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Al-Quds University

Israeli-Palestinian Cooperation in the Health Field 1994-1998

Tamara Barnea, Ziad Abdeen, Randi Garber,
Fikry Barghuthy, Mounira Qleibo, Jack Habib,
Sahar Dkeidek, Dan Yuval, Meira Aboulafia

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There are many individuals and institutions that deserve thanks for making this study a reality.

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Study Report

For most sincere thanks to the 45 institutions and 112 individuals, Palestinian and Israeli, who agreed to be interviewed and share with us their experiences and views on the health field.

Israeli-Palestinian Cooperation in the Health Field, 1994-1998

We wish to thank the following individuals for their assistance in the report and their support on the ground: Prof. Ziad Abdeen, Prof. Ziad Abdeen, Prof. Ziad Abdeen, and Prof. Ziad Abdeen. We will end at home and thank Al Quds University and the JDC (American Jewish Joint Distribution Committee, JDC-Brookdale Institute, JDC-Israel) whose support throughout the study was vital to its success. Special thanks to Nadia Tavor and Christine Hildek for their technical assistance.

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Tamara Barnea*, Ziad Abdeen*, Randi Garber*, Fikry Barghuthy*, Mounira Qleibo*, Jack Habib*, Sahar Dkeidek*, Dan Yuval*, Meira Aboulafia*

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The Research Team
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The opinions, findings, and conclusions expressed in this report are those of the authors and do not necessarily reflect the views of these organizations.

For more information, please contact:

Professor Ziad Abdeen
Al-Quds University
P.O. B. 21000, Jerusalem
Tel: 972-2-6274979
Fax: 972-2-6277166
E-mail: z.abdeen@pqnet.edu

Mrs. Tamara Barnea
JDC-Brookdale Institute, JDC-Israel
P.O. B. 3489, Jerusalem
Tel: 972-2-6272252
Fax: 972-2-6602244
E-mail: tamara@jdc.org.il

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Tamara Barnea, Ziad Abdeen, Randi Gahler, Fikry Bahguthy, Mounir Qleibo,
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For more information, please contact:

Ms. Tamara Barnea
JDC-Brookdale Institute, JDC-Israel
P.O.B. 3489, Jerusalem
Tel: 972-2-6557292;
Fax: 972-2-5661244
E-mail: barnea@jdc.org.il

Professor Ziad Abdeen
Al-Quds University
P.O.B. 51000, Jerusalem
Tel: 972-2-6274979;
Fax: 972-2-6277166
E-mail: zabdeen@planet.edu

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Our most sincere thanks to the 45 institutions and 112 individuals, Palestinian and Israeli, who agreed to be interviewed and shared with us their experiences and views of the cooperation in the health field.

We wish to thank those who took the time to read drafts of the literature review or the report and comment on them: Dr. Yair Hirschfeld; Prof. Edy Kaufman; Dan Bitan; Dr. Bruce Rosen; and Eli Hurvitz. We will end at home and thank Al Quds University and the JDC (American Jewish Joint Distribution Committee, JDC-Brookdale Institute, JDC-Israel) whose support throughout the study was crucial to its success. Special thanks to Naomi Tavor and Christine Jildeh for their technical assistance in seeing us through, and to Michal Sela, Dr. Ahmad Alami and Hanan Sa'adi for helping with the translations. We would like to acknowledge Deema Khalidi for her contribution. We also wish to thank the staff of the Publications Unit at the JDC-Brookdale Institute: Marsha Weinstein who edited the report, and Leslie Klineman and Sue Bubis who worked on its production.

The Research Team

May 2000

Executive Summary

- ♦ *What were the reasons for continued cooperation between Israeli and Palestinian health professionals following the formal separation of the two systems in 1994?*
- ♦ *Why was the scope of cooperation in the health field so broad – 148 projects during the years 1994-1998?*
- ♦ *Why was the role of NGOs so dominant during the period studied?*
- ♦ *Do health professionals have a unique role in promoting cooperation and coexistence in post-conflict eras?*
- ♦ *Did the participation on cooperative activities strengthen the desire for continued cooperation?*
- ♦ *What are the lessons drawn from the Israel-Palestinian situation that can be helpful to other regions in the world?*

The answers to these and other questions regarding Israeli-Palestinian cooperation in the health field are provided by a study conducted jointly by JDC (JDC-Brookdale Institute, JDC-Israel) and Al-Quds University over the past two years. A research team of nine Palestinian and Israeli researchers mapped 148 cooperative projects, interviewed 112 Palestinian and Israeli health professionals from policy makers to team members, and learned about the scope of cooperation, its characteristics, the forces driving cooperation, the factors affecting cooperation, the outcomes of cooperation, and the potential for future cooperation. The study brings out the voice of the health professionals involved in cooperation, shows that the experience has been positive for most participants, and indicates that there is a strong interest in continuing and expanding cooperation.

The research was sponsored by the United States Institute of Peace, the Rich Foundation (Switzerland), and the Andrea and Charles Bronfman Philanthropies (ACBP). Preliminary findings were presented at a seminar, held in October 1999, by Al-Quds University and JDC, in cooperation with the People-to-People Program sponsored by the Government of Norway.

Following are the study's major findings:

Actual Cooperation

Number and Type of Projects

Despite the political fluctuations during the years 1994-1998, Palestinian and Israeli health professionals worked together, developing 148 cooperative projects that brought together 67 organizations and an estimated 4,000 people. The projects covered a wide range of fields and topics. The primary types of activity undertaken were training (46% of the projects), research (23%), service development and provision (19%), policy planning (5%) and conferences, seminars, dialogues and youth activities (7%).

Number and Type of Organizations

The two main findings are the central role played by non-government organizations (NGOs) (79% of the organizations) compared to government organizations (17%), and the role played by service-oriented organizations (e.g. hospitals) in both the government and NGO sectors (65%). Aside from service-oriented organizations, NGOs included universities, research institutes, and organizations oriented toward cooperation and human rights. In spite of the small percentage (17%) of government projects,

the overall scope of activities, including the NGO sector, reflected the “green light” given by the Israeli government and Palestinian Authority for People-to-People cooperation.

Overall, 38 Israeli organizations and 29 Palestinian organizations were involved in cooperative projects. It is noteworthy that seven of the Israeli organizations and four of the Palestinian organizations are partners in ten or more projects.

Forces for Cooperation

Motivation to Cooperate

Participants in the projects from both communities were motivated to cooperate. The main driving force for 52% of the Palestinian respondents was improving their professional skills, and developing infrastructure. A significant group of Israelis (53%) and Palestinians (41%) were motivated to cooperate by a desire to contribute to resolution of the Israeli-Palestinian conflict. This pattern was repeated in the motivations that respondents attributed to their organizations’ participation in cooperation.

Leading Personalities and Commitment

One of the driving forces behind cooperation is leading personalities, usually the heads of organizations or project directors, who spurred the process within their organizations. The individuals and organizations involved in health cooperation had a high level of commitment and continued working together even during the most tense political periods, overcoming delays in the projects due to the political situation.

Factors Influencing Cooperation and Mechanisms of Cooperation

Hindering Factors

The main factors identified by both Israeli and Palestinian respondents as having hindered cooperation were logistical difficulties (permits, travel between West Bank and Gaza), political impasses (tension at the political level, government opposition to cooperative projects), and financial constraints.

Assisting Factors

The main factors identified by both Israeli and Palestinian respondents as having assisted cooperation most were the professional interest of the participants and their belief in the importance of promoting coexistence. These factors are a reflection of the main motivating factors.

Equal Division of Work between Partners (Symmetry)

While both the Israeli and Palestinian respondents consistently assigned a high degree of importance to symmetry (i.e. equal division of work, finance and responsibility), its importance was particularly emphasized by Palestinian respondents. Equal division of work while carrying out cooperative projects was also ranked by Palestinian respondents as one of the four top assisting factors.

Funding of Projects

The major source of funding for the projects was international (government, public agencies and foundations), supplemented by small local funding sources. Much of the funding was directed toward NGO activities. The cost of projects ranged from under \$25,000 for short-term training projects, to over

\$1,000,000 for three-year research projects. In 60% of the cooperative projects, the Palestinian partners reported receiving more than 50% of the funds.

Publicity

The cooperative projects were selectively publicized. The main target audience was professional. 80% of all respondents reported that their projects had been publicized within their organization. 72% of the Palestinian and 53% of the Israeli respondents reported that their projects had been publicized externally through professional conferences and publications. Almost half of the respondents indicated that their projects had been publicized to the general public. However, a number of respondents noted that the media is often not interested in publishing stories on successful cooperation, because they are not sensational enough.

Refrained from Doing

It appears that individuals are prepared to participate in cooperation in spite of having and while maintaining their 'red lines'. Palestinian respondents noted that they refrained from launching projects that were not a priority for the Palestinian population, while Israeli respondents refrained from discussing politically or emotionally charged issues.

Outcomes of Cooperation in the Health Field

Cooperation in the health field can enhance cooperation, contribute to the professional development of individuals and organizations, and improve health services.

Cooperation Enhancement

Changing attitudes: Two-thirds of the Palestinian and one-third of the Israeli respondents reported that working on the cooperative project affected their attitude toward coexistence. While not all of the respondents were willing to elaborate on this answer, over 70% of those who reported a change in attitude added that the effect was a positive one, making them realize that cooperation is possible, enhancing their desire to coexist, and moderating their views about the Palestinian-Israeli conflict. Of those who reported no change in attitude, 40% of the Israelis and 20% of the Palestinians reported having a positive attitude to begin with.

Learning about the other side: The respondents reported that the project gave them the chance to learn about each other, enabling them to replace stereotypes and myths with first-hand impressions and reality. Israeli respondents stressed the importance of learning about Palestinian people, their needs and culture. Palestinian respondents reported learning about Israeli professionalism, and particularly stressed their efficient system and advanced technology. In addition, both Israeli and Palestinian respondents reported that they were surprised by the quality of work and knowledge of their partners; the goodwill and enthusiasm of the other side; and the ease of developing personal relations and professional dialogue.

Individual and Professional Organizational Development

The main professional benefit to individuals and organizations was the acquisition of technical and professional knowledge and skills -- reported by 83% of the Palestinian respondents -- and cross-cultural knowledge.

Health Services Improvement

Over 75% of the project directors reported that their health-related goals were achieved. These included training physicians in medical specialties, generating data for policy planning, developing needed services and service models, and providing non-profit services directly to over tens of thousands of Palestinians.

Looking toward the Future

Satisfaction

97% of the Israeli and 82% of the Palestinian respondents were satisfied or highly satisfied with their cooperative projects; over 90% reported high levels of satisfaction among their board of directors.

Interest in Continued Cooperation

99% of Israeli and 88% of Palestinian respondents expressed an interest in continuing to work on cooperative projects. In addition, 70% of the Israelis and 87% of the Palestinians reported that they know of others who would be interested in participating in cooperative projects.

Unique Role of Health Professionals

Many of the respondents viewed health professionals as having an important role in promoting coexistence. They were able to work together on the basis of their professional and humanitarian values, which supersede political barriers, and to meet two goals:

- a) address the needs of the Palestinian population for services, programs, and technical assistance;
- b) address the interests of Palestinians and Israelis in developing patterns of 'working together' between organizations and professionals.

In this way, health professionals -- who are highly esteemed in their societies -- prove the feasibility and desirability of cooperation, and thereby pave the way for others.

Lessons and Conclusions

The Potential of the Professional-to-Professional Track

This study shows that the professional-to-professional track is conducive to building relations based on *mutual trust* and *respect* around a shared professional agenda, thereby replacing the culture of suspicion that characterized the conflict era.

The strength of the professional-to-professional track is also derived from its being a basis for building *multi-dimensional cooperation* at the professional level, the organizational level, and the personal level. As the study shows, the initial connection may be based on a mutual professional interest, a policy decision of organizations to work with the other side, or a personal acquaintance between two professionals. For this connection to ripen into a successful project, cooperation at all levels must be developed. The cooperative project creates a new identity for the participants, as they move from being sides to being partners.

Why Health?

The study led to the development of a model that explains the success of cooperation in health between Israelis and Palestinians in the post-conflict era. The model is composed of the universal, international and local conditions listed below.

Universal conditions - related to the essence of the health field and the medical profession, such as easing suffering and pain, and saving lives; the need for medical services; and the unique identity of medicine as a profession, which commends physicians to treat any person in need, even an enemy. These factors are very powerful, and explain the willingness of health professionals to work together even during the conflict years, 1967-1994.

International conditions - supportive of cooperation, such as global ideologies and interest promoting cooperation and peace; mechanisms that enhance cooperation, such as funding for cooperative projects and structures that create opportunities for and help manage cooperation. These supportive international conditions have existed since 1994 in the Israeli-Palestinian context, and have played a pivotal role in achieving this level of cooperation.

Local conditions - related to the Israeli-Palestinian reality such as geographic proximity and a shared ecological environment, which have led to mutual dependency in health-related matters; formal treaties and agreements between the Palestinian Authority and the Israeli government which call for cooperation on civilian issues; and a history of Israeli and Palestinian health professionals working together during 27 years of conflict. The study revealed that 83% of the Palestinian key entrepreneurs (heads of organizations, policy makers) and 78% of the Israeli key entrepreneurs had contact with professionals from the other side prior to 1994. This finding leads to the conclusion that the seeds for cooperation in the post-conflict era were sown during the 27 years of conflict.

Conflict, Post-conflict and Cooperation

- ♦ Assuming that the seeds for cooperation and coexistence in the post-conflict era¹ may be sown during the conflict era, leaders interested in promoting peace and coexistence following the crisis should -- during the crisis -- identify the bricks and mortar which may build the new bridge and reinforce them.

¹ The international literature struggles with defining the transition from war to peace in current conflicts. (Large, J. 1999. **Considering Conflict**. Concept Paper for First Health as a Bridge for Peace Working Group Meeting. URL <http://www.who.int/eha/trares/hbp/conflict.htm>.) The most common definition differentiates among three phases: war/conflict; post-conflict; and peace. The war/conflict situation is characterized by continuous confrontation; the post-conflict situation is characterized by formal cessation of hostilities, which may be interrupted by outbursts of violence; and the peace phase follows a formal peace agreement between conflicting sides and an cessation of all hostilities. The transition from conflict to peace is a gradual one, with regressions and progress. (Lederach, J.P. 1997. **Building Peace, Sustainable Reconciliation In Divided Societies**. United States Institute of Peace. Washington, DC.; The World Bank. 1998. **Post-Conflict Reconstruction**. World Bank. Washington, D.C.)

- ♦ The Geneva Conventions (since 1864),² the operations of the International Red Cross, and the World Health Organization 'Health as a Bridge for Peace'³ initiative are expressions of the philosophy that even during conflict, certain humanitarian standards need to be maintained, particularly with regard to civilian populations and treatment of the sick. It may be that the characteristics of national, ethnic and regional conflicts after the cold war require a new convention that legitimizes humanitarian activities by joint teams of the conflicting sides (like people-to-people activities), without the stigma of 'collaboration', both during and after conflict. Such cooperation can lay the groundwork for future coexistence.

The individuals and organizations whose stories are told in this report have proven that cooperation is possible and feasible. In addition, involvement in cooperation seems to snowball, gathering increasing numbers of people and projects as it gathers speed. The outcomes of cooperation in the health field are healthy populations and healthy cooperation. Peace is not merely the absence of war, but the opportunity to contribute to the health and welfare of all of the people in a region.

² "Geneva Convention - International Agreement 1864 regulating the treatment of those wounded in war, and later extended to cover the types of weapon allowed, the treatment of prisoners and the sick, and the protection of civilians in wartime. The rules were revised at conventions held 1906, 1929 and 1949, and by the 1977 Additional Protocols." (The Hutchinson Encyclopedia. 1999. URL [Http://www.helicon.co.uk](http://www.helicon.co.uk).)

³ World Health Organization (WHO). 1999. **Report on the First World Health Organization Consultative Meeting on Health as a Bridge for Peace.** In: Research and Development - Health as a Bridge for Peace. WHO. URL [Http://www.who.int/eha/](http://www.who.int/eha/).

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Introduction and Project Goals

The partners in this study -- Al-Quds University and the JDC (the JDC-Brookdale Institute and JDC-Israel) -- undertook to jointly study the challenge of building bridges via cooperative projects in a post-conflict era, through the example of Israeli-Palestinian cooperation in the health field between 1994 and 1998. These two organizations, which have rich experience in both conducting social research and developing and implementing cooperative projects, were drawn together by their mutual desire to understand these processes, and by their belief in the importance of moving from conflict to coexistence and sustainable peace.

During the last 30 years, the long-standing conflict between Israel and its Arab neighbors has slowly been transformed into non-conflictual relations. Major milestones on this journey were the signing of a peace treaty between Egypt and Israel in March 1979, and between Jordan and Israel in October 1994. Israel and the Palestine Liberation Organization (PLO) moved toward a post-conflict era¹ at the Madrid Conference of October 1991. This process gained momentum with the signing of the Declaration of Principles in September 1993 ('Oslo I') and the Interim Agreement in September 1995 ('Oslo II'), both of which called for promotion of cooperation between Palestinian and Israeli civil society.

The underlying hypothesis of this study was that cooperative projects linking Israeli and Palestinian health care professionals could lay the groundwork for, and later enhance, sustained cooperation and reconstruction. While the role of civil society in the development of democracies has been discussed in the literature (Avineri, 1992), Kaufman and Hassassian (1998) assert that "The evaluation of the impact of civil society groups in peace building has been less of a topic of systematic study" (p. 4). Yet it is this cooperation which fills the formal agreements with content and enables a different, more normal, daily reality to develop in regions previously plagued by conflict. A common wisdom related to cooperation in the health field in an area of conflict is that health is a "bridge to peace", a humanitarian issue that addresses crucial needs, and does not necessarily engage in politically controversial issues. Outcomes are tangible and measurable, and the sides to the conflict pay a lower political price for cooperating than do professionals in other fields. Nevertheless, there are just as many reasons not to cooperate in the health field which generally reflect political, moral, economic and health-related motives. "Rather, political revendications and the quest for justice and democracy sometimes appear more vital than defending the right to health" (Tardif, 1998, Chapter 2, p.3).

