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Story

Human Rights Council update

Alessandra Vellucci, for the United Nations Information Service in Geneva, speaking on behalf of the Human Rights Council, said that the Universal Periodic Review Working Group would conclude its 34th session that afternoon, having first adopted the two of its reports that remained pending, namely those on Egypt and Bosnia and Herzegovina.

Syria

Alessandra Vellucci, for the United Nations Information Service in Geneva, said that, the previous day, a note to correspondents had been circulated in order to provide information on the next meeting of the Syrian Constitutional Committee. The Committee would reconvene in Geneva on Monday, 25 November. Information on the accreditation procedure had also been circulated.
Responding to a question regarding one of the statistics provided by the Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator, Mark Lowcock, in his recent briefing to the Security Council on the humanitarian situation in Syria, Jens Laerke, for the Office for the Coordination of Humanitarian Affairs (OCHA), said that the Office of the United Nations High Commissioner for Human Rights (OHCHR) was the source of the statistic in question, which concerned the number of civilians killed by improvised explosive devices. He would suggest that OHCHR should be contacted for any further information on the statistics in question.

Responding to a request for statistics on refugees who had fled from Syria into northern Iraq, Babar Baloch, for the United Nations Refugee Agency (UNHCR), said that, as of the morning of 15 November, the number of arrivals stood at 15,500. The arrival rate had recently fallen.

Yemen

Joel Millman, for the International Organization for Migration (IOM), read the following statement:

“With more than four years of conflict pushing the public sector to a breaking point, people in Yemen are struggling to access health care. As part of its emergency lifesaving services and support to the health sector to ensure it continues to function, the International Organization for Migration (IOM) has carried out 1,095,072 health consultations for displaced and conflict affected Yemenis and migrants in 2019 (as of 09/11).

Only half of Yemen’s health facilities are currently operating, causing people to travel long distances in search of essential services and forcing many to go without. Prior to the conflict in 2015, public facilities were already strained. Today, the lack of financial resources, doctors, medicine and medical equipment has caused further deterioration, while the increased number of people seeking medical assistance in certain areas has overwhelmed health facilities.

“Our lives are difficult in terms of income, education, health services, water and transportation,” said Maryam, a Yemeni woman living in Birali, Lahj governorate, where IOM helped get the local health centre back up and running. “When there was no health centre, we had to travel to Hadramout or Aden (approximately 120 and 450 kilometres away, respectively); a woman in labour couldn’t do that,” she added.

IOM’s health programming strengthens key public institutions and helps ensure they survive the crisis. To support the re-establishment of Yemen’s primary health care systems, IOM ensures that public health facilities can provide a minimum service package to their target population through provision of human resource, medicines and medical supplies.

IOM is supporting the restoration and operational needs of 86 facilities across Yemen, ensuring effective, safe and quality free health care through over 120,000 consultations per month.

The organization also operates nine mobile health teams, which reach migrants and displaced people who do not have access to traditional health facilities. Four of these mobile teams provide newly arrived migrants with emergency health services along Yemen’s coast.

Complications with import and internal transportation of items, such as medical stock, puts further pressure on Yemen’s health system by causing critical medications to be unavailable in much of the country. IOM has stockpiles of critical medicines, such as antibiotics or medication for management of Type 2 diabetes, in warehouses across Yemen to ensure IOM-run and supported facilities have a constant supply.

IOM’s health programming in Yemen is made possible through contributions from the Governments of Canada, Finland, Germany, Japan, the Republic of Korea, Kuwait, Slovakia, the United States and the United Kingdom. IOM also works in partnership with the World Health Organization (WHO) and the
Yemen Humanitarian Fund and is a principal recipient for the Global Fund in Yemen.”

Responding to questions from journalists, Mr. Millman, for IOM, said that he could not comment in detail on the health situation, which fell under the purview of other agencies. Nearly half of the mobile clinics that were being operated were geared towards coastal areas, where migrants continued to arrive. Despite the humanitarian crisis, which many considered to be the worst in the world, Yemen remained a transit country. IOM worked with an enormous number of individuals who had either been displaced or were part of the continuing migrant wave.

