

achieve a sustainable peace settlement. Already, President Obama has taken steps for this effort to begin in earnest by appointing a proven peacemaker and skilled negotiator, Senator George Mitchell, as his envoy to the area.⁹

After service in the White House, I have devoted my efforts to advancing peace and health worldwide through the Carter Center.¹⁰ Recognising the impact that peace and health have on each other, the Center works to address the root causes of violence and to protect basic human rights, including health. We have concentrated our attention on neglected tropical diseases, mostly in Africa.

People everywhere share the dream of a caring global community that prevents unnecessary suffering from disease, war, and oppression. This Series should give the international community added urgency to resolve this enduring conflict and bring both Palestinians and Israelis the peace, health, and hope they deserve.

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I declare that I have no conflict of interest.

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The occupied Palestinian territory: peace, justice, and health

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The distances seem short. From Jerusalem to Ramallah is only a few kilometres; from Gaza City in the north of the Gaza Strip to Rafah in the south, 30 km; from Ramallah to Gaza, 70 km. One can drive the length of the West Bank in just a few hours. Yet for those living outside the occupied Palestinian territory, the distances—to peace and justice—seem impossibly vast. The impression conveyed through western media is of a land in perpetual war, a people drenched in hatred, aggression, and violence. Visiting the territory reveals a very different reality.¹ This week, *The Lancet* publishes the results of a 2-year collaboration between Palestinian public-health scientists, WHO and associated UN agencies, and a broad group of international scientists from the USA, UK, Norway, and France.²⁻⁶ The goal of this Series on Palestinian health is to change the way health professionals, politicians, policy makers, media, and the public view, think about, and discuss the predicament facing this region of the Middle East.

The pursuit of health as a political objective and the creation of a strong health system for Palestinians could be one fruitful diplomatic path to reconciliation, peace,

and justice. The people of the Palestinian territory matter, most importantly, because their lives and communities are continuing to experience an occupation that has produced chronic de-development for nearly 4 million people over many decades. But the future of Palestinians also matters because of the continued conflict with Israel, the failure of the peace process to make any substantial progress, and the internally catastrophic and violent divisions within Palestinian politics. These characteristics are, in the words of one respected commentator, “the oldest and most powerful driver of discontent, disequilibrium, and radicalism in our region”.⁷ If a way could be found to strengthen Palestinian political institutions and find common ground for negotiations with Israel and western governments, great regional and even international benefits could follow.

Another reason why the facts of Palestinian health under occupation matter is that, as *The Lancet* has learned from its previous country series,^{8,9} national experiences may yield valuable global lessons. The knowledge gained from the occupied Palestinian territory may be important for others enduring similar

long-term conflicts. A serious analysis of the health situation in the occupied territory therefore has potentially deep intrinsic and instrumental value.

The purpose of our alliance with Palestinian, UN, and international health scientists and policy makers is to bring the best descriptive and experimental evidence to bear on the health of Palestinians and the performance of the Palestinian health system. A thorough review of available data should allow rational evaluation of future options for health improvement and health-system strengthening. Our Series might also be useful as a scientifically sound platform for advocacy, awareness, and action around health. We see this work as a starting point for a new approach and attitude to the occupied territory.

The method we adopted was to gather and appraise evidence according to strict epidemiological norms, to be cautious in our interpretations of that evidence, and to look for solutions as well as problems. Amid a mass of data, and a range of issues that we could have covered, we identified five domains that provide the governing structure for this Series: a historical overview of Palestinian health conditions and health services, including an organising framework for examining these issues—namely, human security;¹⁰ maternal and child health; non-communicable diseases (cardiovascular disease, diabetes, and cancer); violence and health; and, finally, an assessment of the Palestinian health system, together with an agenda for its reform.

Our main collaborating centre was the Institute of Community and Public Health at Birzeit University. Birzeit was founded in 1924 as a school for girls. It now exists on a large, modern, and well equipped campus on the edge of Ramallah. It has almost 8000 students, of whom over half are women, taught by 400 faculty members. The Institute of Community and Public Health was established in 1978 and was the university's response to an urgent need for independent research to strengthen Palestinian health services. It is led by Rana Khatib and Rita Giacaman. We also received assistance from the Palestine Central Bureau of Statistics, the Palestinian Ministry of Health, the Palestine Medical Relief Society, the Gaza Community Mental Health Programme, and the American University of Beirut. WHO, through its Regional Office for the Eastern Mediterranean region and its country office for the West Bank and Gaza Strip, together with the UN Population Fund (UNFPA) and



Palestinian child approaches Erez crossing en route to medical treatment in Israel, 2008

UN Relief and Works Agency (UNRWA) for Palestine Refugees, provided additional support.