Following the formal agreements and the transfer of responsibility for the health field from Israel to the Palestinian Authority in 1994, Palestinians and Israelis began a new era of cooperation in that field.

¹ The international literature struggles with defining the transition from war to peace in current conflicts. (Large, J. 1999. **Considering Conflict**. Concept Paper for First Health as a Bridge for Peace Working Group Meeting. URL <http://www.who.int/eha/trares/hbp/conflict.htm>.) The most common definition differentiates among war/conflict; post-conflict; and peace. The war/conflict situation is characterized by continuous confrontation; the post-conflict situation is characterized by formal cessation of hostilities, which may be interrupted by outbursts of violence; and the peace phase follows a formal peace agreement between conflicting sides and a cessation of all hostilities. The transition from conflict to peace is a gradual one, with regression and progress. (Lederach, J.P. 1997. **Building Peace, Sustainable Reconciliation In Divided Societies**. United States Institute of Peace. Washington, DC.; The World Bank. 1998. **Post-Conflict Reconstruction**. World Bank. Washington, D.C.)

However, in order to minimize potential political fallout, many cooperative activities were low profile. Lessons learned were not shared among participants or with policy makers in a manner that could enhance further cooperation. The current study was designed to reflect on cooperative activity, to bridge individual experiences and to promote collective learning.

The shared story of Palestinians and Israelis in the Middle East is still unfolding, and the future holds many questions. What follows is a view of this story through one lens -- that of cooperation in the health field. The lessons of the past, current experiences, and the potential for future cooperation in the health field challenge leaders and professionals to care for the health of their people, while building a future of healthy cooperation.

The goal of this study was to document and analyze Israeli-Palestinian cooperation in the health care field between 1994 and 1998 -- the years of the "Peace Corridor" -- with the objective of:

- ◆ revealing the scope of activity
- ◆ exploring the process of developing cooperation
- ◆ learning about the outcomes of cooperation
- ◆ identifying the potential for future cooperation
- ◆ learning about the unique role of health professionals in conflict areas
- ◆ deriving lessons from this experience of cooperation

A secondary goal was to ensure cultural sensitivity and acquire in-depth insight through a maximum number of interviews in the Palestinian and Israeli communities. This was accomplished by using a team of Palestinian and Israeli researchers. While separate teams could have interpreted the picture in their own way, the picture only became a whole when both interpretations were put together.

1. The History of Israeli-Palestinian Cooperation in the Health Field²

This glimpse of the past aims to present the background from which Israeli-Palestinian cooperative activities in the health field in 1994-1998 stemmed. While these experiences are still too recent for an historical analysis, they provide important lessons which policy makers and health professionals can apply to continuing cooperation in the health field.

Cooperation in the health field between Jews and Arabs dates back to the beginning of the century. Since then, the two peoples have lived and worked side by side, disputed with each other, and helped each other. These contacts stopped formally as a result of the 1948 war, but were renewed after the 1967 war.³ The years following 1967 may be divided into four periods, as follows:

Section I

Milestones in Israeli-Palestinian Relations

1967-1976: Stabilization and reorganization

1977-1987: Build up of local health systems

1988-1993: Shift in power structure

1994-1999: Change in authority and relationship

Background

1.1 Stabilization and Reorganization (1967-1976)

With the 1967 war, the Palestinians in the West Bank and Gaza Strip found themselves under a new ruler, while the Israelis found themselves responsible for providing health services to a new and different population. Israel inherited a fragmented health system: the Egyptian health system in the Gaza Strip, the Jordanian system in the West Bank, and the infrastructure developed by the United Nations Relief Works Agency (UNRWA) and other charitable and private agencies. Neither the Palestinians nor the Israelis expected the situation to last very long; the Israelis planned to hold the occupied territories as a bargaining card in political negotiations (based on Israel's experience following the 1956 war), and the Palestinians assumed that Jordan and Egypt would regain their hold on the territories, and therefore hesitated to cooperate with Israel.

After the initial shock of the 1967 war had passed, the Israeli authorities responded to the tense situation

"It is indeed possible to establish open professional relations, based on mutual trust and the recognition of the relative strengths each partner brings to the table."

which placed on both sides a wide range of political, religious, and military objectives. Between 1967

²The information in this chapter is based primarily on research conducted for a forthcoming book on the relations between the Palestinian and Israeli health systems. (Basson, T. and Hasever, R., eds.).

³For during five months when Israel controlled the Sinai Peninsula and the Gaza Strip after the 1956 war. In addition, conflict continued between Jews and Arabs even within Israel.

1. The History of Israeli-Palestinian Cooperation in the Health Field²

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Milestones in Israeli-Palestinian Relations

- 1967-1976: Stabilization and reorganization
- 1977-1987: Build up of local capacity of the Palestinians
- 1988-1993: Shift in power structure
- 1994-1999: Change in authority and relationship

1.1 Stabilization and Reorganization (1967-1976)

With the 1967 war, the Palestinians in the West Bank and Gaza Strip found themselves under a new ruler, while the Israelis found themselves responsible for providing health services to a new and different population. Israel inherited a fragmented health system: the Egyptian health system in the Gaza Strip, the Jordanian system in the West Bank, and the infrastructure developed by the United Nations Relief Works Agency (UNRWA) and other charitable and private agencies. Neither the Palestinians nor the Israelis expected the situation to last very long; the Israelis planned to hold the occupied territories as a bargaining card in political negotiations (based on Israel's experience following the 1956 war), and the Palestinians assumed that Jordan and Egypt would regain their hold on the territories, and therefore hesitated to cooperate with Israel.

After the initial shock of the 1967 war had passed, the Israeli authorities responded to the acute situation by beginning to reorganize the health system. The Military Government recruited Israeli and Palestinian health professionals to work together. During this period of continuous political conflict and war, civilian issues on both sides became marginalized, relative to political and military ones. Between 1967

² The information in this chapter is based partially on research conducted for a forthcoming book on the relations between the Palestinian and Israeli health systems. (Barnea, T. and Hussein, R., eds.).

³ Excluding five months when Israel controlled the Sinai Peninsula and the Gaza Strip after the 1956 war. In addition, contact continued between Jews and Arabs living within Israel.

and 1994, Israel had nine elections, and the government changed 12 times, but the health policy in the West Bank and Gaza Strip remained virtually the same.⁴

- ♦ *to assume responsibility for the health of the Palestinians in the administered territories and to provide the necessary health services, within existing resources and a fixed budget.* In order to realize this policy, most efforts were put into developing an immunization system, mother and child care, and primary care. More complicated treatment and hospitalizations were referred to Israel.
- ♦ *to allow the Palestinians to self-administer their civil lives as much as possible.* In this spirit, only a few Israelis, together with Palestinian health officials employed by the Civil Administration, managed the health sector and its thousands of Palestinian workers.

This policy led to frequent professional interactions, mainly among public health professionals. During these years, thousands of Palestinian patients were treated in Israeli hospitals, and many Palestinian professionals were trained in Israel. On the other hand, very few Israelis were exposed to Palestinian hospitals and clinics. The Palestinians did not have much choice but to work together with the Israeli government for the sake of the health of their people. In fact, Palestinian and Israeli professionals worked together through the Military Government, and developed cooperative research projects with funding partly from the Israeli government but mainly from international agencies. During these years, the seeds were planted for informal personal contact between health professionals from both societies. Many of these professionals are still working today in their respective health systems and are active participants in cooperative projects.⁵

1.2 Build-up of Local Capacity of the Palestinians (1977-1987)

During the 1970s, developments in the political climate, such as the 1971 and 1976 municipal elections in the West Bank, the Camp David agreement (1978), the peace agreement between Israel and Egypt (1979), and talk of Palestinian autonomy and an improved economy in the West Bank and Gaza Strip, led Israelis and Palestinians to think beyond acute needs and begin to develop a health infrastructure in the occupied territories. On one hand, the Palestinians wanted to end their dependency on Israel and develop their own health institutions. On the other hand, they needed Israeli resources and also refused to accept responsibility for their health sector unless they received complete sovereignty.

Between 1977 and 1987, Palestinians and Israelis developed several cooperative health projects that had a significant impact on the health of the Palestinian people. One was a program to reduce infant mortality in the Gaza Strip and West Bank. The program, planned in conjunction with UNICEF, included tetanus shots for women, training courses for traditional midwives (*dayat*), and promotion of hospital over home delivery (Acker, forthcoming). Another successful project developed to improve poliomyelitis immunization proved to be more effective in the West Bank and Gaza Strip than in Israel (Tulchinsky, forthcoming).

⁴ Interview with Dr. Yitzhak Sever (on 18 March 1999). Dr. Sever was the chief medical officer of the Israeli Civil Administration in the West Bank between 1976 and 1994.

⁵ The current study reveals that 83.3% of key Palestinian entrepreneurs and 78.3% of key Israeli entrepreneurs had contact with professionals from the other side prior to 1994 (Table 3).

During these years, Palestinians began to develop Medical Relief Committees, which mainly cared for poor rural populations, providing primary health care, mother and child care, and health education. These committees refrained from cooperation with the Israeli Civil Administration (ICA) as much as possible.

The war in Lebanon (1982) increased Palestinian dependency on Israel, and the pattern of working together out of dependency grew stronger. During the first half of the 1980s, the Palestinian population grew; their economy improved, and their population paid higher taxes. This pushed Israel to invest more in the development of health infrastructure and training of personnel.

During the years 1977-1987, joint committees of Israeli and Palestinian health professionals began to think in terms of long-term infrastructure planning (Government of Israel, 1985, 1978). During this period, the ICA (which replaced the Military Government in 1981) allowed international organizations to expand their presence in the Gaza Strip and West Bank -- a step which increased the flow of funding to the area, including funding for regional research in health.

The overall situation was not calm. Confrontations between Israelis and Palestinians continued, and the health field was part of them: the ICA used a sanction/reward system to encourage cooperation and ensure its control over the health sector, while Palestinian nationalists presented the territories as a disaster area that should be taken out of Israel's control.

1.3 Shift in Power Structure (1988-1993)

Toward the end of the 1980s, the Palestinian national struggle accelerated. The *intifada* broke out at the end of 1987, Jordan relinquished its claim to authority in the West Bank in 1988, unemployment increased, the budget decreased and health became a major issue in the Israeli-Palestinian conflict. The pattern of working together broke down. The Israeli army prevented Israeli health officials from traveling freely in the territories, and professional contacts decreased. Meanwhile, the Palestinians moved forward with organization of the health field -- beginning with provision of emergency care for those injured in the *intifada* and ending with the preparation of a national health plan.

It is important to note that, even during the most difficult days of the *intifada*, cooperation in the health field still continued for essential services. The Palestinians needed the ICA for health services, and the ICA needed the cooperation of the Palestinian officials and population to fulfill its responsibilities. It is impossible to provide basic services without this mutual understanding: immunization cannot be conducted against the will of the individual, nor can women in rural areas be convinced to deliver their babies in hospitals rather than at home. Moreover, the health of the two populations depend upon each other. They share the same epidemiologic environment, and interact with each other on a daily basis due to the thousands of Palestinian workers who cross into Israel every day. A common saying among health professionals from both communities is that "the viruses don't stop at Erez".⁶

One of the most important milestones in the history of Israeli-Palestinian cooperation in the health field was the establishment of the Association of Palestinian-Israeli Physicians for Human Rights (PHR) in 1988 and its cooperation with the Palestinian Medical Relief Committee. This was the first organized

⁶ The Erez checkpoint is located in the northern part of the Gaza Strip. It is the main entrance to Israel for Palestinian workers and the main entrance to the Gaza Strip for Israeli and international visitors.

initiative of Israeli civic society aimed at assisting Palestinians in the health field outside the realm of the ICA. It began as a grassroots effort in reaction to the deteriorating health situation of the Palestinians in the occupied territories especially during the *intifada*. The PHR alerted the ICA to unmet medical needs and recruited Israeli physicians who volunteered to provide medical treatment to Palestinians in villages. These activities continue to this day. (For more information on the PHR, see Appendix II: Project Profiles, Project 8.)

The 1990s represented a new era of formal relations between Palestinians and Israelis. The Madrid Agreement, signed at the end of 1991, mentioned -- for the first time -- civil cooperation between Israel and its neighbors, including the Palestinians. It was agreed that the issue of health would be discussed within the multi-lateral Refugee Committees. Italy became the "shepherd" and facilitated a working group for these multi-lateral discussions on public health, and continues to be involved to this day. The spirit of Madrid and other international initiatives paved the way for informal contact among professionals at conferences, in academic settings and at dialogue meetings.

The Oslo Accords, signed in 1993 between Israel and the PLO, heralded the beginning of the post-conflict era, and laid out in more concrete terms the basics of cooperation. Annex 3 of the Declaration of Principles (DOP) contains a section on the importance of cooperation between the civil societies of both nations through people-to-people activities (Endresen, 1997; Hirschfeld, 1998). This Annex gave Palestinian and Israeli NGOs legitimacy to launch cooperative activities, and opened the door for additional organizations to come aboard. Funding allocated by the international community for cooperative projects oiled the process. (For more details on the formal agreements, see Appendix III.)

For 27 years, Israel had full control over the West Bank and Gaza Strip in a pattern described by Dr. Tamar Hermann of Tel Aviv University as "an antagonistic occupancy of a tight control by one party over the other which has created a manifest bond between the two collectives" (Hermann, 1997, p.1). Cooperative activities in the health field between Israeli and Palestinian professionals took place within the context of the overall process occurring between the two sides, which in hindsight was a process of separating into two national units rather than integrating into one. At the end of the period, this process reached its apex and a new era in relations was born.

1.4 Change in Authority and Relationship (1994-1999)

During 1994, responsibility for the health system was transferred from Israel to the Palestinian Authority (which took over the responsibilities of the Palestine Council of Health) and the ground rules changed. For the first time, the players were free to choose whether or not to cooperate. The relationship in the field of health between Israel and the Palestinian Authority became basically one of coordination through committees dealing with food, medicines, vaccination, hospitalizations, etc.. Within the new context of cooperation, the Israeli Coordinator to the Palestinian Health Authority became a "gatekeeper", issuing permits for Israelis and Palestinians crossing the borders. The gatekeeper policy has a critical influence on the ability to cooperate.

Other organizations that worked alongside the Palestinian Ministry of Health and became potential partners for cooperation with Israeli NGOs, universities and government services, were UNRWA, the Palestine Red Crescent Society (PRCS), local and international NGOs, universities, and a growing private sector. The influence of Jordan and Egypt was also still present. This had special significance for

cooperation, because the Egyptian and Jordanian medical unions, which licensed Palestinian physicians, did not support normalization with Israel during this period.

The international community also played a significant role in the relations developing in the health field through multilateral committees, the funding of the Palestinian health system's development and operational costs, and the funding of cooperative activities between the two peoples.

Cooperation in the health field is part of a broad spectrum of people-to-people activities in fields such as agriculture, the environment, water, culture, education, and youth, which were strengthened through the interim agreements of September 1995 (Appendix III; Endresen, 1997; Hirschfeld, 1998; Mu'Allem, 1999; Perlman and Schwartz, 1999; Qutaineh, 1999). The fact that cooperation in the health field was a large part of these people-to-people activities raised questions such as how extensive is cooperation? How does it work? What is its potential for the future? Is there something unique about the health field that lends itself to cooperation?

2. Methodology

This chapter will review the methodological issues involved in this study: the study design, the development of project profiles, the evaluation of cooperation, the process of conducting a joint research project, the public seminar for feedback on preliminary results of the study, and the limitations of the study.

2.1 Study Design

The study design included two major elements:

- ◆ Mapping of cooperative projects.
- ◆ Interviews with participants.

As a preliminary step, a literature review was conducted to learn about the role of health professionals, especially those living in conflict areas, in promoting cooperation. The literature review was helpful in defining the study questions, formulating the instruments, and analyzing the data (Garber, Mannor and Barnea, 1999; Garber and Barnea, 2000).⁷

Mapping of Cooperative Israeli and Palestinian Projects in the Health Field between 1994 and 1998

The mapping of projects was undertaken in order to learn about the scope and characteristics of cooperation in the health field. It covered projects that were active between 1994 and 1998, regardless of whether they began before 1994 or continued after 1998. Mapping was accomplished by approaching Israeli and Palestinian organizations -- both government and non-government -- in a structured way, and asking for information regarding cooperative projects. This involved sending each organization a letter requesting a list of their cooperative projects, with implementation dates. Follow-up phone calls were made to organizations that did not respond. In addition, the research team conducted a review of newspaper articles and reports.

⁷ Available upon request from project partners.

The following operational definition of a cooperative project was developed, for the purposes of this study:

A Cooperative Project

- ◆ A joint activity which involves at least two professionals from each side who participate on behalf of the organizations they represent.
- ◆ A planned process, occurring over time, with multiple phases geared toward achieving a common purpose.

According to these criteria, a cooperative research project on HIV conducted by epidemiologists and lasting over several years, as well as a one-day seminar with 50 participants (if planned over the course of a few months) would both be considered “cooperative projects”. Information about projects was validated at two stages of the study: a) during mapping, efforts were made to elicit information from a number of sources, such as partners, funding agencies, etc. b) during interviewing. Three projects did not fit the criteria at the interview phase. If our experience is representative, then the potential percentage of projects that do not meet these criteria is 10%. However, the overall scope of cooperation, including projects which do not meet the study criteria, may be wider.

Interviews

In order to obtain as broad a perspective as possible, the research team defined three target groups.

- ◆ *key entrepreneurs* are the initiators of Israeli-Palestinian cooperative health projects, who shape policy and provide organizational back-up to projects. They come from the government and NGO sectors, and are generally current or former directors of organizations.
- ◆ *project directors* are health professionals who have formal responsibility for the implementation of Israeli-Palestinian cooperative health projects on behalf of an organization.
- ◆ *project team members* are other staff members who work directly on the cooperative health projects.

The study team believed that the members of these target groups might prove different in a number of respects such as motivation and attitudes. For example, key entrepreneurs and project directors might be more likely to work on cooperative projects by choice, whereas project team members might be more likely to work on cooperative projects as a condition of their employment, and not necessarily by choice. (For a detailed description of the sampling and interview process, including preparation of the research tools, conducting a pilot, the sample, conducting the interviews, and data entry, see Appendix IV: Methodology of Interview Process.)

