

COVID-19 vaccines for Palestinians

The *Lancet* Palestinian Health Alliance (LPHA), established in 2009, following the *Lancet* Series on health and health care in the occupied Palestinian territory, is an informal network of Palestinian, regional, and international colleagues researching the health of Palestinians. Ten annual scientific conferences have been held, with 748 research presentations involving more than 1000 coauthors. The LPHA has no representative or political purpose and prefers to speak only via the evidence presented in research studies. In the current COVID-19 vaccination crisis, however, we, the Steering Group of the LPHA, feel obliged to speak out.

Primary prevention of COVID-19 is crucial in all countries, but especially in the occupied Palestinian territory, including the West Bank and Gaza Strip, with its limited ability to cope with a surge of clinical cases. The Gaza Strip in particular has been under intensified blockade by Israel since 2007, resulting in shortages in medical supplies and clinical capacity.

Israel has denied its status and role as an occupier of the West Bank and the attendant responsibilities for the health of the occupied population, as laid down in the Geneva Convention and highlighted by the UN and 18 human rights organisations.^{1,2} This denial is grossly at odds with facts on the ground, including: the limited control of the Palestinian Authority, involving only 38% of the West Bank, with the other 62% under Israeli military control; the building of 125 settlements on Palestinian land and about 100 outposts, with their associated infrastructure, including separate roads to Israel; the demolition of Palestinian buildings and destruction of agricultural land; the discriminatory nature of water management, favouring settlement communities and undermining Palestinian communities; and the

impunity of settler violence. These are the hallmarks of an occupying presence, with implications for the health-care system and the health, livelihoods, and prospects of Palestinians.

Israel is complicit in the increased vulnerability of the Palestinian population to COVID-19. Israel has not only a legal but a moral responsibility to secure the urgent availability of approved vaccines. We call on physicians and other health professionals to raise their voices and put pressure on the Israeli Government to provide vaccines to Palestinians, including Palestine refugees on the West Bank and Gaza Strip.

The views expressed in this Correspondence are those of the authors and do not necessarily reflect the position of their institutions. The authors are members of the Steering Group of LPHA and committed to supporting the development of research on the health and health care of Palestinians. GW is a Trustee of the UK charity Medical Aid for Palestinians.

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1 UN Human Rights Council. Israel/OPT: UN experts call on Israel to ensure equal access to COVID-19 vaccines for Palestinians. Jan 14, 2021. <https://reliefweb.int/report/occupied-palestinian-territory/israelopt-un-experts-call-israel-ensure-equal-access-covid-19> (accessed Jan 25, 2021).

2 Human Rights Watch. Joint statement on Israel's obligation vis-a-vis West Bank and Gaza in face of coronavirus pandemic. April 7, 2020. <https://www.hrw.org/news/2020/04/07/joint-statement-israels-obligation-vis-vis-west-bank-and-gaza-face-coronavirus> (accessed Jan 25, 2021).



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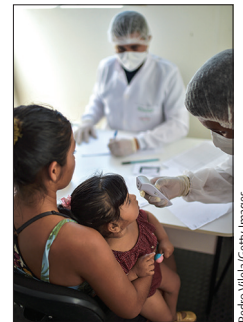
For the *Lancet* Series on the occupied Palestinian territory see <https://www.thelancet.com/series/health-in-the-occupied-palestinian-territory>

COVID-19 in Brazil: far beyond biopolitics

Richard Horton¹ proposed the importance of Foucault's biopolitics as a concept for understanding COVID-19. While praising his commentary, we would add that in countries like Brazil, COVID-19 is not only about the politics of the body, but about the politics of death.

In the midst of a crisis that is not only economic, but also political and ethical, Brazil has stood out for its disastrous governmental actions in the battle against COVID-19: a frustrated attempt to privatise primary health care during the pandemic, the absence of a thorough national response plan, serious logistical failures in the vaccination campaign, and the strong scientific negationism in senior government administration.

Achille Mbembe's *Necropolitics* explains what is happening in Brazil.² The idea of necropolitics, which describes how risk, illness, and death conditions selectively operate in favour of neoliberal economic policies, reflects the nurtured narratives that have predominantly affected poor, Black, and Indigenous populations.³ In the world's periphery, COVID-19 has especially amplified the deleterious consequences of austerity policies.⁴ While the USA, the UK, and other countries increased social spending in response to the syndemic,⁵ the Brazilian Government opted to strengthen economic policies that made it impossible for a large part of the population to adequately isolate from physical contact—40% of Brazil's workforce is employed in the informal sector. In Brazil, monetary policies directed



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at the financial sector amounted to about US\$230 billion,⁶ whereas fiscal initiatives aimed at the social impacts of the pandemic received less than half of this sum.⁷

Selectively deciding who should pay for the impacts of the pandemic, by forcing poor people to choose between hunger or contamination in a state of living dead, has been naturalised under the argument of sustaining the economy. President Jair Bolsonaro's "So what?" in response to the increasing number of COVID-19 cases⁸ hints at the systematic policies implemented during his presidency to weaken institutions, creating a different and much more dramatic scenario than biopolitical control. In Brazil, the fragile public administration has been unable to combat both the socioeconomic and health crises, leaving a harmful trail of hunger, violence, and illness, "subjugating life to the power of death".² Thus, Brazil's pandemic response cannot be assessed only through the biopolitical lens.

The international health-care community, besides having the role of questioning economic protectionism in view of life preservation, ought to expand its analysis of the COVID-19 syndemic to understand what is happening in underdeveloped regions, in particular, to decolonise knowledge and fully apprehend geopolitical and territorial particularities. With more than 227 500 lives lost from COVID-19, as of Feb 4, 2021, we can say that necropolitics is, ironically, alive in Brazil.

We declare no competing interests.

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Progress towards inclusive blood donation

GLADD—The Association of LGBTQ+ Doctors and Dentists welcomes the announcement that the UK Department of Health & Social Care has accepted in full the recommendations of the FAIR (For the Assessment of Individualised Risk) steering group, moving the UK towards inclusive blood donation while maintaining the safety of our blood supply.¹

The current 3-month deferral for all men who have sex with men is discriminatory and overwhelmingly targeted against the LGBTQ+ community and has led to public campaigns against NHS Blood and

Transplant.² The proposed changes, to be implemented by the summer of 2021, allow for an individualised risk assessment that is gender-neutral and evidence-based, and place the UK as a world leader in inclusive blood donation.

This important advance is a result of a broad collaboration between the four UK blood services, Public Health England, academics, and LGBTQ+ charities that also involved members of the public, donors, and patients who have received blood products. This model of stakeholder engagement should serve as an exemplar for all organisations seeking to address discriminatory practices, the historical conventions for which are supported neither by the groups they serve nor by current evidence.

We look forward to continued progress in this area, including future recommendations based on the ongoing review of the impact of pre-exposure prophylaxis on HIV testing. Blood is a precious resource, and it is high time that we move away from outdated policies that alienate and exclude cohorts of potential donors.

I declare no competing interests.

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