The authors of this Series also had the help of an editorial steering committee—Iain Chalmers (James Lind Initiative), Harry Shannon (McMaster University), Jennifer Leaning (Harvard University), and Huda Zurayk (American University of Beirut).¹¹ Draft papers were presented and scrutinised at three peer-review meetings held in Ramallah, where invited international discussants critiqued manuscripts and offered advice for improvement. When final papers were submitted to *The Lancet*, they underwent a further round of external peer review.

The central arguments presented in this Series are therefore backed by ample and carefully appraised evidence. Since 2000, the occupied Palestinian territory has experienced increasing human insecurity, with the erosion and reversal of many health gains made in earlier years. These setbacks, together with the latest Israeli air and ground attacks on Gaza, have plunged the region into a humanitarian crisis—defined as population dislocation, destruction of social networks, insecurity, and violations of human rights. Steep inequities in health between the West Bank and Gaza are now visible, inequities that began to appear long before Hamas won elections in 2006. And qualitative measures of health—suffering, stress, fear, humiliation, and exposure to violence—are increasing.

The causes of the Palestinian predicament are complex—occupation, internal governance failures,

The printed journal includes an image merely for illustration

Reuters

Palestinian child with grandmother in al-Shifa hospital, Gaza

absence of resources, actions and inactions of the international community, aid dependency, and a rapid epidemiological transition. The territory's health system is fragmented and incoherent. It is composed of at least four parts: the Palestinian Authority's Ministry of Health and national health service, UNRWA, non-governmental organisations, and the private sector. One particular difficulty is the weakness of the territory's health-information system, which should support the planning of services. Another is that the Palestinian Authority has little control over key determinants of health—land, water, the environment, infrastructure, and human movement.

The health of pregnant women, mothers, newborn babies, and children is a special concern, since these groups are especially vulnerable and they represent two-thirds of the Palestinian population. Palestinians face the same difficulties as other countries struggling to reach Millennium Development Goals 4 (child survival) and 5 (maternal and reproductive health). But there are also uniquely Palestinian dimensions to these concerns, not least the restriction of movement imposed by the separation wall and armed checkpoints. The Palestinian experience in maternal and child health is a good example of how the territory can usefully inform global conversations about health—eg, by revealing the sometimes overly quantitative nature of indicators to monitor development goals.

Chronic diseases are, and will increasingly be, major health challenges to the territory. There are clear,

well evidenced, and concrete actions the Palestinian National Authority can take to reduce the risks of non-communicable diseases. Palestinian health improvements require parallel solutions—technical, economic, social, and political. The health community can contribute to all of these parallel initiatives and create the motivating conditions to promote progress across non-health sectors.

The occupied territory exposes several important Palestinian particularities for study and reflection, not least occupation, coercion, violence, and insecurity. Yet the conclusion of this Series is optimistic: progress is possible, and it should start with the idea of protecting and advancing the right to the highest attainable standard of health for all Palestinian citizens.¹² International law protects that right.

Our work builds on a large and respected body of evidence from others. WHO has repeatedly drawn attention to its concern about the health situation in the occupied territory, especially Gaza.^{13,14} John Dugard, the UN special rapporteur on the situation of human rights in the Israeli-Palestinian disputed territories, has identified health as an urgent concern in the overall humanitarian crisis across the region.¹⁵ The World Bank has concluded that occupation has left the territory "distorted", with "the hallmarks of a less developed economy".¹⁶ The UK's Parliamentary International Development Committee reported on perilous aspects of health as part of its review of development assistance and the occupied Palestinian territory.¹⁷ And a small but steady stream of research papers continues to emerge on all of these themes.^{18,19}

To be clear, our Series is not about long-standing disagreements over land, statehood, settlements, the separation wall, the right of return of refugees, or the guardianship of important religious symbols and sanctuaries. It is not about Arab politics, the status of Israel, or existing conventional diplomatic efforts to broker peace. It is about normalising our understanding and discussion of Palestinian society by locating that dialogue within a broad and universally agreed health agenda—maternal, newborn, and child health; non-communicable disease; violence and health; and health-systems performance and strengthening. In this Series, Palestinian predicaments share many of the same challenges facing other low-income and middle-income nations. Palestinian concerns should be integrated

into this international discussion—an integration that has yet to take place. Too often, Palestinian voices are marginalised from international fora and debates around health. The purpose of this *Lancet* Series is to outline the contours of these concerns and to provide a framework for greater international understanding of Palestinian health priorities.