Based on this strategy, 112 interviews were conducted (out of 120 planned). At the end of the interview process, the research team realized that conducting this number of interviews within the proposed time frame was a significant accomplishment. While the response to the interview process was generally positive, this should not underplay the fact that cooperation is still a sensitive issue for many in the region. The willingness of this number of professionals, both Palestinian and Israeli, to participate and expose their feelings in an in-depth interview, is itself reflection of their attitudes toward cooperation.

Many of the respondents became very engaged in the process. Often the busy head of a department would state at the beginning of the interview that his or her time was very limited, but would elaborate on his or her answers, making no reference to time throughout the interview, which could last for one and a half or two hours. Some respondents would state at the end of the interview, "I didn't realize I had so much to say on the topic"; others found themselves particularly engaged by questions such as, "If you were to plan a cooperative project in the future, how would you do it differently?" Some respondents thanked the interviewer for the opportunity to discuss (often for the first time) projects they had worked on but for which they had kept a low profile.

2.2 Project Profiles

The components of all projects were explored in the general interviews. Profiles of nine selected projects are presented in this report (see Appendix II). They include: goals, partners, international affiliations, how they were initiated, their components, the number of participants, funding, achievements, unique aspects and lessons learned from participants. This information was gathered mainly from project directors. The purpose of the profiles is to remind us that, beyond indicating the scope, depth and mechanisms of cooperation, the projects are beneficial to people in need of services and programs.

2.3 The Methodology of Evaluating Cooperation

How to conduct interviews

Two questions were included at the end of the questionnaire, which explored methodological issues related to this study:

- ♦ *In-depth interviews versus a closed, self-administered questionnaire:* In response to the question, "which research tool would you recommend using in a study such as this one?", the majority of respondents (81.5% of the Israelis and 67.5% of the Palestinians) recommended an in-depth interview such as the one we conducted, as opposed to a self-administered questionnaire. This confirmed the assumption of the research team that open questions would allow respondents to express themselves more freely and completely, often on topics they had not fully thought out beforehand. Open questions provided a wealth of information, including the wider context in which activities took place; insights into the "players" (both organizations and participants); unexpected information; unique phrasing of concepts; and personal stories. It gave respondents the opportunity to fully express their involvement in cooperation, as well as their perceptions of it. The open-question format elicited information on issues that the research team might have left out of a closed questionnaire, due to their fear of offending political or cultural sensitivities. The responses to the open questions addressed these issues, sometimes with a level of intensity not anticipated, and reflected the feelings of the respondents regarding the other side, the politicians (on either side), and the donor community.
- ♦ *Identity of the interviewer:* The question, "Whom do you recommend conduct the interviews?" was included to explore whether the identity of the researcher in the context of the conflict, as noted by Hermann (1997) and Murtagh (1997), was relevant to a study of this type. In response to this question, a majority of the respondents (85.7% of the Israelis and 64.1% of the Palestinians) recommended that someone involved in cooperative projects should conduct the interviews as opposed to someone not involved in such projects.

2.4 The Process of Conducting a Joint Research Project

This study both evaluated cooperative projects and was, in itself, a cooperative project between Israelis and Palestinians. In the process of conducting this study, the research team was able to both monitor its own actions as a cooperative project and use its experience, along with the experiences of other cooperative projects, to better understand issues and concepts raised in the study. The research team coined this process, "the methodology is the message".

General issues

a. Trust

Because of the sensitivity of the data collected, the study required a great deal of trust among the team members, and that confidentiality be respected. Therefore, the team was built of researchers with experience in cooperative projects, some of whom had worked together on a previous project. The continuity of the research team was maintained throughout the project.

b. Symmetry

The importance of symmetry was confirmed by the study, and was itself an important element of the study design. All were equal partners in the development and implementation of the study. At the same time, the research team identified the strengths of its members and utilized them accordingly. By consensus, all the meetings of the joint research team took place at the JDC, which was convenient to all the team members. (In other cooperative projects of Al Quds University and the JDC, this was not always the case.)

c. Multicultural issues

Working as a multicultural team both has advantages, and poses challenges. The major advantage of the multicultural team is its ability to tackle cultural issues in developing study tools and discussing the analysis of data. A major challenge is language; the research team resolved this, as many of the cooperative projects studied did, by adopting English as a common language. One advantage of the multicultural team was its ability to conduct interviews in the language of the respondent (Arabic, Hebrew or English), allowing the respondent to express himself clearly and speak more freely.

2.5 Public Seminar

The preliminary findings of the study were presented at a public seminar (18 October 1999) so that the researchers could receive feedback that would help them further analyze and understand the findings. The study was presented by six members of the research team -- three Israeli, three Palestinian -- to 120 Palestinian and Israeli policy makers and professionals and representatives of international agencies. The comments of the participants made a number of contributions to the conceptual framework, presentation and interpretation of the data.

2.6 Limitations

The limits of the study relate to the number and type of projects identified through mapping; the fact that the study was not designed to evaluate the performance of the projects; and issues regarding the weighting of answers.

Number and type of projects

The research team made extraordinary efforts to discover the scope of activities; however, it may be that a few projects were not covered by mapping.

Evaluation of performance of projects

While the research design included gathering information on individual projects, it was not designed as an evaluation of individual projects, but rather as a study of the dynamics of cooperation. The information on project achievements was provided by the respondents and was not confirmed from other sources.

Weighting

The respondents were sampled by type of project in order to ensure sufficient representation of each type of project. In effect, there are fewer training projects and more research and service development projects in the interview sample than among all of the projects mapped. The research team decided not to weight the analysis by type of project, so as to ensure an equal voice for the experience of different types of project.

The interviews were conducted among three target populations. In addition to the project directors and project team members involved in the projects sampled, all the key entrepreneurs identified were added to the total sample. In order to avoid issues of weighting, the findings are presented for Israelis and Palestinians separately. There was no attempt to correct weights of different levels of respondents within these two groups. However, where there are significant differences in the responses of the three target populations, they are noted in the text.

"Working together will reduce our fear and suspicion of each other."

"By working together, we learn to live together."

3. Actual Cooperation

The parameters chosen for evaluating the extent of cooperation relate to the scope of activity measured by the number, type and characteristics of cooperative projects, the organizations they represent, and the individuals involved in them. Some of this information was derived from the mapping of projects and, as such, reflects all the projects. Other information, derived from the interviews, reflects the projects sampled.

3.1 Activities

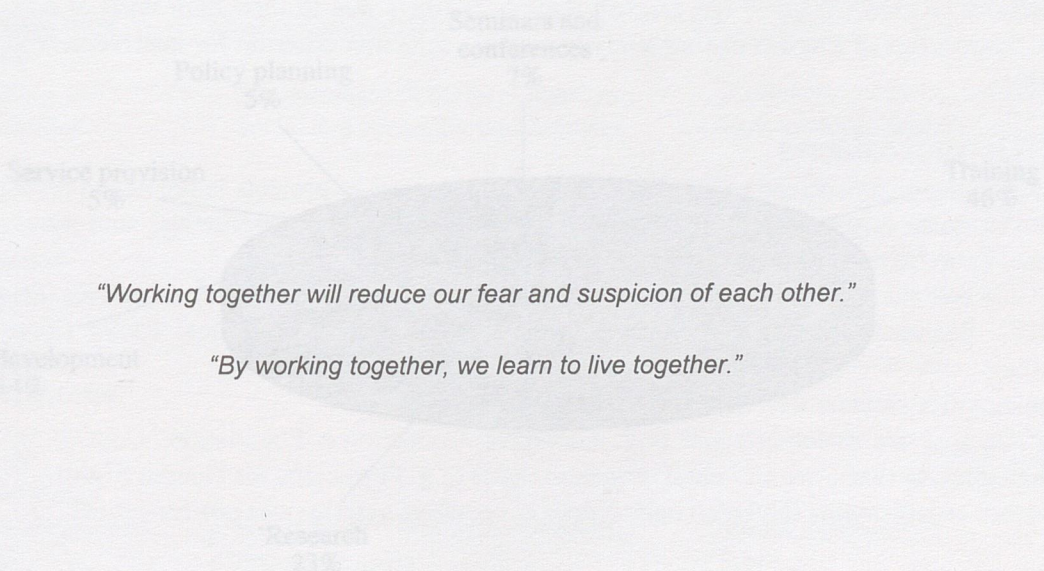
Number of Projects

The number of projects was derived from mapping; in all, 148 Israeli-Palestinian cooperative projects in the Israeli field were identified for the years 1994-1998 (see Appendix IV: List of Projects). This represents a scope of activity greater than the 30-50 projects originally estimated by those connected to cooperative health projects and by the 100-150 projects identified in the interviews. The projects include those begun before 1994 and those continuing after 1998 as well as those that began after 1994 and those continuing after 1998. The main reason for this enlargement is that most of the projects were carried out inconspicuously. This is borne out by the fact that 38% of all respondents were unaware of other cooperative projects that existed within their own organization.

Type of Activity

Analysis of the 148 projects identified through mapping by type of primary activity revealed that the projects were concentrated in three major areas: training (46%), research (23%) and service provision (14%). In addition, we identified four smaller areas of activity: conferences, seminars, dialogues and youth activities (7%), service provision (5%), and policy planning (5%) (see Chart 1).

Chart 1: Distribution of Israeli-Palestinian Cooperative Projects by Primary Type of Activity, 1994-1998 (n=148)



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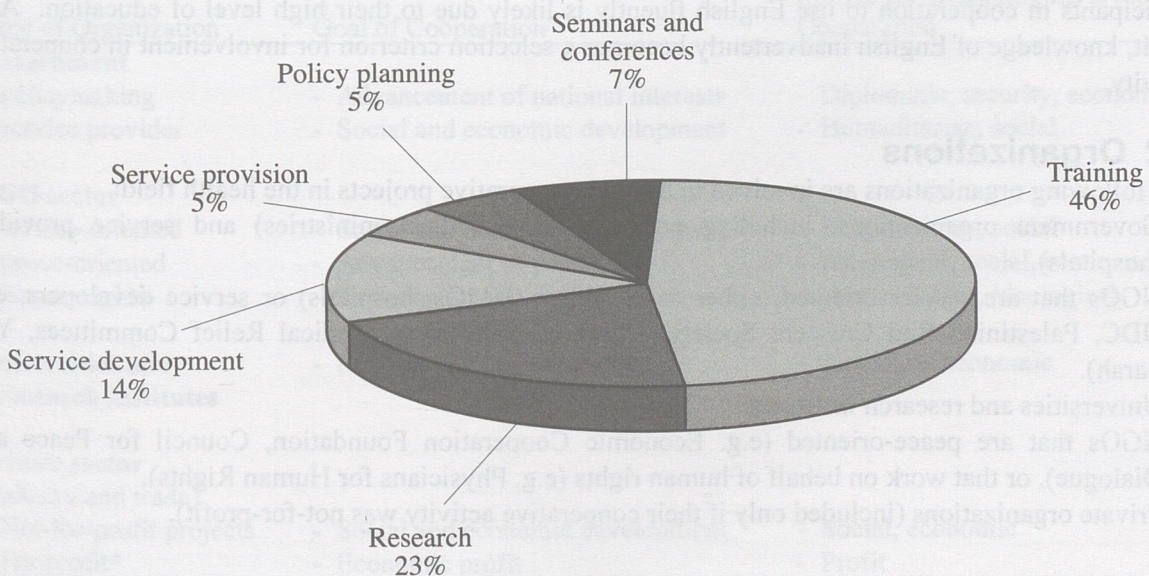
Number of Projects

The number of projects was derived from mapping. In all, 148 Israeli-Palestinian cooperative projects in the health field were identified for the years 1994-1998 (see Appendix IV: List of Projects). This represents a scope of activity greater than the 30-50 projects originally estimated by those connected to cooperative health projects and by the research team. These projects include those begun before 1994 and those continuing after 1998 and meeting the project criteria. The main reason for this underestimation is that most of the projects were carried out inconspicuously. This is borne out by the fact that 30% of all respondents were unaware of other cooperative projects that existed within their own organization.

Types of Activity

Analysis of the 148 projects identified through mapping by type of primary activity revealed that the projects were concentrated in three major areas: training (46%), research (23%) and service development (14%). In addition, we identified four smaller areas of activity: conferences, seminars, dialogues and youth activities (7%), service provision (5%), and policy planning (5%) (see Chart 1).

Chart 1: Distribution of Israeli-Palestinian Cooperative Projects by Primary Type of Activity, 1994-1998 (n=148)



In actuality, most of the projects have more than one component -- i.e. a service development project may include research and training components, and a training project may include elements of dialogue. (For detailed examples of projects see Appendix II: Project Profiles.)

Characteristics of Activities

The project directors interviewed provided information on the characteristics of activities, including place of implementation, time frame, and language of communication.

Place of implementation - In analyzing the responses concerning where projects were implemented, the research team learned that this is a complex issue, since there are often differences between the place of cooperative interaction and the place that will benefit from the health outcomes of a project. For example, a training project may take place entirely in Israel even though its primary target population is Palestinian professionals and its outcome is improved service for the populations of Gaza and the West Bank. Another example is that of development of a new service model for the Palestinians. While cooperative work will take place in both Israel and the Palestinian Authority, the service will be implemented only in the Palestinian Authority. A third example is that of a research project conducted jointly by the Palestinian Authority and Israel, in both places. Among the projects studied, it appears that cooperative interaction takes place fairly equally in the West Bank, Gaza Strip and Israel. Three of the projects studied were implemented in Jordan and Egypt, as well.

Time frame - Four projects studied began prior to 1994, while the rest began after 1994. Overall, an average of 20-30 new projects are initiated each year. Over half of the projects were on-going at the time of the interview. The duration of projects ranges from a few months to four years.

Language of communication - English is the language of cooperation used in almost 100% of the projects for team meetings, informal communication and project reports, even though 44.7% of the Israeli respondents reported that they speak Arabic and 31.6% of the Palestinian respondents reported that they speak Hebrew. Only one project reported using Arabic in its implementation. The ability of participants in cooperation to use English fluently is likely due to their high level of education. As a result, knowledge of English inadvertently becomes a selection criterion for involvement in cooperative activity.

3.2 Organizations

The following organizations are involved in the 148 cooperative projects in the health field:

- ◆ Government organizations, including policy making bodies (ministries) and service providers (hospitals).
- ◆ NGOs that are service-oriented, either as providers (HMOs, hospitals) or service developers, e.g. (JDC, Palestinian Red Crescent Society, Union of Palestinian Medical Relief Committees, Yad Sarah).
- ◆ Universities and research institutes.
- ◆ NGOs that are peace-oriented (e.g. Economic Cooperation Foundation, Council for Peace and Dialogue), or that work on behalf of human rights (e.g. Physicians for Human Rights).
- ◆ Private organizations (included only if their cooperative activity was not-for-profit).

Our two main findings are that NGOs (including universities and research institutes) (79%) and service-oriented organizations -- both in the government and NGO sectors (65%) – played a central role in cooperation in the health field in 1994-1998 (see Chart 2).

Chart 2: Distribution of Organizations, by Type of Organization (n=67)

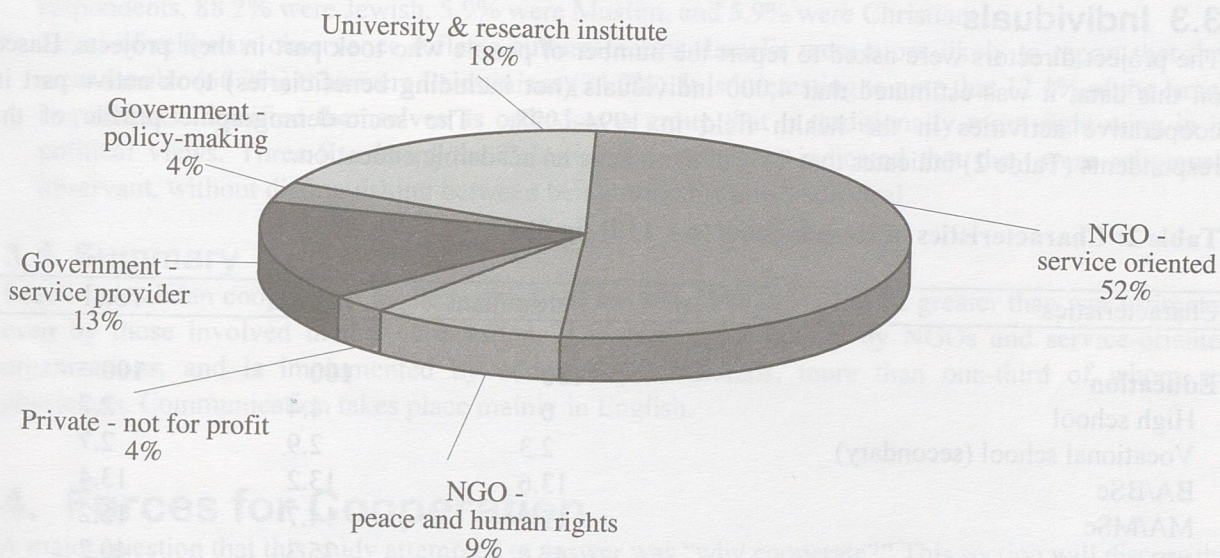


Table 1: Self-reported Goals and Major Motivations of Organizations Involved in Cooperation in the Health Field, by Type of Organization

| Type of Organization | Goal of Cooperation | Motive for Becoming Involved in Cooperation |
|---|-------------------------------------|---|
| Government | | |
| - policymaking | - Advancement of national interests | - Diplomatic, security, economic |
| - service provider | - Social and economic development | - Humanitarian, social |
| NGO sector | | |
| - service-oriented | - Social and economic development | - Humanitarian, social |
| - peace-oriented | - Advancement of peace | - Ideological, social, economic |
| - human rights | - Ensuring human rights | - Humanitarian, ideological |
| Universities and research institutes | - Development of knowledge | - Academic economic |
| Private sector (industry and trade) | | |
| - Not-for-profit projects | - Social and economic development | - Social, economic |
| - For profit* | - Economic profit | - Profit |

* Not included in this study

The nature and mission of an organization can influence its goals for cooperation and its motivation in becoming involved as shown in Table 1 above.

