right decision.

However, it is important to focus on routine immunization – routine immunization and definitely with a focus on measles. It is important to focus on respiratory infections, on diarrheal diseases, or mother and child health interventions, even including family and the whole area around that. Yes, of course. And we are already thinking about could we, you know, repeat this in a package, in a kind of mother-and-childhood

package, et cetera, for the – for the future. It is, I think, good that we think like that and that we are innovative.

But I also want to stress it's equally important that the other priority areas are addressed as well. I mean, like that you – the broader health priority. We focus then, again, on the package. And we see a lot of issues with trauma and trauma gap; on rehabilitation, for example, on noncommunicable diseases, mental health. And then we just talk about health. I mean, like, we talk about food security, the other areas.

I mean, like, only on trauma, I want to make – there's a WHO report just out which makes an analysis of the data provided by the emergency medical teams between January and May. And they try to add focus on the major trauma, so the major extremities, amputations, brain trauma, spinal cord trauma, automation trauma, et cetera. Based on the analysis and trying to model and – you know, and take care of all the biases, they come to this shocking analysis that one-quarter of the injured in Gaza – and there's 98,000 people injured in this year – one quarter, 24,000 – more than 24,000, they have injuries which are so severe that they will need lifelong support. They will need rehabilitation services, assistance, et cetera.

Well, you want to – you want to start and you want to do much more in all of these areas we just mentioned. But I very much agree what Jean said; I think we are already looking at things – measles, routine immunization, this, that – I mean, how can we move and build up on this? How can we learn lessons and how can we expand that?

Over to you.

Dr. Morrison: Thank you, Rik. Thank you both for those explanations.

And I, and I'm sure our viewers, our audience understand much better that you're looking at this success as cracking the door open for expanded action using what you've learned – the routine immunization and the threat of measles as a very important point, but many other things that you've outlined there. And do you – so this requires sort of getting through this round, but it requires putting a concrete plan of action forward and trying to market this internally with the parties to this war, I assume. And you're going to need high-level backing.

I mean, part of what explains the success of polio is you had a lot of very powerful players weighing in, saying: This needs to happen. This is terribly important. This is a global issue. Do you think you'll be able to replicate your success in this next phase, in the midst of a widening war in which the attention upon Gaza remains important, particularly as we

see these terrible things happening like the Al Aqsa Mosque or your own difficulties in getting to evacuate the most needed cases from the three hospitals in Gaza. How do you move forward in building and sustaining high level support and pressure, and ultimately the cooperation of the Israelis and Hamas?

Dr. Peeperkorn: Maybe, Jean, you want to now first?

Ms. Gough: OK. Let me start. Thank you. This is also a good question. You know, at the end of the campaign we always do a review. So when we do the evaluation of this campaign, we also have a discussion with everyone around the table. And here, I mean, Rik put forward the next what's important and how could we bring this, so we don't drop the momentum. I think when you want to keep this door open, we will need to put at the end of that meeting that we will have with the COGAT, the Israelis, and others, our plan of the next pauses that we want, including the routine. Because, you know, Steve, I'm worried because, you know, the mothers think that children got vaccinations for polio. They got it for type one. But we need to make sure that they get IPC, that we get the vaccination, we get the bOPV. We need to make sure that we get the measles. And it shows that if polio was able to come in that means we have an immunity gap. So we want to focus on those below one year. We want to make sure that it happens and we will position this as our end recommendation when we do the end review of this campaign and what comes next.

And I think that's the momentum that we should not lose because working in development I have learned that you cannot lose the momentum. We have to keep it up and keep the parties and everyone engaged in things that are important to the majority of the population.

So I think we have our ideas. I think we have a timeline for this and then we will engage the different member states. We will engage especially, I think, the Israelis. The COGAT has been very engaged. And I think this was a good timing when we do the end of this campaign, and then we will move forward and position it at the table. And that, I think, will be very good for us that we already start planning now, because everything takes time. And making sure at the end of this campaign we are already knowing what will come next, and I think this would be what I would think that is the best process forward.

Many people have many ideas and want to do many things, but we also need to narrow it down to be successful. And I think this is why we didn't do the measles campaign, because we wanted to make sure that we abate transmission of polio. But we still have – we still owe the

children of Gaza this other piece to make sure that the full package of immunization is reached to them.

So let me stop there. And over to you, Rik.

Dr. Peeperkorn: Yeah. Maybe let me build a little bit on trying to build what you say.

So, first, Steve, I think it's – it will not be up to – I mean, I think WHO or UNICEF and other partners – Ministry of Health, but also other partners – we are already thinking about it. We will be ready. We will be planning already for that. And that's what I said, is it possible to do a kind of mother-and-childhood package? I mean, like, can we do something like that where we focus on routine immunization, measles, et cetera, et cetera.

