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Although it is recognised that many LMICs are still grappling with provision of basic cancer care to patients, it is strongly felt that delivery of supportive care and survivorship care should not be taking a backseat.<sup>3</sup> Health systems in LMICs are morally obligated to invest in improving systematic provision of supportive care and survivorship care services. Central to this discussion is that failure to address unmet needs or measure patient-centred outcomes in routine practice can be detrimental to not only cancer-stricken households but also health systems.<sup>4,5</sup>

Data on patient-centred outcomes and unmet needs can act as a guide to national policy makers, hospital administrators, clinicians, civil societies, and others in determining the value and prioritisation of clinical and supportive care interventions that matter most to cancer patients and their families. Health systems in LMICs must recalibrate their focus beyond how long cancer patients live to also how well they live. Along the same line, any measurement of success of cancer control efforts in LMICs should be pivoted from focusing on just overall survival and clinical outcomes, to also patient-centred outcomes and unmet needs.

We declare no competing interests.

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- 1 The Lancet. Cancer care: beyond survival. *Lancet* 2022; **399**: 1441.
- 2 Allemani C, Matsuda T, Di Carlo V, et al. Global surveillance of trends in cancer survival 2000–14 (CONCORD-3): analysis of individual records for 37 513 025 patients diagnosed with one of 18 cancers from 322 population-based registries in 71 countries. *Lancet* 2018; **391**: 1023–75.
- 3 Shah SC, Kayamba V, Peek RM Jr, Heimburger D. Cancer control in low- and middle-income countries: is it time to consider screening? *J Glob Oncol* 2019; **5**: 1–8.
- 4 Berman R, Davies A, Cooksley T, et al. Supportive care: an indispensable component of modern oncology. *Clin Oncol* 2020; **32**: 781–88.

- 5 Lizán L, Pérez-Carbonell L, Comellas M. Additional value of patient-reported symptom monitoring in cancer care: a systematic review of the literature. *Cancers* 2021; **13**: 4615.

## The Palestinian people: erased from *World Health Statistics*

WHO headquarters' erasure of the Palestinian people from *World Health Statistics 2022* and previous issues of *World Health Statistics*, as noted by Richard Horton,<sup>1</sup> is both unacceptable and insulting. This needs to be addressed and remedied as soon as possible.

How can WHO's leadership not recognise the existence of a people in this world? How can it deny Palestinian existence in some publications when WHO's Director General explicitly links movement restrictions, demolitions, displacements, and the use of excessive force against Palestinians as social determinants of health?<sup>2</sup>

If WHO is serious about the social determinants of health and not merely paying lip service to this vital concept, it should not be placing barriers on the availability of data to assess and monitor progress in the Palestinian people's health and social conditions by pretending that an entire people simply does not exist.

It is not the lack of data that comes in the way of acknowledging the presence of the Palestinian people in *World Health Statistics*. In fact, the Palestinian Central Bureau of Statistics is known for producing high-quality statistics that are used by various groups and organisations, including UN organisations<sup>2</sup> and, ironically, other WHO publications such as *World Health Assembly reports*<sup>3</sup> and the WHO Eastern Mediterranean Regional Office reports.<sup>4</sup>

Erasure and exclusion from history and from the present continue to be used against the Palestinian people as a weapon of war—a war in which even basic data on life and health

are perceived as a threat, a threat to the uncovering of the truth: that Palestinians are here to stay. Ignoring their existence by obliterating them from *World Health Statistics* is in itself harmful to the Palestinian people's health and foregoes the opportunity to demonstrate the negative impact of political and social determinants related to Israeli occupation, chronic exposure to violence, and difficult overall conditions for Palestinian people's health. Is this evidence not worth highlighting in *World Health Statistics*?

We declare no competing interests.

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- 1 Horton R. Offline: WHO's erasure of Palestinians must cease. *Lancet* 2022; **399**: 2089.
- 2 United Nations. The question of Palestine. Number of settlements, settlers in Palestine - PCBS press release/Non-UN document. Aug 13, 2013. <https://www.un.org/unispal/document/auto-insert-206573/> (accessed June 6, 2022).
- 3 WHO. Seventy-third World Health Assembly. Health conditions in the occupied Palestinian territory, including east Jerusalem and in the occupied Syrian Golan. Nov 5, 2020. [https://apps.who.int/gb/ebwha/pdf\\_files/WHA73/A73\\_15-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA73/A73_15-en.pdf) (accessed June 6, 2022).
- 4 WHO. Right to Health 2018. Cairo: WHO Regional Office for the Eastern Mediterranean, 2018.

### Department of Error

Zarocostas J. *WHA sees changes to health regulations and WHO funding*. *Lancet* 2022; **399**: 2090–91—This World Report should have stated that Dr Tedros did not have the support of Ethiopia in his re-election. This change has been made to the online version as of June 16, 2022.