Overall, 38 Israeli organizations and 29 Palestinian organizations were involved in cooperative projects. It is noteworthy that seven of the Israeli organizations and four of the Palestinian organizations are partners in ten or more projects.

3.3 Individuals

The project directors were asked to report the number of people who took part in their projects. Based on this data, it was estimated that 4,000 individuals (not including beneficiaries) took active part in cooperative activities in the health field in 1994-1998. The socio-demographic profile of the respondents (Table 2) indicates that 94% of them have an academic education.

Table 2: Characteristics of Respondents (n = 110) (in %)

| Characteristics | Palestinians | Israelis | Total |
|---------------------------------------|--------------|------------|------------|
| Education | 100 | 100 | 100 |
| High school | 0 | 4.4 | 2.7 |
| Vocational school (secondary) | 2.3 | 2.9 | 2.7 |
| BA/BSc | 13.6 | 13.2 | 13.4 |
| MA/MSc | 15.9 | 14.7 | 15.2 |
| MD | 47.8 | 35.3 | 40.2 |
| PhD | 20.4 | 29.4 | 25.9 |
| Gender | 100 | 100 | 100 |
| Male | 81.4 | 72.1 | 75.7 |
| Female | 18.6 | 27.9 | 24.3 |
| Age | 100 | 100 | 100 |
| 20-30 (born after 1967) | 16.7 | 10.9 | 13.2 |
| 31-49 (under 20 years of age in 1967) | 52.4 | 50.0 | 51.0 |
| 50-70 (over 20 years of age in 1967) | 30.9 | 39.1 | 35.8 |
| Religion | 100 | 100 | 100 |
| Muslim | 90.7 | 5.9 | 39.1 |
| Christian | 9.3 | 5.9 | 7.3 |
| Jewish | 0 | 88.2 | 53.6 |
| Level of religious observance | 100 | 100 | 100 |
| Orthodox | 51.0 | 12.1 | 26.2 |
| Traditional | 26.0 | 19.7 | 22.4 |
| Secular | 24.0 | 68.2 | 51.4 |

- ◆ Over 40% of the respondents were physicians; more Palestinians (47.8%) than Israelis (35.3%) were physicians.
- ◆ Over 70% of the respondents were men, reflecting the gender structure within the health sectors, in both Israel and the Palestinian Authority.
- ◆ One-half of the respondents were age 31-49, revealing that they grew up with the reality of Israeli rule over the West Bank and Gaza Strip.
- ◆ Among the Palestinian respondents, 90.7% were Muslim and 9.3% were Christian. Among the Israeli respondents, 88.2% were Jewish, 5.9% were Muslim, and 5.9% were Christian.
- ◆ Level of religious observance reflects cultural norms. Israelis were more likely to report that they were secular (66.2%) than were Palestinians (24.0%). It is interesting to note that 12.1% of the Israeli respondents identified themselves as orthodox, a group that is traditionally more right-wing in its political views. Three-fourths of the Palestinian respondents indicated that they were religiously observant, without distinguishing between being orthodox and traditional.

3.4 Summary

Israeli-Palestinian cooperation in the health field in 1994-1998 proved to be greater than was estimated even by those involved in this cooperation. It is carried out mainly by NGOs and service-oriented organizations, and is implemented by educated professionals, more than one-third of whom are physicians. Communication takes place mainly in English.

4. Forces for Cooperation

A major question that this study attempted to answer was “why cooperate?” This section will discuss the forces driving cooperation, ranging from the macro-policy level to the micro-personal level.

At the macro-policy level, the driving forces come from governments, international organizations and the international business community. The people-to-people concept, and within it the professional-to-professional approach, is seen by these organizations as an essential and parallel track to political and diplomatic efforts in helping to resolve conflicts, as well as important to economic and social development (Kaufman and Hassassian, 1998; Hirschfeld, 1998).

Programs derived from this macro-policy have been implemented in conflict areas both worldwide and in our region (PAHO, 1991; Large, Laurent and Zwi, 1999; ECF and PCH, 1998, 1999). These programs were developed to bring together people from the opposing sides of a conflict, to work and interact in a venue which allows them to learn about each other and learn to live together.

The driving forces at the micro or field level may be an individual, an organization or the project itself. One of the unique aspects of this study is its emphasis on learning about the forces at this level. To insure this perspective, project directors and project team members were interviewed, in addition to policy makers from government and non-government organizations.

Three forces for cooperation were identified:

- ◆ motivation (both individual and organizational)
- ◆ personal experience of cooperation
- ◆ leading personalities (individuals with a high level of commitment)

4.1 Motivation

What motivated individuals -- health professionals -- and health organizations to work together during the years 1994-1998? The major findings were that Palestinian professionals were motivated first by a desire to increase their professional knowledge and skills, while both Israeli and Palestinian professionals at all levels were also motivated by the desire to contribute to the resolution of the Israeli-Palestinian conflict and to improve the health of the population.

Individual Motivations

Two major questions were addressed. How motivated are people to engage in cooperation? And what motivated them to engage in cooperation?

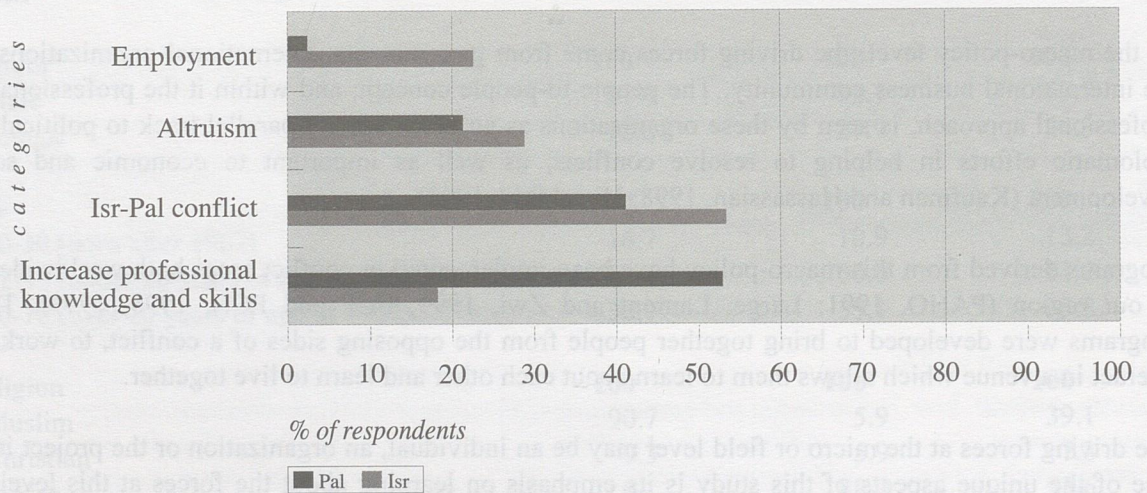
How motivated are professionals to engage in cooperation?

The respondents were asked "Were you enthusiastic or reluctant to work on this cooperative project?" Over 80% of the respondents, both Israelis and Palestinians, reported that they were enthusiastic about working on their cooperative project. This is significant, as enthusiasm is a valuable resource that oils the wheels of cooperation.

What motivated the professionals to engage in cooperation?

Chart 3 shows the most frequently reported responses to the open question "what motivated you personally to enter into cooperative Israeli-Palestinian activities in the health field?"

Chart 3: Personal Motivation, by Main Categories and by Percent of Respondents



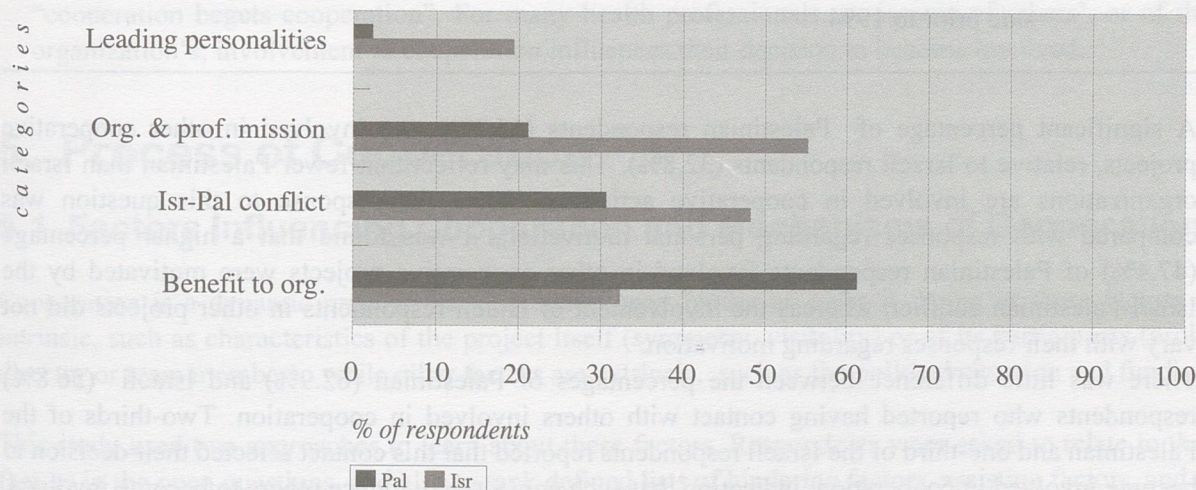
- ♦ One-half of the Palestinian respondents (52.4%) -- especially among project directors (55.6%) and team members (58.8%) -- expressed motivations related to their desire to increase their professional skills and knowledge. They noted that Israelis have the expertise and professional resources they need, and that physical proximity allows them to train or learn near their homes.

- ◆ Motivations related to the Israeli-Palestinian conflict were primary for Israeli respondents (52.9%), and also prominent for Palestinian respondents (40.5%). Their responses included a desire to promote cooperation and mutual coexistence and to promote the peace process. A few Palestinians and Israelis felt that they could use professional cooperation to present their case to each other.
- ◆ In addition, feelings of altruism such as a desire to improve the health status of the Palestinian people was another important motivating factor for both Israelis (29.4%) and Palestinians (21.4%). Project directors were most likely to cite this as a motivating factor (Israelis - 38.5%, Palestinians - 27.8%).
- ◆ The prospect of employment was an additional motivating factor for 22.1% of Israelis; this was especially true for project team members (55.6%).

Organizational Motivations

Chart 4 shows the most frequently reported responses to the question, “what motivated your organization to enter into cooperative Israeli-Palestinian activities in the health field?”

Chart 4: Organizational Motives, by Main Categories by Percent of Respondents



- ◆ Almost two-thirds of the Palestinians (61.9%) stressed the potential benefits to their organization in terms of capacity building, financial resources and contacts. This motivation was reported by only about one-third (32.4%) of the Israelis.
- ◆ In contrast, over half of the Israelis (55.9%) talked about their organization’s professional mission -- that is, its goals and target population -- as a motivating force; less than one-quarter of the Palestinians (21.4%) noted this. These differences in the motivations of Palestinian and Israeli organizations may reflect the different levels of infrastructure in the two societies.
- ◆ More Israeli respondents (48.5%) perceived their organization as being motivated by the conflict than their Palestinian counterparts (31.0%).

4.2 Personal Experience of Cooperation

The respondents were asked about their personal experience with cooperation, and whether this experience affected their decision to become involved in cooperation. A summary of the indicators of personal experience of cooperation is presented in Table 3.

Table 3: Indicators of Personal Experience of Cooperation

| Palestinian | Indicator | Israeli |
|-------------|--|---------|
| 45.2% | Involved in other cooperative projects | 32.8% |
| 62.9% | Contact with others working on cooperative projects | 56.8% |
| 70.6% | Know of others in their organization involved in cooperative projects | 70.0% |
| 83.3% | Key entrepreneurs who had contact with professionals from the other side prior to 1994 | 78.3% |

- ◆ A significant percentage of Palestinian respondents (45.2%) was involved in other cooperative projects, relative to Israeli respondents (32.8%). This may reflect that fewer Palestinian than Israeli organizations are involved in cooperative activities. When the response to this question was compared with responses regarding personal motivation, it was found that a higher percentage (47.4%) of Palestinian respondents involved in other cooperative projects were motivated by the Israel-Palestinian conflict, whereas the involvement of Israeli respondents in other projects did not vary with their responses regarding motivation.
- ◆ There was little difference between the percentages of Palestinian (62.9%) and Israeli (56.8%) respondents who reported having contact with others involved in cooperation. Two-thirds of the Palestinian and one-third of the Israeli respondents reported that this contact affected their decision to become involved in cooperation, indicating that such contact may induce others to become involved. When the response to this question was compared with responses regarding personal motivation, it was found that both Israeli and Palestinian respondents who had contact with others were more likely to report as a personal motivation their desire to help resolve the Israeli-Palestinian conflict.
- ◆ There was also little difference between the percentage of Palestinian (70.6%) and Israeli respondents (70.0%) who knew of others in their organization working on cooperative projects. This knowledge was more likely to influence Palestinian (56.5%) than Israeli (8.0%) respondents to become involved in cooperation. When the response to this question was compared with the responses of Palestinians regarding their personal motivation, a relatively higher percentage of those who knew of others in their organization involved in cooperation (62.5%, compared to 52.4% in the total sample of Palestinians) reported a motivation related to a desire for “increased knowledge and skills”. This may indicate that “seeing first hand” the potential benefits of cooperation motivated them to become involved.
- ◆ Most of the key entrepreneurs (83.3% of the Palestinians and 78.3% of the Israelis) reported that they had contact with colleagues from the other side prior to 1994. This supports the idea that contact during the conflict period set the stage for later cooperation.

4.3 Leading Personalities

Within the context of Israeli-Palestinian cooperation in the health field, it appears that an important force is individuals with “leading personalities” (a phrase used by one of the respondents) -- that is, people who have a high level of commitment. These individuals were cited by 19.1% of the Israeli respondents as motivating their organization to become involved in cooperation. This is borne out by the fact that most of the projects began thanks to the initiative of an individual -- either a project director (over 55% among both Palestinians and Israelis) or the director of an organization. In addition, such individuals play a role in overcoming obstacles encountered during the project.

4.4 Summary

Two main lessons may be drawn from this section:

- ◆ Cooperative projects can be built on both professional and conflict-related motives, which need not be symmetrical between the two sides. The degree of motivation regarding the Israeli-Palestinian conflict was consistent across all target groups, indicating that the view that health *is* a bridge for coexistence or peace is not confined to key entrepreneurs.
- ◆ There seems to be a ripple effect with regard to becoming involved in cooperative activity, i.e. “cooperation begets cooperation”. For many health professionals, awareness of others’, or of their organization’s, involvement in cooperation influences their decision to become involved.

5. Process of Cooperation

5.1 Factors Influencing Cooperation and Mechanisms of Cooperation

Cooperation is a dynamic process; various factors may hinder or assist it. Some of these factors are intrinsic, such as characteristics of the project itself (symmetry, visibility) or of its participants (project director or team member), while other factors are extrinsic, such as the political situation and funding.

This study used two approaches to learn about these factors. Respondents were asked to relate to these factors in the open questions, and also to rank defined lists of hindering factors, assisting factors, and the importance of equal division of work between partners on a scale of one to six (e.g., 1= a little; 6= a lot). Mean scores were calculated for each item on the lists, and then the items were ranked by mean scores.

Hindering Factors

Table 4 presents a list of hindering factors ranked by the mean scores of the responses of Israeli and Palestinian respondents. Rank 1 is the highest mean score, and indicates the factor considered the strongest hindering factor.

Table 4: Factors Hindering Palestinian-Israeli Cooperative Activities in Health as Ranked by the Respondents

| Hindering Factor | Palestinian | | Israeli | |
|--|-------------|------|---------|------|
| | Rank* | Mean | Rank* | Mean |
| Logistical difficulties | 1 | 4.73 | 2 | 4.35 |
| Political tension | 2 | 4.41 | 3 | 3.61 |
| Shortage of funding | 3 | 4.20 | 1 | 4.55 |
| Government opposition to cooperative projects | 4 | 3.98 | 6 | 3.19 |
| Personal attitudes against Isr-Pal coexistence | 5 | 3.68 | 9 | 2.75 |
| Different levels of infrastructure | 6 | 3.66 | 4 | 3.48 |
| Different organizational interests | 7 | 3.63 | 7 | 3.10 |
| Personal attitudes against the peace process | 8 | 3.36 | 10 | 2.55 |
| Different languages | 9 | 3.09 | 11 | 2.45 |
| Lack of publicity of cooperative activities | 10 | 3.02 | 12 | 2.17 |
| Different cultural backgrounds | 11 | 2.91 | 8 | 2.82 |
| Different levels of professional experience | 12 | 2.82 | 5 | 3.26 |
| Publicity of the cooperative activities | 13 | 2.55 | 13 | 2.11 |

*Rank is determined by mean score.

- ◆ Among the four hindering factors that ranked highest, three were cited by both Palestinian and Israeli respondents: *shortage of funding*, *logistical difficulties* (e.g., freedom of movement, permits, communication), and *political tension*. The influence of the political environment is affirmed by the responses of both Palestinians and Israelis, who cited it as a hindering factor in the open questions related to mechanisms of cooperation. For example, respondents reported that the political environment was sometimes an obstacle to be overcome, the reason a project could not be launched, or the reason other participants gave up, and that it had to be taken into account when beginning a new project. Overall, close to one-half of both the Israeli (46.3%) and Palestinian (47.4%) respondents noted that political conditions hindered cooperative activities. Palestinian respondents in particular noted the negative influence of the political situation on the development of new projects. Similarly, the overall political environment was cited as an assisting factor equally by both Israeli and Palestinian respondents (around 16%): “When there was an atmosphere of peace, things went well”.
- ◆ On the other hand, the difference in the top variables chosen by Israeli and Palestinian respondents -- *government opposition to cooperative projects*, which was ranked fourth by the Palestinians, and *different levels of infrastructure*, which was ranked fourth by the Israelis -- reflects the reality facing the professionals on each side.
- ◆ Ranked at the bottom of the list of hindering factors by both Israelis and Palestinians was *publicity of cooperative activities*.
- ◆ Aside from the top four variables, mean scores were under 3.7, indicating that the other factors are not felt to have a strong hindering influence. *Personal attitudes against either coexistence or the peace process* were not perceived as being important hindering factors, even though personal attitudes against coexistence was ranked fifth by the Palestinian respondents. Regarding *different*

cultural backgrounds, the difference in work cultures was cited as an obstacle, although other cross-cultural issues, such as the ability to work in and learn about a different culture, were perceived as being professional and personal assets, particularly by Israeli respondents.