I mean, like, so we are already thinking and planning. It will not be upon us. I think that we have to make use of this momentum, but I want to ask this thing. We raised this also during the first round already of the campaign. I've raised this as well: We should build upon this and we should do that, et cetera. We need, of course, the parties to this conflict to look at it and say, hey, yeah, this is reasonable and we should move that. But also we need the powerful member states to support us.

Just as you rightly said, that there was an interest in polio, and why is there an interest in polio? And is this because it's so specific or because, hey, it's a – it's a disease which can spread and, you know, we don't want that, et cetera? There should be more. There's more on humanity than this, than just polio. That's what I would really hope, and also guess.

So, yes, we need to be focused, but there are so many areas where we would like to move forward. And looking now at this, for example, is it possible to do a type of mother-and-childhood package, et cetera? But if I look at a topic which I've been repeatedly raising as well like medevac, for example, outside Gaza that's a very focused topic, you know, and why is this so complex? You know, why is this so difficult? I mean, like, you can raise many questions on that, too.

What I would hope, that parties of the conflict, the key member states, they all realize we talk about basic humanitarian services, and specifically when it's related to health. They talk more on child health and everything related to that. Yeah, and I would hope that they would jump on this and say, hey, this is possible. They have done – we still have to see, because we are just starting in a second round, but, hey, they are – you know, they are doing something quite against many odds. I mean, like, and the whole group, and it's talking about teams on the ground and all the organizations who support this, et cetera. So this is possible.

So there is more possible, and we have ideas already about a focus, and I would hope that we can broaden that as well in other concrete areas.

And that's not only parties on the conflict, but also key member states, they realize, hey, why does it take so long? Why – we are more than one year in this war. And even if the war is ongoing – again, we all hope for a ceasefire, et cetera – there should be mechanism to – which should work better to provide those essential humanitarian services. And we talk now very much towards health, but there's, of course, more than health, as well. And I think it is possible. It's feasible. And, yes, if we need to be focused, we will be focused. If we can broaden it a little bit, we will broaden it a little bit. We are ready – we are ready to –

Ms. Gough: Just the – you know, winter is approaching, and there is a U.N. winterization plan that has already been put on the table as well as the next was to do humanitarian pause. And that will include, of course, some shelter; that includes moving people out of harm ways, because some of the people are located in areas that maybe is not – with the rains, they could slide, they will get into ponds of water. So we have a lot of jobs around that, and I know other partners are – inside the U.N. is also looking for winterization.

But we are also interested to make sure that we support and get the right shelter there. And I think that has already been on the table, and that some partners will take advantage of the pause that happened in this area-specific pause to already start working on some of these interventions that needs to be there to prevent people – now that the winter is coming, and let the winter less harsh on people and protect them.

So I think there is – this piece of work was also on the table. Some partners will already take advantage of the pause because the pause you could do other things. Me and Rik are very focused, but UNICEF teams that does water and sanitation will be starting to work on that winterization from the water perspective to make sure that the drain, the pipes, everything, that's clean. And those teams would start working, using the polio pause to do other activities.

So that's also on the table, Steve. Just let me – just wanted to broaden the discussion. Over.

Dr. Morrison: Thank you. Thank you.

Are you worried – when you get to the third phase of going – of doing the second round of polio vaccinations in north Gaza, where you have the intense fighting around the Jabalia refugee camp, and you've had the

– all of these other measures in this intensification – are you – do you think the – getting cooperation on the pauses is going to be more difficult in the north than in the center and south?

Dr. Peeperkorn: Well, let me start. Jean might want to – I think it's – first of all, it should not be more difficult. So of course we are discussing this and we are currently negotiating this, et cetera.

We talk about something like 120,000 cases in the north, yeah, and there's roughly 65,000 in – let's say in the Gaza City area, and the rest is north, which includes also Jabalia, and we talk about almost 50,000 children. Well, first of all, we cannot miss those children, so they should be – they should be in what we call the area-specific – they should be covered under the area-specific humanitarian pause under – we discuss about polygon, that polygon. They should – they should all be covered. It's not just Jabalia, north Gaza.

And we – why is that necessary? Because you talk about – you talk also there about hundreds of teams, big signs, mobile teams. And parents need to be able to bring their children in safety and security; otherwise, they will not come and we will miss those kids.

We need to – and I think to stop this transmission, we need to go for 90 percent. In the first round, we managed that. So the second round will be dependent. We cannot – we cannot forsake that, I mean, like, because of issue. So we, as WHO and UNICEF, be very clear on this, like, we need an area-specific humanitarian pause covering all of north Gaza wherever there are children under 10 so the teams can do their work and the parents can bring the teams, et cetera.

