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The conflict in Gaza—are data ever enough?

In his Offline in June, 2022.1 Richard Horton called for an end to the erasure of Palestinian health data by WHO in its "comprehensive assessment of health". The erasure of world communities and hospitals is now an even more pressing concern given the current conflict in Gaza. As Sharmila Devi described in her World Report on Nov 11,2 "14 of 35 hospitals and 45 of 72 primary health-care facilities...shut because of damage caused by air strikes or lack of fuel", and "10000 Palestinians, including 4104 children have been killed in Gaza, and 25000 people have been injured".2

Last month, I joined a peaceful vigil outside 10 Downing Street (London, UK) with my UK health-care colleagues in memory of the more than 200 health workers in Gaza who have been killed by Israeli bombing since the horrific attack by Hamas on Oct 7, which killed 1400 Israeli people and took 240 hostage.

Health-care workers providing care in these desperate circumstances in Gaza, which already has some of the world's worst health metrics.3 have become a legitimate target. Enough data from the UN. WHO. Médecins Frontières. and organisations show unacceptable civilian, child, and health worker casualties. The right data are necessary but not sufficient, as shown by the UK politicians who voted against a ceasefire in Gaza on Nov 15, despite the clear humanitarian catastrophe. The UK's COVID-19 Inquiry shows that even compelling, timely data, which were more available at a population scale during the COVID-19 pandemic than in any previous emergency, do not always lead to coherent policies.4 As well as having the right data at the right time, we must focus on having the right dialogue and the right policy. Otherwise, the most at-risk groups in our societies will be even less than numbers.

I declare no competing interests.

Editorial note: The Lancet Group takes a neutral position with respect to territorial claims in published text and institutional affiliations.

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