While both the Palestinian and Israeli respondents perceive the shortage of funding and logistical difficulties to be main hindering factors, the Palestinian respondents appear to be facing more obstacles in the political realm, whereas the Israeli respondents were more concerned about the gaps in professional background and infrastructure.

Assisting Factors

Table 5 presents a list of factors which may assist cooperative projects ranked by the mean score of responses of Israeli and Palestinian respondents. Rank 1 is the highest mean score, indicating that the factor was considered the strongest assisting factor by the respondents.

Table 5: Factors Assisting Palestinian-Israeli Cooperative Activities in Health as Ranked by the Respondents

| Assisting Factor | Palestinian | | Israeli | |
|--|-------------|------|---------|------|
| | Rank* | Mean | Rank* | Mean |
| Concrete benefits to project target populations | 1 | 5.23 | 6 | 4.63 |
| Equal division of work between partners | 2 | 5.20 | 7 | 4.20 |
| Professional interests of participants | 3 | 5.18 | 3 | 5.23 |
| Belief in the importance of promoting coexistence | 4 | 4.74 | 4 | 5.05 |
| Similar interests of participating organizations | 5 | 4.68 | 1 | 5.91 |
| Tolerant approach to the "other" | 5 | 4.68 | 2 | 5.31 |
| External logistical assistance | 6 | 4.67 | 8 | 4.06 |
| Belief in the peace process | 7 | 4.64 | 5 | 4.83 |
| Government policy in support of cooperative projects | 8 | 4.48 | 11 | 3.79 |
| Concrete support of government to cooperative projects | 9 | 4.45 | 9 | 4.03 |
| Third-party (international) mediator | 10 | 4.05 | 10 | 3.97 |
| Financial benefit to participants/organizations | 11 | 3.72 | 12 | 3.60 |

* Rank is determined by mean score.

- ◆ There appears to be less consensus around assisting factors than hindering factors. Among the top four assisting factors, two were cited by both the Israeli and Palestinian respondents: *professional interest of participants*, and *belief in the importance of promoting coexistence*.
- ◆ The Palestinian respondents ranked *concrete benefits to the target population* and *equal division of work between partners* highest, while the Israeli respondents ranked *similar interests of participating organizations* and *tolerant approach to the other* highest. As can be seen below, the importance to the Palestinian respondents of equal division of work is also borne out in their consistent ranking of almost all of the items concerning symmetry, while the importance to the Israeli respondents of a tolerant approach to others is borne out in their ranking tolerance as the most

important characteristic in a project director. This difference may reflect the imbalance between the two societies.

- ◆ *Similar interests of participating organizations* was ranked first by the Israeli respondents; the Palestinian respondents also gave it a relatively high mean score. The participants' sensitivity to organizational interests may indicate the importance of organizational support to the project.
- ◆ The following three assisting factors were perceived as being least important:
 - Financial benefit to participants and/or organizations* - This finding emphasizes the professional-to-professional dimension of cooperative activities, which are not designed for direct profit.
 - Third-party (international) mediator* - Unlike the parties to conflicts in other areas, Israeli and Palestinian health professionals seem not to need a mediator to initiate cooperative activity. Apparently, the main role of third, international parties is in funding these projects, rather than in mediating between the two sides or participating directly. In fact, data from the open questions indicate that only 19% of the Israeli and none of the Palestinian respondents cited third party facilitation as an assisting factor to cooperative projects.
 - Government policy and concrete government support for cooperative projects* - Analysis of the data from open questions also revealed that the role of the government was sporadically mentioned but did not emerge as being of major importance in and of itself. In general, the findings on this item may be understood in light of the fact that most cooperative projects are undertaken by NGOs. However, as seen in the previous section, government opposition to cooperative projects ranked fairly high as a hindering factor and as such should not be taken lightly (Table 4).
- ◆ Overall, about 59% of the Israeli and 48% of the Palestinian respondents cited the influence of interpersonal relations on cooperative projects. These relations are considered to be an assisting factor by about one-third of both the Israeli and Palestinian respondents. Furthermore, 15% of both the Israeli and Palestinian respondents consider aspects of interpersonal relations such as patience, tolerance and flexibility as being helpful in overcoming obstacles to cooperation.

Characteristics of the Project Director

The project director is a key figure in the cooperative project. A list of characteristics that might be considered when choosing a project director was included in the self-administered part of the questionnaire. These included tolerance, open-mindedness, professional ability, interpersonal skills, views on cooperation, and views on the peace process. The respondents ranked these characteristics from least to most important. The findings show that in choosing a director for a cooperative project, *tolerance* was the most important trait for the Israeli respondents, while *professional ability* was the most important characteristic for the Palestinian respondents. This difference may be attributed to three reasons:

- ◆ Cultural differences in interpreting the word tolerance. In Arabic, the word "tolerance" carries a double meaning. Israelis may have interpreted it as "tolerance to the other", while Palestinians may have interpreted it as "forgiveness".
- ◆ Reflection of reality. Palestinians are driven to a greater extent by professional motivation, while Israelis are driven by conflict-related issues.
- ◆ Politically, tolerance is expressed from a position of relative power toward those who are relatively powerless. Thus, the difference may reflect the political imbalance (Goldberg, 1999).

It is also interesting to note that both Palestinians and Israelis consider personal views on cooperation or the peace process as the least important characteristic of a project director. This is consistent with the previous finding that personal attitudes toward the peace process and coexistence are the least important hindering factors; it also reflects the importance of professional aspects of cooperation in the health field.

Symmetry Between Partners

Symmetry is a central issue when building relations in a post-conflict situation. In this study, symmetry was defined as equal division of work on different phases of the project, equal division of funds, conducting meetings at each partner's site, and an equal number of participants. Analysis of the overall picture shows that while Israelis and Palestinians both assign a high degree of importance to symmetry, the Palestinian respondents consistently assigned it a higher degree of importance. Equal division of work on different phases of the project was one the four assisting factors ranked highest by the Palestinians (Table 5). Furthermore, in the open question asking respondents what they would refrain from, 50.0% of the Palestinians (compared to 17.6% of the Israelis) said they would refrain from working on a project because of lack of symmetry and lack of finances. Table 6 lists the project phases in which symmetry may be found. All respondents were asked to rank the importance of symmetry between the partners to each of these phases. Rank 1 is the highest mean score, and indicates the phase during which equal division of work is most important.

Table 6: Project Phases, According to the Importance of the Equal Division of Work between Partners

| Project Phases | Palestinian | | Israeli | |
|---|-------------|------|---------|------|
| | Rank* | Mean | Rank* | Mean |
| Monitoring and evaluation of project | 1 | 5.52 | 4 | 4.44 |
| Planning of project | 2 | 5.32 | 3 | 4.59 |
| Preparation of concept paper | 3 | 5.23 | 6 | 4.25 |
| Implementation of project | 4 | 5.19 | 1 | 5.24 |
| Dissemination | 5 | 4.93 | 5 | 4.32 |
| Organizational management | 6 | 4.88 | 2 | 4.81 |
| Fundraising efforts | 7 | 4.82 | 9 | 3.73 |
| Initiation of project | 8 | 4.70 | 8 | 3.89 |
| Preparation of proposal for fundraising | 9 | 4.61 | 7 | 4.21 |
| Financial management | 10 | 4.58 | 5 | 4.32 |

*Rank is determined by mean score.

- ◆ In general, the Palestinian respondents placed a higher degree of importance on the equal division of work at all of the different phases of the project.
- ◆ Among the four top-ranked items, three were cited by both Palestinian and Israeli respondents: *planning*, *implementation of the project*, and *monitoring and evaluation of the project*.
- ◆ The top four items on which Palestinian and Israeli respondents differed were *preparation of concept paper* and *organizational management* of the project.

The respondents were also asked about three other items on symmetry in other aspects of the project: *division of funds*, *meeting place*, and *number of participants* (Table 7).

Table 7: Importance of Symmetry in Other Aspects of the Cooperative Project as Ranked by the Respondents

| Project Aspects | Palestinian | | Israeli | |
|------------------------|-------------|------|---------|------|
| | Rank* | Mean | Rank* | Mean |
| Division of funds | 1 | 4.79 | 1 | 4.73 |
| Number of participants | 2 | 4.55 | 3 | 3.71 |
| Meeting place | 3 | 4.14 | 2 | 4.46 |

*Rank is determined by mean score.

The mean scores indicate that symmetry in *division of funds* was of importance to both Israeli and Palestinian respondents. Symmetry in *number of participants* was more important to Palestinian than Israeli respondents.

Visibility

The visibility of cooperative activities is often used as an indicator of the more general atmosphere surrounding cooperation. However, the literature points out the dilemmas and pitfalls of publicizing cooperative activities. “On the one hand, it is not easy to have a strong impact on society at large without publicity and advertising. On the other hand, both sides assume too much talk and publicity could easily have a counterproductive effect and raise opposition, particularly within Palestinian society, but also within Israel” (Hirschfeld, 1998, p.94). The activities studied here took a pragmatic approach to the publicity dilemma. Organizational policies regarding publicity ranged from a policy of selective publicity to donors, professionals and others, to a policy of maximum publicity, including to the general public. In practice, the main audience for publicity is the professional community and, to a lesser extent, the general public:

- ♦ Eighty percent of all respondents reported that the projects were presented within their organizations.
- ♦ Seventy-two percent of the Palestinians and 53% of the Israelis reported that their projects had been publicized through external forums such as professional publications and conferences. It is important to note that the project directors reported that all project partners are mentioned in publications, reports or presentations of the project.
- ♦ About 50% of the respondents reported that their projects had been publicized to the general public through the media. A number of respondents noted that it is important to publicize to the general public so that they become aware of the fruits of peace. However, a number of respondents noted that the media is often not interested in publishing stories on successful cooperation, because they are not sensational enough.

Funding and the Role of the International Community

Shortage of funds was ranked as the second most hindering factor by both the Palestinian and Israeli respondents, indicating that the availability of funds is crucial to oiling the wheels of cooperation. According to the information received from the project directors, most of these funds come from the

international community. These include sources that support Israeli-Palestinian cooperation, sources that support scientific or health endeavors, and sources that support infrastructure development.⁸ The cost of projects ranges from under \$25,000 for short-term training projects (up to six-months), to over \$1,000,000 for three-year research projects. In 60% of the projects, the Palestinian partners received more than 50% of the funds. Given this reality, it is not surprising that the participants in a seminar held in October 1999 to share the main findings of the study expressed surprise that both Israeli and Palestinian respondents ascribed little importance to third-party or international mediation. Indeed, while in the current reality Israeli-Palestinian cooperation in health may require less mediation than is required in other conflict areas, the role of the international community in both funding and provision of technical assistance cannot be underestimated. A few of the seminar participants suggested that the appropriate way to refer to funding agencies is as "partners".

Summary

It would seem that assisting factors unique to health -- particularly benefits to the target population -- made it possible to overcome the main hindering factors (logistics, funding, infrastructure) common to cooperative projects in any field. The importance to the participants of professional aspects of the projects was also reflected in the importance ascribed to the professional characteristics of the project director and the professional elements of the equal division of work. As noted, the importance of an equal division of work was strongly stressed by the Palestinian respondents. The publicity and visibility of cooperative activities was mostly selective, perhaps reflecting the general political climate.

5.2 Patterns of Developing Relations

While examining mechanisms of cooperation, the research team tried to identify the type and composition of relationships among Israeli and Palestinian health professionals working on cooperative projects during the post-conflict era. Although research focused on the health sector, the lessons learned may also be relevant to other sectors involved or interested in cooperation.

Professionals cooperating in post-conflict areas learn very quickly about the significance of interpersonal and inter-professional contacts, alongside that of inter-organizational relations. Key entrepreneurs and project directors were asked to describe the different stages they experienced when developing cooperative relations with their partners from the "other side" (i.e. Palestinian or Israeli). Analysis of their responses led to the identification of seven different patterns of developing relations (Table 8):

- ◆ two patterns are based on personal and professional acquaintance prior to 1994:
 1. *"knowing and appreciating each other"*
 2. *"getting away from stereotypes"*
- ◆ three patterns are based on shared political values and are anchored in political agreements:
 3. *"following orders"*
 4. *"political coalition"*
 5. *"people-to-people"*

⁸ It was estimated by the study team that the monetary value of the 148 cooperative projects conducted in the health field between 1994 and 1998 was \$12 million.

- ♦ two patterns are driven by the desire of both sides to meet the health needs of the weaker population (in this case, the Palestinians):
 6. “shared mutual interest”
 7. “closing the gap”

While elements of the different patterns may overlap, each pattern has a dominant factor that differentiates it from the others.

Our analysis relates to the background of cooperation and the main milestones on the road to cooperation. It does not address the effectiveness of one pattern compared to another because of the broad variation *a priori* among conditions and organizations. However, it should be kept in mind that these relations were described by people who succeeded in developing and maintaining cooperative projects in the health field, with a generally high level of satisfaction.

Table 8: Patterns of Developing Relations

| Patterns of Developing Relations Built on Previous Acquaintance |
|--|
| <p>1. “Knowing and appreciating each other”</p> <p>This relationship pattern is built on a previous close, positive experience.</p> <p><i>Background for cooperation</i> - interest and desire, along with freedom to choose, to continue working together through a joint project.</p> <p><i>Components</i> -</p> <ul style="list-style-type: none"> ♦ mutual examination of new professional interests. ♦ identification of a specific project of mutual interest. ♦ development of a working relationship. ♦ mixing the past pattern of personal relations with an emerging relationship ♦ pattern related to work. This stage can be tense and unclear. ♦ stabilization in relations and further development according to one of the other patterns. <p><i>Example</i> - clinicians and researchers from Israeli and Palestinian medical institutions who worked together prior to 1994.</p> <p>2. “Getting away from stereotypes”</p> <p>The key players know each other from working together in the Palestinian health system within the Israeli Civil Administration, or from being trained in Israel or being treated there and they have preconceived notions regarding the other side.</p> <p><i>Background for cooperation</i> - interest in working together in the health field out of free choice.</p> <p><i>Components</i> -</p> <ul style="list-style-type: none"> ♦ meeting of people who hold a set of stereotypes regarding personal and professional issues. ♦ looking for a new agenda that can be translated into a joint project. ♦ efforts to rebuild personal, professional and organizational relations. ♦ stabilization of the relations based on a common agreement to not confront the past, but to look forward to developing relations according to one of the other patterns. <p><i>Example</i> - Professionals from Israeli and Palestinian hospitals in geographic proximity.</p> |
| Patterns of Developing Relations Anchored in Political Agreement |
| <p>3. “Following orders”</p> <p>This type of relation is common among representatives of government agencies assigned to carry out official policy in support of cooperation, based on formal agreements: “I was told to develop a joint project.”</p> |

Background for cooperation - a need to execute the official policy of the organization.

Components -

- ◆ initial meetings full of declarations on the importance of Israeli-Palestinian organizational cooperation.
- ◆ freezing of the process. Awaiting completion of formal procedures and receiving all documents needed from the authorities and the organizations involved.
- ◆ mutual blame for the freezing.
- ◆ progress toward working together.
- ◆ pace of progress affected by pace and characteristics of the political process.
- ◆ as the project progresses, professional and personal relations begin developing alongside organizational relations.

Example - a regional research consortium.

4. "Political coalition"

This type of relation grows in an environment of political conflict.

Background for cooperation - interest in working together to promote a political agenda through channels of professional cooperation.

Components -

- ◆ identify partner with similar or complementary political views or ideas.
- ◆ develop joint concept and personal trust.
- ◆ establish professional coalition and organizational framework.
- ◆ develop joint projects to realize the political agenda.
- ◆ build professional relations and professional trust.

Examples - partnerships between peace-oriented NGOs.

5. "People-to-people"

The activists are people interested first and foremost in promoting cooperation, who see the professional track as one way of achieving this goal. The degree of interest in cooperation on each side may differ over time, but promoting cooperation always bonds the participants. Initial acquaintance is usually facilitated by a third party, through conferences and seminars in the region and abroad.

Background for cooperation - interest in contributing to the peace process and to coexistence.

Components -

- ◆ planned acquaintance, accompanied by tension, suspicion, caution until proven otherwise.
- ◆ mutual examination of goals and intentions.
- ◆ beginning of professional discussion which leads to development of a joint project.
- ◆ building of professional trust.
- ◆ building of personal relations and personal trust.
- ◆ strengthening the relations between the organizations that the individuals represent.

Examples - the People-to-People projects sponsored by Norway, Sweden, Belgium.

Types of Relations Focused on Professional Benefits

6. "Shared mutual interest"

The key players are professionals who are interested in integrating promotion of their professional agenda into promotion of international and cross-cultural cooperation.

Background for cooperation - mutual interest in professional topics.

Components -

- ♦ diving into the professional discussion and trying to “market” their professional ability to the other side.
- ♦ building professional trust through working together.
- ♦ choosing a project that serves the interests of both sides.
- ♦ building organizational trust.
- ♦ building personal trust.
- ♦ development of personal relations.

Examples - research projects among universities and research institutes.

7. “Closing the gap”

The activists are people interested in closing or bridging the gap in knowledge or services between the sides. The basis for cooperation is either humanitarian or feelings of guilt (usually by the stronger toward the weaker), or the pragmatic interest of both sides in improving the health infrastructure and services for the benefit of both peoples.

Background for cooperation - desire to, and interest in improving the health and quality of life of the Palestinian people.

Components -

- ♦ recognition of the asymmetric status between the sides (politically, socially, etc.).
- ♦ identification of a topic of joint activity for the benefit of the needy population.
- ♦ development of pragmatic working relations.
- ♦ development of personal relations and personal trust.

Examples - Israeli volunteer groups that provide direct services to the Palestinian population together with a service organization.

The main lesson from this typology is that there are several different ways to reach our goals; understanding where we are coming from and where we are standing may help us to decide how to continue. One factor common to all seven patterns is that personal, professional and organizational relations are interrelated and affect each other. Personal, professional and organizational trust are the blocks that can help build a bridge of mutual understanding, respect and coexistence.