And am I confident? I have good hopes that we will manage and push that forward because I think everybody wants that polio campaign to be a success, and you discussed that. That's maybe specific for polio, et cetera, but I mean, everybody has been running around. And I'm grateful for that.

And so, yeah, I think that's what we assume, and that's what will happen, and such, and that's what we will push, and that's what we will work towards. And, yes, I am hopeful that we're going to reach that as well.

Ms. Gough: Just to add, just we are concerned. Of course, we are concerned. And this is why our discussions every day that we meet, we meet every day to review. We are bringing on the table the north. Given this situation that we saw from the beginning, we are concerned. But we are hopeful, because we – all the – all the signals that we are getting are that they

will – that the humanitarian pauses will happen as planned. So we are keeping that machinery moving. We are keeping that hope alive. But making sure that they – our concerns are raised, and raised at the highest level of our interlocutors, and the member states that has those other levels of engagements.

And we just had recently our deputy executive director for humanitarian was visited in Israel. He met with the highest level. And we managed to transmit that message, that we need to make sure that all children, everywhere they are. And so I think we are hopeful, because the signals that we are getting and the commitments that we are getting is leading us to believe it. But we don't – we are still concerned, given the situation that we also see on the ground. So we are concerned, but we – at the same time, we are hopeful that the things will happen.

Otherwise, as I said yesterday in our call, it'll be a failure for all of us. All of this work that we have been doing for the two rounds, making sure we reach all children, then we will not – we may fail at the end, if we don't reach the 90 percent, as Rik always keep reminding us. So I think that's – we keep raising the issues to make sure that that together we are successful.

Dr. Morrison: Thank you very much. I'm just going to offer some closing thoughts, and then I'll come back to you for any final thoughts. This has been a very encouraging conversation. I mean, you've – congratulations on the success up to now. Congratulations on your – you know, your determination, and stamina, and all of the partners that you work with. Everyone wishes you success in this next round, and an ability to build on that success, and widen. As you said, there's a reason – there's hope coming out of this experience. There's a machinery and lessons learned coming out of this experience.

I was moved also by all the evidence of high-level leadership speaking to these issues and the broader issues. I mean the press statements that you've all given, Director-General Tedros, Hanan Balkhy, head of EMRO, who we had the honor of hosting here two weeks ago at CSIS, who spoke very powerfully to these issues – with great impact on the audience. I mean, I think that there is a receptivity. People are dulled to the mass misery and destruction and the threat of things going on indefinitely, and don't know what to do. And you're beginning to generate at least some answers to pull people back.

And Cathy Russell, head of UNICEF, similarly has been very vocal. And I hope we'll see continued strong leadership voices in this next period. We're, of course, in our own political transition. You know, we're three

weeks away from our national elections. And it has not stopped Vice President Harris or President Biden from making some strong statements in the last two days.

But I think that somehow people need to see the full picture, what is possible in the hope but also the reality of what Gaza is going to look like in 2025 unless there's continued success in widening the role. I mean, we are looking at a long-term de facto occupation. We're looking at 2 million people living in tents, a continued sort of health catastrophe, the risk of the north being turned into a kind of exclusion zone, and continued attacks on healthcare workers, international workers, health clinics, hospitals, ambulances, and the like.

So we have these realities of you need to – you've done these remarkable things. And it's telling a story that people need to hear. And it's inspiring. And it can perhaps bring us forward in the ways that you've described. And your leadership is alive and focused on this. But we also have to speak to the larger reality to remind people of this, because that is so dangerous. And the risk of drifting into this long-term attrition and de facto occupation, where we can't get out of this – of this current situation, that – I think our leadership needs to be prodded to pick that up and speak to that and speak to the pathways that you're laying down for how to get out of this.

I'll just turn back to each of you. I want to just continue to thank you for everything. And you could offer just a couple of closing words. And, Jean, let's start with you.

Ms. Gough: I just wanted to say that what we've proven, that adding vitamin A to the polio, has also energized the mothers coming to the center. So I think that one has been a very positive addition.

Dr. Morrison: Yes.

Ms. Gough: So that's something that we will keep learning and keep building on. And I wanted to thank you for your voice. I wanted to thank all the listeners that are listening to us. We need your voice because the risks that you're outlined there are real. And we need to be making sure that we raise our voice to reduce the risk as more as we are seeing them.

So I think you're – those outlined in the risks, that the drift and the occupation, when I came to start working here in April I said, this will go on to December. Now I'm not so confident. I think what you're saying, that the ceasefire will not come, I was hoping by December we would be in a different path, in a different character trajectory. But the situation doesn't look like the same. I think your risks that you outlined are real.

And we just need everyone's voice to be wise in them, so we could reduce them to happening.

