

MIDDLE EAST INITIATIVE

A Healthcare Bridge over Troubled Conflicts

A New Model for Building Trust Through Joint Healthcare Programs

Avner Halperin
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HARVARD Kennedy School
BELFER CENTER

50 YEARS
OF RESEARCH, POLICY,
AND LEADERSHIP

REPORT
NOVEMBER 2024





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About the Middle East Initiative

Established in 1998, the Middle East Initiative (MEI) is Harvard University's principal forum for policy-relevant research and teaching on the contemporary Middle East and North Africa. MEI convenes policymakers, scholars, and intellectuals from the region and beyond to expand our understanding of this complex part of the world and to contribute to the search for solutions to its most pressing policy challenges. Through the integration of scholarly research, policy analysis, executive and graduate education, and community engagement, MEI aims to advance public policy and build capacity in the Middle East to enhance the lives of all the region's peoples.

Acknowledgments

The authors would like to sincerely thank Professor Tarek Masoud, Ford Foundation Professor of Democracy and Governance and Faculty Director of the Middle East Initiative for guiding us and supporting this research project. We would like to thank all the Middle East Initiative's team, including Associate Director Julia Martin, Research Program Coordinator Marina Lorenzini, Executive Assistant Paige Ferreira, and Program Coordinator Sam Himmelman. In addition, our sincere appreciation extends to Richard Zeckhauser, Frank P. Ramsey Professor of Political Economy, for his thoughtful and rigorous guidance.

The authors would also like to acknowledge and thank the ecosystem participants - most of whom are caregivers in the region - who gave their time and expertise during our interviews for their invaluable inputs in creating this document, including: Ronit Zimmer - Project Rozana CEO, Shady Zaid - Medical Wadi Executive Director, Naama Goldman-Shwartz - Medical Wadi Program Director, Yarden Leal - Peres Center for Peace and Innovation Deputy Director, Dr. Avi Tsur - OB/GYN and pregnancy expert at Sheba Medical Centre, Dr. Galia Barkai - Director of Sheba Beyond at Sheba Medical Center, Mohamad Abo Nada - Executive Director at Kassem health innovation center, Prof. Gadi Segal - Head of the Sheba Education at Sheba Medical Center and Head of the "Lighthouse" diversity project, Vered Robinzon - Deputy Director at The Education Authority at Sheba Medical Center, Prof. Amitai Ziv - Director, Integrated Rehabilitation Hospital, Sheba Medical Center and Founder & Director, MSR, Israel Center for Medical Simulation, Steve Walz Head of International Media and Public Affairs at Sheba Medical Center, Dr. Maher Deeb - Medical Director at Saint Joseph Hospital, Hezi Kalo - head of Breaking The Impasses Health Group, Dr. Yossi Vardi - entrepreneur, Prof. Dan Turner - Vice President of Research and Development and Innovation, Director of the Pediatric Gastroenterology and Nutrition at Shaare Zedek Medical Center, Prof. Raphi Walden Chair of Physicians for Human Rights, Dr. Nour Abdelhadi Shahbri - Head of the Arab Society Health Plan Implementation at Israeli Ministry of Health, and Dr. Maher Deeb - Medical Director at Saint Joseph Hospital.

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Executive Summary

A century of bloody conflict created barriers of antagonism and mistrust between Israelis and Palestinians¹. Yet, even during the horrific days of the Israel-Hamas War, some Palestinians and Jewish Israelis have been bravely collaborating in delivering healthcare.

Fighting diseases and death - common enemies - creates a unique opportunity to drive collaboration, build trust, and foster peace-building between groups in conflict. However, not all health programs are equally effective in promoting trust. This study develops the first systematic approach to building trust between conflict groups through healthcare. It proposes a novel qualitative and quantitative methodology to evaluate the trust-building potential of cross-national healthcare programs based on an analysis of Israeli-Palestinian joint medical programs. In addition, it provides specific recommendations for how global and regional stakeholders can maximize the impact of building trust through healthcare.

Numerous joint healthcare programs in the region bring together Palestinians and Jewish Israelis through different mediums and structures. This study evaluates several such joint healthcare programs with diverse characteristics including medical training, joint wellness groups, remote healthcare services, and more. The analysis is based on dozens of semi-structured interviews with diverse stakeholders, questionnaires to participants, quantitative and qualitative analysis of results shared by administrators of programs, and a literature review. A methodology for evaluating trust building was developed and applied across the various programs.

Based on the analysis, this report defines three metrics to assess joint healthcare programs²:

1. **Equality** - the degree to which members of different communities have equal involvement, contribution, and authority at all levels of the program
2. **Intensity** - the depth and frequency of cross-national or cross-ethnic interactions by participants and staff
3. **Intentionality** - the level of conscious effort to develop mutual understanding, recognition, and enduring relations

The results show that joint healthcare programs which score highly on the three metrics are positively correlated with high levels of trust between communities in conflict. Our qualitative interview results further indicate that shared authority, intense interactions, and intentional effort to develop understanding - as evaluated by the three metrics - lead to effective trust building. This positive correlation with trust was also previously reported in peer-reviewed research³. Analysis of the interviews and testimonials uncovers common outcomes described by the participants of joint medical programs:

1. Learnings of human commonalities and reduction of prejudices, showing that shared human traits are more significant than differences between groups - especially around key health-related experiences such as pregnancy and motherhood.
2. Formation of cross-cultural connections and friendships through common intensive health experiences (in higher-intensity programs).
3. Hope creation via joint experiences in which groups in conflict interact effectively around healthcare.

The unique positioning of healthcare enables trust building in the most challenging conflicts: those that are asymmetric, protracted, and ethno-national in nature. Historically, such trust-building efforts have been limited in scale and have lacked a structured methodology. This report highlights the opportunity to significantly expand the impact of healthcare programs in building trust. It also provides the essential metrics and tools required for regional and international stakeholders to achieve this desired scale-up.

Although healthcare is unique in its consensual and life-saving nature, the methodology suggested in this report can also be applied to evaluate joint programs between conflicting groups in other fields such as rescue services, entrepreneurship, and sports.

Key Recommendations

This report proposes that governments, NGOs, and international organizations endorse the following policy recommendations in order to promote peace-building initiatives between groups in conflict:

1. **Increase investments in healthcare programs that are effective in building trust** - *Systematically* evaluate programs using the methodology proposed in this report. Encourage and increase investment in programs that score highly across the equality, intensity, and intentionality metrics to scale and accelerate trust building.
2. **Build and test new programs in strategic locations** - Design and deploy pilots of creative new models of joint healthcare programs with high scores in equality, intensity, and intentionality. These programs should be situated where groups in conflict seek clinical services and may interact with each other.
3. **Test telehealth as a means to increase access** - Telehealth and hybrid (in-person meetings combined with telehealth interaction) programs can overcome physical barriers. Such programs should be piloted to explore the potential of promoting trust building where physical interaction is challenging.
4. **Establish a regional multilateral entity focused on building trust through healthcare** - extensive knowhow is needed to overcome multiple roadblocks for effective trust building in healthcare. This entity will support initiatives, share and create more knowledge, mentor social entrepreneurs, and advocate regulators and policy makers. It will engage professionals from different communities to promote necessary policies and centralize the overlapping work of experts in joint programs. The entity will develop evaluation methodologies, validate them, and systematically measure joint healthcare programs to maximize their impact. The makeup and affiliations of this entity must be considered carefully to create synergies in the ecosystem.

Introduction

The Israeli-Palestinian conflict has been a protracted and violent dispute over multiple issues. This asymmetric ethno-national conflict has deteriorated the relationship between Palestinians and Israelis to a point at which most people in the region do not believe cooperation is possible and have difficulty imagining peace. The October 7th attack and the ensuing Israel-Hamas War have exacerbated the already high levels of animosity, suspicion, and mistrust between the conflicted sides. Multiple surveys before the war show that younger generations on both sides believe less and less in the chances of ever finding a viable political solution with about 30% of Palestinians in the West Bank⁴ and less than 34% of Jewish-Israelis⁵ support the idea of a two-state solution. Even when political solutions are negotiated, deep distrust and fear on both sides lead to their rejection⁶.

Hostility and enmity thrive on ignorance of the other side. Jewish Israelis and Palestinians (especially Palestinians who are not Israeli citizens) do not have many opportunities to engage in meaningful and positive ways. Even in environments where there is more interaction, such as in some universities, positive interaction is very limited and highly affected by frequent fighting and divisive political events. Most of the Palestinians and Jewish Israelis see each other only in violent circumstances (such as interactions with the military), or through the media, and the rise of the digital era that promotes closed echo chambers enables the propagation of hatred and intolerance⁷. Such depictions of “the other” usually perpetuate generalizations and despair. They reinforce the negative attitudes, fear, and polarization between the communities, which in turn decreases the chances that civilians on all sides will trust each other enough to achieve a durable peace, regardless of any signed agreement.

The starting point of this research on trust building draws on previous research on peace-building through health. Previous research shows that the healthcare sector holds great potential of contributing to trust building. This study aims to address the following questions:

- What are the key attributes that make certain healthcare programs more effective in building trust?

- How can key stakeholders maximize and scale the trust building impact of healthcare programs?
- Are there potential opportunities to leverage advanced technologies to expand health-based trust building and strengthen the conditions for peace?

The literature review below offers an overview of various models pertaining to ‘peace through health’ and trust building. These frameworks were instrumental in refining the selected characteristics for evaluating joint programs, as well as identifying the key concepts and terminologies used as indicators of trust. The empirical background section draws upon data collected from the joint health programs specifically for this research. This section, through examination of data from programs operating in the region, aims to shed light on the landscape of ongoing initiatives, providing valuable insights into their scope, objectives, and impact.

The methodology section delineates the scope of the research, the data used, and the design of the evaluation method. It details the rationale behind defining the key evaluation metrics and selecting the trust indicators. Additionally, it provides a comprehensive account of the methodology used to conduct the analysis.

In the analysis section, this research applies the proposed evaluation methodology to assess the joint programs, drawing on relevant evidence from interviews, surveys, and written materials. Beyond presenting overarching findings, this section conducts a detailed examination of the three metrics for each program, aiming to illuminate the relationship between these characteristics and the trust-building outcomes of each. Subsequently, the research analyzes the data from all programs to identify the correlations between each of the metrics and the trust-building indicators.

The discussion section synthesizes the research findings and explores strategies for maximizing the potential role of the healthcare sector. Finally, it provides policy recommendations based on the analysis results to enable the scaling of trust-building outcomes to have a significant impact on the Palestinian-Israeli conflict and potentially other global conflicts.

Why Healthcare?

Israel and Palestine are interdependent, with the health of one population directly affecting the health of the other. Shared borders and common epidemiological risks during outbreaks of infectious diseases underscore the need to work collaboratively to improve the health of both peoples⁸.

Three reasons were identified for why healthcare is suitable for building trust and collaboration between groups in conflict:

- An area of high importance to caregivers and care receivers alike so that meaningful interactions in this space may significantly affect participants' outlook on opposing groups
- A field that is considered a noble pursuit that transcends conflicts and is focused on saving lives and preventing suffering, and sharing a noble common goal, values, and ethics⁹
- An interaction that is highly based on communication and trust
 - healthcare cannot be effectively delivered without trust-based communication between medical staff, and between patients and caregivers.

Several articles have been published about trust building between hostile communities and peacebuilding through health, including detailed cases from Libya¹⁰, Myanmar¹¹, Central America¹², Burkina Faso, Cameroon and Somalia¹³, Ukraine¹⁴, and Syria¹⁵. These articles cover mainly the following aspects:

- Emergency “under fire” medical treatments¹⁶
- Health diplomacy
- Medical humanitarian aid programs

While significant attention has been devoted to examining the concept of peacebuilding through health, this research addresses gaps in research concerning trust-building between individuals (rather than encouraging individuals to trust institutions). Moreover, this research is focused on building trust among caregivers and healthcare programs' participants in groups experiencing ongoing conflict,

and proposing the first systematic approach to building trust through healthcare based on a novel qualitative and quantitative methodology to evaluate the trust-building potential of cross-national healthcare programs.

“This interaction forms a remarkable microcosmos of mutual understanding, good will, and positive connections.”

(Prof. Raphi Walden, Physicians for Human Rights Mobile Clinic)

Below is a summary of key initiatives and publications that form the basis for this research with regards to the impact of healthcare on the interaction between groups in conflict:

- The 1st **International Conference on Health Promotion** in 1986 stated in the Ottawa Charter that health can be a goal to help competing groups to unite for peace¹⁷. Building on the work of the **Pan American Health Organization (PAHO)**, **The World Health Organization (WHO)** formally launched its Health as a Bridge for Peace framework in 1997.
- In 2019, the **WHO**, together with the **Governments of Oman and Switzerland**, launched a Health for Peace (HoPE) initiative. The initiative is aligned with the UN ‘sustaining peace’ 2016 resolution, which called on all UN agencies to consider their contributions to peace building¹⁸ and with WHO’s 13th General Program of Work which aims to center its contributions to “sustaining peace in fragile-, conflict- and violence affected settings”¹⁹. One example of HoPE work is the trust building in vulnerable communities in Tunisia project²⁰. Moreover, since the launch of this program health workers are trained with peace building skills²¹.
- In 2019 **The Lancet Commission** on Peaceful Societies through Health Equity and Gender Equality was established as an independent and interdisciplinary initiative of 20 Commissioners.
- In 2020 the **WHO** released a white paper outlining WHO’s contribution to the ‘sustaining peace’ agenda²². The regional HoPE initiative has evolved into the Global Health for Peace Initiative (GHPI) in 2021²³.

- In 2022, the theme of the 75th **World Health Assembly** was ‘Health for Peace, Peace for Health’ which indicates growing advocacy. The notion of health serving as a bridge for peace, particularly in settings where conflict significantly impacts people’s lives²⁴, is firmly established.
- **Landesman, Rubinstein, and Englander**, developed a detailed policy proposal for using bottom-up, community-based, public health initiatives as a mechanism for peacebuilding between Israel and Palestine²⁵. Their proposal calls for applying the World Health Organization’s Global Health Peace Initiative model in the region. The proposed policy advocates for improving the daily lives of Palestinians and Israelis through cooperation.
- **Abuelaish, Goodstadt, and Mouhaffel** highlight that health promotion and peace promotion share the goal of creating social harmony and cooperation, leading to just societies and communities²⁶. Their main argument is that health and peace are interdependent in a fundamental causal fashion. They demonstrate that peace can be directly or indirectly fostered through public health programs. These findings, that require that health and peace be addressed in an integrated, interdependent, fashion, support the basic premises of this research.
- **Hyder, Ambrosio, García-Ponce, et al.** assert that “the relationship between peace and health (remains) complex, multifactorial and fraught with challenges of definitions, measurements and outcomes.”²⁷ In their study of the relationship between peace and health in the Americas, the authors emphasize the need for further strengthening the scholarship and empirical work on this issue.
- As **Al Mandhari, Ghaffar, and Etienne** emphasize, many public health professionals, policymakers and researchers still do not fully appreciate the connections between health and peace²⁸.
- **Martiniuk and Wires** share their reflections on peace-through-health, analyzing specifically a joint Canadian, Israeli and Palestinian maternal and child health program for medical students²⁹. They show that health professionals play a role in both treating the effects of conflict and the prevention of conflict. This research offered initial indications for the current paper that joint health programs could serve as a bridge for peace, perhaps particularly those programs related to maternal and child health.

Health related collaborations have shown unique resilience during conflict situations. In the case of the Israeli-Palestinian conflict, several health institutions are already serving large communities of both Palestinians and Jewish Israelis and could readily be designed to expand meaningful positive interactions. These interactions happen in multiple locations, across sectors, with fewer barriers and less fear of intimidation. As the Breaking the Impasses Health Group³⁰ wrote in April 2022: “Health as a bridge for peace can transcend political, economic, social, and ethnic divisions, to promote dialogue, foster solidarity, and contribute to peace among people.” Moreover, Palestinians and Israelis are relatively receptive to working with each other in programs related to health³¹.



Staff of Project Rozana's program 'Women4Women', a physical and psychological treatments for Palestinian women and children in marginalized communities in the West Bank using telehealth. [Project Rozana]

Normalization (*Tatbi'a* in Arabic) is defined in the Palestinian context as “the process of building open and reciprocal relations with Israel in all fields, including the political economic, social, cultural, educational, legal, and security fields.”³² While the criticism of normalization has been a barrier to most types of collaborations between Palestinians and Jewish Israelis for decades, it is less dominant in the context of healthcare. Many people see healthcare as a basic right. The undeniable humanitarian focus signals any interaction in healthcare programs as an attempt to help and improve quality of life in the most fundamental way. For healthcare, in many cases, political tensions are perceived as irrelevant and external³³. Dr. Masad Barhoum, the General Director of the *Galilee Medical Center* in Naharia, eloquently expressed this profound sentiment:

“The first conversation on the job is ‘a person to a person is a person’—a poignant counterpoint to the reality portrayed by the phrase “dog-eat-dog.” This philosophy is not just spoken; it is written on every door within the hospital. Once you come in the gate of the hospital, you stop being a Jew or an Arab, you become either a patient or a physician.”³⁴

A crucial factor that makes healthcare a fertile soil for building trust between Jewish Israelis and Palestinians is the unique power dynamic in this sector. Even with the continuous progress of the healthcare system in Palestine, huge disparities between Israeli and Palestinian health systems still exist. The Palestinian system lacks many urgent, lifesaving specialties, while Israel has one of the most technologically advanced healthcare systems in the world³⁵. Despite this asymmetric background, the widespread participation of Palestinian citizens of Israel in the healthcare system, and particularly in senior and key positions, is larger than in any other sector in Israel. The Palestinian citizens of Israel comprise >44%³⁶ of the entire healthcare system workforce (compared to 3% in high tech, 3.5% in finance, 3.3% in media, and 6.8% in government offices). A comprehensive report from 2017 concluded that, unlike other fields of employment in Israel, the healthcare system allows Palestinian citizens to fully integrate and advance to senior positions. Nonetheless, Palestinians comprise only 2.2% of the system’s leadership³⁷. The report also shows that healthcare institutions provide a place of mutual respect, good working relationships and even friendships resulting from personal acquaintance and the many hours of shared work³⁸. This fact creates an unusual dynamic that contributes to balancing the inherent asymmetry of the political context in which the healthcare system operates.