Summary

Based on the respondents’ answers, the study team understood that -- at this stage of Israeli-Palestinian relations (1994-1998) -- the ‘price’ for failure was heavy, in terms of motivation to continue, while the ‘taste’ of success was very encouraging. As one respondent aptly expressed: “I find myself very happy with each small, positive step [in an Israeli-Palestinian project], while such a small step in another international cooperative project would not be considered more than a technical issue”.

5.3 Refrained from Doing

The question “Were there specific things you *refrained* from doing with regard to the cooperative project in the health field?” tested the boundaries or “red lines” the partners to cooperation drew regarding their own participation. Over one-half (54.7%) of the Israeli respondents and 37.5% of the Palestinian respondents reported there were things they refrained from doing with regard to their cooperative projects.

- ◆ Of them, 70.6% of the Israelis said they refrained from discussing political or emotionally loaded issues, mainly politics or political issues. Eight of them (two key entrepreneurs, four project directors and two team members), reported that they refrained from visiting the West Bank and Gaza due to security considerations and their fears for themselves, their family and organization. None of the Palestinians mentioned these factors.
- ◆ 28.6% of the Palestinians said they refrained from doing things that were not relevant to the Palestinian population.
- ◆ 17.6% of the Israelis said they refrained from doing things not connected directly to the project, for example, offering special help to Palestinian colleagues and their families in getting medical care, or arranging for permits to enter Israel for reasons unrelated to project activities.

It appears that individuals are prepared to participate in cooperation, in spite of having and while maintaining their “red lines”.

6. Outcomes of Cooperation in the Health Field

This chapter will present three types of outcome: cooperation enhancement; individual and organizational professional development; health services improvement

6.1 Cooperation Enhancement

People-to-people activities aim to provide opportunities to meet and learn about each other; change attitudes; and spread the word about cooperation to others. These activities are based on the premise that close contact between opposing sides can change preconceived notions about one another and reduce emotional barriers (Bar and Bar-Gal, 1995). The study found that the cooperative projects in health were meeting these goals.

Opportunities to Meet and Learn about Each Other

As noted earlier, an estimated 4,000 professionals took part in cooperative activities in the health field in 1994-1998. The number of participants in each project ranged from six in research and training projects, to hundreds in seminars and conferences. Projects with large numbers of participants were often one-time events, but were the culmination of a planning process involving a smaller number of participants that took place over time. All other projects enabled participants to meet regularly over a period of time. Of the project directors, 43.5 % indicated that project meetings took place once a month, and 34.8% indicated that project meetings took place twice a year. In addition, 28.6% of the Palestinian respondents and 45.7% of the Israeli respondents reported that they met colleagues from the other side socially.

Respondents were asked, “What did you learn about ‘the other side’ through your cooperative project?” They responded that the project gave them a chance to learn about each other, enabling them to replace stereotypes and myths with first-hand impressions and reality.

- ◆ Israeli respondents stressed the importance of learning about Palestinian people, their needs and their culture (and the limitations the culture sometimes places on them) directly through cooperative work rather than through reading or the media. They also learned about the Palestinian drive for education and training.

- ♦ Almost two-thirds of the Palestinian respondents said they learned about Israeli professionalism, particularly stressing the quality of their system and its advanced technology.

Additional information on learning about the other side was gathered by asking what surprised and disappointed the respondents about the cooperative projects.

Surprise

In response to the question, “Was there anything about Israeli-Palestinian cooperative projects that significantly *surprised* you?”, almost three-fourths of the Israeli respondents and over one-half of the Palestinian respondents indicated that there were things about the projects that surprised them. These were generally positive (see Table 9).

Table 9: What Surprised You (percent of those who were surprised)

| Palestinian | Topic | Israeli |
|-------------|---|---------|
| 25.5% | The quality of work and knowledge of the partners | 39.0% |
| 4.3% | The goodwill and enthusiasm of the other side | 27.7% |
| 4.3% | The ease of developing personal relations and professional dialogue | 21.3% |
| - | That the cooperation succeeded | 12.8% |

Overall, the level of surprise registered by Israeli respondents was higher than that registered by Palestinian respondents. A significant percentage of Israeli respondents cited the quality of the work and expertise of their Palestinian counterparts, their goodwill and enthusiasm, and the ease with which they developed relationships. This may reflect the Palestinian professionals’ greater familiarity with the Israeli health system than the Israelis’ with the Palestinian system. Yet preconceptions may still have existed as the Palestinians expressed surprised primarily by the quality of the Israelis’ work and expertise. One of the Palestinian respondents said, “I was surprised by the professional gap between the Palestinians and Israelis”.

Disappointment

In response to the question, “Was there anything about Israeli-Palestinian cooperative projects that significantly *disappointed* you?”, two-thirds of the Israeli respondents and one-half of the Palestinian respondents indicated that there were things about the project that disappointed them. Both the Israeli and Palestinian respondents were disappointed by political influences. One of the Israeli respondents said, “anti-Israeli politics in international arenas were more important for them than cooperation. I took it very personally, how could they do this to me. This also damaged our organization’s prestige”. The Palestinian respondents were disappointed that projects took on a commercial character, or were used for publicity, while Israeli respondents were disappointed by cultural and organizational differences that impinged on the project, logistical difficulties, and issues related to building relations, trust and sensitivity to the other. Among the Israelis who mentioned trust issues, half were from peace-oriented organizations and the other half from service and academic organizations. It is important to note that in

spite of disappointment with aspects of cooperation, the projects do continue and the respondents express a generally high level of satisfaction with them (see Chapter 8).

Changing Attitudes

Two-thirds of the Palestinian respondents and one-third of the Israeli respondents reported that working on a cooperative project affected their attitude to mutual coexistence. While not all the respondents were willing to elaborate on this answer, over 70% of those who reported a change in attitude said that the effect was a positive one by showing that cooperation is possible, by enhancing the desire to live in coexistence, or by moderating their views on the Palestinian-Israeli conflict. Of those who reported no change in attitude, 40% of the Israelis and 20% of the Palestinians reported having a positive attitude to begin with.

A small percentage of Palestinian respondents reported that being involved in such activities had a negative effect on their attitude toward mutual coexistence, saying that “before, the situation was better”, and “hope has vanished”. None of the Israelis interviewed reported a negative effect.

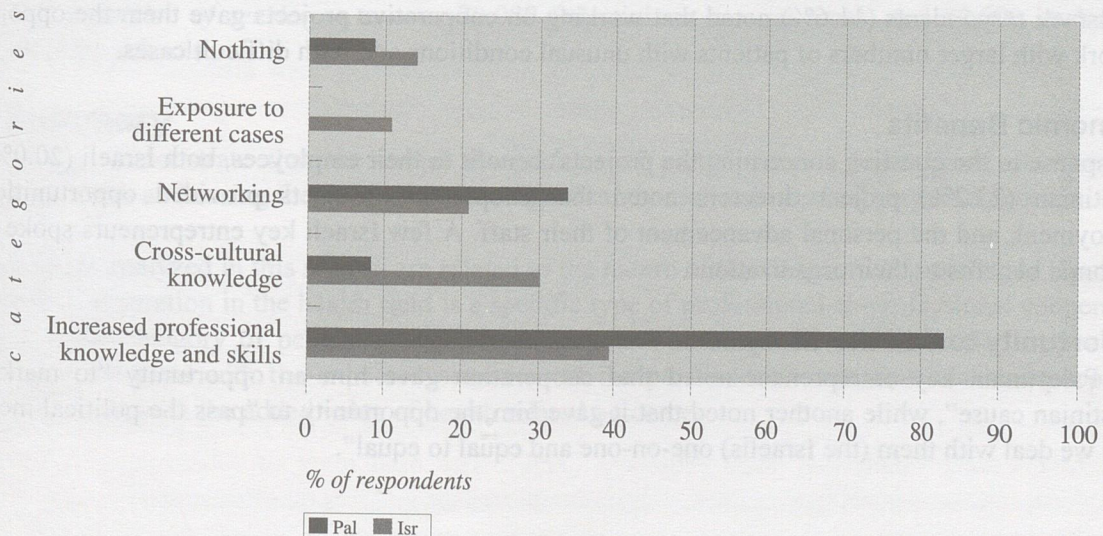
Spreading the Word

Ninety percent of health professionals involved in cooperative activities shared their experience with colleagues or friends. The majority (70%) of respondents said their friends had positive reactions and expressed their enthusiasm and support for such programs. The 20% of respondents who reported negative reactions said that their friends were reluctant, confused, and had doubts about such activities.

6.2 Individual and Organizational Professional Development

Cooperative projects in health contribute to individual and organizational professional development. Project directors and team members were asked about their professional and personal benefits from the

Chart 5: The Contribution of Participation in Cooperative Projects to the Professional Development of the Participants, by Type of Contribution



projects. In addition, project directors were asked about the professional contribution of the projects to their staff; however, as the responses to this question were similar to the responses to the first one, only unique data from this question are presented. Key entrepreneurs were asked about the benefits of cooperation to their organization.

Almost 90% of the project directors and team members reported that the projects contributed to them professionally. Chart 5 above shows the professional contributions to the participants as reported by respondents.

Acquiring Knowledge

The most striking finding was the overwhelming majority (82.9%) of Palestinians who noted that the projects enabled them to acquire technical and professional knowledge and skills. Thirty-nine and a half percent of the Israelis reported acquiring technical and professional knowledge and skills, and 30.2% of them noted that the projects enabled them to acquire cross-cultural knowledge, by giving them the opportunity to work in unfamiliar circumstances, and to learn about conditions in the Palestinian Authority through personal contacts.

This finding was repeated in the responses given by key entrepreneurs to the question about the projects' benefits to organizations. A majority of both Palestinian and Israeli key entrepreneurs said their organization gained professional knowledge through participation. Both Israeli and Palestinian key entrepreneurs noted that the cooperative projects enabled their organizations to expand their international contacts and acquire new professional colleagues.

Networking

Both the Palestinian (34.3%) and Israeli (20.9%) respondents noted the benefits of increased contact ("networking") with both international colleagues and colleagues from the other side. This finding was corroborated by the responses to the questions about the benefit of cooperation to organizations.

Exposure to Different Cases

The Israeli respondents (11.6%) noted that working on cooperative projects gave them the opportunity to work with larger numbers of patients with unusual conditions and with difficult cases.

Economic Benefits

In response to the question concerning the projects' benefit to their employees, both Israeli (20.0%) and Palestinian (22.2%) project directors noted that cooperative projects provided opportunities for employment, and the personal advancement of their staff. A few Israeli key entrepreneurs spoke of the economic benefits to their organizations.

Opportunity to Tell the Story

One Palestinian key entrepreneur noted that cooperation gave him an opportunity "to market the Palestinian cause", while another noted that it gave him the opportunity to "pass the political message, since we deal with them (the Israelis) one-on-one and equal to equal".

Nothing

A small percentage of both Israeli (14%) and Palestinian (8.6%) respondents reported that the projects contributed “nothing” to them professionally.

6.3 Health Services Improvement

The “added value” of cooperative projects in health is the potential impact of these projects on the health status of the population. This is difficult to measure directly, and the study learned about the potential impact on the health of the population by examining the projects’ goals and whether these were achieved.

Project directors were asked about the goals of their project and the extent to which these goals were achieved. All projects had health-related goals. In addition, some had organizational goals, and a significant number had goals related to cooperation. Over 75% of the project directors said their health-related goals were achieved. (The goals of nine projects are presented in Appendix II.)

The specific health-related outcomes of these nine projects covered many aspects of the health system, including the training of health personnel; the development of infrastructure; the generation of data for policy makers and clinicians; and the direct provision of services to the population by Israeli volunteers working with Palestinian professionals. Specific examples include the following:

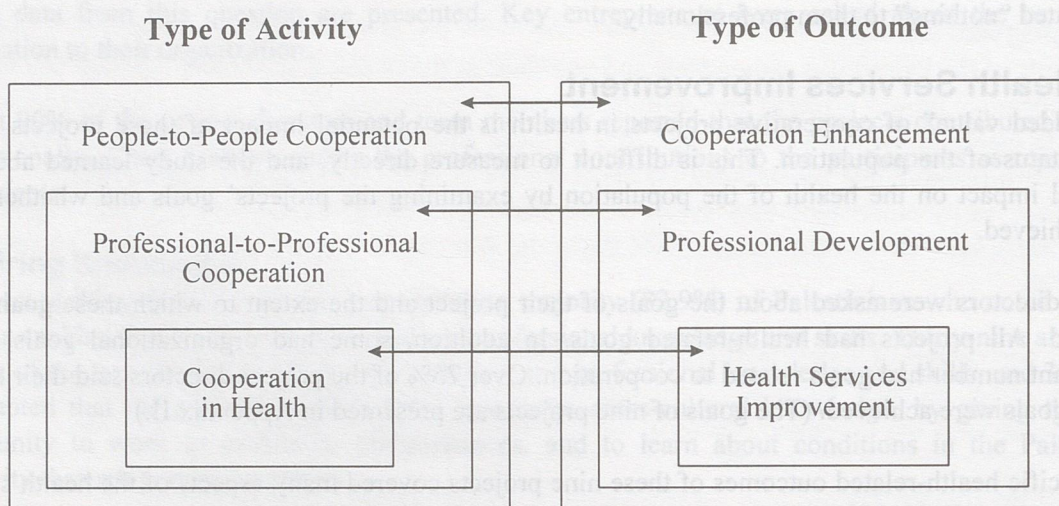
- ◆ *Training of health personnel* -- specialized hospital-based training of 23 Palestinian physicians and accredited training in family medicine for another four Palestinian physicians; training of 380 teachers as health educators.
- ◆ *Development of infrastructure* -- contributing to the establishment of the Health Promotion and Education Directorate, PMOH; development and production of a curriculum and 12 types of material in health education for teachers and school children, 200,000 copies of which have been disseminated; all of which led to the implementation of prevention programs in schools. Establishment of a state of the art laboratory at a Palestinian university.
- ◆ *Generation of data* -- for policy planning and development of intervention programs in the fields of adolescent health behaviors, leishmaniasis and beta-thalassemia.
- ◆ *Direct provision of service* -- to over 20,000 Palestinians in rural areas, and 80,000 students in elementary schools.

6.4 Summary

The findings demonstrate that the initial motivations of participants -- professional development, improving health and easing the conflict -- were significantly realized in actual project outcomes.

The outcomes analyzed in this section are related to the nature of the cooperative projects, as illustrated in Chart 6. Cooperation in the health field is a specific type of professional-to-professional cooperation, which is a sub-category of people-to-people cooperation. The outcomes of cooperation in health as related here correlate with the expected outcomes of the professional-to-professional and people-to-people activities, with the added value of health related outcomes.

Chart 6: Types of Activity and Types of Outcome



7. Looking Toward the Future

One of the major goals of this study was to learn about the potential for future cooperation in the health field from two perspectives:

- ♦ What has the experience of participation contributed to the prospects for future cooperation?
- ♦ Is there a unique role for health professionals in promoting cooperation?

7.1 The Potential for Future Cooperation

Experience of Participation in Cooperation

The following three questions will be discussed in an attempt to understand how the experience of participation in cooperation can contribute to future cooperation:

- ♦ To what extent has the *experience* of the participants influenced their attitudes toward continued cooperation?
- ♦ How widespread is the *interest* in future cooperation?
- ♦ What *lessons* have the participants drawn about how to continue cooperation?

Experience

The interest in future cooperation is, in part, influenced by the nature of experience with prior projects. An important indicator is the degree of satisfaction with the project that participants reported. Table 10 shows that almost all of the Israelis (97%), and the vast majority of the Palestinians (82%), are very satisfied or satisfied with their participation in a cooperative project. The highest degree of satisfaction was found among Palestinian key entrepreneurs (almost 100%), while the lowest degree of satisfaction was found among Palestinian team members (72%). The high level of satisfaction expressed by respondents may be related to the fact that the outcomes of the projects (as demonstrated in the previous section) correspond with the participants' motivations for cooperation.

Individual satisfaction is echoed in the findings, indicating a high level of satisfaction with the boards of directors or leadership, which support cooperation within an organization. Moreover, there is a close correlation between participants' satisfaction and their perception of the board's satisfaction. For example, in 75% of the cases in which a professional is very satisfied, the board of directors is perceived to be very satisfied.

Another indicator of interest in continued cooperation is the impact of a person's participation on his or her attitude toward future cooperation. Concern was raised that cooperation might reinforce negative stereotypes or emphasize political divisions, or that history and past grievances would rise to the surface and dominate the interaction. Over half of the Palestinian and Israeli respondents indicated that their participation had influenced their views on professional cooperation, and the majority of them indicated that the influence was positive, rather than negative.

Table 10: Selected Indicators of Interest in Cooperation

| Palestinian | Indicators | Israeli |
|-------------|--|---------|
| 82% | Satisfied with participation | 97% |
| 90% | Board of directors satisfied | 93% |
| 63% | Influenced by participation | 56% |
| 88% | Interested in continuing | 99% |
| 64% | Had ideas that were not realized | 63% |
| 52% | Know others who are interested but gave up | 26% |
| 87% | Have friends who are interested | 70% |

When asked to explain how their views were affected, the Israeli respondents emphasized that their participation demonstrated the feasibility of cooperation, about which they had initially had many doubts. The Palestinian respondents emphasized that their participation affected their views positively because of the good atmosphere and honesty that characterized the collaborative relationship. It is worth noting that team members were the ones to most frequently report being influenced by participation, with the influence being overwhelmingly positive. Moreover, almost two-thirds of the participants had in the past tried to launch additional projects -- another reflection of a broad interest in cooperation.

Interest

What was the actual interest in, and intention to, participate in further cooperative projects? Against the background of the positive assessment of previous experience, it was not surprising to find that 99% of the Israelis and 88% of the Palestinians were interested in continuing to participate. Moreover, there was no difference across levels in participants' interest in continuing. An interesting phenomenon was that even among those who expressed dissatisfaction with their project, 16 of 18 were interested in continuing to participate in a cooperative activity.

The study shows that interest in cooperation extends beyond the current participants. This was reflected in the percentage of respondents who reported knowing others who were interested in cooperative projects and had given up: 26% of the Israelis and 52% of the Palestinians. Among the Palestinians,

political constraints were by far the major obstacle to participation, while Israelis cited this only marginally.

