

## Gaza's crisis must not be overshadowed

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Corbis

See [World Report](#) page 353

For information from WHO about Gaza see <http://www.who.int/hac/crises/international/wbgs/en/index.html>

As *The Lancet* went to press, bombs were raining down on civilians in southern Lebanon and northern Israel in the escalating conflict between Israel and the militant group Hizbollah. So great are the fears for the health and welfare of civilians that WHO issued a statement of serious concern about the high risk of casualties and danger to health posed by escalating violence, population displacement, and limited access to humanitarian aid.

There is, however, another danger resulting from this crisis: that the worsening humanitarian situation in Gaza may slip from the international community's list of concerns. Gaza has been in a state of socioeconomic and humanitarian crisis since 2000. But in February, 2006, the situation deteriorated rapidly when major international donors cut direct aid in protest at the newly elected Hamas leadership of the Palestinian Authority. At this time, the transfer of taxes from Israel, comprising 50% of the Authority's budget, was also halted.

Years of underinvestment in the health system means this financial boycott has hit the health sector especially

hard. Among many other effects, the suspension has led to increases in malnutrition—from which 70% of the population is at risk—and mental-health problems. If funding is not resumed, immunisation programmes and communicable-disease surveillance may have to be scaled down, which will increase the risk of disease outbreaks going unnoticed—a particular concern since Gaza's March, 2006, outbreak of H5N1 among domestic poultry.

The delivery of basic health services is now very difficult. Aid agencies and non-governmental organisations are attempting the near-impossible task of acting as an alternative provider, delivering health and other services to the increasingly isolated Palestinians. And despite a recent agreement by international donors to resume funding, the situation remains perilous.

It is understandable and inevitable that this conflict will keep international eyes focused on Lebanon and Israel. But Gaza's residents will continue to suffer if international pressure to solve current aid blockages is not maintained.

■ [The Lancet](#)

## Whom would you believe?

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Imagine this scenario: you are a mother of young children, living in a rural village in northern India. Largely ignored by state and national governments, the village has no clean water, no sanitary systems, and no proper roads. Sparse and substandard health clinics can do little to limit the frequent devastation of treatable scourges like malaria. But last month, a government health official paid a visit, wanting to give your children some drops he said would protect against a disease you have neither seen nor heard of—polio. The village head insists that the drops contain antifertility drugs; a government ploy, he explains, to eliminate the burden of poor communities on the state. He warns you to keep your children safe. Whom would you believe?

It is not always clear where rumours come from, but ingrained beliefs in half-truths and myths have long dogged public-health efforts. The consequences can be severe. In Nigeria, for example, failure to counter rumours about contamination of polio vaccine with HIV and antifertility drugs led authorities in Kano State to call a halt to immunisations. This week, WHO

has issued warnings that Pakistan's polio programme could be hit by similar rumour-induced delays. HIV-prevention efforts, too, have been undermined by circulating myths that wrongly identify methods of transmission or promote risky behavioural rituals as safe.

Few data exist on the best ways to stop the spread of false information. Polio campaign veterans claim that, nine times out of 10, people who believe unfounded rumours can be convinced otherwise if health workers take the time to talk about their plans. But outbreak situations demand faster ways to counter myths. Earlier this year, Egypt became the test bed for a strategy of "truth-by-text message" to counteract a fast-spreading rumour that H5N1 was carried by the waters of the Nile. But what these efforts consistently show is that success depends on convincing marginalised individuals with little education of the veracity of medical reasoning. Unfortunately, without trust built up through long-term community engagement, the truth will not be the message most likely to be believed. ■ [The Lancet](#)