Why Trust Through Healthcare?

An extensive body of literature has demonstrated the connection between healthcare and trust building and emphasizes the potential of using healthcare interaction to promote the conditions for peace. Below is a brief synopsis of the most pertinent publications:

- **Khan, Abimbola, Ghaffar, El-Adawy, and Marten** maintained that health is both a contributor to and beneficiary of peace and assert that in contexts where conflict shapes daily life, health professionals must engage for peace³⁹. They identify three avenues of interventions which health-as-a-bridge-for-peace programs should adopt: 1) fostering trust; 2) facilitating health cooperation; and 3) enhancing social cohesion. They call for policymakers to do more to operationalize health as a bridge to peace through a combination of conflict analysis, advocacy, capacity building of the health workforce, and the deployment of context sensitive tools. Their paper contributed to the development of the current report by underlining the premise that trust-building serves as a pivotal intervention for peacebuilding and merits systematic evaluation.
- **Kappmeier, Guenoun, and Fahey** propose an Intergroup Trust Model (IGT-Model)⁴⁰. It highlights trust as essential to initiating, engaging, and maintaining reconciliation processes. They assert that trust is the key factor that differentiates between intergroup conflict and intergroup peace. Their model establishes a conceptual understanding of intergroup trust based on five dimensions: competence, integrity, compassion, compatibility, and security. This analysis uses the dimensions of compassion and security to investigate the contribution of joint healthcare programs to trust building.
- **Santa Barbara** defines medicine as a bridge to peace⁴¹. In her pivotal article, she highlights the role that physicians and health workers play in promoting peace. This was fundamental evidence of the success of the concept of peace through health in the past.
- **Percival** suggests in her article⁴² a framework for health engagement during conflict. Her conclusions inspired this research to give more emphasis to power dynamics between majority and minority communities in developing the joint program's evaluation criteria.

- **Décobert** adds to Santa Barbara's work⁴³. In his research about Myanmar's Kayin State he examines how community health workers promote an alternative approach to peacebuilding. In later research in Myanmar's border areas⁴⁴, Décobert, Trail, Thura, et al., argue that health can provide a bridge towards peace formation, if relationships are developed in a politically sensitive way during strategic opportunities. To build trust, a Swiss-funded effort provided equal funds to both 'sides' in a decades-long conflict. These studies strengthen the hypothesis that community health programs can help groups build trust and imagine more collaborative reality.
- **Weiss** reports two findings from his research about the impact of diversity in public health institutions on majority citizens' prejudice toward minorities, that served as a basis for this study and were reflected in its findings⁴⁵. The first was that diversity in public institutions can facilitate positive intergroup contact, reduce prejudice, and foster more inclusive attitudes. The second was that the demographic makeup of public institutions can reduce mass prejudice, among the society at large, even in a context of intractable conflicts. These findings strengthen the hypothesis of this research, suggesting that the interaction dynamics observed among individuals in joint healthcare programs can serve as a model for fostering collaboration and coexistence within broader society. The study's focus on the Israeli-Palestinian context further enhances its relevance to the current investigation.
- **Pettigrew** also proposes a model that could provide a mechanism for generalizing the positive effects of intergroup interaction in joint healthcare programs⁴⁶. This model includes a stage of decategorization,⁴⁷ which helps participants change group identities from 'Us vs. Them' to a more inclusive 'We' notion⁴⁸.
- **Putnam** emphasizes the role of trust by stressing that just societies and communities are characterized by high levels of social capital, which consist of social networks and the norms of reciprocity and trust⁴⁹.

- **Schmid, Hewstone, and Al Ramiah** state that intergroup contact is a mediator that helps explain how exposure to other communities through positive contact exert outcomes related to trust (especially out-group, ingroup, neighborhood trust, and intergroup attitudes)⁵⁰. By summarizing empirical work in mixed cities they illustrate that diversity leads people to expand their sense of self and embrace more inclusive forms of self-definition. Their findings highlight the role of intergroup positive forms of contact as a central mediator that can build trust through social identity complexity. It also emphasizes indirect effects of being a part of a diverse environment on trust and attitudes in the wider society.

“...These connections are genuine. What truly opened my heart were the field clinics in the West Bank.”

(Prof. Dan Turner, Vice President of Research and Development and Innovation, Shaare Zedek Medical Center)

Collectively, these articles serve to inform and shape the hypothesis at the core of this research and define the components of the proposed evaluation method. This research extends beyond the existing literature by conducting an in-depth examination of 16 joint healthcare programs within a specific conflict region in order to build a model for scaling trust building through health.

The *theory of change* at the premise of this research is that working together across communities yields positive development outcomes⁵¹ and joint healthcare programs promote mutual respect and understanding between Jewish Israelis and Palestinians. Therefore, the trust created in these programs will empower change in attitudes towards a political solution. The incremental support of programs’ participants will extend more broadly in the conflicted groups as these programs scale, increasing the share of the societies that will more likely support a peaceful political resolution. Similar theories of change that link healthcare with peace have been developed and tested, for example by the World Health Organization⁵², but they were largely focused on building trust in institutions and did not study ways to purposefully leverage healthcare programs to contribute to trust-building between communities.

Knowing that it may take years before a sustainable political solution is successfully implemented in the Middle East, in the near term it is imperative to focus on promoting opportunities for cooperation that can contribute to trust building and reduce the level of conflict. In times of crisis, a natural human reaction is to withdraw from constructive efforts and rely on punitive actions. This is another reason why supporting those who strive to take constructive actions through positive humane joint activities is of paramount importance at this time⁵³. While related concepts such as understanding, recognition, and building bridges are important and play a role in the dynamics between Jewish Israelis and Palestinians, the process of building trust and the presence of trust is at the basis of the theory of change used in this research.



Field Clinic Truck. [WHO/Sebastian Meyer]

Research Scope and Methodology

The data used for this analysis relies on mixed methods sources, both qualitative and quantitative. These include:

- Documentations of different health programs, reporting their results and outcomes. Most of these materials are public (e.g. on programs' websites). However, some are internal, and some are reports meant for donors and supporters.
- Semi-structured interviews with 20 practitioners from the field – supervising, administrating, and participating in the joint programs examined.
- Surveys of programs' participants that collected quantitative data and written testimonies. In some cases, program administrators shared survey results. In others, the survey was designed and administered specifically for this study⁵⁴. (*see Appendix A for an example of participants' survey*)
- Background materials about past and current attempts to leverage healthcare to promote peace between Israelis and Palestinians⁵⁵.

The data collected was reviewed in the context of the existing literature on trust- and peace-building through healthcare. The research focuses on those joint programs that are well-known within the healthcare community. No emergency treatment or urgent care interactions were included because they do not fit the framework of this study, which emphasizes longer-term relations, community-based treatments, and professional training. It is not intended to present a comprehensive index of every such program, but rather to use the selected programs as a basis for developing the taxonomy structure, classify, and study the relationships between program's characteristics and their outcomes based on their contribution to building trust.

Empirical Data Collection

A few dozen active joint healthcare programs exist that bring together Palestinians and Jewish Israelis through various mediums and structures. These programs are typically small in scale, with limited outreach, averaging between 10 to

100 participants each. Conducting a detailed review encompassing all existing programs in Israel and the Palestinian Territories is beyond the scope of this report. Instead, this research focuses on the leading healthcare programs that involve cooperation between Jewish Israelis and Palestinians. The programs examined operate in a wide range of health-related contexts, including physicians' training, patient chronic care, and wellness initiatives. For each program, semi-structured interviews were held with program leadership, and public information and where available data collected by the programs on process and efficacy was reviewed. Finally, for two of the programs, questionnaires with participants were sent and analyzed. The selected programs for review can be categorized as either:

- **Cross-border:** involving cooperation between Jewish Israelis and Palestinians from the West Bank, Gaza, and East Jerusalem.
- **Shared society:** involving cooperation between Jewish Israelis and Palestinian citizens of Israel.

The programs can also be categorized based by their basic engagement structure:

- **Multiple-year daily** engagement (e.g., residencies and fellowships)
- **Recurring** weekly/monthly meeting for several months (e.g., wellbeing groups or nurses' networks)
- **2-4-day** sessions (e.g., professional workshops and conferences)
- **One-time** encounters (e.g., field clinic or childbirth)

The programs examined in this research are (*see Appendix C for a detailed description*):

1. **Project Rozana: Women4Women** - physical and psychological treatments for Palestinian women and children in marginalized communities *using telehealth*.
2. **Project Rozana: Physicians' Training** - joint training in Advanced Trauma Life Support.
3. **Project Rozana: Nurses Training** - clinical training and a hub for Palestinian nurses in Israeli hospitals *using telehealth training*.

4. **Medical Wadi: Women Walk Together** - joint women's weekly walking & wellbeing group.
5. **Medical Wadi: Mother Tongue** - joint support group for pregnant women & mothers with babies.
6. **Rodina: Educational Program** - educational sessions on genetic diseases in Arab communities.
7. **Sheba Medical Center: Clinical Complementary Course** - training for Palestinians citizens of Israel who study abroad to be certified as doctors in Israel.
8. **Shaare Zedek Medical Center: Fellowship** - medical fellowship in an Israeli hospital.
9. **Shaare Zedek Medical Center: TeleDoc** - teleconference medical consultations platform for Palestinian physicians from Gaza *using telehealth*.
10. **St. Joseph Hospital: Labor & Delivery** - Jewish women's childbirth in a Palestinian hospital.
11. **Peres Center for Peace and Innovation: DevelopMed medical tours and workshops** - joint medical tours and workshops.
12. **Peres Center for Peace and Innovation: DevelopMed Case Management Network** - joint case management in a hybrid program *using telehealth*.
13. **Peres Center for Peace and Innovation: DevelopMed Fellowships and Residency** - medical fellowships and residencies.
14. **The Road to Recovery: Driving services** - Israeli volunteers drive Palestinians from checkpoints in the West Bank and Gaza for treatments in Israeli hospitals.
15. **Kfar Qasem Health Innovation Center: Accelerator** - development of innovation in medicine.
16. **Doctors for Human Rights: Mobile Clinic** - field clinics of Israelis doctors in the West Bank and Gaza.

See detailed description of selected programs in Case Studies in Appendix B



Mohammed al-Farra, a young Palestinian boy who suffers from a rare genetic disorder finds hope and a home in an Israeli hospital, where his devoted grandfather and compassionate doctors unite to care for him. [AP Photo/Dan Balilty]

Evaluation Method Design

At the core of the research, a method was developed to systematically evaluate the extent to which a joint health program is related to trust building.

Five or six measurable characteristics that were thought as relevant were clustered each into three key metrics: **equity, intensity, and intentionality**. The first two selected metrics – *equality and intensity* – were driven directly by acceptable models in literature in two adjacent fields: Contact Theory and intergroup trust building between hostile communities. The third factor of *intentionality* presented itself in different forms in the empirical data collected for this research. It was further supported by theories connecting interculturalism with an increase in behavioral trust⁵⁶. There were clear differences in the data between programs for which there was an explicit intentional goal of building trust, and programs for which there wasn't. Thus, the *intentionality factor* was added to the evaluation method as an additional key factor to complement the characteristics described in the literature.

In order to analyze the programs' **equality factor**, the research examined characteristics to determine how equal, symmetric, and balanced the nature of each program is. Programs with different levels of equality were examined, with particular interest not only in the number of participants they had of each community, but also in the nature of cooperation and emphasis on issues that can help address the inherent asymmetry of the political context in which these programs operate. The characteristics considered to evaluate the equality factor score were:

1. Beneficiaries' (participants) ethno-national identities (under the assumption that all participants enjoy an equal level of services)
2. Staff and operators' ethno-national identities
3. Leadership ethno-national identities; and
4. An *assessment* of the joint and equal nature of each program based on its structure and its explicit approach to equality as a key operating principle

Each program was assigned an equality score comparing the *relative strengths* of the selected characteristics to the other programs (*see Appendix D for more information*).

In order to analyze the programs' interaction **intensity factor**, the research examined characteristics to determine how strong and collaborative the interaction between Jewish-Israelis and Palestinian in each program is. The characteristics considered were:

1. Program total length (for an individual participant)
2. Number of interactions
3. Frequency of interactions
4. Duration of each interaction
5. An estimation of how powerful this experience is in participant's life; and
6. An *estimation* of the intensity of the interaction based on its structure and nature of exposure and collaborative activities

Each program was assigned an intensity score comparing the *relative strengths* of the selected characteristics to the other programs.

In order to analyze the programs' **intentionality factor**, the research examined characteristics to determine how deliberate in enhancing understanding and building trust each program is. The characteristics considered were:

1. How much time (in total hours, and as a percentage of the total hours of the program) is dedicated to dialog and learning to increase understanding
2. The extent to which there are explicit mentions of the program's purpose to contribute to trust building in – public or internal, written or oral – descriptions of the program
3. An *estimation* of the extent to which there are deliberate interventions and activities aimed at building trust such as: 1) profound engagement of the program participants with each other; 2) engagement around topics related to the political and social situations and the relationship between the groups; 3) sharing of personal experiences purposefully oriented to building trust; 4) intended investing in building a safe space in which personal connections can be formed

Each program was assigned an intentionality score comparing the *relative strengths* of the selected characteristics to the other programs.

In the first version of the evaluation methodology, the factual characteristics (e.g. number of interactions) are considered alongside the estimation-based characteristics (e.g. a holistic score from 1 to 5 of the interaction's intensity) to assign a factor score to each factor. The characteristics scorings in the evaluation tool were normalized so that all the variables will be considered on the same scale. (*see Appendix D for information on how the factor scores were calculated*). This evaluation method combines a summative approach (driven by judgment of the factor score based on the evidence of its characteristics) with a formative approach (whereby the evaluator communicated with the program administrators to help develop the program). Further research is needed to test the sensitivity of the characteristics and metrics and determine the weight of each in determining a factor score.

“Beyond the medical dimension, our efforts foster understanding, cooperation, and friendship, resonating deeply with thousands of individuals.”

(Prof. Raphi Walden, Physicians for Human Rights Mobile Clinic)

The evaluation method was designed to estimate the relation of different programs to trust-building, specifically in conflicts with attributes that make them especially challenging. These conflicts are:

1. **Asymmetric** - power imbalances between multiple involved groups
2. **Protracted** – prolonged for at least a generation, and
3. **Ethnonational** - identity-based

The evaluation metrics defined for assessing the trust building properties of health programs, can be further used for evaluating other programs that contribute to trust building in other fields such as sustainability, scientific education, or academic research where the key activity is not focused on building trust but rather on producing other positive joint development outcome, and trust building can be a valuable indirect outcome.

Trust Indicators

To evaluate the extent to which a program contributes to trust building, several concepts and wordings were extracted from literature sources and were identified as indicators of trust building. The study uses these trust indicators to analyze the extent to which trust building is associated with a certain program. The eight testimonial trust building indicators were calculated alongside evidence for the continuation of relations beyond the program, which directly indicates that trust exists.

The selected trust indicators [source #⁵⁷]:

1. Empathy and perspective taking [#3, 6]
2. Increased willingness to learn about the out-group [#2]
3. Less outgroup prejudice and improved attitudes towards other [#5]
4. Lower negative emotions about intergroup contact (anxiety/ threat) [#2, 3, 6]
5. Increased willingness to engage and changing behavior to open oneself to potential positive contact experience [#2, 5]
6. Embrace more inclusive forms of self-identification [#4]
7. In-group reappraisal [#2]
8. Generating affective ties and increased cooperation [#2, 5]

The first version of the evaluation method does not assign different weights to the testimonial trust indicators and only measures whether they were mentioned in a binary manner. The analysis assigned a score of 1 if a certain indicator was mentioned in the data in relation to the program evaluated, and 0 if the indicator was not mentioned. A trust indicator considered “mentioned” in a testimony if it is described at any variation that appears on its definition⁵⁸ (e.g., for Empathy: take the other’s perspective, understand how they think or feel, share their experience, etc.).

Beyond the trust indicators above, the evaluation method considered empirical evidence of trust in the form of relationships between members of different communities that extended beyond the program, driven by participants' initiative, unrelated to a specific activity as part of the program. Since such interactions are strong indications of trust, the evaluation tool assigned a higher weight to this indicator when weighted with the testimonial indicators. The average of the descriptive eight trust indicators consists of 60% of the trust score, and the relation extended beyond the program consists of 40% of the trust score.