Furthermore, significant percentages of respondents reported having friends whom they told about their project and who were interested in participation: 70% of the Israelis and 87% of the Palestinians. It is noteworthy that these percentages were similar among key entrepreneurs, project directors and project team members. Based on information (collected by the JDC and Al-Quds University) about projects begun after 1998, it may be said that this potential is being fulfilled.

Lessons of Participants

In addressing how they would like to implement future projects, respondents referred to a number of changes they would like to see (see Chart 7).

Chart 7: How Would You Implement Cooperative Projects Differently? Frequent Responses

| Response | Israeli (%) | Palestinian (%) |
|---|-------------|-----------------|
| Palestinians and Israelis | | |
| Invest in understanding interpersonal sensitivities | 82% | 82% |
| More symmetry | 90% | 90% |
| More planning and higher professional standards | 53% | 53% |
| Ensure funding in advance | 88% | 88% |
| Palestinians | | |
| More measurable outcomes | 32% | 32% |
| Ensure relevance to Palestinians | 87% | 87% |

The Israelis and Palestinians share a number of aspirations for change. For example, they share an interest in investing more in interpersonal issues; in ensuring funding in advance; in better planning and higher professional standards; and in more symmetry, although the Palestinians were somewhat more concerned with this than their Israeli counterparts. The responses to “what you would do differently” closely reflect the responses concerning assisting factors and obstacles.

The Palestinians emphasized two additional factors -- ensuring relevance of topics to the Palestinians and ensuring measurable outcomes. Thus, if during 1994-1998 the Palestinians more readily sought opportunities for professional and infrastructure development, they now seem more concerned that projects maintain high standards, be given high priority, and have concrete and measurable benefits.

Types of Project

The interest of the participants was supported by concrete ideas about types of project. The Palestinian respondents tended to prefer projects involving training followed by research, while the Israeli respondents preferred projects that offered a balance of training, research and direct service provision or development. Many respondents expressed interest in projects that would concern public health and primary health care, viral illness (hepatitis, AIDS), chronic illnesses (diabetes), the development of

medical specialties (anesthesiology, orthopedics, ophthalmology, ENT, rehabilitation) and highly technical areas such as cardiovascular surgery and neurosurgery.

7.2 Role of Health Professionals in Promoting Cooperation

Many of the respondents viewed health professionals as having an important role in promoting mutual coexistence because of their ability to work together on the basis of professional and humanitarian commitments that supersede political barriers. They are thus able to achieve two goals:

- ♦ meet the needs of the Palestinian population for services, programs, and technical assistance;
- ♦ develop patterns of working together among organizations and professionals.

In this way, health professionals are proving the feasibility and desirability of cooperation and paving the way for others. Moreover, there is something unique to the health field: the morality and humanity of the human being. This is exemplified by the following statements of participants: "We touch (on the) pain, suffering and (on the) human beings. These are the rare moments of truth in which health professionals touch each other. There is a professional obligation to treat even the enemy, and physicians are able to do this."

Cooperative projects in the health field are perceived worldwide as bridges for peace. This is reflected in the names given to such projects: The Central American initiative used *Health as a Bridge for Peace* (PAHO, 1991); the report on one of the People-to-People initiatives in the Middle East is called *Building Bridges Through Health* (ECF and PCH, 1998); and the agenda for the health program of the Peres Center for Peace is titled *Medicine and Healthcare in the Service of Peace* (The Peres Center for Peace, 1998).

The "Health Bridges for Peace" project launched in 1996 in the former Yugoslavia is the outcome of an earlier project aimed at reconciliation. "Gradually the work came to focus on the unique and crucial role that health care professionals, primarily physicians, can play, not only in mending the physical and psychological wounds of individuals but also in rebuilding structures for public health care and in creating bridges for community reconciliation" (Gutlove, 1999, p. 11).

7.3 Summary

This study has uncovered a very impressive and surprising extent and array of cooperative projects involving a broad spectrum of NGOs, universities and government organizations. These activities were, in part, motivated by an interest in contributing to the resolution of the conflict, as well as the Palestinians' strong interest in professional development. These projects were perceived to have been successful and have generated high degrees of satisfaction.

They also generated broad interest in more involvement among the participants and some of their colleagues. Financial and political barriers seem to be the primary restraining factors in what could have been a much higher volume of activity, based on the indicators of unrealized interest. Yet these projects succeeded despite a very complex political climate and many ups and downs in the peace process. Successful projects have successful outcomes, successful outcomes encourage more cooperation.

8. Lessons from the Study

The current study aimed at providing an in-depth look at different ways of cooperation in a post-conflict era. This chapter will focus on three themes to which the study makes a unique contribution, practically, for those interested in becoming involved in cooperation, and conceptually, for those interested in developing approaches and processes of cooperation. The three themes are 1) the project as the technology of cooperation; 2) patterns of cooperation; and 3) the significance of cooperation in the health field. The analysis of the first two themes is applicable to all fields, while the analysis of the third theme is unique to the health field.

8.1 The Project as the Technology of Cooperation in Post-Conflict Eras

Cooperation in a post-conflict era may be implemented in various ways – meetings, exchanges of information, helping one another on an *ad-hoc* basis. The current study focused on a specific type of cooperation – one that is carried out through projects. The primary purpose of the study was that well-planned cooperative projects in the health care field that health care professionals can enhance and lay the groundwork for sustained cooperation and reconstruction. These projects were carried out by Palestinian and Israeli health professionals on behalf of their organizations and involved a multi-phase process.

Section III

Conclusion

The strength of the project technology is that the project, by itself, generates processes. Carrying it out requires definition of needs, interests, goals, planning, responsibilities, financing, implementation and dissemination. Cooperation grows as the project progresses through its phases. The project ensures that professional dialogue and interaction do not take place for the sake of dialogue alone, but also advance a concrete health goal. The success of a project is therefore measured by two outcomes – outcomes related to cooperation and outcomes related to health. The study indicates that the success of these two outcomes is interrelated.

The strength of the project technology is also derived from the fact that it is a tool for building multi-dimensional cooperation at the professional level, the organizational level, and the personal level. As the study shows, the initial connection may be based on a mutual professional interest, the policy decision of an organization to work with the other side, or personal acquaintance between two professionals. For this connection to ripen into a successful project, cooperation at all levels must be developed. The cooperative project creates a new identity for its participants, as they move from being

“You need people from both sides with personal enthusiasm, belief, vision – who are crazy about the idea of cooperation.”

The strength of cooperative projects in the health field is that they make it legitimate for those

“I see it all over the world. Health professionals and health promotion professionals are a breed of people who spread good will and humanitarianism wherever they go.”

to work together and learning to live together in an *apolitical* way. The literature and the findings of the study show that working together sensitizes each side to the other and positively influences attitudes toward cooperation and coexistence. Projects in the health field are also developed by organizations that are interested specifically in topics at the heart of the political conflict, in the name of human rights and peace promotion.

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The strength of the project technology is also derived from the fact that it is a basis for building *multi-dimensional cooperation* at the professional level, the organizational level, and the personal level. As the study shows, the initial connection may be based on a mutual professional interest, the policy decision of an organization to work with the other side, or personal acquaintance between two professionals. For this connection to ripen into a successful project, cooperation at all levels must be developed. The cooperative project creates a new identity for its participants, as they move from being "sides" to being "partners".

A unique strength of cooperative projects in the health field is that they make it legitimate for those involved by touching upon topics that are not at the heart of the political conflict. This facilitates expanding the circle of cooperation and bringing aboard organizations and people interested in meeting the other side and learning to live together in an *apolitical* way. The literature and the findings of the study show that working together sensitizes each side to the other and positively influence attitudes toward cooperation and coexistence. Projects in the health field are also developed by organizations that are interested specifically in topics at the heart of the political conflict, in the name of human rights and peace promotion.

The study findings show that, on the professional-to-professional track, many different types of projects can grow and flourish. The study classified these projects into five major categories -- training, research, service development, service provision, and conferences. In addition, parameters of cooperation were identified, including the number of participants involved in the activities; the place of implementation; the visibility of cooperation; the duration of interactions; the type of relations; the benefits to the population; and the ability to overcome obstacles.

Organizational strategies for choosing types of project are influenced by both a project's characteristics and an organization's mandate. The prevalence of certain types of project, as mapped by this study may thus be the result of project characteristics, as well as organizational characteristics (see Table 11).

Table 11: Reasons for Distribution of Projects by Primary Type of Activity

| | |
|---|---|
| Why so many training projects? | <ul style="list-style-type: none"> - Need for local capacity-building creates motivation - Availability of training resources - Region-based (easier to commute, especially for long-term training) - Low cost - Scholarships available |
| Why so many research projects? | <ul style="list-style-type: none"> - Need for local capacity-building creates motivation - Mutual interest in topics based on geographic proximity - Easy to overcome logistic obstacles - Symmetry in work - Availability of funding |
| Why so few service development projects? | <ul style="list-style-type: none"> - Training and research projects may lead to service development - Long-term process, takes a long time to see results on the ground - Problem of duality for Israeli organizations whose first mandate is to serve their population - Foreign organizations involved in development are not used to participating in cooperative projects; cooperation in post-conflict era was traditionally led by peace and coexistence-oriented organizations |
| Why so few service provision projects? | <ul style="list-style-type: none"> - Despite great need, however, many foreign governments and international organizations provide services and are not interested in participating in cooperative Israeli-Palestinian projects - High cost - Need volunteers with shared social/ideological values |

Table 12: Comparative Analysis of Israeli-Palestinian Professional-to-Professional Projects, by Type of Project and Parameters of Cooperation

| Projects | No. of Isr-Pal Professional Participants | Place of Implementation | Visibility of Cooperation | Length of Interaction | Type of Interaction | Potential Outcomes | Ability to Overcome Obstacles |
|---|---|-----------------------------------|---|--|--|--|--|
| Conferences and seminars | Many (20-200) | Region-based or outside of region | Medium to high | One-time event for participants, longer for the organizers | Ice-breaking networking on a parity basis | Contacts ideas for new projects | Very difficult - because of high visibility and the time factor |
| Research | Few (2-15) | Region-based | Low during implementation, potentially high on publication of results | Long term (2-3 years) | Working together on a parity basis | Data for policy planning and intervention programs | Easy - due to the long-term time frame and autonomous implementation in the field by each side |
| Training - courses | Many (20-30) | Region based | Low | Short term (few days to few months) | Working together is asymmetric: teacher-student relationship | Trained professionals | Difficult - especially when many participants involved |
| - internships | Few (4-8) | Region based | Low | Long term (1-2 years) | Working together is asymmetric: teacher-student relationship | Trained professionals | Easy - due to the long-term time frame and the few participants |
| Service development | Few (4-10) | Region based | Low | Long term (2-3 years) | Working together symmetrical or asymmetrical | Improved professional infrastructure & services for the population | Easy - due to the long-term time frame and the few participants |
| Service provision (not-for-profit) | Many (20-30) | Region based | High toward recipients of the service | One-time or ongoing | Working together symmetrical or asymmetrical | Direct contact with the general population and its daily life | Easy - due to the long-term time frame and the people in need |

Table 12 above shows the interface between the different types of project and the parameters of cooperation. This table may assist in the process of choosing a project or developing a cooperative program. For example, it may help with the following:

- ◆ *Identifying topics and partners* -- this is most easily accomplished through conferences and seminars that involve a large number of participants.
- ◆ *Developing long-term relations* -- this may be accomplished through service development and research projects.
- ◆ *Directly assisting professionals* -- through training projects.
- ◆ *Directly assisting the population* -- through service provision.
- ◆ *Ensuring a high level of visibility for cooperation* -- through public conferences and seminars.
- ◆ *Ensuring symmetrical relations* -- through research carried out simultaneously by both sides.
- ◆ *Overcoming political crises* -- through long-term research, training or service development projects. The commitment to long-term projects, especially when funded by international donors and carried out in low profile, functions as a buffer to the unstable political environment.

8.2 Patterns of Cooperation

The pattern of cooperation is at the heart of the cooperative project. It is epitomized by working together, not one alongside the other, but one *with* the other. Throughout the study, the research team investigated the essence of cooperation between Israelis and Palestinians in the health field during 1994-1998 (the post-conflict era), and at the same time examined patterns of cooperation during the conflict era, 1967-1994. Parameters of cooperation were an outgrowth of the political environment and the cooperative environment. Table 13 presents two models of professional-to-professional cooperation -- "imposed cooperation" versus "cooperation by choice" -- which were derived from this analysis.

The most significant parameter influencing the pattern of cooperation during the conflict era was the political *imbalance* between the ruler/administrator/occupier and those being ruled. The authorities of the ruling side set the rules for working together, while the other side was limited in its choice of whether or not to cooperate, as in order to ensure the health of its population, it was compelled to cooperate with the authorities.

The most significant factors affecting cooperation during the post-conflict era are the freedom of both sides to choose whether to cooperate or to work separately; the entry of the NGO sector into the cooperative arena; and the involvement of international players, mainly as funders.

A pivotal factor in developing cooperation is building relations based on *mutual trust* and *respect* at all levels of a project. While the conflict era was characterized by a culture of suspicion, the post-conflict era is characterized by a culture of building trust and respect. The study shows that the professional-to-professional track is conducive to building such relations around a shared professional agenda. Trust is needed to overcome obstacles, and overcoming obstacles builds trust. On this track, project management skills are no less important than conflict management skills.

One factor that is crucial to working together in both the "imposed cooperation" model and the "cooperation by choice" model is that of *individuals* who care about the health of the population. One of the factors crucial to successful cooperation within the "cooperation by choice" model is a core of

Table 13: Models of Professional-to-Professional Cooperation

| Characteristics | “Imposed Cooperation” | “Cooperation by Choice” |
|---------------------------------------|--|--|
| <u>Political Environment</u> | | |
| Political era | - conflict | - post-conflict |
| Political status | - unbalanced - patron-client | - balanced - partnership |
| Type of relationship | - limited choice | - available alternatives |
| Responsibility for health | - one side responsible for two populations | - each side responsible for its own population |
| Dependency for health care | - higher level for one side | - low for both sides |
| <u>Cooperative Environment</u> | | |
| Goal of cooperation | - health of population | - health of population - coexistence |
| Policymaking | - unilateral | - cooperative |
| Essence of cooperation | - working together | - working together |
| Major players | - government agencies | - NGOs & universities |
| Funding | - local sources - authorized channels | - local and international sources - many channels |
| Personalities | - very important | - very important |
| Terminology | - sides, parties | - colleagues, partners |
| Culture | - suspicion | - trust and respect |
| Outcomes of cooperation | - healthy population - seeds of cooperation | - healthy population - healthy cooperation |

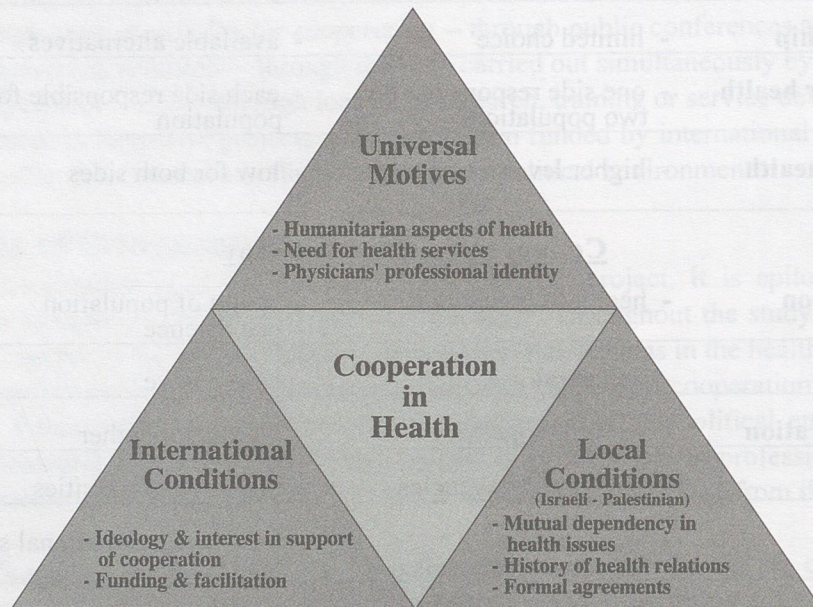
individuals with vision, persistence, optimism and a strong desire to cooperate for the sake of promoting coexistence, as well as for the sake of caring for the population.

Understanding the pattern of cooperation is not complete without additional in-depth study of factors related to those individuals who refrained from entering into cooperation and those who gave up at some point in the process.

8.3 Uniqueness of Cooperation in the Health Field

In the final analysis, the study offers an answer to the question “Why health?” The fusion of universal motives and international and local conditions formed a critical mass for cooperation, which accounted for the development of 148 cooperative projects in the health field between 1994 and 1998 -- the post-conflict era (see Chart 8).

Chart 8: Factors Affecting Cooperation in Health in the Post-conflict Era



- ◆ *Universal motives* - The following factors are related to the essence of the health field and the medical profession:
 - the humanitarian and emotional aspects of activities, which touch upon suffering and pain, and saving lives;
 - the need for services to treat acute medical conditions, alongside the need to develop infrastructure for the future;
 - the unique identity of medicine as a profession, and the Hippocratic Oath, which commends physicians to treat any person in need, even an enemy.

These factors are very powerful, and explain the willingness of health professionals to work together even during conflict.

- ◆ *International conditions* - For cooperation to grow in the health field, as well as in other fields, supportive international conditions are required:
 - global ideologies and interest in support of cooperation and peace promotion;
 - facilitating mechanisms to enhance cooperation, such as funding for cooperative projects and structures, for creating opportunities for cooperation and management of cooperation.

Such supportive international conditions have existed since 1994 in the Israeli-Palestinian context, and have played a pivotal role in achieving the current level of cooperation.

- ♦ *Local conditions* - The final group of factors affecting cooperation are local conditions. In the Israeli-Palestinian health context, the following local conditions existed:
 - geographical proximity and a shared ecological environment; the health of one population is affected by the other as “viruses know no borders”;
 - a history of Israeli and Palestinian health professionals working together during the conflict era – during 27 years of the Israeli Military and Civil Administration in the West Bank and Gaza.
 - formal treaties and agreements between the Palestinian Authority and the Israeli government which call for cooperation in civilian issues.

