anaemia and vitamin-A deficiency remain severe public-health problems. In Lebanon, the prevalence of anaemia in Palestinian refugee children younger than 3 years in 2004 was 33.4%, which makes it the highest in Palestinian refugees who live outside the occupied Palestinian territory (28.4% in Jordan and 17.2% in Syria). In the same survey, the prevalence of anaemia in the West Bank and Gaza Strip was higher (34.2% and 54.7%, respectively).1 Mental disorders, related to the chronically harsh living conditions and long-term political instability, violence, and uncertainty are becoming a public-health concern. In Lebanon, 19.5% of Palestinian refugee adolescents suffer from mental distress, and 30.4% of women in the same refugee camps reported mental distress.7

The data depict a complex situation, with emerging diseases and chronic and endemic unsolved health problems. Although UNRWA has effectively assisted refugees so far, their increasing economic vulnerability makes them increasingly dependent. The future of Palestinian refugees will be conditioned by how children are followed up in their development and growth, and how the adult population is treated and counselled for leading diseases. By providing the best possible primary-health-care services, UNRWA is enabling these refugees to hold their destiny in their own hands.

We have summarised the health status of Palestinian refugees who live outside the occupied Palestinian territory. These refugees do need remembering as well, in addition to those populations described in The Lancet Series on health in the occupied Palestinian territory.8–12

Guido Sabatinelli, Stefania Pace-Shanklin, *Flavia Riccardo, Yousef Shahin
United Nations Relief and Works Agency for Palestine Refugees in the Near East, Amman 11814, Jordan
flaviariccardo@hotmail.com
We declare that we have no conflict of interest.


Bringing disability off the sidelines: a call for papers

Ask anyone what seam runs through the many layers of health care, affecting how we think about everything from disaster relief and national programmes for disease prevention to primary-care provision and clinical teaching, and they might say gender, or poverty, or perhaps ethnicity. They would be unlikely to say disability.

Why not? Although there is no agreement on definitions and little internationally comparable data on disability, commonly used estimates suggest that 10% of the world’s population has some form of disability;7 and that figure does not include the families of those affected. Part of the problem may be that disability is complex and multifactorial, and, certainly, stigma and lack of understanding have placed millions of people who live with a disability at distinct disadvantage. The fact that disability has not been addressed by, or included in, the Millennium Development Goals reinforces the impression that disability has little relevance to development efforts. Responses are further hampered by the lack of evidence about the scale of the problem, and about what works to improve participation for people with disabilities.

We seek to kick-start a change by encouraging health academics to take on a strong agenda for research in

www.thelancet.com Vol 373 March 28, 2009
disability. Lack of information and evidence is a serious barrier to developing effective policy and practice options. We need aggregation and dissemination of high quality research, but also need to identify clear directions for future research. We hope to contribute to the disability revolution by encouraging health scientists to generate a strong knowledge base in disability. We therefore invite original contributions to a special issue later in the year that focuses on people with disabilities.

But what do we mean by disability? The International Classification of Functioning, Disability and Health (ICF) shifts the focus from the cause of disability to its effect, and emphasises the environment (physical, cultural, social, political) in which a person with a health condition lives rather than simply focusing on disability solely as a “medical” or “biological” dysfunction. The new UN Convention on the Rights of Persons with Disabilities also sets out a framework to ensure that people with disabilities can fully participate in all aspects of society. Yet in this (most welcome) move to embrace disability as a social issue, the health needs of people with disabilities, including access to health services, must not be overlooked.

In our special issue, which will complement WHO’s World Report on Disability and Rehabilitation due to be published in 2010, we want to include work on all types of disability and take a global approach. So contributions could cover high-tech innovative research but other contributions could provide evidence on how the needs of people with disabilities in poorer countries can be better met in a more effective way. Additionally, in the spirit of the motto behind the UN Convention “nothing about us without us”, our special issue will also include narratives from people with all types of disability from around the world.

The deadline for submission of primary research papers is July 31, and the special issue will coincide with World Disability Day on Dec 3.

Rhona MacDonald, Zoë Mullan, Richard Horton, Nora Groce, Tom Shakespeare, Alana Officer, Shekhar Saxena
The Lancet, London NW1 7BY, UK (RM, ZM, RH); Leonard Cheshire Disability and Inclusive Development Centre, Department of Epidemiology and Public Health, University College London, London, UK (NG) and WHO, Geneva, Switzerland (TS, AO, SS)