Overall, the proposed evaluation method in this research is preliminary and meant to exemplify a consistent approach to systematically evaluate joint programs based on the extent to which they are correlated with trust building. To qualify this method as a robust and reliable working tool, further work is needed to validate and refine this method and its components.



Staff of Project Rozana's program 'Women4Women', a physical and psychological treatments for Palestinian women and children in marginalized communities in the West Bank using telehealth. [Project Rozana]

Analysis Methodology

The research used personal accounts in interviews, survey responses, and videos produced by the programs to examine how participants perceive the effect of the programs on their trust in “the other.” There were two objectives: (1) measure trust building; (2) examine whether and in which way trust indicators (statements) are related to the various health program’s performance on the three metrics.

The information provided by programs administrators and participants was used to address the characteristics in detail and to calculate the metrics’ scores for each program. The phrases recorded in interviews and surveys were carefully analyzed to look for words and expressions that match the defined trust indicators, taking into account the context in which they were noted in an interview or testimony.

Beyond the theoretical context, the analysis had to take into account the massive current changes in the region’s political reality. The research used Contact Theory and the Intergroup Trust Model (IGT-Model) as its main reference frameworks for defining the evaluation methodology and analyzing the data collected. These models were selected because they proved helpful in understanding and interpreting the raw data collected for the empirical background in the initial stages of this research.

Concentrating on the trust indicators, the method is based on detailed sentiment analysis in relation to the selected academic models and applied to the specific context of this region. This method was selected based on the understanding that there are multiple indicators of the extent of trust one holds. Beyond visible evidence, certain phrases serve as proxies for trust building. The use of this multi-signal approach is based on the assumption that people recognize these sentiments trends in themselves and express them in their descriptions of their experiences.

To pilot the use of the proposed evaluation method, 16 programs were examined. For some programs data proved abundant and access was easy to rich datasets and key personnel across various organizational levels. For other programs, there were more constraints with limited information available from interviews and datasets. For them, the research necessitated making assumptions and logical inferences to produce the figures below. *(For more information regarding the data sources*

used for each program see Appendix C - Programs Description). Given the limited information on some programs, this study should be seen as a demonstration of valuable capability. Its judgments of the programs that provided little information should be viewed as indicative rather than definitive. Despite this reservation, the analysis was successful in developing and testing an evaluation methodology. This methodology, firmly grounded in theoretical literature, pioneers a systematic approach to the topic. Notably, its capability to yield clear quantitative insights from programs with ample data provides strong reassurance about this approach.

Quantitative data extracted from some of the program participants' surveys was used to address the characteristics in the evaluation tool using a numerical or scale system. These measures were combined to scores for the three metrics and analyzed with a basic statistical tool to examine the relationship between each one of the metrics (equality, intensity, and intentionality), and the studied variable of trust building. The results are reported as correlations. Nonetheless, both well-established theory and prominent sentiments conveyed in interviews suggest that causal relationships are strongly involved in producing those correlations. To move beyond these justifications for considering the correlations found as indicative of causal relationships, it's crucial to establish causality through future experimentation. Therefore, it is recommended below that randomized controlled trials will be conducted to evaluate causality.

General statements in the interviews and testimonies about the healthcare sector and the ecosystem of joint health programs were also captured and examined through two lenses: as background for the analysis of the programs, and as empirical evidence to construct the policy recommendations for the system level. Additional data sources such as publications by international organizations and media outlets, were included in the dataset but were not thoroughly analyzed as part of this study.

Programs Analysis and Key Findings

Main Findings

Based on the data collected, most of the joint healthcare programs encountered several challenges. They include:

- **Mistrust** - years of heightened conflict have led to mutual fear and mistrust between Palestinians and Israelis, such feelings often discourage collaboration
- **Funding** - limited and often not available for such community-based programs or trust building efforts
- **Access** - physical access and permits for Palestinians travel and participation in activities physically located within Israel are often limited and unpredictable
- **Technology** - advanced sensors and equipment are often needed, which require high technology proficiency, which is often not available in underserved areas
- **Expertise** - access and time by unique experts are often in short supply or unavailable
- **Language** - lack of familiarity with Arabic/Hebrew, lack of knowledge in English, and dependency on translation are often barriers
- **Despair** - widespread lack of hope among Palestinians about their future feeds powerful anti-normalization claims to stop any and all cooperation with Israel

Even though these programs are constrained under conditions of asymmetric political context and though they rely on fragile bonds, the data show that Palestinians and Israelis are generally receptive to working with each other in programs related to health treatments and training. These joint programs enable patients to sustain ongoing – sometimes remote – relationships with people of the other community through structured pre-planned sessions. Programs that offer cross-border or cross-community treatments overcome informal segregation and bring together people who don't meet elsewhere. In some cases, the personal or professional relationships extend beyond the formal program.

Based on the interviews and data collected of the various health programs, we used the three key metrics to evaluate the trust building capacity of joint health initiatives. The three metrics are:

1. **Equality** - the degree to which members of different communities have equal involvement, contribution, and authority at all levels of the program.
2. **Intensity** - the depth and frequency of participants and staff interactions in the program.
3. **Intentionality** - the level of conscious effort to develop understanding, recognition, and enduring relations as part of the program.

Key Results

- A limited positive correlation was found between equality and trust-building ($R^2 = 0.15$, Coefficient = 0.043), which lacks statistical significance.
- A correlation was found between intensity and trust-building ($R^2 = 0.11$, Coefficient = 0.051) that is statistically significant at the 95% confidence level (p-value = 0.011). **This finding demonstrates that an increase in intensity is associated with an increase in trust building levels.**
- A stronger correlation was found between intentionality and trust-building ($R^2 = 0.24$, Coefficient = 0.109) that is statistically significant at ~92.1% confidence level (p-value = 0.079). **This finding suggests that variations in intentionality-related characteristics (such as explicit program goals, time dedicated to dialog, and efforts to sustain post-program relationships), explain more of the variation in trust compared to the other two metrics.**
- The strongest correlation ($R^2 = 0.57$), pivotal in shaping the evaluation methodology, was found using a multi-variables' regression test and demonstrated the link between the combined influence of the three metrics and trust-building. The coefficient of the average score of the three metrics is 0.178 and is statistically significant at the 95% confidence level (p-value = 0.0016). **This finding shows that the combination of all three factors has the strongest correlation with trust building levels and this combination of all three factors explains a major portion of the variation in trust building levels, so that the higher the factors score, the more trust is built.**

The above results of the statistical analysis echo some of the main themes revealed in the interviews:

- **Learnings of human commonalities and reduction of prejudices, showing that shared human traits are more significant than differences between groups - especially around key health-related experiences such as pregnancy and motherhood.**

“There was value in the fact that the program combined Jewish and Palestinian women together because it is a very intimate and connecting stage in life. It was pleasant and comforting to think of it as an event that every woman goes through and to see that even if each one is experiencing the pregnancy a little differently, we are very similar. It helped to see that in the end we are all concerned with the same things, we are all similar people in terms of the crises, difficulties, and successes we have. As mothers especially, we go through the same things. It also helped to strengthen the hope that we can be here together in coexistence.”

(Jewish woman, survey responder at the Medical Wadi's Mother Tongue program)

“Beyond the medical dimension, our efforts foster understanding, cooperation, and friendship, resonating deeply with thousands of individuals. In one day like this, we reach the hearts of thousands of Palestinians. For many of them, this is the first time that they encounter an Israeli Jew who is not a soldier, settler, or member of the Shin Bet. This interaction forms a remarkable microcosmos of mutual understanding, good will, and positive connections.”

(Prof. Raphi Walden, Physicians for Human Rights Mobile Clinic)

- **Formation of human connections and friendships through common intensive health experiences (in higher-intensity programs).**

“One of my former Palestinian interns has risen to become a senior doctor. Despite his new role, he remains part of my department on a part-time basis... These connections are genuine. What truly opened my heart were the field clinics in the West Bank. I've taken this experience into the hospital. Healthcare serves as a beautiful platform to facilitate direct encounters that make such connections possible.”

(Prof. Dan Turner, Vice President of Research and Development and Innovation, Shaare Zedek Medical Center)

“Since I started the course, I’m spending most of my time at Sheba. What you talk about in the Teaching Authority regarding coexistence I also experienced at the hospital. “

(Palestinian Citizen of Israel, survey responder at the Sheba Medical Center Education Authority's Clinical Complementary Course)

- **Hope creation via joint experiences shows that conflicting groups can interact effectively around health**

“At a time when people in our country are losing hope, getting their foreign passports, Mother Tongue is an anchor of togetherness, bridging beyond conflicts, planting the seeds for a brighter future for generations to come”.

(Na’ama Goldman-Shwartz, Jewish woman, Administrative Coordinator, Medical Wadi’s Mother Tongue program)

“Several months ago, we were in a refugee camp in the northern part of the West Bank, that is known for its hostility. At the end of the day, the head of the refugee camp who is the local sheikh (wearing traditional attire) extended his gratitude to me, and I thanked him back. Then, unexpectedly, the sheikh approached me and hugged me. It was unbelievable that the sheikh of this camp would hug an Israeli-Jew.”

(Prof. Raphi Walden, Physicians for Human Rights Mobile Clinic)

“I looked forward to the meetings because I felt that they filled me with good and positive energy and gave me hope.”

(A Palestinian woman, Pelvic Floor Physical Therapist, Medical Wadi’s Mother Tongue program)

One Independent Variable Regressions

trust_score = equality + u					
Y	X	R_squared	Coefficient	Standard Error	P-value
trust_score	equality	0.15079	0.06401	0.04059	0.13718

trust_score = intensity + u					
Y	X	R_squared	Coefficient	Standard Error	P-value
trust_score	intensity	0.11148	0.02782	0.02099	0.20627

trust_score = intentionality + u					
Y	X	R_squared	Coefficient	Standard Error	P-value
trust_score	intentionality	0.24560	0.10396*	0.04869	0.05092

trust_score = average_score + u					
Y	X	R_squared	Coefficient	Standard Error	P-value
trust_score	average_score	0.51846	0.17828***	0.04591	0.00165

Multivariable Regressions

Y	X	R_Squared	Coefficient	Standard Error	P-value
trust_score	equality	0.5684	0.0431	0.04617	0.3687
	intensity		0.0517**	0.01733	0.0113
	intentionality		0.1098*	0.05739	0.0797

Figure 10: Results of the multivariable regression using the factor scores and the trust scores of 16 programs.

Program Factors Score Mapping

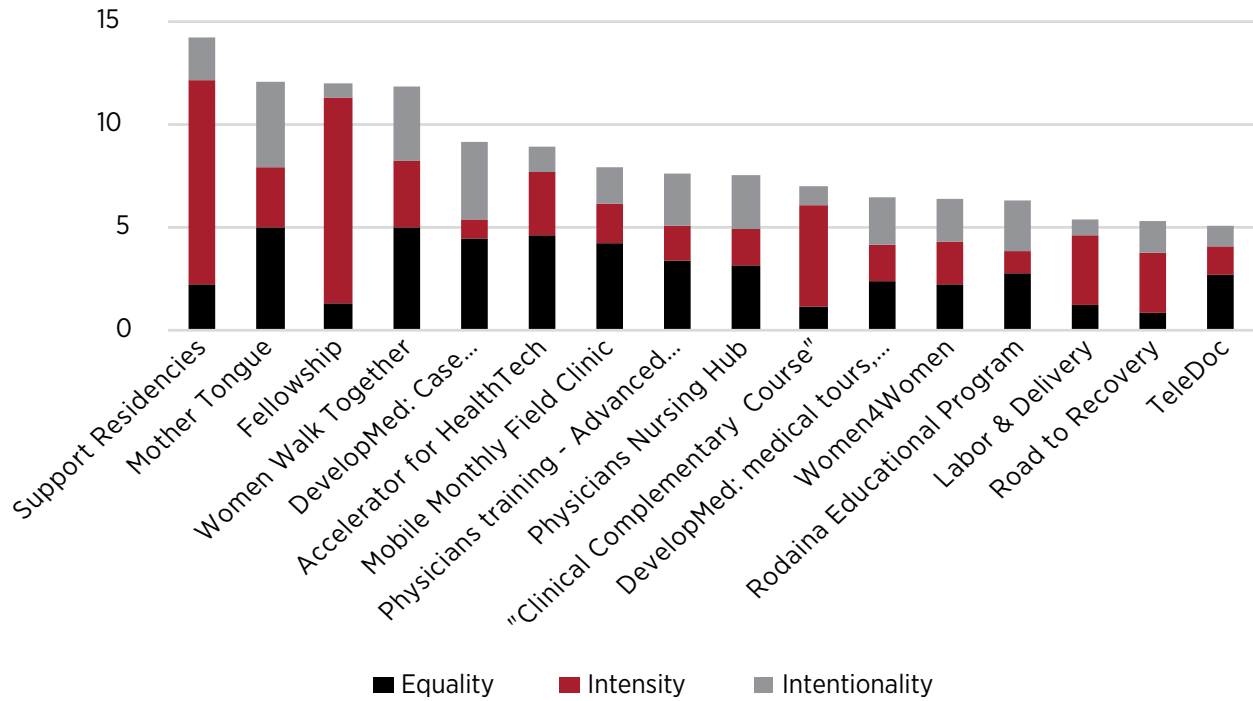


Figure 13: Programs mapping chart, as driven by the Factors Score summary table above. Order of programs based on the average of the three factors scores.

Org.	Factors	Equality	Intensity	Intentionality	Average Score	Trust Score
Project Rozana	Women4 Women	2.21	2.13	2.04	2.13	0.38
Project Rozana	Physicians training	3.41	1.70	2.51	2.54	0.70
Project Rozana	Nursing Hub	3.16	1.77	2.59	2.51	0.78
Medical Wadi	Women Walk	5.00	3.15	3.62	3.96	0.85
Medical Wadi	Mother Tongue	5.00	2.73	4.44	4.06	0.93
Rodaina	Education	2.76	1.07	2.50	2.11	0.38
Sheba	Clinical Comple	1.12	5.00	0.89	2.34	0.38
Shaare Zedek	Fellow	1.30	10.00	0.75	4.02	0.70
Shaare Zedek	TeleDoc	2.70	1.35	1.00	1.68	0.30
St. Joseph	Labor Deliver	1.26	3.37	0.75	1.79	0.30
Peres Center	Tours & WS	2.40	1.77	2.29	2.15	0.23
Peres Center	CaseNet.	4.46	0.93	3.75	3.05	0.38
Peres Center	Resid	2.20	10.00	2.06	4.75	0.78
Road to Recovery	Road to Recovery	0.86	2.95	1.50	1.77	0.45
Kfar Kassem	Accelerator	4.64	3.05	1.25	2.98	0.30
Human Rights	Mobile Clinic	4.20	1.97	1.78	2.65	0.70

Figure 14: Factors Score and Trust Score summary table.

