

Keys to health: justice, sovereignty, and self-determination



In this *Lancet* Series on the occupied Palestinian territory,¹⁻⁵ a team of nearly 40 Palestinian and international academics present evidence both to the scientific community and to the powers that have determined the health status of Palestinians living in the occupied territory of the West Bank (including East Jerusalem) and Gaza Strip.

A very powerful determinant of Palestinian health is the State of Israel, whose economic, political, and military superiority continue to be applied, not only to the blockade and recent bombardment and invasion of Gaza, but also to the territorial project within the West Bank, involving 149 new Israeli settlements (housing nearly half a million settlers), and their exclusive road systems, the separation wall, military checkpoints, confiscations, and economic uses of 70% of land in the West Bank over which the Palestinian Authority has no control. The international community, led by the USA, either endorses or largely tolerates these uses of Israel's power.

Lesser powers include many internationally funded agencies, whose combined activities, despite huge financial investment, lack coordination and coherence, and the Palestinian Authority, which has lacked the ability to develop a coherent health system and has failed too often to rise above factional interests.

Although any current assessment of the health of Palestinians is dominated by the consequences of Israel's siege, bombardment, and invasion of the Gaza Strip, the Series describes the more complex background of a strangulated Palestinian economy, gross restrictions on ordinary movement, and a pervasive environment of intimidation, uncertainty, and insecurity, in which attempts to establish a coherent health system are set to fail.

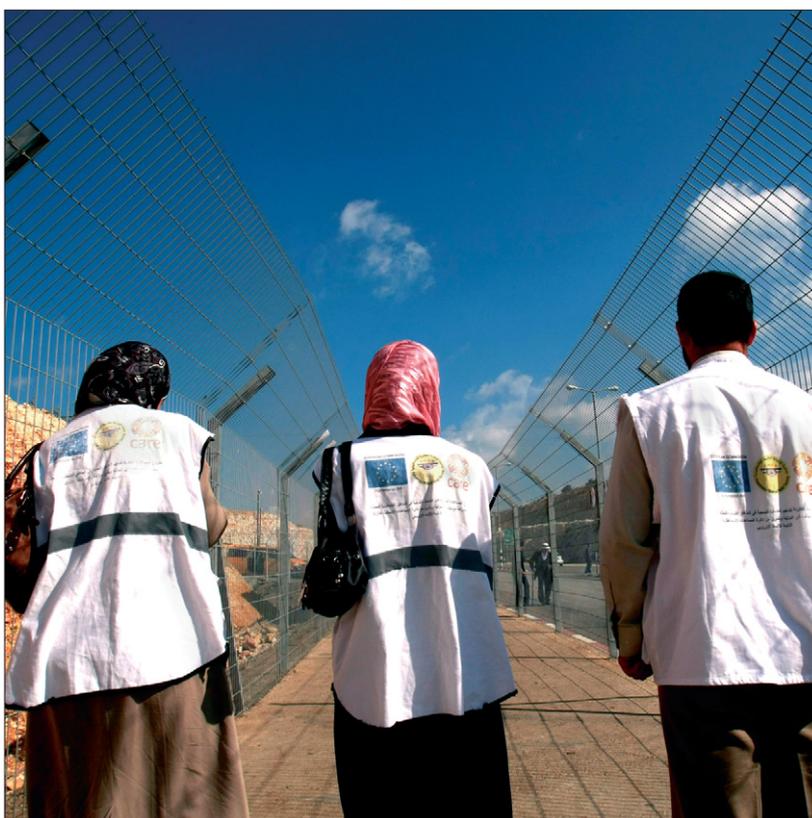
That academic work is possible at all in such circumstances is remarkable, but the Series includes examples of enterprising and novel research, including a classically simple study of the epidemiology of bullet wounds,⁶ health assessments of local communities in the wake of military invasion,⁷ and the effects on adolescent mental health of individual and collective exposures to violence.⁸

Surprises for those not familiar with life in the occupied Palestinian territory might be the extent of the Israeli presence and activity within the West Bank;

and the predicament of the Palestinian Authority, being expected by the international community to behave as a nation state, while lacking the power and means to do so.