Jens Laerke, for the Office for the Coordination of Humanitarian Affairs (OCHA), said that Yemen was the world’s worst humanitarian crisis. Nearly 80 per cent of the population needed humanitarian assistance. September 2019 had been one of the deadliest months on record in Yemen. According to reports, the number killed and injured as a result of conflict in that month alone was 388. Yemen was affected by every possible humanitarian problem, including displacement, attacks and destruction of infrastructure. In 2018, the country had been affected by a cholera epidemic, which had by and large been contained.

Christian Lindmeier, for the World Health Organization (WHO), said that Yemen remained affected by a number of health risks, including restricted access to health facilities at the primary, secondary and tertiary levels of care; the inability of health facilities and teams to respond rapidly to disease outbreaks and epidemics due to restricted access, a lack of staff and a lack of capacity and resources; and difficulties in restoring functionality to health facilities that had been partially or fully damaged in high-priority districts due to a lack of funds, challenges in access, a lack of trained, skilled medical professionals and specialists and a lack of resources for incentive payments. Only about 50 per cent of health facilities were functional, operating with serious shortages of medicines, equipment and staff. Huge operational challenges remained, with access issues for teams in the field an enduring concern.

Mr. Lindmeier, for WHO, also said that, over the course of 2019 up to 3 November, there had been more than 770,000 suspected cases of cholera and 999 associated deaths. Recently, a second round of oral cholera vaccination had been conducted in three districts of Sana’a city. Of the 1.3 million people targeted, 93 per cent had been administered with oral cholera vaccine. Over the course of 2019 up to 27 October, there had been 1,600 probable cases of diphtheria and 95 associated deaths. WHO had scaled up its response by conducting diphtheria vaccinations in 186 districts in the 12 northern governorates, targeting 5.7 million children aged 6 weeks to 15 years in a phased manner. Vaccinations against diphtheria in selected districts of the southern governorates would be conducted later in 2019. Over 3.4 million target children had been vaccinated with the diphtheria vaccine. There was also a measles and rubella issue in the country. Since the nationwide measles and rubella campaign in February 2019, no mop-ups or case response activities had been conducted for the vaccine apart from the measles and rubella vaccine offered through the routine vaccination programme. The only additional measles and rubella vaccine offered in September 2019 was through a special outreach round.

Mr. Lindmeier, for WHO, added that an estimated 35,000 cancer patients, 10 per cent of whom were children, and more than 1 million people who suffered from non-communicable diseases would no longer receive life-saving treatment. There were 7,000 renal patients in need of weekly sessions. Each renal failure patient required around USD 445 a year, but, without treatment, would require dialysis sessions at a cost of up to USD 6,000 a year. Since 2015, there had been about 156 recorded attacks on health-care facilities and incidents involving health-care workers. Those attacks jeopardized the emergency response and endangered health-care facilities, health-care workers, patients and surrounding communities, including civilian infrastructure.

Responding to a question on the availability of medical supplies, Mr. Millman, for IOM, said that complications with import and internal transportation of items, such as medical stock, put further pressure on Yemen’s health system by causing critical medications to be unavailable in much of the country.
Responding to a question on the financial situation, Mr. Lindmeier, for WHO, said that, in 2019, 24 donors had contributed a total of USD 162 million to the Yemen Humanitarian Fund. Between January and September 2019, the Fund had allocated USD 130 million to 43 humanitarian organizations that were implementing 80 life-saving projects across all sectors of need. So far in 2019, over 6 million people, cumulatively, had been supported by humanitarian assistance made possible through the Fund.

**World migration trends**

Joel Millman, for the International Organization for Migration (IOM), said that IOM had released updated information on migrant arrivals. The year 2019 might be the first year in the previous six in which the number of arrivals in the Mediterranean route had fallen short of 100,000. For comparison, over 1 million migrants had arrived via that route over a 12-month period spanning 2015 and 2016. That said, Greece had experienced a surge in recent months, with over 1,000 arrivals a week on average, which might bring the total number to over 100,000 by the end of 2019. The number of deaths in the Mediterranean had fallen significantly. In 2019, 695 migrants had died on the Central Mediterranean route, which was without a doubt the world’s deadliest migrant corridor. That figure was one sixth of the number of deaths recorded in 2016, when 4,581 migrants had died. The total number of deaths recorded for the Central Mediterranean route so far in 2019 was only slightly higher than the total number of deaths recorded in the Americas so far in 2019, which was 634. In other words, the principal migration routes that linked Central America to North America were now virtually as deadly as the Central Mediterranean route.