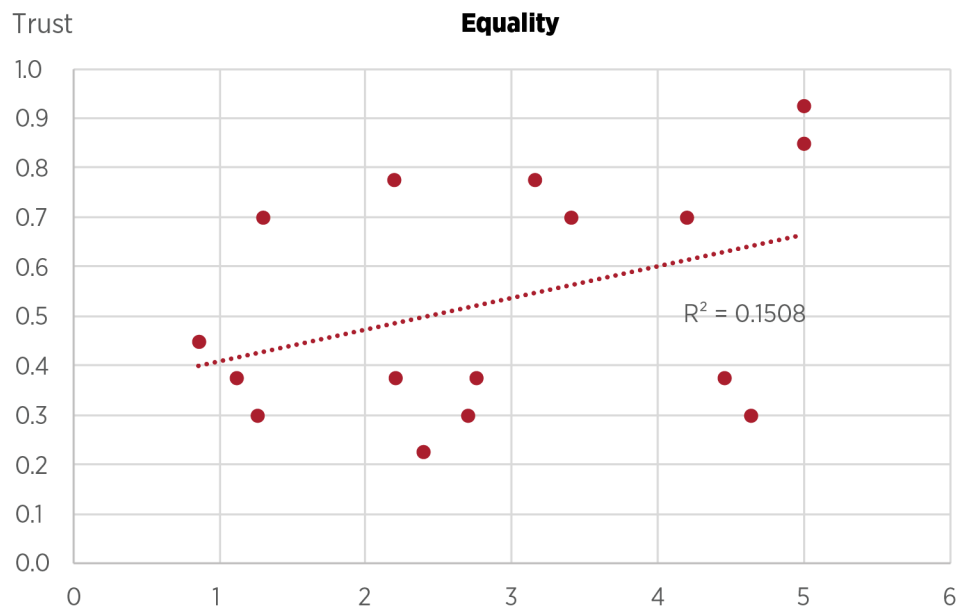


Figure 15: Regression results Equality Factor Score and Trust Score

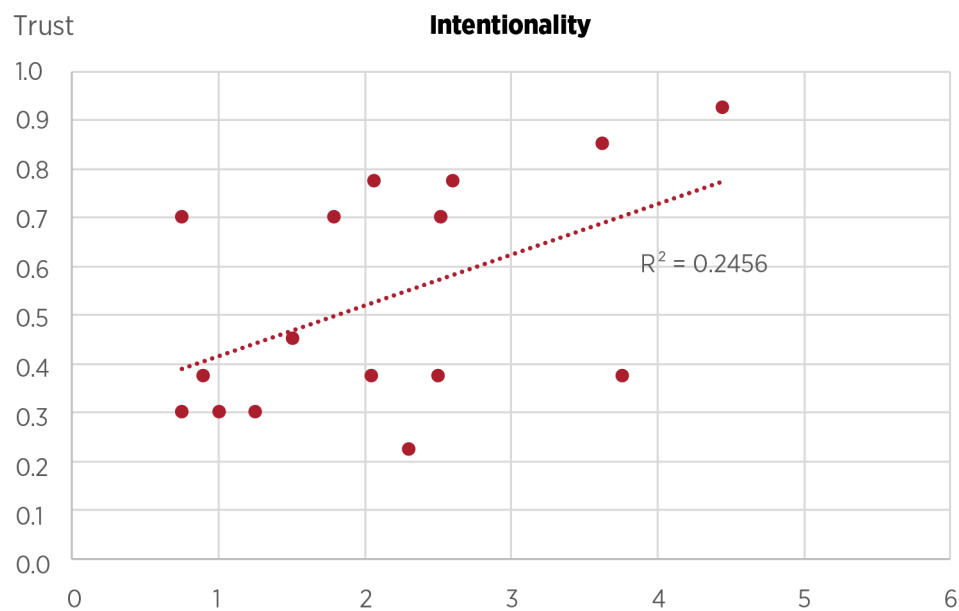


Figure 16: Regression results Intentionality Factor Score and Trust Score

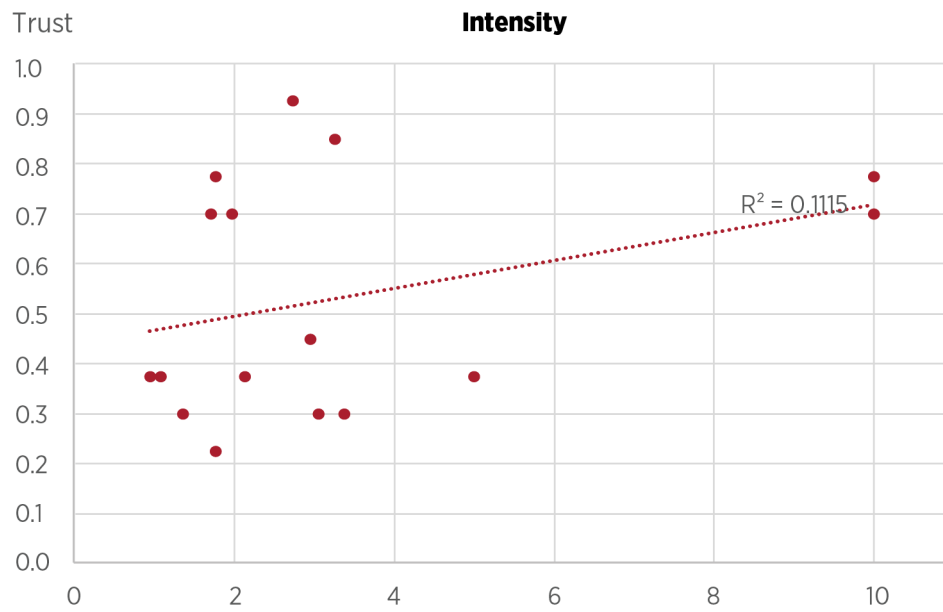


Figure 17: Regression results Intensity Factor Score and Trust Score

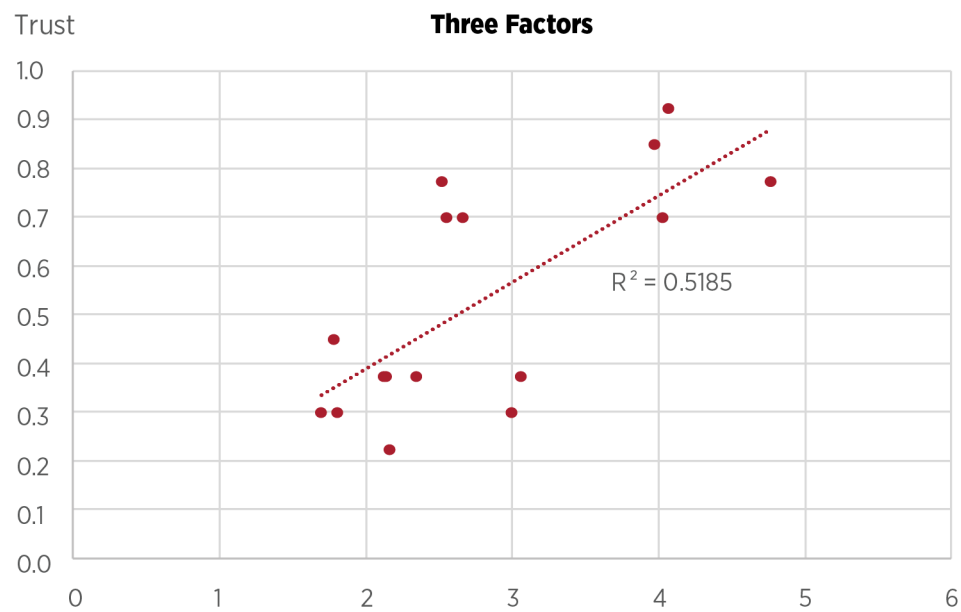


Figure 18: Regression results the average of the three Factors Scores and Trust Score

Discussion: A Structured Approach to Using Healthcare for Trust-building

The results show that the three proposed metrics of equality, intensity and intentionality, are correlated with the trust indicators chosen to assess trust in joint healthcare programs. Moreover, one of the prominent themes that came up in the interviews and surveys is that Palestinians and Israelis are receptive to working with each other in programs related to health, even during a war. The healthcare sector is shown to be mostly “immune” to normalization criticism and security unrest. It indeed functions as a substantial bridge between communities with significant potential for expansion.

Furthermore, the results show that out of the three metrics examined, intentionality has the strongest association with trust. This correlation is supported by the interviews as we learned that expressing the intention to build trust, by explicitly raising awareness and dedicating resources to this effort, contributes directly to trust building outcomes.

Additional characteristics related to cultural exchange (through language, meals, or music) were discussed as relevant and should be examined. Variables related to the personalities and capabilities of the participants, as well as their initial levels of openness and trust, should also be considered. The triangulation of academic models, quantitative survey data analysis, and the qualitative data drawn from the interviews, served to strengthen the research results. In the future, we recommend expanding the dataset to include more programs and evidence in order to further refine the model.

Should Healthcare be Used to Build Trust?

While there could be an argument that healthcare can also be weaponized and there were cases in which medical treatment was used as a form of coercive power⁵⁹, this research finds that there is a huge potential for leveraging healthcare to promote collaborations⁶⁰. During the Israel-Hamas War, an increasing number of healthcare activities and medical facilities have been used in violent manner⁶¹. Most prominent recent examples include the use of hospitals to hide weapons⁶²,

attack on paramedics⁶³, and prevention of medical aid⁶⁴. Such instances destroy trust between Israelis and Palestinians, and trust in the healthcare system as a whole. This reality makes the focus of this research all the more important. The post-war years will be an opportunity to restore some of the trust that has been lost. Expanding and scaling joint healthcare programs to promote co-existence and trust will be a source of hope. It will preserve the field of healthcare as a constructive and healing space.

Additional reasons why healthcare would be a less effective field to foster collaborations than originally assumed include the demanding professional life of physicians, who are generally less available to develop personal bonds, and the avoidance of political discussions inside the hospitals. In the interviews, many physicians referred to the risks involved in “letting politics inside the hospital.” They were concerned that such interventions would harm the strong professional relationships achieved. Some of the interviewees said that one of the factors that enables the current productive joint work in this “island of co-existence” is the avoidance of conversations about political and controversial issues, even though these issues are at the forefront of public discourse. Many defined these topics as taboo. As one senior doctor shared about his colleague: *“I think I know what his political opinions are, I don’t need him to say them. If I heard him say them it would be much harder for me to work with him as friends like we do today.”*⁶⁵ This perception challenges the hypothesis of this research regarding the factor of intentionality. It raises a need for a more nuanced examination of how to integrate characteristics of intentionality into joint healthcare programs effectively.

Admittedly, increasing the conscious effort to develop understanding, recognition, and enduring relations as part of the joint work might disturb the seeming harmony, introduce political tensions, and harm relationships. Nevertheless, considering the relatively strong correlation between intentionality and trust-building, and based on acceptable models, this study asserts that for the healthcare system to fulfill its (secondary) role as a platform for improving the conditions for peace, there is no way to avoid hard conversations. The efforts to invest in intentional dialog must be managed carefully and gradually, driven by common principles, but adjusted ad-hoc according to each program’s capacity and character. It also will have to adapt to ever-changing events and intra-group dynamics. It is crucial to be aware of the risks raised by many practitioners and mitigate them continuously while tailoring the program to the specific

beneficiaries' communities. This study highlights the failure of existing theories of trust building and peace through health to recognize the centrality of the intentionality factor.

Another gap in existing theories is that most focus on case studies and research of urgent interventions during active wars. This study emphasizes a different approach for the nature, timing, and duration of healthcare interventions. It demonstrates the importance of utilizing health for building trust through ongoing, routine, and prolonged programs that enable the participants to establish long-term relations.

The main premise is that cross-cultural joint healthcare programs can serve as a seed that will grow to build and strengthen the conditions for peace in the region. Some leaders in the healthcare system talk about it explicitly. This is also the message that the head nurse at Hadassah Ein Kerem Hospital, Amalia Schneider, sent to the nursing staff:

“We are going through difficult times, nationally and personally. The difficult events haunt us as citizens, parents, children, spouses, and as professionals. Our mission statement: ‘The Hadassah Medical Association also serves as a bridge to peace, thanks to it, ties are forged between members of all nationalities, races and religions, who ask to be healed between the walls of the hospital.’ We are equipped with values that help us fulfill our mission: equality, respect, and partnership. These values strengthen our hands and show us the way forward. Our commitment to provide nursing care, without discrimination and without prejudices, will allow us to keep our work environment as an island of sanity. We are the bridge to peace!”⁶⁶

For more discussion and considerations see Appendix E - Research Limitations

Broader Applications

While the evaluation method was tested on joint healthcare programs in Israel and the Palestinian Territories, it is relevant to apply it to other programs that might contribute to trust building in various settings and contexts. The study's results support the objective to apply the evaluation methodology more generally, specifically in two ways:

1. To other fields - fields in which the core activity addresses issues of common interest and creates positive joint development outcomes, such as in high-tech, sports, education, environment, and academic research. Special attention should be given to the field of emergency responders and rescue services, which has similar traits to the healthcare field, namely the significance of a shared noble goal.
2. In other locations - conflicts in various areas in the world that are defined by three conditions:
 - Asymmetric with power imbalances between multiple groups
 - Protracted for at least a generation
 - Ethnonational, meaning identity-based

Policy Recommendations:

This research uncovers the huge potential in building trust between conflicted groups through diverse joint healthcare programs. Scaling these programs, as previously shown, faces significant challenges and the following policy recommendations are focused on overcoming these challenges to unleash the full potential of healthcare trust building. This may be especially relevant for the Israeli-Palestinian conflict in the days following the Israel-Hamas war. International organizations and foundations should promote trust-building efforts that can increase popular support for negotiations between Israel and the Palestinians. Based on the connections the research draws between the selected programs' characteristics and trust building, we suggest the following policy recommendations:

1. **Increase investments in effective healthcare programs** - *Systematically* evaluate programs using the evaluation method proposed in this document. Encourage and increase investment in programs that score highly across the equality, intensity, and intentionality metrics to scale and accelerate trust building.
2. **Build and test new programs in strategic locations** - Design and test new models of joint healthcare programs with high equality, intensity, and intentionality. The field of healthcare requires innovation to face huge demographic and cost challenges. Programs should be situated where hostile societies seek clinical services and can interact with each other in person. Such programs could be deployed as pilots to determine which can be scaled most effectively and how. In some locations, some supporting measures should be considered to improve the access to healthcare centers, especially of Palestinians, including specialized training, language courses, upgraded public transportation, childcare solutions, diversity incentives to employers, and anti-discrimination education programs. The new programs should hire local professionals, further train them, maximize their specialty skills, and benefit from their knowledge of specific communities.
3. **Test Telehealth as a means to Increase Access** - Telehealth and hybrid (in-person meetings combined with telehealth) programs can overcome physical barriers in locations where in-person interaction is challenging. They should be developed in locations where in-person interaction is more challenging, to overcome physical barriers for cooperation. Such programs should target long term equality by empowering local care providers to deliver the majority of needed care and facilitate mutual learning. Telehealth and general health innovation is also closely correlated with economic growth⁶⁷ and thus may strengthen peace infrastructure through both trust and economic development.

Recent scholarly work has found that intergroup contact need not necessarily involve face-to-face contact and remote interaction is also beneficial⁶⁸. Despite limitations related to knowledge and low “tech-savviness”, telehealth technologies should be used in conflict areas. Organizations in such areas should prepare for this global trend by building infrastructure, training staff, and earmarking budgets for experimental programs with cutting edge technologies and methodologies.

- 4. Establish a regional multilateral entity focused on building trust through health** - extensive knowhow is needed to overcome multiple roadblocks for effective trust building in healthcare. This entity would support initiatives, share and create more knowledge, mentor social entrepreneurs, and lobby regulators and policy makers. It will engage professionals from different communities to promote supporting policies and centralize the overlapping work of experts and joint programs. The entity will develop evaluation methodologies, validate them, and systematically measure joint healthcare programs to maximize their impact. The makeup and affiliations of this entity must be considered carefully to create synergies in the joint healthcare ecosystem.

The new entity will pool the knowledge, tools, and connections in order to maximize the effectiveness of trust building via healthcare. This entity should do the following:

- Centralize the overlapping work of joint programs and stakeholders
- Promote policies by regional bodies and international bodies (e.g. Israeli government, PA, and WHO)
- Build a database of all cross-cultural health programs, metrics, and outcomes
- Develop evaluation methodologies
- Systematically measure joint healthcare programs to maximize their impact and publish reports and learnings
- Develop and publish new evaluation methodologies of bridge building healthcare

As evidence from this study indicates, healthcare programs have huge potential for building bridges but also face several common challenges and have key metrics required to create peace-building impact. Honing the tools and methods for bridge-building need not be done in silos by the different programs. Learnings and methodologies can be shared and jointly optimized. Furthermore, this report shows that intentionally focusing on trust-building at the program level correlates with successful trust-building outcomes. This finding implies that a similar correlation is likely to be achieved at the system level⁶⁹.

The proposed entity can use the evaluation methodology proposed in this report as a tool to measure existing and new programs and make recommendations on how to improve and allocate funds and optimize these metrics as additional data accumulates. The entity could lead and monitor the pilots of new joint healthcare programs mentioned above to determine which to expand and how.

Based on the data it will collect, this entity could lobby for key regulations and that will enable program growth - e.g. travel permits in conflict areas or telehealth regulation across borders. This entity will also orchestrate the work of relevant stakeholders, including healthcare providers, patients, universities, financiers, The Palestinian Authority, Ministries of health, Ministries of Economy, COGAT⁷⁰, relevant global agencies, and other bodies to create efficiencies and synergies in the joint healthcare ecosystem. This much needed coordination would likely reduce friction and barriers and contribute to improved delivery of quality health services.

The research center of this entity will be responsible for developing systematic, validated, comprehensive, measures to evaluate joint healthcare programs building on the evaluation method proposed. It will also conduct further research, including programs related to women's health and newborn care, the potential of telehealth, hybrid programs, and AI-driven programs. Such programs are expected to overcome bottlenecks to specific expertise. Future research should investigate how symmetric health delivery models can be created to allow care and knowledge to flow in two directions.

The makeup and affiliations of this entity must be considered carefully to create synergies in the joint healthcare ecosystem. If this entity could successfully bring together health-care professionals from across the conflict divide, it would be able to position itself as a neutral platform facilitated by credible technical experts who work together to address mutual health concerns. Then, this entity will become the model for mutual understanding and cooperation. This collaboration asset will be used also to prepare for and respond to health emergencies, and to promote cooperation and dialogue on broader and more sensitive political issues. The entity could potentially be built on the basis of an existing entity, such as Breaking The Impasses (BTI). In the future, this entity could engage in public campaigning to leverage its success in the healthcare sector and replicate this model in other areas of civil life, starting with rescue services.



Amram Cohen, a Jewish Israeli gives a “thumbs up” after receiving his COVID-19 vaccine in Jerusalem, 2021. [AP Photo/Ariel Schalit]

Future Research

For most joint healthcare programs, conducting comprehensive research with a proper control group will usually be impossible⁷¹. To make progress in this field of study there is a need to find the balance between rigorous and systematic approaches and more flexible and context-sensitive approaches. It is recommended to adopt practice-based research methodologies to directly test practical solutions⁷².

While considering how to scale this methodology, special attention should be given to the field of emergency responders and rescue services, which share some similar traits to the healthcare field. Given that the significance of the goal is an explaining factor for the successful integration of Jewish Israelis and Palestinians in the healthcare system, it's reasonable to anticipate a similar atmosphere in professions of parallel nature, such as rescue and firefighting. These professions, akin to healthcare, offer fertile ground for cultivating a professional ethos rooted in noble values. It is thus suggested that efforts be directed towards integrating Palestinian workers into these fields. Such successful integration into life-saving professions could signify a significant breakthrough in the Israeli labor market's inclusion of Arab workers.