As a UK charity, formed in response to the suffering that followed the massacres of Palestinians at the Sabra and Shatila refugee camps in the Lebanon, Medical Aid for Palestinians has 25 years of experience of investing donated funds where they can best be used to protect and promote the health of Palestinians in the occupied territory and in Lebanon, where over 200 000 Palestinian refugees of the 1948 Arab-Israeli war live. Emergency and humanitarian projects still dominate the programme, but there have been many other projects, filling gaps in services, supporting primary health care, developing human resource training and capacity, and helping to counter increasing problems of access to services. Underlying these activities, however, the central problem remains.

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Palestinian medical workers pass through checkpoint to enter West Bank

In a recent *Lancet* review of health systems and the right to health in 194 countries,⁹ the occupied Palestinian territory did not feature at all, despite the fact that, with 3.8 million inhabitants, its population is larger than 75 of the countries surveyed. The occupied Palestinian territory is unique among these populations, not only for being under external military and economic control, but also because of the 40-year duration of these circumstances. This Series illustrates the many ways in which the Palestinian right to health is compromised by the current extraordinary circumstances of occupation, siege, and invasion.

The recent report¹⁰ of WHO's Commission on the Social Determinants of Health affirmed three principles of action to provide improved health equity. First, improve the conditions of daily life. Second, tackle the inequitable distribution of power, money, and resources. Third, measure the problem, evaluate action, expand the knowledge base, develop a workforce that is trained in the social determinants of health, and raise public awareness of these determinants.

This *Lancet* Series shows that there is ample ability, if not capacity, within Palestinian society to address the third challenge. Addressing the first challenge requires an end to the current conditions of occupation and siege. Addressing the second challenge requires an end both to factional government and the culture of donor dependency.

For too long, the health and welfare of Palestinians within the occupied territory have been secondary to powerful outside interests. As Virchow might have put

it,¹¹ the solution lies in justice, sovereignty, and self-determination for the people of the West Bank and Gaza Strip.

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- 1 Giacaman R, Khatib R, Shabaneh L, et al. Health status and health services in the occupied Palestinian territory. *Lancet* 2009; published online March 5. DOI:10.1016/S0140-6736(09)60107-0.
- 2 Abdul Rahim HF, Wick L, Halileh S, et al. Maternal and child health in the occupied Palestinian territory. *Lancet* 2009; published online March 5. DOI:10.1016/S0140-6736(09)60108-2.
- 3 Husseini A, Abu-Rmeileh NME, Mikki N, et al. Cardiovascular diseases, diabetes mellitus, and cancer in the occupied Palestinian territory. *Lancet* 2009; published online March 5. DOI:10.1016/S0140-6736(09)60109-4.
- 4 Batniji R, Rabaia Y, Nguyen-Gillham V, et al. Health as human security in the occupied Palestinian territory. *Lancet* 2009; published online March 5. DOI:10.1016/S0140-6736(09)60110-0.
- 5 Mataria A, Khatib R, Donaldson C, et al. The health-care system: an assessment and reform agenda. *Lancet* 2009; published online March 5. DOI:10.1016/S0140-6736(09)60111-2.
- 6 Halileh SO, Daoud AR, Khatib RA, Mikki-Samarah NS. The impact of the intifada on the health of a nation. *Med Confl Surviv* 2002; **18**: 239-48.
- 7 Giacaman R, Husseini A, Gordon NH, Awartini F. Imprints on the consciousness. *Eur J Public Health* 2004; **14**: 286-90.
- 8 Giacaman R, Shannon H, Saab H, Arya N, Boyce W. Individual and collective exposure to political violence: Palestinian adolescents coping with conflict. *Eur J Public Health* 2007; **17**: 361-68.
- 9 Backman G, Hunt P, Khosla R, et al. Health systems and the right to health: an assessment of 194 countries. *Lancet* 2008; **372**: 2047-85.
- 10 Marmot M, Friel S, Bell R, Houweling TAJ, Taylor S, on behalf of the Commission on Social Determinants of Health. Closing the gap in a generation: health equity through action on the social determinants of health. *Lancet* 2008; **372**: 1661-69.
- 11 Taylor R, Rieger A. Medicine as a social science: Rudolf Virchow on the typhus epidemic in Upper Silesia. *Int J Health Serv* 1985; **15**: 547-59.