And I think our executive directors, everyone are trying to raise these voices. And I think we want to make sure that we also keep raising the voice, but also doing things for the people. Not only the voice, but contributing with some ideas, with some success on the ground, that lays the path for a different direction in the course of change that needs to happen. So thank you for this opportunity. And I really want to motivate all the listeners to raise your voice for the children of Gaza. Thank you. And we need a ceasefire. And we need it now.

Dr. Morrison: Thank you, Jean.

Rik, you get the closing word.

Dr. Peeperkorn: Yeah. I think it's, I think, difficult to follow you and Jean. But I really like your analysis, Steve, on the end. And it's, unfortunately, a reality on the ground. And you would expect that – of course, that the world speaks to that, and speaks to this, and listens, and analyzes, et cetera, and also deals with that and approaches that, and I would say, shifts – shift that whole narrative and shift that balance, et cetera, and move forward.

And going back to our discussion now, where we focused a lot on polio and we focused on health, we focused on other issues and possibility, and what I said actually, in the first round, I want to even say stronger now. Just in the current – I'm discussing with my team day to day here, you want this polio bubble, you want a humanitarian bubble to start with. You want to make sure that basic humanitarian services can be implemented and can be followed up. I don't want my staff – because there's – on all the areas what we described – getting goods in Gaza, et cetera – there's all security issues, too, in Gaza to do our job which has nothing to do with the war. There's a lot of other issues going on as well. Which is insane, that humanitarians, you know, and humanitarian organizations, that we have to go through that, and that it is completely unnecessary, making it unnecessarily dangerous and risky.

But I still think that if you can use this momentum – again, we have this bubble. Adapt it, focus it, refocus it, and make it a more humanitarian bubble, even if we focus it somewhat in the health areas. Yes, we should all exploit that, and we should focus on that, and we should be assisted. And I think it's your – it's the member states who should listen to that and also that, a lot of our other partners.

I am actually surprised after one year that health services are still, alas, basic in some areas, and there's – it's still kind of functional in many

areas. It's limping, but it is still functional everywhere, kind of, in Gaza, sometimes even on surprisingly good level. And that's a testimony what is possible.

And for us – and, like Jean, I also had, of course, expected after one year that we will be discussing now early recovery, rehabilitation, and reconstruction in a big way. That's what I would have expected. Now, we're not.

So we focus – and our plans also for WHO is very much – I mean, you look at health. It's, like, we focus on delivery of essential health services. Polio campaign is one of that. It's just one component of that for me – essential health care, primary health care, MCA, et cetera, et cetera. We focus – the second pillar is critically important – also linked, by the way, to polio – public health intelligence, surveillance, early warning, prevention, and control. How do we strengthen that? And more is happening in both pillars than you think. Then we focus on supply and logistics supports. We constantly do that. And we have to expand. It's not just medical supplies. It's fuel. It's a coordination of all these parts.

Our last pillar in the current plan is, of course, on early recovery, rehabilitation, and reconstruction. And it's sad, because I had hoped that this would be the biggest pillar by now and that we really would be focusing on that. Now, we cannot wait with that. We are already assisting in some areas rehabilitation. You know, rehabilitation and a little bit of reconstruction. And also the whole area of rehabilitation, which I just discussed, we already started to focus on that. We cannot wait for a ceasefire to already address.

It would be good maybe in another viewing to discuss these broader issues, because I also think we – I'm proud, not just from WHO, UNICEF, U.N., you know, and – but specifically the health workers on the grounds. The incredible resilience to constantly stand up and get back. All the hospitals I mentioned by – in this – over this year, they have been – all of them, they have been from functional, to partly functional, to minimum functional, to nonfunctional. They almost all bounced back, with support from us, et cetera. That gives me hope. That gives us all something – a way to go.

So a lot more is happening, in that sense. And that is – I think, is a positive sign, and specifically in the health area. Much more is needed, and I hope that we can discuss it. I thank you very much as well, and CSIS, that you're doing this. I think it's critically important that you continue focusing on these aspects and this analysis, and that we challenge each other how to do – how to do better, how to deliver better.

Finally, we do this for the – for the Palestinian people in Gaza. Thank you very much.

Dr. Morrison: Thank you, Rik. Thank you, Jean. We will take up your advice, Rik, I promise you, and in the future as we assemble again for future episodes.

I want to thank our audience for being with us. I want to remind you that the link for this video and a transcript will be posted on the CSIS home page. That's www.CSIS.org so please look for those. The link will be right away. The transcript will be in another couple of hours added to it. And I want to thank again Sophia Hirshfield, Alex Brunner, and Eric Ruditskiy for all of their work on this.

Jean, Rik, all of your colleagues have shown remarkable creativity and courage and commitment in this period. We're all in your debt and we wish you all the best in this period. We'll all be watching with hope that you're successful in these next 10 days in this campaign.

Thank you.

(END.)