For more discussion about recommended future research see Appendix F - Future Research

Conclusions

The Israeli-Palestinian conflict has been a protracted and often violent dispute for many decades, with the current escalation bringing devastating destruction and despair. The need for the efforts described in this report has significantly increased in the aftermath of October 7th. As fear and distrust have escalated sharply in both communities, paths for cooperation and healing are needed more than ever.

Israeli Jews and Palestinians in Israel and in the Palestinian Territories live, in almost all areas, in complete segregation. They have separate cities, separate education systems, and separate workplaces. In contrast, the public health system stands out. Many of the victims of the aforementioned hatred are brought to hospitals and local clinics where physicians from all communities collaborate to provide care. Any patient may be treated by clinicians and nurses from either side. Inside these health centers, Palestinians and Jewish Israelis often work shoulder to shoulder for hours and days, in long, intensive shifts. They work together for a common goal – saving lives and bringing hope to their communities.

Healthcare can be seen as the first bridge. The entrance gates to hospitals are also the gates to what could have been here – to what must be here: cross cultural collaboration sowing the seeds for peace. Joint health programs appear to help overcome distrust and prejudicial beliefs and foster positive relationships between groups in conflict. These programs often enable patients and caregivers to sustain an ongoing (if sometimes remote) relationship with people of the communities in conflict through structured, pre-planned healthcare sessions.

In some cases, the personal connections these programs establish extend beyond the program and beyond the original participants, expanding the circles of collaborations and friendships. Interactions and collaborations that promote positive effects serve as mediating mechanisms in contact between conflict groups and are most likely to succeed in conflict reduction⁷³. Thus, it is essential to scale joint healthcare programs to expand their positive impact of trust-building and increase popular support for peace negotiations.

“Once you come in the gate of the hospital, you stop being a Jew or an Arab, you become either a patient or a physician.”

(Dr. Masad Barhoum, the General Director of the Galilee Medical Center in Naharia)

The primary value of this study is in pioneering a systematic approach to building trust through health. The evaluation methodology developed and tested as part of this research could be applied to support decisions regarding joint healthcare programs in Israel and the Palestinian Authority as well as in any asymmetric, ethnonational,

and protracted conflict around the globe. Moreover, the methodology developed through this research can likely be adapted to evaluate the contribution of programs in other fields.

Three key metrics are identified as critical to the bridge building impact of health-programs: equality, intensity and intentionality. In this context, perhaps the most important contribution to existing work is in the focus on the intentionality metric. This metric measures the extent to which a program is purposeful in building trust between the neighboring sides. Applying this factor requires dedicating time to addressing hard issues and developing mutual understanding and empathy, beyond the minimum communication needed to achieve the clinical outcome of the program. Without intentionally addressing underlying issues of historical fears, grievances, and traumas, initial attempts at cooperation risk being undermined by these very factors, particularly during periods of heightened violence and political polarization.

Investment in research to better understand how health can be used to build trust and promote peace is more imperative than ever. Beyond building bridges between groups in conflict, such visionary joint healthcare programs pioneer an array of crucial efforts: delivering healthcare to disadvantaged communities, incorporating cutting-edge healthcare technologies (such as telehealth and AI) into accessible care, building human capital among minorities, and driving economic growth. This report recommends building an entity that will centralize the data, knowhow, and expertise of leveraging healthcare for trust building and growth. Furthermore, this report suggests increasing the investment in health related trust building through existing and new, innovative programs.

Joint programs in conflict settings can serve as unofficial diplomatic efforts for peacebuilding and are especially important to maintain connections during periods where official relations are difficult or absent⁷⁴. Harnessing the health system to build trust will not only contribute to peacebuilding but can also contribute to improving health. Multiple global trends may exacerbate instability, including climate change, huge increases in non-transmissible diseases, rising inequality, and new technologies⁷⁵. Healthcare stands out as a fundamental human need. Peace is central to achieving the well-being and ambitions of development and humanitarian community and health can be a bridge for peace. The health sector is uniquely placed to position itself as a major stakeholder in building trust and promoting lasting peace through conflict-sensitive programming, but it requires evidence-based guidance to deliver on its promise.

“...It helped to see that in the end we are all concerned with the same things, we are all similar people in terms of the crises, difficulties, and successes we have. As mothers especially, we go through the same things.”

(Jewish woman, survey responder at the Medical Wadi’s “Mother Tongue” program)

Participants in Medical Wadi’s program ‘Mother Tongue’, a joint support group for pregnant women and mothers with babies. [Medical Wadi]



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Appendix A - Survey Questions

(Translated from Hebrew and Arabic)

1. I participated in the program during the years

- 2021-2022
- 2022-2023
- 2023-2024

2. Gender

- Woman
- Man
- Other: ____

3. Age

- 20-25
- 25-30
- 30-35
- 25-40
- 40-45

4. To which extent you had connections/relations with members of the other group (Jewish Israelis/Palestinians) before participating in the program?

- Not at all - this is my first meeting with Israeli Jews
- To a low extent - before the program I had a limited acquaintance with a small number of Israeli Jews
- To a certain extent - before the program I had a certain acquaintance with a few Israeli Jews with whom I met quite a few times
- To a high extent - before the program I got to know many Israeli Jews in depth, we met on a large number of occasions and settings

5. How well did you get to know members of the other group (Jewish Israelis/Palestinians) in the program?

- Not at all
- To a low extent
- To a certain extent
- To a high extent
- Other: ____

6. To which extent your interaction with members of the other group (Jewish Israelis/Palestinians) during the program was positive?

- Not at all
- To a low extent
- To a certain extent
- To a high extent
- Other: ____

7. To which extent do you feel that you built strong relationships with members of the other group (Jewish Israelis/Palestinians) during the program?

- Not at all - I don't have any professional/social connections built during the program with Israeli Jews
- To a low extent - I have a small number of connections built during the program with Israeli Jews
- To a certain extent - I have several connections built during the program with Israeli Jews, with whom I may maintain professional/social contact in the future
- To a high extent - I have several strong relationships built during the program with Israeli Jews, people with whom I will maintain/maintain a professional/social relationship over time
- Other: ____

How true is each of the following statements about you? (1 - not true at all, 5 - completely true) – Participating in the program...

- 8. Made me feel that Israeli Jews better understand me and my point of view (1-5)**
- 9. Increased my willingness to share my feelings and attitudes with Israeli Jews (1-5)**
- 10. Increased my willingness to listen to the feelings and attitudes of Israeli Jews (1-5)**
- 11. Made me understand/reinforced my understanding that a certain topic can be seen from several different angles (1-5)**
- 12. Increased the importance of investing in enabling co-existence for Arabs and Jews in Israel (1-5)**
- 13. Made me more optimistic about the prospect of a positive shared future for Arabs and Jews in Israel (1-5)**
- 14. Would you recommend the course to your friends also as a basis for creating diverse relationships with team members at the hospital?**
 - Yes
 - No
 - Other: ____
- 15. If there is anything else you would like to share on the topic of research and building trust between nations, we would be happy to hear it.**

Appendix B - Select Case Studies

Case Study I Zoom in: Project Rozana Women4Women

The organization

Project Rozana promotes access to quality healthcare through joint people-to-people peacebuilding initiatives between communities in conflict. The organization's mission is to promote cooperation between Palestinians and Israelis in the field of healthcare and address barriers to healthcare through joint Israeli-Palestinian initiatives. The organization's objectives are twofold:

1. To foster trust and strengthen relations between Israelis and Palestinians through cross-border collaboration.
2. To enhance the capacity of Palestinian healthcare and improve the health and wellbeing of Palestinians through joint projects with Israeli health providers.

The organization operates on three interconnected levels: institutional, professional, and grassroots. Project Rozana is an international organization headquartered in Switzerland. It has a network of affiliates in Australia, Canada, Germany, Israel, Palestine (in process), the UK, and the USA. Its regional operations team is based in Jerusalem. Grounded in health diplomacy, the organization believes that health is a fundamental human right, cooperative health measures can establish new communication channels, and a robust health system is paramount for lasting peace and prosperity.

By developing and implementing joint healthcare programs, Project Rozana fosters communication and trust among healthcare institutions, professionals, patients, and communities. The organization aims to achieve broader cross-border cooperation and specific health-related outcomes. In Israel and the Palestinian Territories, they currently offer six health programs, several related fellowships, and public campaigns. The core programs include joint Advanced Trauma Life Support course, specialist nursing training, Women4Women, Wheels of Hope transportation to hospitals, a rehabilitation center, and a Binational School of Psychotherapy. All programs are designed to address healthcare gaps and build relationships between healthcare actors. Through its work since 2013, the organization has established bi-national professional networks that continue to address regional health issues.

The organization has implemented an evidence-based approach. It has the most rigorous documentation in the peace through health sector within the region. Project Rozana diligently conducts ongoing monitoring, evaluation, and evidence-based research. Through data collection and analysis, it continuously refines its future programming. The organization's approach exemplifies the constructive outcomes of collaboration between Israelis and Palestinians in alleviating the repercussions of the conflict and promoting equitable healthcare solutions that are integral to conflict resolution efforts.

The Program

The program is led by Project Rozana, in collaboration with Green Land Society for Health Development (GLSHD), a Palestinian NGO based in Hebron/Al-Khalil, and Sheba Beyond, a Virtual Healthcare center based in Ramat Gan. The program's mission is to create improved physical and psychological health of women and children in marginalized communities. It also strengthens local women healthcare professionals delivering culturally-sensitive healthcare services to empower their patients to make informed decisions about their health and the health of their children. The program employs a multidisciplinary team of women healthcare professionals who are providing access to healthcare and preventive medicine education, for women and children in six isolated communities in the Hebron region of Area C of the West Bank. Women and children in rural communities in Area C have limited access to healthcare services due to military checkpoints, financial and transportation challenges, and cultural restrictions.

Women4Women provides access to healthcare and preventive medicine education, for women and children in six isolated communities in the Hebron region of Area C. It employs a multidisciplinary team of women healthcare professionals (including gynecologists, GP, nurses, midwives, psychologists, physiotherapists, and nutritionists), who provide consistent and accurate diagnoses and timely care through the use of remote care devices. They collect data through tele-health technology that is shared in real time with medical teams in Israel. These teams provide consultation and medical advice. The telehealth services include ultrasound, fetal heart rate monitoring, blood pressure monitoring, and glucose checks. These enable access to diagnostic imaging, and early detection and treatment of various conditions, especially those related to pregnancy and women's health. The program collects rich cross-sectional data to refine the program to ensure it meets the communities' needs. It shares the data with regional health stakeholders to promote collaboration.

“It’s really sad that there are lots of differences between people, it depends where you live, what facilities you have in the place that you are living. We provide them with technology, and also a database for medical records, and we are working together in order to discuss cases.”

(Dr. Hadeel Watad, obstetrician and gynecologist, Sheba Medical Center).

See video about the program, an article about the program in Israeli media, more information in Rozana’s website, and the organization’s 2022-2027 Strategic Plan.



Project Rozana’s program ‘Women4Women’, a physical and psychological treatments for Palestinian women and children in marginalized communities in the West Bank using telehealth. [Project Rozana]

Case Study II Zoom in: Medical Wadi: Mother Tongue

The Organization

Medical Wadi is a grassroots Arab-Jewish health organization, which provides health-related services for the underserved local communities in the Wadi Ara area of northern Israel. Medical Wadi promotes public health, culturally adapted services, and community medicine through equally and jointly provided education, prevention, treatment, and research⁷⁶. The organization's mission is to improve health care equity, and reduce health, socio-economic, and community disparities in Wadi Ara⁷⁷.

Wadi Ara (the Ara Valley) is located northwest of the West Bank in the Haifa District. The area is primarily rural with agriculture as the main occupation. One highway runs through the wadi and connects the three main Arab villages (Ara-Ar'ara, Kafar-Qara and Umm-el-Fahm) and Jewish villages (Mei Ami, Katzir, and Harish). Much of the population of this area struggles with significant educational, health and socio-economic challenges. Based on statistical data, these shortages are apparent among both Jewish and Arab individuals but are more pronounced among the Arab population that constitutes approximately 60% of the region. The Palestinians in the area belong to one of about 14 hamulas, or tribal groups. Until recently there has been reportedly minimal immigration or emigration from the community. This geographic isolation, along with the origins of the tribal leaders, has led to unique health characteristics of the local societies. The older Palestinian population has low rates of education and high rates of meat consumption and smoking. Alcohol consumption and use of medication are low due to religious beliefs⁷⁸. The center provides healthcare services in the fields of Preventive Medicine, Child Development, Women's Health, Prenatal Care and more. The center also promotes innovation in health through R&D and entrepreneurship programs.

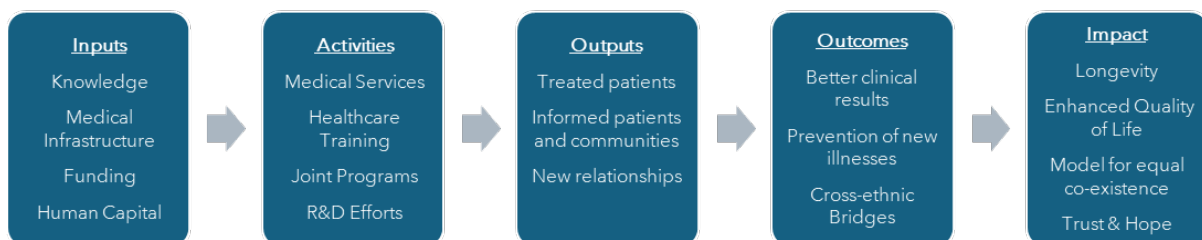


Figure 6: Program analysis flowchart, demonstrating Medical Wadi's model and impact.

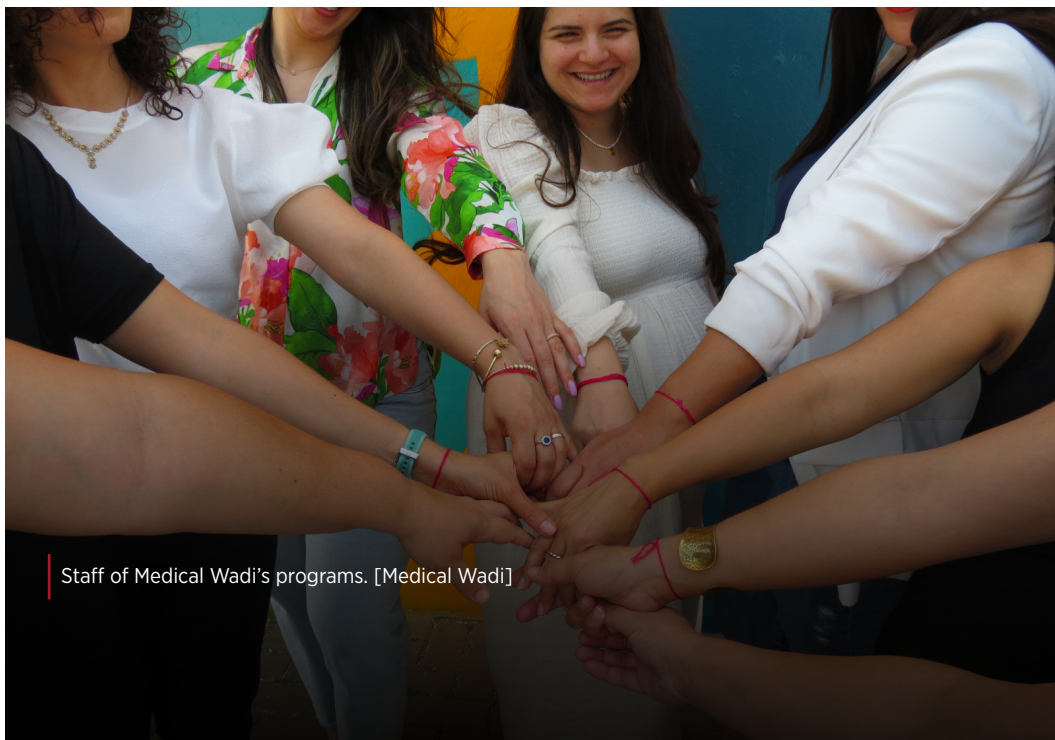
Beyond the clinical benefits, the cooperation in cross-ethnic health care serves as a bridge towards greater understanding. Challenges include availability of resources and funding, attendance, recruitment, and the need for local multicultural facilitators who speak both languages. Considering these challenges and a complicated geopolitical reality, not all Medical Wadi's programs operate consistently. Nevertheless, they are determined to demonstrate resilience, and prove that leveraging healthcare for trust-building can be a powerful tool for transformation in societal and political systems.

“At a time when people in our country are losing hope, getting their foreign passports, Mother Tongue is an anchor of togetherness, bridging beyond conflicts, planting the seeds for a brighter future for generations to come”.

(Na'ama Goldman-Shwartz, Jewish, Administrative Coordinator, Medical Wadi: Mother Tongue program)

The Program

Mother Tongue is a pioneering program targeting Jewish and Arab women in Wadi Ara, Israel and providing knowledge, guidance and group support throughout pregnancy, delivery, and the immediate postpartum period. It is oriented to strengthen ties and build trust between neighbors from different cultural backgrounds in the Israeli shared society. It operates to integrate multicultural social support as a means for bridging emotional and practical deficiencies and build meaningful connections between Arab and Jewish women through the common thread of pregnancy and motherhood.



