



Offline: The health of Palestinians is a global responsibility



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WHO recently published a report on the health challenges facing people living in the occupied Palestinian territory (oPt). The study, *Right to Health 2017*, notes that the Gaza Strip has been under land, sea, and air blockade for over a decade. Its health system has experienced development and suffers from shortages of essential medicines and supplies. WHO describes how patients in Gaza have faced increased restrictions on accessing care outside the Strip. In 2017, only 54% of applications from 12 153 patients were approved in time for those patients to be able to attend their hospital appointments. This approval rate was the lowest since 2012. Patients living in the West Bank who sought access to services in East Jerusalem or Israel had an 88% approval rate (for 39 834 patients). The most common reason for referral was the treatment and investigation of cancer. For patients living in the West Bank, access to services depends on location. If a patient lives in Area C—that part of the West Bank (61%) directly administered by Israel under the Oslo II Accord—planning restrictions block the construction of health facilities. Some 300 000 Palestinians live in Area C. WHO defines a “health attack” as “any act of verbal or physical violence, threat of violence or other psychological violence, or obstruction that interferes with the availability, access, and delivery of curative and/or preventive health services”. WHO documented 111 health attacks against Palestinian health services in 2017, affecting 133 patients, 43 health workers, 75 ambulances, and 18 health facilities. WHO’s report concludes by emphasising the shared responsibilities for the health of Palestinian people—responsibilities that rest with Israel, the Palestinian Authority, and the international community. Gerald Rockenschaub, Head of WHO’s Country Office for the oPt, noted that this latest study “is an opportunity for us to come together, to reflect on these challenges, and to consider strategic actions to bring about meaningful improvements for the health of Palestinians”.



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At present, there is no neutral space for health professionals in the oPt, Israel, and the international community to act on WHO’s invitation. I sent WHO’s report to colleagues in Israel for their response. They prepared a reply that deserves serious consideration. They

share WHO’s “desire for Palestinians to enjoy the very highest quality health care possible”. But the security, political, and economic barriers to progress are severe. They wished WHO had more openly recognised these barriers in its report. They also wished that WHO had sought input from the Government of Israel. They drew attention to the likely contribution of political divisions among Palestinians to adverse health in the West Bank and Gaza. They were especially sensitive to the fact that “ Hamas has publicly sworn to the destruction of the State of Israel”. This hostility limits possibilities for improved collaboration between Palestinians and Israelis to advance Palestinian health. They expressed a strong desire to do more to assist in improving “the health and wellbeing of our Palestinian neighbours”. But political impediments are considerable. For example, they agreed that permits should be approved as fast as possible. But with past examples of explosives hidden in ambulances, “who can fairly blame Israeli authorities for exercising caution”, they wrote. Many Israeli medical professionals want to cooperate with their Palestinian colleagues. They wished the WHO report had called for greater collaboration between Palestinian and Israeli health workers in order to use “health as a bridge to peace”.

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The health predicament for Palestinians is inexcusable. *The Lancet* has a long-standing commitment to the health of the Palestinian people. Next year, we hold our tenth annual meeting of *The Lancet* Palestinian Health Alliance. We are also committed to working with Israeli colleagues to advance the health of Israeli citizens (eg, our Health in Israel Series, published in 2017). These two initiatives currently run parallel to one another. Is it naive to hope that one day these two streams of work might connect? The health professionals and researchers I know in the oPt and Israel are inspiring individuals who have devoted their lives and careers to protecting and strengthening the health of their communities. They want peace. They want justice. It is time to consider how we work more closely together in the common cause of healthy lives for all.

Richard Horton
richard.horton@lancet.com