Responding to questions from journalists, Mr. Millman said that the fall in the number of deaths in the Mediterranean could be attributed to a fall in volume. In 2019, the traffic through Libya had been very low compared to previous years. Transit towards Libya, in particular from the Niger, had also fallen. Many migrants had agreed to accept passage back to their countries of origin. With regard to the Americas, the large number of Venezuelans on the move was a major factor in the increased number of deaths in the region. In the Caribbean, there had been 157 deaths at sea so far in 2019, compared to 24 over the same period in 2018. Most of those who had died in the Caribbean in 2019 were Venezuelan migrants and refugees who were attempting to reach the Caribbean islands. Migration continued to be lethal because it was often organized by criminals. For that reason, IOM advocated transparent and regular migration so that underground organizations were not in control of the process.

Responding to further questions on the situation in the Americas, Mr. Millman said that IOM had partnered with the Government of Canada to organize an information campaign to discourage irregular migration from Central America. In recent months, there had been a fall in the number of migrants passing through the region. Conditions had changed, and there was more active military patrolling in the south of Mexico. It would be possible to share information on the nationalities of the 634 migrants who had died in the Americas so far in 2019. However, the nationalities of up to 150 of those migrants could not be determined. In general, there were many nationalities represented among migrants in the region.

Responding to a question on the nationalities of the migrants, Mr. Millman said that, as far as he recalled, in 2018, Cameroonian had made up the fourth largest nationality on the Eastern Mediterranean route. In general, if the situation in a particular country caused its nationals to flee, the number of its nationals recorded as migrants would increase around the world. There had been three Cameroonian deaths by drowning off the coast of Chiapas in Pacific Mexico. Another Cameroonian had died in the custody of the United States Border Patrol in California. In general, high numbers of deaths were associated with the poorest countries. Disproportionately high numbers of deaths were recorded for nationals of El Salvador, Guatemala, Honduras and Haiti, as they could not afford to pay for safer routes.

**WHO announcements**

Christian Lindmeier, for the World Health Organization (WHO), said that, on Monday, 18 November, the Chairperson of the African Union Commission, Moussa Faki Mahamat, would visit WHO for a bilateral
meeting with WHO Director-General Dr. Tedros Adhanom Ghebreyesus. The meeting would be followed by the signature of a memorandum of understanding and a press briefing. Moussa Faki Mahamat was scheduled to arrive at WHO at 9 a.m. The press briefing was expected to begin shortly after 10 a.m. It would take place on the seventh floor. Journalists who wished to attend should contact WHO prior to the event, as their names would have to be given to security.

Mr. Lindmeier also said that, on the evening of Sunday, 10 November, WHO Director-General Dr. Tedros Adhanom Ghebreyesus would speak at an African Union event. WHO would tweet from the event and publish the text of the Director-General’s speech.

Responding to questions from journalists, Mr. Lindmeier said that, although he could not provide detailed information on the content of the memorandum of understanding at the current stage, it did concern support for the African Medicines Agency and the African Centre for Disease Control and Prevention. Journalists should contact the African Union for further information on the event at which the WHO Director-General would speak on Sunday.

**Geneva announcements**

Alessandra Vellucci, for the United Nations Information Service in Geneva, said that, on the morning of Friday, 15 November, the Committee against Torture would begin its consideration of the report of Cyprus, which would be continued on Monday morning.

Ms. Vellucci also said that, on Sunday, 17 November, at 11 a.m., the film *Demain est à nous* would be screened at the Cinema Cinérama Empire as part of the CINE-ONU initiative and in advance of Universal Children's Day on 20 November. The film was about children who were trying to change their countries and the world. It depicted their great courage and strength. The screening would be followed by a discussion moderated by Rhéal LeBlanc, Chief, Press and External Relations Section, United Nations Information Service.