Staff of Medical Wadi's programs. [Medical Wadi]

The program consists of a series of regular weekly/bi-weekly meetings, each of two hours. The groups are co-facilitated by Arab and Jewish professionals who are focused on building a safe space for sharing and learning. The goals are to help new moms navigate the physical and emotional challenges of pregnancy and childbirth, enhance women's self-efficacy regarding pregnancy, giving them a voice in perinatal health decisions and increasing their utilization of health services, improve pregnancy outcomes, and successfully transition back to intimacy and into parenthood.

"If it wasn't for the program, it would have been more difficult for me to get out of depression. This feeling that I'm not alone, the support, the honest and deep conversations about everything! The possibility to understand that it is okay to also be a little sad and afraid... - I had air to breathe."

(a Jewish woman)

"The program was very meaningful for me, I looked forward to the meetings because I felt that they filled me with good and positive energy and gave me hope."

(Lana Mansour, Palestinian, Pelvic Floor Physical Therapist).

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Case Study III Zoom in: Physicians for Human Rights: Mobile Clinic

The Organization

Physicians for Human Rights Israel (PHRI) is a humanitarian aid and policy advocacy organization for human rights in Israel and the Occupied Palestinian Territory, with a particular emphasis on the right to health. It is dedicated to fostering a just society where the right to health is equitably granted to all individuals under Israel's jurisdiction. PHRI was established in 1988 by a group of Israeli physicians under the leadership of Dr. Ruchama Marton, with its' core principles rooted in human rights, medical ethics, and social justice. PHRI identifies the ongoing occupation of the Palestinian Territory as a fundamental cause of numerous human rights violations, including those related to health, and actively advocates for its termination. The organization's efforts are supported by over 3,500 members and volunteers, who provide medical care or facilitate access to health rights for more than 20,000 individuals annually. PHRI works to reform discriminatory and abusive policies and structures affecting Palestinians in the Occupied Territories (as well as prisoners and detainees, migrant workers, refugees, undocumented persons, and Israeli citizens). PHRI engages in data collection, casework, legal action, local and international advocacy, education, and the mobilization of the medical community.

The Program

PHRI's open and mobile clinics are staffed by volunteer medical professionals. They deliver free healthcare services to individuals with limited or no access to medical care, including migrants, refugees, and Palestinian residents of the West Bank and Gaza. Placing medical personnel at the vanguard of the defense of the right to health, the Mobile Clinic has made weekly visits to the West Bank every Saturday since 1988. Following Israel's prohibition on the entry of Palestinian workers to Israel post the attack of October 7th, around 170,000 Palestinians lost their jobs. These restrictions have exacerbated further the cycle of poverty. This downturn has direct implications for the health of West Bank Palestinians. In response to the escalating demand, the organization doubled the operation of the mobile clinic, now operating twice a week (on Saturdays and Tuesdays).

At the start of each day of the Mobile Clinic operation, the clinic staff convenes for a “background meeting” with the local leaders. The locals share their community’s daily experiences and discuss recent challenges, providing crucial insight. At the end of each such day, a joint feast takes place, with the local community hosting the doctors and clinic staff as a gesture of appreciation for their work. These are opportunities to learn about the Palestinians’ experiences beyond the medical treatment.

Before the current war, regular delegations to Gaza comprising 20-25 doctors from Israel – all Palestinians citizens of Israel since Jewish-Israelis cannot enter Gaza - would undertake surgical procedures and complex operations in various hospitals. Additionally, they provided specialized instruction to local doctors in fields such as oncology, ophthalmology, and orthopedics. Each delegation also brought a substantial quantity of medicines, medical equipment, prosthetics, and other supplies. On the last day of each visit, a medical conference was held, drawing attendance from 300-400 individuals eager to learn about advancements in medicine. Furthermore, there were reciprocal visits, with groups of doctors from Gaza attending the Sheba Medical Center’s simulation center for training purposes, also with the support of Peres Center.

“Beyond the medical dimension, our efforts foster understanding, cooperation, and friendship, resonating deeply with thousands of individuals. In one day like this, we reach the hearts of thousands of Palestinians. For many of them, this is the first time that they encounter an Israeli Jew who is not a soldier, settler, or member of the Shin Bet. This interaction forms a remarkable microcosm of mutual understanding, goodwill, and positive connections.

Several months ago, we were in a refugee camp in the northern part of the West Bank, that is known for its hostility. At the end of the day, the head of the refugee camp who is the local sheikh (wearing traditional attire) extended his gratitude to me, and I thanked him back. Then, unexpectedly, the sheikh approached me and hugged me. It was unbelievable that the sheikh of this camp would hug an Israeli-Jew.”

(Prof. Raphi Walden)

Appendix C - Programs Description

There are several active joint health programs that bring together Palestinians and Jewish Israelis through different mediums and structures. The programs are generally small with limited outreach (30-300 participants in each). See below a detailed description of the programs examined as part of this research.

The programs examined as part of this research are:

1. **Project Rozana: Women4Women** - physical and psychological treatments for Palestinian women and children in marginalized communities using telehealth.
2. **Project Rozana: Physicians' Training** - joint training in Advanced Trauma Life Support.
3. **Project Rozana: Nurses Training** - clinical training and hub for Palestinian nurses in Israeli hospitals.
4. **Medical Wadi: Women Walk Together** - joint women's weekly walking & wellbeing group
5. **Medical Wadi: Mother Tongue** - joint support group for pregnant women & mothers with babies
6. **Rodina: Educational Program** - educational sessions on genetic diseases in Arab communities
7. **Sheba Medical Center: Clinical Complementary Course** - training for Palestinians to be certified
8. **Shaare Zedek Medical Center: Fellowship** - medical fellowship
9. **Shaare Zedek Medical Center: TeleDoc** - teleconference medical consultations platform for Palestinian physicians from Gaza
10. **St. Joseph Hospital: Labor & Delivery** - Jewish women's childbirth in a Palestinian hospital
11. **Peres Center for Peace and Innovation: DevelopMed medical tours and workshops** - joint medical tours and workshops

- 12. Peres Center for Peace and Innovation: DevelopMed Case Management Network** - joint case management
- 13. Peres Center for Peace and Innovation: DevelopMed Fellowships and Residency** - medical fellowships and residencies
- 14. The Road to Recovery: Driving services** - Israeli volunteers drive Palestinians from checkpoints in the West Bank and Gaza for treatments in Israeli hospitals
- 15. Kfar Qasem Health Innovation Center: Accelerator** - development of innovation in medicine
- 16. Doctors for Human Rights: Mobile Clinic** - field clinics of Israelis doctors in the West Bank and Gaza



Project Rozana: Women4Women

1. Organization: Project Rozana, in collaboration with Green Land Society for Health Development (GLSHD), a Palestinian NGO based in Hebron/ Al-Khalil, and Sheba Beyond, a Virtual Healthcare center based in Ramat Gan.
2. Organization's Mission: to promote cooperation between Palestinians and Israelis in the field of healthcare - address barriers to healthcare through joint Israeli-Palestinian initiatives.
3. Program's Mission: Improved physical and psychological health of women and children in marginalized communities. Strengthened local women healthcare professionals delivering culturally-sensitive healthcare services, empowering their patients to make informed decisions about their health and the health of their children.
4. Clinical Focus: primary, reproductive, and women's healthcare services, including pregnancy monitoring
5. Program Description: Women4Women provides access to healthcare and preventive medicine education, for women and children in six isolated communities in the Hebron region of Area C. It employs a multidisciplinary team of women healthcare professionals (including gynecologists, GP, nurses, midwives, psychologists, physiotherapists, and nutritionists). who provide consistent and accurate diagnosis and timely care through the use of remote care devices. They collect data, share it through tele-health technology, and receive real time consultation from medical teams in Israel. They offer services such as ultrasound, fetal heart rate monitoring, blood pressure monitoring, and glucose checks, which enables access to diagnostic imaging, and early detection and treatment of various conditions, specifically related to pregnancy and women's health.
6. Type: Cross Border
7. Years Operated: (-)

8. Estimated Outreach per Year: thousands of residents in six communities.
9. Donors type: Foundations, non-profit associations, and public hospitals in Israel
10. Available data: Interviews with Ronit Zimmer, Rozana Project CEO, and several participating medical professionals, annual reports, Report from May 2023.
11. Selected quote:

“It’s really sad that there are lots of differences between people, it depends where you live, what facilities you have in the place that you are living. We provide them with technology, and also a database for medical records, and we are working together in order to discuss cases.”

(Dr. Hadeel Watad, Obstetrician and gynecologist, Sheba Medical Center).

12. Additional Information:

- Women and children in rural communities in Area C of the West Bank have limited access to healthcare services due to military checkpoints, financial and transportation challenges, and cultural restrictions.
- The program collects rich cross-sectional data to refine the project and ensure it is meeting the needs of the communities. It shares the data with regional health stakeholders to promote collaboration.
- See video about the program, an article about the program in Israeli media, more information in Rozana’s website, and the organization’s 2022-2027 Strategic Plan.

Project Rozana: Physicians’ Training

1. Organization: Project Rozana, in collaboration with Wolfson Medical Center (Israeli public hospital).
2. Organization’s Mission: to promote cooperation between Palestinians and Israelis in the field of healthcare - address barriers to healthcare through joint Israeli-Palestinian initiatives.

3. Program's Goal: to provide joint training in ATLS for Palestinian and Israeli physicians, improve trauma capacity in the region, while cultivating empathy between participants.
4. Program Description: joint physicians two-day training in Advanced Trauma Life Support (ATLS). Fully funded, certified Course. Palestinian and Israeli physicians are required to demonstrate high levels of professional cooperation and coordination during a modeled emergency.
5. Clinical Focus: ATLS is a mandatory qualification in over 80 countries, including Israel. This specialized training was previously unavailable to Palestinian doctors
6. Type: Cross Border
7. Years Operated:
8. Estimated Outreach per Year: 120 Palestinians (two-day training every two months for 10 Palestinian and 10 Israeli physicians)
9. Status: /Post October 7th
10. Donors type: Foundations and public hospitals in Israel
11. Available data: Interviews with Ronit Zimmer, Rozana Project CEO, and several participating medical professionals, annual reports, programs evaluation reports, Inception Report from May 2023.
12. Selected quote:

"It's my first time working with Palestinian doctors, and I feel very comfortable talking to them in the future."

(an Israeli Physician)

13. Additional Information:

- Goal #3/3: "Increase cooperation between Israeli and Palestinian health professionals, creating a sustainable professional network."
- Key opportunity from the program summary report: "Appealing to health issues enabled contact between and engagement with the participating groups and was key in encouraging personal involvement of the participants"

- Impact: “Cross-border network of 400 Palestinian and Israeli trauma physicians consulting in real time, based on professional, personal, and collective relationships.”
- Next: The program leadership are considering adding at least another day to enhance personal networks, and to create an Alumni Program for participants with a potential online platform as a professional and personal means of communication and consultation (currently there is an annual conference for graduates and leaders in the trauma field).
- Participating Israeli hospitals: Hadassah – Jerusalem, Meir - Kfar Saba, Rabin - Petah Tikva, Rambam – Haifa, Shamir - Beer Yaacov, Sheba - Ramat Gan, Soroka - Beer Sheba, Ichilov - Tel Aviv, Wolfson – Holon
- Participating Palestinian hospitals + # of participants in Q4 2022: Al Ahli - Hebron (9), Al, Mezan Hebron (2), Al-Yamamah Hospital - Bethlehem (6), Arab Hospital, Group - Ramallah/Jenin/Nablus (6), Augusta Victoria Hospital - Jerusalem (1), Bethlehem Arab Society for Rehabilitation (6), H Clinic - Ramallah (9), Palestinian Medical Complex - Ramallah (6), Saint Joseph - Jerusalem (5)
- See video about the program, the full February 2023 evaluation report, and the organization’s 2022-2027 Strategic Plan.

LEVELS OF EMPATHY

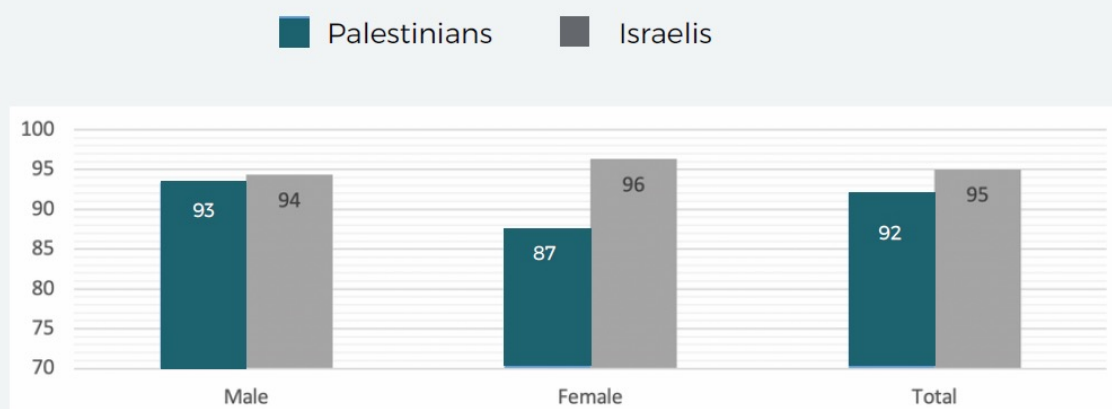


Figure 21: Project Rozana: Physicians' Training: Levels of Empathy (in percentage). Results from the program period October 1, 2022-January 31, 2023, of 24 Palestinian and 20 Jewish Israeli physicians who filled the survey (out of 50 Palestinian and 50 Israeli physicians participated). Cognitive empathy consists of four components: affective response, self-other awareness, perspective taking, emotional response. Level of empathy was measured using 9 survey questions on the level of cooperation, 7 survey questions on contextual understanding, 10 survey questions on perspective taking, and 9 answers in focus groups. From the program's evaluation report.

RELEVANCE

100% of Palestinian physicians agreed or strongly agreed that:



The course was relevant to their medical role and important to their daily work



They feel better able to meet the needs of their patients as a result of the training



Working on health projects together is an important avenue for larger collaboration on health issues across Palestinian and Israeli communities

SUSTAINABILITY

100% of Israeli and Palestinian physicians agreed or strongly agreed:



That they would keep in touch with physicians from the other side



That they intended to continue working with physicians from the other side



That the cooperation between the Ministries of Health (Israel, Palestine) is important

Figure 23: Project Rozana: Physicians' Training: selected key insights from their internal evaluation report. Results from the program period October 1, 2022-January 31, 2023.

Key Challenges



The widespread lack of hope among Palestinians about their future is feeding a powerful anti-normalization call to stop all cooperation with Israel.



Years of heightened conflict have seen a sharp spike in fear among both Palestinians and Israelis for their safety. This strongly discouraged cooperation.



There were difficulties in obtaining Israeli permits for all the Palestinian participants.

Figure 24: Project Rozana: Physicians' Training: Key challenges from their internal evaluation report.

Project Rozana: Nursing Hub

1. Organization: Project Rozana, in collaboration with Nurses in the Middle East (a joint NGO).
2. Organization's Mission: to promote cooperation between Palestinians and Israelis in the field of healthcare - address barriers to healthcare through joint Israeli-Palestinian initiatives.
3. Program's Goal: to address nursing gaps in specialist fields for 500 Palestinian and Israeli nurses from prominent healthcare institutions that serve highly populated urban centers.
4. Program Description: Clinical training for Palestinian nurses in Israeli hospitals and a Nursing Hub that facilitates online theoretical learning, language and peacebuilding training, joint research, and 'training of trainers' to ensure sustainability. The hub also facilitates ongoing case-sharing and real time consultations between the nurses to create a network of individuals skilled in health diplomacy.
5. Clinical Focus: ensure that Palestinians have access to high-quality diagnostic, clinical, and community health services, in specializations in fields such as ICU, nephrology, and oncology.
6. Type: Cross Border
7. Years Operated: 2022
8. Estimated Outreach per Year: 500 nurses from four Israeli and four Palestinian hospitals.
9. Donors type: USAID
10. Available data: Interviews with Ronit Zimmer, Rozana Project CEO, Inception Report from May 2023, and the agreement between Rozana and USAID for this project.

11. Selected quote:

“My friend I find him, Yaric. Before I was looking to that person. I don’t know who, what he is thinking about. But after chatting, we going to each knowing each other. And this trust increased between each other, me and my colleague. On the other hand the fear barrier is gone. I hope this relationship continues in the future between us.”

(Yousseff, Augusta Victoria Hospital, East Jerusalem).

“Yousseff was sitting next to me... Everybody needs the physical contact that we did here. Not just something from TV or posters or some media. The physical interaction gives you the real feeling about the other person.”

(Yaric, Assuta Ashdod Hospital).

12. Additional Information:

- Despite overall good services in Palestinian healthcare facilities, there are gaps in specialist resources and professional development, particularly in essential nursing services.
- For many of the nurses, this program was the first time they had ever encountered a fellow nurse from the neighboring side.
- See video about the program and the organization’s 2022-2027 Strategic Plan.