Health offers an original way into a new dialogue for peace and justice, a point of departure for a new era of cooperation internally, regionally, and internationally. Making health a shared objective for all parties could provide a catalyst for unprecedented collaboration through nascent networks of scientific and medical exchange. In their own way, the alliances that have produced the report we publish this week are examples of how science, medicine, and public health can channel geographically and culturally diverse intellectual resources to constructive human—and political—ends.

The latest storm of violence to engulf Gaza has been heartbreaking to watch, especially for those who have seen first hand the predicaments faced by health professionals trying to maintain a rudimentary, but ultimately failing, health system there. The goal of peace is one most observers crave. But the lesson I have learned personally in 2 years of discussion and debates about Palestinian health is that peace without justice is no peace at all. The prison-like cage built around Gaza, the daily humiliations for women, children, and workers passing through checkpoints, the paralysis of the West Bank caused by occupation, the obstacles imposed on communities trying to build schools, clinics, and homes for their children is a daily reality that any visitor will witness and which goes largely unreported in western media. The repeated failure of leaders—Arab, Israeli, and western—to grasp the magnitude of the small daily atrocities that are continuously eroding the futures of Palestinian families is numbing. What one observes among the overwhelming majority of the population in this atmosphere of political incompetence and irresponsibility is a quiet civic resistance and resilience to chronic terror. What one sees is a demand for peace, justice, and internationally recognised nationhood by the civilian Palestinian community.

Health professionals have a vital part to play by planning for this more hopeful future as active citizens demanding a different life, effective institutions, a functioning health system, and a politics of integrity.

Palestinian health workers are not victims waiting for others to solve their problems. They are self-determining professionals who urgently seek to devise new alliances to protect the future of their communities and to inform their politicians with the best available evidence and data to guide health-system reform. These professionals need to be more fully recognised by international agencies, drawn into policy making, and given opportunities to shape and lead national, regional, and global health agendas. *The Lancet–Palestinian Health Alliance*, which includes all those who have taken part in the report published today, is our modest contribution to this revisioning of Palestinian health and health politics.

These past 2 years have left me with several personal hopes. These include strengthened medical and nursing undergraduate and postgraduate education (perhaps the creation of a new medical school at Birzeit, together with scaled-up specialty training programmes for locally graduating doctors); expanded medical and public-health research (to create capacity to produce local knowledge to solve local problems); greater freedom of movement for health professionals in the West Bank and Gaza Strip so they can not only organise their work strategically across the occupied Palestinian territory but also join and contribute to the transnational community of medicine; and new opportunities for those outside the territory to collaborate with Palestinians to learn about the genuinely imaginative health initiatives launched in response to difficulties created by conflict and occupation.

Our ultimate hope is that this Series could contribute to a mass international social movement for peace and justice through health in, and with the people of, the occupied Palestinian land.²⁰ Justice in this context is about fashioning a fair and sustainable future for the people of Palestine. Health can be a magnetic nucleus to draw together the necessary critical mass of agreement to make this idea more than simply an aspiration.

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Lancet Steering Group on the occupied Palestinian territory

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Rita Giacaman (founding director of the Institute of Community and Public Health at Birzeit University, Birzeit, occupied Palestinian territory) and Richard Horton (Editor, *The Lancet*) invited us early in 2007 to join them in a steering group for a Series of reports^{1–5} about health and health services in the occupied Palestinian territory. Who are we and what did we do?

Iain Chalmers is a British health-services researcher, formerly director of the National Perinatal Epidemiology Unit and the UK Cochrane Centre in Oxford, and is now coordinator of the James Lind Initiative. During his first visit to Palestine, in 1963, he learned about the UK's key role in creating the Israeli–Palestinian conflict. He worked as a medical officer in the UN Relief and Works Agency's clinic in Khan Younis in 1969 and 1970, and has returned to Gaza on several occasions since then, most recently in June, 2008.

Jennifer Leaning is a US physician, working at the Harvard School of Public Health, whose research

and writings have focused on the impact of crises on civilians. She went to Israel for the first time in 1969 to visit a friend in a kibbutz in the Beit She'an valley. In 1984, she was asked by the American Friends Service Committee to join a study tour exploring dimensions of the Israeli–Palestinian conflict. In 1988 and 1990, she participated in human-rights investigations sponsored by Physicians for Human Rights–USA in Israel and the occupied Palestinian territory during and soon after the first *intifada* (popular uprising against occupation).

Harry Shannon is a biostatistician who has worked for many years at McMaster University, Hamilton, ON, Canada in occupational health epidemiology. He has been to Israel many times since 1967 and visited the Institute of Community and Public Health in 2004 and 2006, assisting in capacity building for scientific research, and has written a report with Rita Giacaman and her colleagues there.