Medical Wadi: Women Walk Together

1. Organization Name: Medical Wadi
2. Organization's Mission: Establishment and operation of a joint Jewish and Arab center to promote public health in the Wadi Aara area.
3. Program's Mission: promote healthy lifestyle and wellbeing and build a network of neighboring women.
4. Clinical Focus: preventive and educational services related to women's health.
5. Program Description: joint weekly walking and wellbeing group sessions with theoretical training and practical exercise for women throughout the year.
6. Type: Shared Society
7. Years Operated: 2021-present
8. Estimated Outreach per Year: ~50-100
9. Donors type: foundations
10. Available data: several interviews with Medical Wadi management and program's coordinator
11. Selected quote: (-)
12. Additional Information: (-)

Medical Wadi: Mother Tongue

1. Organization Name: Medical Wadi
2. Organization's Mission: Establishment and operation of a joint Jewish and Arab center to promote public health in the Wadi Aara area.

3. Program's Mission: integrate multicultural social support as a means for bridging emotional and practical deficiencies and build meaningful connections between Arab and Jewish women through the common thread of pregnancy and motherhood.
4. Clinical Focus: guidance and group support throughout pregnancy, delivery, and the immediate postpartum period
5. Program Description: 12 regular weekly/bi-weekly group meetings for pregnant women and mothers with newborns or infants, each two hours long. The groups are co-facilitated by an Arab and Jewish team of professionals who are focused on building a safe space for sharing and learning.
6. Type: Shared Society
7. Years Operated: 2022-present
8. Estimated Outreach per Year: ~40-60
9. Donors type: foundations and municipalities
10. Available data: several interviews with Medical Wadi management and program's coordinator, pre and post survey from ~40 participants of two different groups, written testimonies, impact reports, end of pilot year evaluation reports, and other internal written materials.
11. Selected quote:

“if it wasn't not for the program, it would have been more difficult for me to get out of depression. This feeling that I'm not alone, the support, the advice, the honest and deep conversations about everything! The possibility to understand that it is okay to also be a little sad and cowardly and stressed and afraid... - I had air to breathe.”

(a Jewish woman from Ra'anana, expecting her 1ST child).

“The program was very meaningful for me, I looked forward to the meetings because I felt that they filled me with good and positive energy and gave me hope.”

(Lana Mansour, Palestinian from Tira, Pelvic Floor Physical Therapist with specialties in Hypnobirthing).

“At a time when people in our country are losing hope, getting their foreign passports, planning an alternative; In a country where its citizens are passionate and attached to their homeland; Mother Tongue is an anchor of togetherness, bridging beyond conflicts, planting the seeds for a brighter future for generations to come”.

(Na'ama Goldman-Shwartz, Jewish from Pardes Hanna, Administrative Coordinator)

12. Additional Information: see program's website and data.

Rodaina: Rodaina Educational Program

1. Organization Name: Rodaina
2. Organization's Mission: to decrease the prevalence of genetic diseases in the Bedouin community in Israel through genetic testing and genetic literacy education.
3. Program's Mission: use health as a bridge to prosperity by making preventative treatment the best and easiest choice of action, while maintaining the values of health equality, respect for culture and accessible healthcare.
4. Clinical Focus: genetic diseases in the Bedouin community
5. Program Description: to raise awareness through a community-based approach, Arab doctors lead educational sessions about topics related to genetic diseases and provide related educational programming in Arab communities. The program activities are done in conjunction with existing community frameworks and is developing a system that includes genetic screening tailor-made for the Bedouin community. Rodaina's unique model is geared toward the testing of all Bedouin young adults before marriage, or at least before the first pregnancy, and the establishment of a Bedouin genetic database that identifies intended couples at risk so that they can make informed decisions about marriage and childbearing.
6. Type: Shared Society
7. Years Operated: 2016-present
8. Estimated Outreach per Year: hundreds of Bedouins in Israel
9. Donors type: foundations and private donors
10. Available data: interview with Dr. Yasmeeen Abu Freiha and summary report from June 2023 with data collected by the program.

11. Selected quote:

“The program is aimed at building trust in the health system. It’s not about the individual level but rather it aims to build trust at the community level, through doctors and leaders who come from the community.”

Dr. Yasmine Abu Freiha.

12. Additional Information:

- Approximately 1 in 10 Bedouins in Israel suffer from at least one severe genetic disease.
- With the majority of the organization’s staff and volunteers themselves Bedouins who have grown up in the communities which they now serve, Rodaina is respected by the community and its leadership, and offers a trusted and empowering alternative to failed institutionally initiated genetic screening projects.

Impact: Willingness to undergo IVF

Survey participants expressed a high degree of willingness to go through In Vitro Fertilization when the risk of genetic disease is elevated.

34% of all those surveyed stated that they would fully consent to IVF; among the Bedouin population that figure was 47-54%.

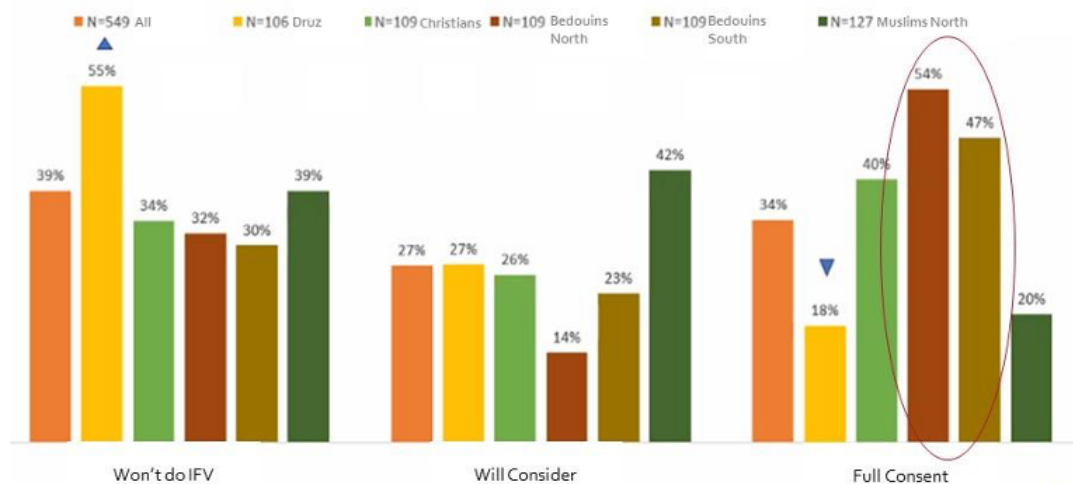


Figure 25: An example of the results from the Rodaina's report, June 2023

Sheba Medical Center: Education Authority Clinical Complementary Course

1. Organization Name: The Education Authority of Sheba
2. Program/Organization's Mission: to foster cross-disciplinary education in health.
3. Clinical Focus: 1) Deliver comprehensive theoretical and practical expertise across key core disciplines in medical education: internal medicine, surgery, pediatrics, obstetrics and gynecology, and psychiatry; 2) Acquiring a nuanced understanding of the Israeli healthcare system.
4. Program Description: This intensive one-year training program is designed to assist Palestinian citizens of Israel who have obtained their medical degrees abroad in completing the necessary training for certification to practice medicine within Israel. The program encompasses rigorous theoretical and practical training, aiming to significantly augment the number of certified Arab doctors able to serve their communities and integrate into the Israeli healthcare system.
5. Type: Shared Society
6. Years Operated: 2020-present (continues during the war after a short break)
7. Estimated Outreach per Year: 40 Palestinian-Israeli doctors (17 passes the bar in the first year of the program)
8. Donors type: Foundations
9. Available data: Interview with Prof. Gadi Segal, Head of the Sheba Education Authority, interview with Vered Robinson, Deputy Director General of the Sheba Education Authority, result of a survey designed for this research (only 11 responses out of 80).
10. Selected quote:

"Since I started the course, I'm spending most of my time at Shiba. What you talk about in the Teaching Authority regarding coexistence, I also experienced at the hospital. Thanks to you and thanks to investment and perseverance on my part, I will be a better doctor."

(survey responder)

“The course was intended for pure studies. It would have been possible to add planned meetings and regular meetings so that both parties could participate and express themselves or what they had experienced in the last period and discuss it with an open mind. Perhaps it would have given more space to include each other and understand each other, because the potential is there, just need someone to guide it correctly.”

(survey responder)

11. Additional Information:

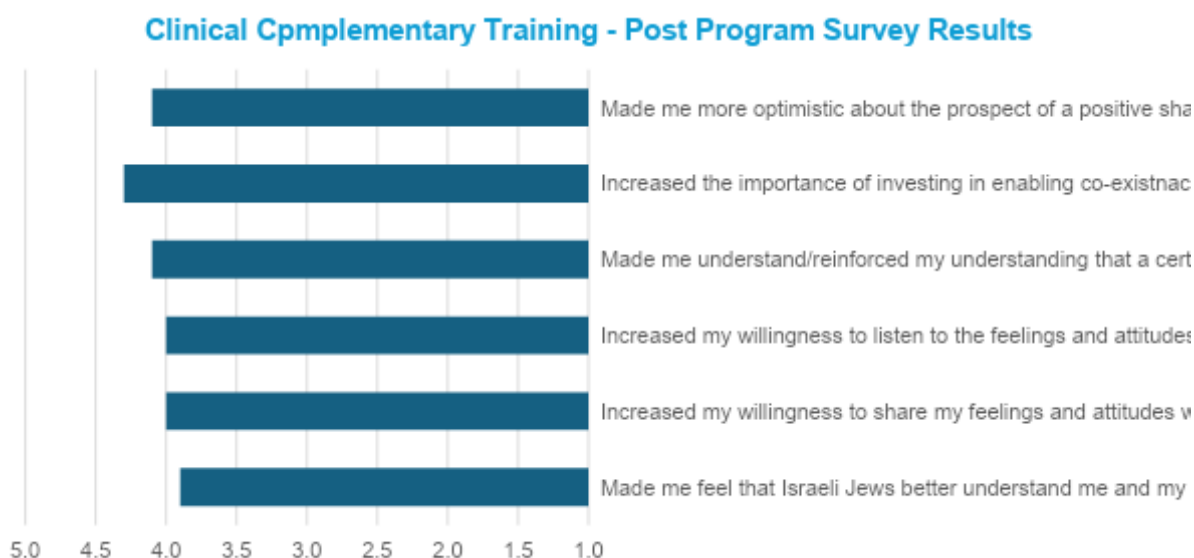


Figure 26: results of a post-program survey administered by the author. Participants were requested to rate their level of agreement, on a scale of 1 to 5, with each of the provided statements regarding the program “Participating in the program had...”.

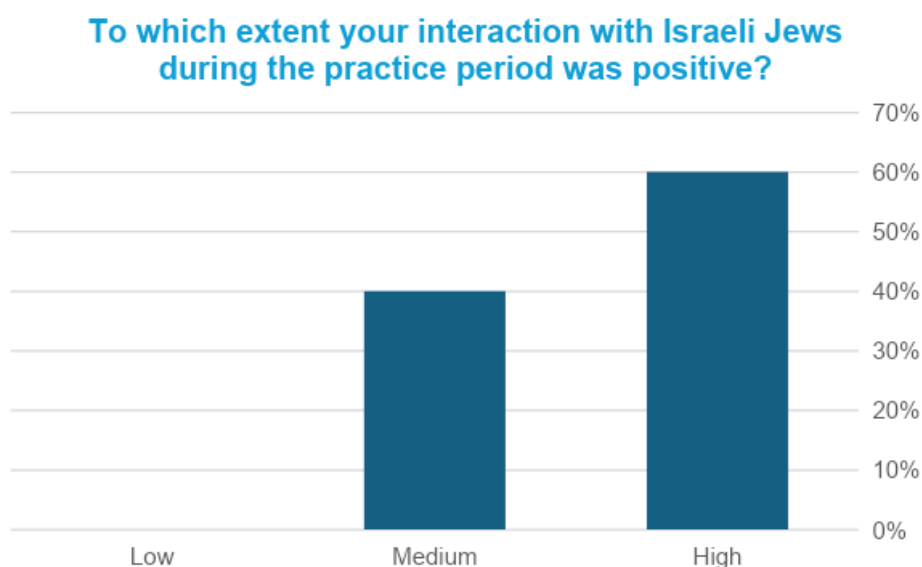
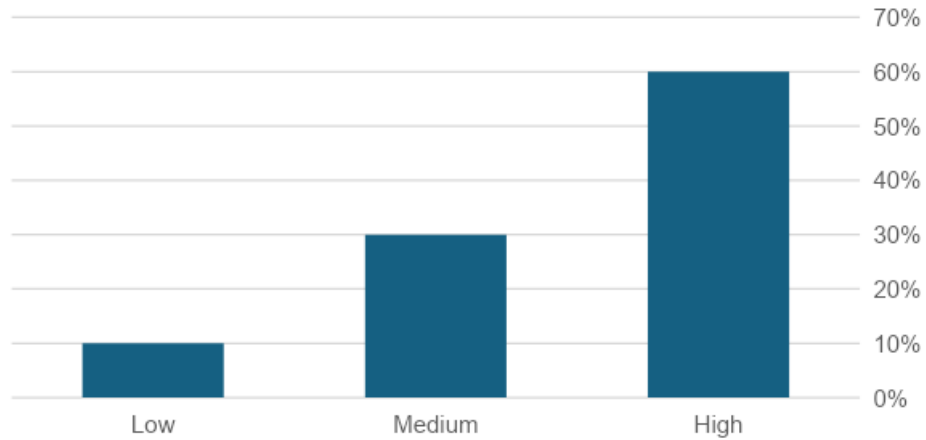


Figure 27: joint physicians training.

To which extent do you feel that you built strong relationships with Israeli Jews during the program?



Figures 28 and 29: results of a post-program survey administered by the author.

Shaare Zedek Medical Center: Fellowships

1. Organization Name: Shaare Zedek Medical Center
2. Organization's Mission: to serve as a comprehensive multidisciplinary medical center, offering advanced services in numerous specialties.
3. Program's Goal: Provide Palestinian doctors with specialized professional training to deepen their expertise in a subspecialty, enabling them to become experts in a specific area of medicine that is currently lacking in the West Bank.
4. Clinical Focus: training for medical school graduates after completing their residency to become a specialist in their chosen field of medicine.
5. Program Description: during the 3-year medical fellowship, the Palestinian physician works daily with a specialist, usually in close teams of 2 fellows with a senior doctor in the same department, to deepen their experience and knowledge of their subspecialty. The idea is that these Palestinian doctors will return to the West Bank (hopefully to the public hospitals and not to the private clinics) with needed expertise to improve the Palestinian health system and performance.
6. Type: Cross Border
7. Years Operated: -present (in March, the first program since the war started, 60 doctors applied for a fellowship, compared to 140 who applied last year).
8. Estimated Outreach per Year: 10-12
9. Donors type: private donors to the hospital, Shaare Zedek Medical Center, and foundations
10. Available data: interviews with Prof. Dan Turner, Vice President of Research and Development and Innovation | Director of the Juliet Kiden Institute for Gastroenterology, Liver and Pediatric Nutrition | Director of the Anne and Joe Turner Children's Crohn's and Colitis Center, Shaare Zedek Medical Center
11. Selected quote:

“One of my former interns has risen to become a senior doctor. Despite his new role, he remains part of my department on a part-time basis, seeking continued support from the hospital. He once shared with me, “Dan, you show more care for the Palestinians than any Palestinian leader.” This connection is genuine. What truly opened my heart were the field clinics in the West Bank. I’ve taken this experience into the hospital. Healthcare serves as a beautiful platform to facilitate direct encounters that make such connections possible.”

(Prof. Dan Turner)

12. Additional Information: (-)

Shaare Zedek Medical Center: TeleDoc

1. Organization Name: Shaare Zedek Medical Center
2. Organization’s Mission: to serve as a comprehensive multidisciplinary medical center, offering advanced services in numerous specialties.
3. Program’s Goal: to allow intuitive and readily accessible peer to peer consultations on challenging cases in order to:
 - a. Allow medical consultations to those who cannot exit Gaza for face-to-face medical consultations.
 - b. Facilitate capacity building and knowledge translation of medical expertise within Gaza through specific cases.
 - c. To decrease the need for expensive and cumbersome transfer of patients between jurisdictions
4. Clinical Focus: various medical expertise according to changing needs. Medical disciplines of the consultation include various areas of orthopedics, neurology, oncology, neurosurgery, gastroenterology, spine, genetics, medical nutrition, metabolic diseases, and endocrinology.

5. Program Description: TELEDOK is a teleconference medical consultations service for Gaza physicians. It is based on requests made by clinicians from Gaza regarding specific cases. A full-time coordinator in Israel/west bank and a part- time coordinator in Gaza ensure rapid and complete response to requests. The consultation is made only with top experts from Palestine, Israel and globally. Relevant documents and images are provided ahead of the consultation. All requests are documented on a CRM-like system and managed by the coordinators until the consultation is complete, including follow-up of the recommendations, assistance in obtaining medication or access to advanced medical services when required.
6. Type: Cross Border
7. Years Operated: 2019-2021 (was halted following an IDF military operation in Gaza).
8. Estimated Outreach per Year: ~30 Palestinian physicians from Gaza.
9. During the first 6 months, 63 Jewish-Israeli physicians, 31 physicians from Gaza (from five hospitals and one medical Gaza NGO) and 32 physicians from the West Bank of multiple subspecialties volunteered. 61 medical consultations were conducted within the system.
10. Donors type: private donors to the hospital, Shaare Zedek Medical Center, and foundations
11. Available data: interviews with Prof. Dan Turner, TELEDOK Quarterly Newsletter September 2019.
12. Selected quote: (-)
13. Additional Information:
 - Twenty (32%) of the cases were for children, infants and newborns, and 64% were for females.
 - In the project's initial stages, attempts were made to operate on a software platform. They devised specialized software intended to facilitate communication between doctors in Gaza and those in Israel and the West Bank. However, this endeavor proved immensely challenging. The unreliable electricity supply and intermittent internet connectivity rendered the approach unfeasible.

- As part of the program, a doctor sought advice from a colleague, and upon the coordinator's connection, they established direct communication. This initial interaction evolved into enduring professional relationships that extended beyond the project's scope. Many of the collaborations between the specific physicians successfully continued regarding new cases outside TELED OC once the contact has been made by our coordinators (stats on these contacts are thus unavailable). Clinical follow-ups proceeded, with ongoing consultations becoming routine in some cases.
- In critical cases, Gazan doctors asked to refer patients to Israeli hospitals, seeking assistance in coordinating donations, entry permits, and costly medications. Facilitating arrival of Palestinians from Gaza to treatments in Israel (including coordination with the hospital, scheduling the appointment, obtaining permit from the Israeli army, obtaining funding and collaborating with other philanthropic organizations to provide transportation from Gaza within Israel and the West Bank) also became an integral component of the project's activities.
- Of all 61 consultations documented, 19 were eventually transferred to hospitals in Israel. Program administrators shared that there were some meaningful successes, but navigating the process of obtaining permits has been challenging and incredibly frustrating.
- Over 75% of the consultations resulted in change of medications, many of which unavailable in Gaza. Thus, in cooperation with local NGO Associations, medicines were transferred to 41 patients within Gaza.
- From the program's report: "Beyond the assistance to dozens of specific cases who received better medical care, TELED OC facilitates capacity building of improved medical system in the macro level by fostering peer to peer working collaboration and enhancing medical education and teaching through challenging cases."

St. Joseph Hospital: Labor & Delivery

1. Organization Name: St. Joseph Hospital, east Jerusalem
2. Organization's Mission: private hospital that serves east Jerusalem population
3. Clinical Focus: (-)
4. Program Description: *Not a formal program* Jewish women give birth at this Palestinian hospital.
5. Type: Shared Society
6. Years Operated: (-)
7. Estimated Outreach per Year: ~10-40
8. Donors type: (-)
9. Available data: interview with hospital management and Jewish women
10. Selected quote: (-)
11. Additional Information: (-)

Peres Center for Peace and Innovation: DevelopMed Medical Tours and Workshops

1. Organization Name: Peres Center DevelopMed
2. Organization's Mission: to promote opportunities for practical joint action and constructive dialogue on shared challenges, with the goal of laying the foundations for peace between Israel and its neighbors across the region. The DevelopMed program will enhance the frequency and quality of Israeli-Palestinian medical cooperation by establishing new channels for sustainable person-to-person and institutional dialogue, policy assessment, capacity building, and direct patient care.
3. Program's Mission: to promote greater understanding, mutual trust, and cooperation through Israeli and Palestinian partnerships that address common social development challenges by harnessing shared interest in medical issues of common concern to promote a culture of peace, build mutual trust, change mindsets, and facilitate cooperation between Israeli and Palestinian medical teams, patients, families, and other.
4. Clinical Focus: capacity building and practical medical cooperation in a variety of advanced medical specialties
5. Program Description: joint activities including reciprocal medical tours and workshops and both long- and short-term training fellowships for Palestinian medical personnel in advanced medical specialties.
6. Type: Cross Border
7. Years Operated: 15
8. Estimated Outreach per Year: ~50
9. Donors type: USAID and foundations
10. Available data: interviews and some reports

11. Selected quote: (-)

12. Additional Information:

- The program's leaders assert that multiple activity streams will work in synergy to reduce public health barriers and improve the delivery of quality health services, while simultaneously building mutual trust and understanding between hundreds of Israeli and Palestinian medical personnel and strategic stakeholders.



Figure 31: information about DevelopMed program from Peres Center's impact report

Peres Center for Peace and Innovation: DevelopMed Case Management Network

1. Organization Name: Peres Center DevelopMed
2. Organization's Mission: to promote opportunities for practical joint action and constructive dialogue on shared challenges, with the goal of laying the foundations for peace between Israel and its neighbors across the region. The DevelopMed program will enhance the frequency and quality of Israeli-Palestinian medical cooperation by establishing new channels for sustainable person-to-person and institutional dialogue, policy assessment, capacity building, and direct patient care.
3. Program's Mission: to promote a sustainable Israeli-Palestinian network for joint case management, and when necessary, cross-border patient care.

4. Clinical Focus: Cross-Border Network for Complex Case Management
Program Description: the program builds Medicine in the Service of Peace “Community of Practitioners” of Israeli and Palestinian medical professionals, promoting innovation, developing human capital, and enabling cross-border networking, engagement and dialogue.
5. Type: Cross Border
6. Years Operated: 15
7. Estimated Outreach per Year:
8. Donors type: USAID
9. Available data: interviews and some reports
10. Selected quote: (-)
11. Additional Information: (-)

Peres Center for Peace and Innovation: DevelopMed Fellowships and Residency

1. Organization Name: Peres Center DevelopMed
2. Organization’s Mission: to promote opportunities for practical joint action and constructive dialogue on shared challenges, with the goal of laying the foundations for peace between Israel and its neighbors across the region.
3. Program’s Mission: provide support for Palestinian residents and fellows
4. Clinical Focus: (-)
5. Program Description: The program allows outstanding Palestinian medical professionals to receive professional training in Israel lasting several years, with each doctor assigned a mentor - a senior Israeli doctor. The Palestinian doctors become an integral part of the staff of the Israeli hospital that hosts them. At the end of their training, the doctors return to the hospitals that referred them to the project and lead the Palestinian health system.
6. Type: Cross Border
7. Years Operated: 15

8. Estimated Outreach per Year: 10-20
9. Donors type: USAID
10. Available data: interviews and some reports
11. Selected quote: (-)
12. Additional Information: (-)


6 | Peres Center 2022 Impact Report

Building Bridges to Peace & Prosperity

Building Cross-Border Partnerships and People-To-People Connections Through Medicine, Business, and Entrepreneurship

The Peres Center's cross-border medical, business, and entrepreneurship programs bring together local, regional, and international stakeholders to promote opportunities for practical joint action and constructive dialogue on shared challenges, with the goal of laying the foundations for peace between Israel and its neighbors across the region.

This year, the Peres Center launched a strategic new initiative under the **Nita M. Lowey Middle East Partnership for Peace Act (MEPPA)**. Funded generously by the American people through **USAID**, the new "**DevelopMed: Medicine in the Service of Peace**" program will enhance the frequency and quality of Israeli-Palestinian medical cooperation by establishing new channels for sustainable person-to-person and institutional dialogue, policy assessment, capacity building, and direct patient care.



In Focus: Training Doctors

Dr. M
Ramallah (West Bank)

“ To be a Palestinian physician and citizen working in an Israeli hospital is truly inspiring. I knew from my first day as a resident at Hadassah Medical Center that it would be a journey full of professional and personal challenges. Despite the hardships and hurdles, unexpected doors seemed to open to a future I could never have imagined.

I began to expand my medical leadership role both in Hadassah and in Ramallah. I did not shy away

from the fact that we are in the midst of an ongoing conflict but chose to open myself up and be open to others professionally and personally.

In addition to what I gained professionally, the experience gave me and those around me hope: Hope in my community that Palestinians would receive better medical services, hope among my Israeli mentors who surrounded and nurtured me, and hope that long-awaited peace in this region is possible.

”

Figure 32: information about DevelopMed program from Peres Center's impact report

The Road to Recovery:

Kfar Qasem Health Innovation Center: Accelerator for HealthTech

Physicians for Human Rights: Mobile Clinic

1. Organization Name: Physicians for Human Rights Israel (PHRI)
2. Organization's Mission: reveal barriers to health posed by the occupation's military and civilian arms, fight both specific violations and the oppressive policy itself.
3. Program's Mission: to protect Palestinians' right to health.
4. Clinical Focus: primary healthcare
5. Program Description: The Mobile Clinic has traveled to the West Bank every Saturday (and since November following additional restrictions of the war, also every Tuesday) to provide primary healthcare to hundreds of patients. In its activity, the clinic combines medical work with the struggle against occupation and its implications on health.
6. Type: Cross Border
7. Years Operated: 1988-present
8. Estimated Outreach per Year: 20,000 Palestinians in the West Bank
9. Donors type: foundations and private donors
10. Available data: interview with Prof. Raphael (Raphi) Walden, president of the Physicians for Human Rights Association, interviews with several doctors who volunteer with the mobile clinic, and program website.

11. Selected quote:

“Beyond the medical dimension, our efforts foster understanding, cooperation, and friendship, resonating deeply with thousands of individuals. In one day like this, we reach the hearts of thousands of Palestinians. For many of them, this is the first time that they encounter an Israeli Jew who is not a soldier, settler, or member of the Shin Bet. This interaction forms a remarkable microcosm of mutual understanding, goodwill, and positive connections.”

(Prof. Raphi Walden)

12. Additional Information:

- The organization consists of 3,500 volunteers, about half of them are medical professionals.
- At the start of each day of the Mobile Clinic operation, the clinic staff convenes for a “background meeting” with the local leaders. The locals share their community’s daily experiences and discuss recent challenges, providing crucial insight. At the end of each such day, a joint feast takes place, with the local community hosting the doctors and clinic staff as a gesture of appreciation for their work. These are opportunities to learn about the Palestinians’ experiences beyond the medical treatment.
- Following Israel’s prohibition on the entry of Palestinian workers to Israel post the attack of October 7th, around 170,000 Palestinians lost their jobs. These restrictions have exacerbated further the cycle of poverty. This downturn has direct implications for the health of West Bank Palestinians. In response to the escalating demand, the organization doubled the operation of the mobile clinic, now operating twice a week (on Saturdays and Tuesdays).

Appendix D - Analysis Description

The method was developed to address gaps in existing tools used to evaluate these kinds of programs. For example, in a study conducted by UNESCO's Civil Societies in Dialogue Program on the Palestinian and Israeli civil societies meta-analysis of evaluations was done to determine the conditions for effective dialogue between groups in conflict. The study analyzed joint programs parameters: context, input, process, and product⁷⁹ and emphasized central themes including asymmetry, the importance of dealing with the asymmetry in the program, intra-communal dialogue, and questions of social legitimacy for cooperation. ⁸⁰ This current study adds value by analyzing selected program characteristics and focusing on trust.

The characteristics scoring in the evaluation tool were normalized so that all the variables will be considered on the same scale. In order to determine the factor score for equality, the characteristics and their normalization were as follows:

1. **Beneficiaries' (participants) ethno-national identities** – the percentage of Arab participants in the program was normalized using a parabola formula in which 50% is translated to a score of 5, and 0% and 100% translated to a score of 1. This logic was applied to highlight programs of more equal nature, in which 50% of the participants are Palestinians and 50% are Jewish Israelis.
2. **Staff and operators' ethno-national identities** – same logic was applied.
3. **Leadership ethno-national identities** – same logic was applied.
4. **A subjective *assessment* of the joint and equal nature of each program** - this categorial scoring was used in the analysis as is (1-5).

The final score was calculated as a summation of these former scores divided by 4, to represent the average.

In order to determine the factor score for intensity, the characteristics and their normalization were as follows:

1. **Program total length** - the duration of the program in weeks was divided by 10 to normalize the scale to be closer to the 1-5 scale and minimize outliers.
2. **Number of interactions** - same logic was applied.
3. **Duration of each interaction** - same logic was applied.
4. **Frequency of interactions** - number of weeks with interactions per month was used in the analysis as is (1-4).
5. **A subjective estimation of how powerful/meaningful this experience is in the participants' lives** - this categorical scoring was used in the analysis as is (1-5).
6. **A subjective *estimation* of the intensity of the interactions** - this categorical scoring was used in the analysis as is (1-5).

The final score was calculated as a summation of these former scores divided by 6, to represent the average.

In order to determine the factor score for intentionality, the characteristics and their normalization were as follows:

1. **Time dedicated to dialogue and learning about the other** – was measured by absolute number of hours spent and percentage of time spent out of the entirety of the program. The product of these two numbers was used as a normalization method to minimize outliers, while increasing the score for programs which spend more hours and a bigger percentage of their time on dialogue and learning.
2. **A subjective assessment of the program's investment in maintaining relations for the long term** – this categorical scoring was used in the analysis as is (1-5).
3. **A subjective assessment of the intentional and explicit mentions to work towards trust building** - this categorical scoring was used in the analysis as is (1-5).
4. **A subjective *estimation* of the extent to which there are deliberate interventions and activities aimed at building trust** - this categorical scoring was used in the analysis as is (1-5).

Each program was assigned an intentionality score comparing the *relative strengths* of the selected characteristics to the other programs. The final score was calculated as a summation of these former scores divided by 4, to represent the average.

The factor scores were then validated by several experts in the field, who viewed them independently to compare each score relative to other programs' scores. The expert considered each score in relation to the intuitive *relative strengths* and effectiveness of the program.

Appendix E - Research Limitations

Numerous variables lie beyond the scope of this study that could significantly influence trust-building. Furthermore, several analyses, such as the examination of rank-order correlation coefficients or variance inflation factors to assess collinearity, were not conducted on the dataset. The data itself is constrained by limitations in both volume and content, lacking data from randomized controlled trials. Nevertheless, despite these limitations, the findings highlight that a considerable portion of the variance in trust-building is associated with the key factors under examination. Moreover, these factors exhibit potential as predictors of a program's capacity to build trust.

The current research does not attempt to evaluate the programs' clinical results, which are their main focus. The research also does not consider the outreach, or potential outreach, of the programs and how many beneficiaries they serve. It is assumed that all the health-related programs assessed produce positive development outcomes, considering the health output for the dollars invested. This study seeks to contribute an additional layer of considerations: the extent to which a program that already provides good clinical value is associated with trust building (e.g. how many additional "trust units" per participant). The evaluation is focused on the experiences associated with trust building for an individual participant. The methodology does not consider who are the individuals participating in the program (or, for instance, if an individual is a leader with influence on their community). Since it doesn't consider the outreach of the program, it does not evaluate the total contribution of trust building. Thus, to realize the full potential of a certain program, the results of this evaluation should be contemplated alongside other considerations, such as the expected outreach and the potential influence of the participants.

Importantly, this evaluation method does not measure a program's performance. It evaluates the program's structure and plan. It can be used to evaluate a program before it is executed to support investment and other strategic decisions. A more developed version of the methodology can include a tool to be used to measure the actual performance, using the same three metrics.

The proposed evaluation methodology was applied and tested with 16 joint health care programs in Israel and the Palestinian Territories. Following the initial use of the proposed evaluation method, the evaluation scoring (at the characteristics, metrics, and trust indicators level) was reviewed independently by several experts in the field. Their feedback was used as a “sanity check” to further calibrate the initial version of the method. This method should be further developed so it can be used systematically and effectively to evaluate various programs in different conflict settings around the world.

Nevertheless, not all three metrics are required to be prominent in a program in order for it to be associated with trust building. A program could be very strong in its intensity factor, for example, and significantly contribute to trust building, even if the nature of the program was not equal and the program structure was not intentional toward trust.

Further research can be conducted to test the sensitivity of each of the trust indicators, expand them, determine their relative weight, and develop a more accurate measure to account for them in different variations as evidence for trust-building.

Appendix F - Future Research

For most joint healthcare programs, conducting comprehensive research with a proper control group will usually be impossible⁸¹. Similarly, the common biomedical science approach, which typically applied to more limited interventions, will likely not be suitable for evaluating interventions for trust-building through health. To make progress in this field of study there is a need to find the balance between rigorous and systematic approaches and more flexible and context sensitive approaches. Some researchers suggest adopting a behavioral approach for understanding the diverse mechanisms that link health to peace and vice versa⁸². It is recommended to adopt practice-based research methodologies to directly test practical solutions⁸³.

To further increase the body of knowledge, future research may include for example:

- Testing additional variables that could serve as predictive metrics for trust-building such as:
- Validating the index of each metric by conducting item analysis to make sure it measures what it is intended to measure
- Improving the multi variable regression's explanatory power by adding more control variables, such as the available data (number of interviews)
- Measure longer term impact by collecting data on participants perspectives on opposing groups after 1- 5 years following program completion
- Expand research to other conflict geographies
- Expand research to other areas that may create trust: e.g. sports, culture, education

Moreover, some specific research directions were identified and recommended for future research:

- The response of the health system in Israel following the October 7th attack

- The potential of incorporating Telehealth and other remote technologies to facilitate joint healthcare programs
- The specific characteristics of health-related programs focused on women. Meagher et al⁸⁴ find that having diverse gender leadership in health systems during conflicts offers greater prospects for sustainable peace and more equitable social economic recovery in the post-conflict period. They argue that focusing on gender diversity of leadership in health systems offers an improved way to link peace and health, particularly in active conflicts. This area should be further explored.
- The unique characteristics of joint health-related programs in shared society and cross-border groups
- The unique characteristics of joint health-related programs that are grassroots (bottom-up) versus elite-driven (top-down) initiatives⁸⁵

Endnotes

- 1 References to Palestinians in this research encompass both Palestinians who are Israeli citizens (known as 'Palestinian Citizens of Israel'), those in the West Bank, and those in Gaza. There are significant distinctions between these groups, which should be further investigated in future studies.
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