8.4 Conflict, Post-conflict and Cooperation

The universal lesson to be drawn from Israeli-Palestinian experience is that the seeds for cooperation and coexistence in a post-conflict era may be sown during the conflict. Therefore, leaders interested in promoting peace and coexistence following a crisis should identify -- during the crisis -- the bricks and mortar which may build the new bridge. The Geneva Conventions since 1864,⁹ the operations of the International Red Cross and the recent WHO initiative “Health as a Bridge for Peace”, are expressions of the philosophy that even during conflict, certain humanitarian standards need to be maintained, particularly with regard to civilian populations and treatment of the sick. It may be that the characteristics of national, ethnic and regional conflicts since the end of the Cold War require a new convention, which will legitimize humanitarian activities by joint teams from conflicting sides, along the lines of people-to-people activities, without the stigma of “collaboration”.¹⁰

The individuals and the organizations whose story is told here, have proven that cooperation is possible, and have shown what it can achieve. It is up to all of us to enable this people-to-people effort to continue and expand.

The outcomes of cooperation in the health field are healthy populations and healthy cooperation. Peace is not merely the absence of war, but the opportunity to contribute to the health and welfare of all the people in a region.

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⁹ “Geneva Convention – An international agreement made in 1864 regulating the treatment of those wounded in war, and later extended to cover the types of weapon allowed, the treatment of prisoners and the sick, and the protection of civilians in wartime. The rules were revised at conventions held in 1906, 1929 and 1949, and by the 1977 Additional Protocols.” The Hutchinson Encyclopedia. 1999. URL [Http://www.helicon.co.uk](http://www.helicon.co.uk).

¹⁰ For additional information on this topic see: Russbach, R. and Fink, D., 1994. **Humanitarian Action in Current Armed Conflicts: Opportunities and Obstacles. Medicine and Global Survival**, Vol. 1, No. 4. URL <http://www2.healthnet.org/MGS/RussbachMGS1-4.html>

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Appendix I: Research Team

Professor Ziad Abdoen

Dean of Scientific Research
Al-Quds University
(Head, Al-Quds University Team)

Maria Aboulafia

Assistant for Special Programs
JDC-Brookdale Institute (until July 1999)

Eliey Berghuthy

Senior Researcher
Al-Quds University (until December 1997)
Independent Researcher and (

Appendices

Debara Barnea

Director
JDC-Special Programs in the Middle East
(Head, JDC Team)

Juliet Dikdik

Research Assistant
Al-Quds University

Wendy Garber

Senior Program Manager
JDC-Special Programs in the Middle East

Professor Jack Habib

Director
JDC-Brookdale Institute

Margita Dribo

Senior Researcher
Al-Quds University

Dr. Dan Yavol

Senior Researcher
JDC-Brookdale Institute (until March 2000)

Appendix I: Research Team

Professor Ziad Abdeen

Dean of Scientific Research
Al Quds University
(Head, Al-Quds University Team)

Meira Aboulafia

Assistant for Special Programs
JDC-Brookdale Institute (until July 1999)

Fikry Barghuthy

Senior Researcher
Al Quds University (until December 1998)
Independent Researcher and Consultant (since 1999)

Tamara Barnea

Director
JDC-Special Programs in the Middle East
(Head, JDC Team)

Sahar Dkeidek

Research Assistant
Al Quds University

Randi Garber

Senior Program Manager
JDC-Special Programs in the Middle East

Professor Jack Habib

Director
JDC-Brookdale Institute

Mounira Qleibo

Senior Researcher
Al Quds University

Dr. Dan Yuval

Senior Researcher
JDC-Brookdale Institute (until March 2000)

Appendix II: Project Profiles

Research

1. Health Behavior of School-Aged Children (HBSC) Survey
2. Leishmaniasis ("the Rose of Jericho") in the West Bank and Israel
3. Research in Beta Thalassemia

Training

4. Family Physician's Tutorship Project
5. The Karl Kahane Foundation Fellowship Program for Training of Palestinian Physicians from the West Bank

Service Development

6. Health Education for Palestinian School Children (Hed-Pal)

Service Provision

7. Homeopathic Treatment of Children
8. Physician Days for Palestinians

Conference

9. First and Second International Geriatrics Conference on Aging in the Mediterranean and the Middle East

1. Project Name: Health Behavior of School-Age Children Survey (HBSC)

Project Type: Research

Project Years: 1995- present

Goals

- ◆ Initiate collaboration between researchers in the Palestinian Authority and Israel to develop ongoing research project to study and monitor determinants of high priority risk behaviors and indicators of Palestinian and Israeli adolescent well-being.
- ◆ Use information from study to develop more effective policies and programs to affect health and well-being of adolescents in the Middle East.
- ◆ Expand research to other countries in the Middle East to become a satellite regional project to the HBSC in Europe.

Project Partners

Israeli - Bar Ilan University; JDC-Brookdale Institute; Ministry of Health; Ministry of Education

Palestinian - Al Quds University; Gaza Health Services Research Center (GHSRC); Ministry of Health; Ministry of Education

International Affiliation

World Health Organization (WHO) - sponsor of the HBSC survey worldwide. The Israeli principal investigator is the official liaison of the WHO-HBSC to the Middle East. HBSC principal investigators from France and the US serve as consultants to the Middle East project.

Center for Disease Control (CDC), US

How the Project Was Born

Bar Ilan University and the JDC-Brookdale Institute worked together prior to this project on the Israeli HBSC. JDC and GHSRC also worked together on another project, while Bar Ilan University and Al Quds University collaborated on a marine project. The Israeli principal investigator, who is affiliated with both Bar Ilan University and the JDC-Brookdale Institute, joined forces with the director of JDC-Special Programs in the Middle East to develop the Middle Eastern section of the HBSC survey. At the same time, there was a growing interest in the PA (especially the MOE and the MOH) in developing a similar type of project and having information to guide them in adolescent health education and promotion, in order to improve capabilities and provide cost-efficient services. GHSRC took upon itself the responsibility for implementing the project in the Gaza Strip and brought Al Quds University into the project to implement the survey in the West Bank.

Project Components

- ◆ Adaptation of international instruments to the region through pre-test and focus groups.
- ◆ Data collection through a survey.
- ◆ Development of joint and separate data bases.
- ◆ Hold regional workshops.
- ◆ Participation of principal investigators in international conferences.
- ◆ Dissemination of survey findings to policy makers and other professionals in order to promote policies and programs for the well-being of youth.

Number of Participants

Nine Palestinians and ten Israelis worked directly on the project between 1995 and 1999.

Funding

Funds for the pre-test and pilot phases were raised from a private foundation and USAID-MERC (under \$250,000). Funding for the full survey (one million dollars) was awarded by in 2000 by USAID-MERC for 2000-2003.

Achievements

- ♦ Worked together for over three years with almost no disruptions due to political instability.
- ♦ Carried out successful pre-test in spring 1996 in Israel and the PA.
- ♦ Pooled data in a regional data set, overcoming all methodological and technical obstacles resulting from differences in culture and in scientific infrastructure.
- ♦ Carried out focus group discussions with all sub-groups to identify specific methods and topics whose findings were used to adapt the survey questions.
- ♦ Conducted three regional workshops and several meetings among partners to continue development of material.
- ♦ Submitted several proposals to major funding agencies, and received funds to cover pre-test, pilot and full implementation.
- ♦ Completed large pilot survey with the full questionnaire for 4,000 Palestinian and Israeli children.
- ♦ Prepared the groundwork for the full implementation of the survey of 40,000 children.
- ♦ Encouraged development of health promotion efforts for youth in the school system.

Unique Aspects

Carrying out a survey of four population groups: Palestinians in Gaza and in the West Bank, and Israeli among Jews and Arabs. Each data base will serve each society's needs. The joint data base provides comparative data on the youth in these two societies, who will shape the future of the region.

Lessons from Participants and Personal Reflections

“You need people from both sides with personal enthusiasm, belief, vision - who are ‘crazy about the idea’ of cooperation, of the topic and to bridge the gap.”

“The children are the generation of the future.”

Role of health professionals

“I see it all over the world. Health professionals and health promotion professionals are a breed of people who spread goodwill and humanitarianism wherever they go.”

“If it doesn't reach the grassroots, it doesn't deliver.”

Publicity

“Publicity (to the general public) can backfire if people are not aware of the value of the project.”

“I'm not sure keeping such a low profile served us well in all aspects. It might have been easier to work on the project if it had had a higher profile.”

♦♦♦

2. Project Name: Leishmaniasis (“the Rose of Jericho”) in the West Bank and Israel

Project Type: Research

Project Years: 1998 – 2001. The original grant was through May 2000, but it was extended for an extra year.

Goals

Leishmaniasis, commonly known as “the Rose of Jericho”, is a vector-borne disease endemic to the region. There are two types – cutaneous, which causes severe skin lesions that can leave permanent scarring, and systemic, which attacks the immune system and often results in death if not treated. The goals of the project were:

- ◆ To document the disease cycle and establish a baseline.
- ◆ To establish a data bank of the cases among humans, animals and vector (fly).
- ◆ To develop preventive measures to reduce the impact of the disease.

Project Partners

Israeli - Hebrew University - Kuvim Center

Palestinian – Al Quds University

International Affiliation

University of Lubeck, Germany

How the Project Was Born

Al Quds University and the Kuvim Center had a long-standing relationship of eight years prior to this project. Based on this relationship, they decided to work together on this disease, wrote a proposal and submitted it to a funder. The University of Lubeck was interested in this project as well because of strong historic ties between Germany and African countries where the disease is also prevalent.

Project Components

- ◆ Development of data base.
- ◆ Genotyping of parasites in humans, animals and vector.
- ◆ Conducting risk assessment study.
- ◆ Dissemination of preventative measures to the population.
- ◆ Testing of local herbal treatment for cutaneous leishmaniasis.

Number of Participants

Fourteen Palestinian, twelve Israeli and three international researchers are working on this project.

Funding

The project partners raised over one million dollars for this project from a German NGO which funds research projects around the world.

Achievements

- ♦ Carried out all planned project components (data base, genotyping, risk assessment, dissemination) on schedule.
- ♦ State of the art laboratory established at Al-Quds University.
- ♦ Seven professional articles written, four with joint Israeli-Palestinian authorship.
- ♦ Two spin-off projects in the field of infectious diseases were developed which have attracted funding agencies from other countries. One has already received a grant and the other is in the process.
- ♦ Developed local, regional and international networking with leaders in the field.

Unique Aspects

The project addresses three professional levels – doctorate, post-doctorate and technicians.

Through the project, three Palestinian researchers are working at the Kuvin Center.

The project was funded through a mainstream competitive grant program, not one specifically geared towards developing regional cooperation.

Lessons from Participants and Personal Reflections

"If the two partners work from the very beginning in drafting and articulating the research objectives, the outcomes are more relevant to the two parties and are more sustainable. We are going to continue working in this field, even after the grant ends."

"Satisfaction was great among the team and scientific productivity was good."



3. Project Name: Research in Beta-thalassemia

Project Type: Research

Project Years: 1998 - present. The idea for the project was raised a number of years prior to 1998. Planning, fundraising, and training efforts were begun in 1998, and actual research was begun in 1999.

Goals

Beta-thalassemia is a genetic disorder which causes severe anemia, growth delays and fractures. The only treatment available today is palliative and is very costly -- \$250,000 per person with the illness. It is estimated that 5% of the Palestinian population and 1-2% of the Israeli population are carriers. The goals were:

- ♦ To understand the molecular basis of Beta-thalassemia.
- ♦ To develop the Palestinian infrastructure for diagnosis and prevention of the disease.
- ♦ To promote scientific cooperation.

Project Partners

Israeli - Hebrew University - Hadassah Medical Center

Palestinian - Bethlehem University

International Affiliation

UNESCO - Granada Program

How the Project Was Born

A Palestinian researcher initiated a meeting with his colleague at The Hebrew University. "Within five minutes, it was clear that we would work together on this disorder", reported one of the researchers; "the project is very necessary."

There was pressure from Palestinian sources at the university not to cooperate with an Israeli university. Eventually this was overcome, by each university's signing a separate contract with UNESCO (Granada Program).

Project Components

- ♦ Development of infrastructure in PA for diagnosis of beta-thalassemia.
- ♦ Training of Palestinian research assistant in laboratory techniques at Hadassah Medical Center.
- ♦ Conducting research on the molecular basis of beta-thalassemia.

Number of Participants

Three Israeli researchers and three Palestinian researchers

Funding

The Israeli and Palestinian principal investigators raised about \$100,000 from the UNESCO-Granada Program. This is about one-fourth of the original proposed budget.

Achievements

- ◆ Trained a Palestinian laboratory worker.
- ◆ Developed better opportunities for diagnosis in the Palestinian Authority.
- ◆ Established institutional connections between Israeli and Palestinian laboratories.

Unique Aspects

The project was initiated by the Palestinian partner.

Lessons from Participants and Personal Reflections

“It is difficult to raise funds for cooperation, everyone says they support it, but we don’t see it in the field.”

“We did not talk a lot about politics. Once the Palestinian working with me said he had heard that Israel had developed a biological weapon that could affect the Palestinians and not the Israelis. We discussed it from a scientific point of view and agreed that such a thing was not possible, after all we are all human beings.”

◆◆◆

4. Project Name: Family Physician's Tutorship Project

Project Type: Training

Project Years: January-June 1998

Goals

- ♦ Training Palestinian family physicians.
- ♦ Develop cooperation between physicians.

Project Partners

Israeli - Israel Family Medicine Association (IFMA); Economic Cooperation Foundation (ECF); Clalit Health Services (CHS); Ben-Gurion University (BGU)

Palestinian - Palestine Council of Health (PCH); Al Quds University

How the Project Was Born

The initiative for the project came from the Israel Family Medicine Association. The partnership began with the Association, the PCH, ECF and GHS. BGU gave academic accreditation to the trainees in the pilot. The PMOH (Palestinian Ministry of Health) knew of the initiative and were partners in the workshop. Al Quds University joined the initiative by hosting a workshop, and from this workshop a new proposal for a long-term specialized training program in family medicine for medical students and physicians was developed by the above-mentioned partners. It took two years from initiation of the project to formal beginning of the six-month pilot. During this period, the project partners met to refine the concept and discuss the details of practical implementation.

Project Components

The six-month pilot training project for Palestinian physicians combined tutoring at Clalit Health Services family medicine teaching clinics in the Nazareth area, and visits by Israeli trainers to participating practitioners' clinics in the West Bank. In addition there were lectures on topics relating to family medicine.

Number of Participants

Eight Palestinians and twelve Israelis worked directly on the project, and another 20 from each side worked indirectly on the project. Four Palestinian physicians were trained in the pilot, and 20 Palestinians and 20 Israelis attended the workshop at Al-Quds University.

Funding

The cost of the pilot phase of the project was less than \$25,000. The Israeli trainers gave their time as in-kind services. A small amount of funds was raised from international sources, which covered travel and accommodations for the Palestinian trainees. The partners are currently trying to raise funds for the two-year project.

Achievements

- ♦ Accredited training for four Palestinian family physicians from BGU.
- ♦ Held one-day workshop at Al-Quds University School of Medicine on family medicine attended by 20 Palestinian and 20 Israeli professionals.

- ◆ Promoted the field of family medicine in the Palestinian Authority.
- ◆ Jointly presented pilot as a model at the 5th Mediterranean Medical Congress.
- ◆ Developed a joint proposal for a continuing project.
- ◆ The Israeli side was invited to look into developing a course in Jordan.

Unique Aspects

The language of training was Arabic, as most of the Israeli trainers were Israeli Arabs; the visits of Israeli trainers to participating practitioners clinics in the West Bank.

Lessons from Participants and Personal Reflections

“The health field (as a force for cooperation) is unique because it is human and relates to the suffering of people.”



5. Project Name: The Karl Kahane Foundation Fellowship Program for Training of Palestinian Physicians

Project Type: Training

Project Years: 1987 - present

Goals

- ♦ Training Palestinian physicians in different medical specialties.
- ♦ Promoting long-term relations between Hadassah and the Palestinian health system in the West Bank.

Project Partners

Israeli - Hadassah Medical Center; Ministry of Health

Palestinian - Ministry of Health

International Affiliation

The project is funded by an international agency.

How the Project Was Born

The project began in 1987 due to the Civil Administration's encouragement of Israeli hospitals to train Palestinian physicians. It continues today, following an interruption between 1990 and 1992. Since the establishment of the Palestinian National Authority in 1994, the Palestinian Ministry of Health is responsible for choosing candidates for the program.

Project Components

- ♦ Clinical training of Palestinian physicians at the Hadassah Medical Center for periods of two-and-a-half to four years.
- ♦ Residencies in medical specialties at the Hadassah Medical Center.

Number of Participants

Twenty-three Palestinian physicians were trained between 1987 and 1999. The Palestinian trainees had ongoing contact with Israeli professionals at the Hadassah Medical Center.

Funding

Karl Kahane Foundation funds the training of two Palestinian physicians a year.

Achievements

- ♦ Twenty-three Palestinian physicians have been trained in the program; two of them have completed specialized residencies.
- ♦ Several of the physicians trained became department heads in Palestinian hospitals.

Unique Aspects

- ♦ Long-term specialization.
- ♦ The project survived the transition from Israel Civil Administration to the Palestinian Authority.

- ◆ Relations between several Israeli and Palestinian physicians continued following the completion of training.

Lessons from Participants and Personal Reflections

- “ The training of high-quality Palestinian physicians could take place in Israel. However, official accreditation should be given by the Palestinian Authority, which gradually will have to develop its own training frameworks.”
- “ At the end of each year, the donor representative and the Palestinian trainees meet behind closed doors, without Hadassah representatives. Based on the feedback given to the donor at this meeting, the donor decides whether to continue funding for the next year.”



6. Project Name: Health Education for Palestinian School Children (Hed-Pal)

Project Type: Service Development and Training

Project Years: 1994-1998

Goals

- ◆ To introduce health education curriculum and activities in government elementary schools in Gaza and the West Bank
- ◆ To develop the professional capacity and administrative infrastructure of the PMOH's newly established Directorate of Health Promotion and Education (DHPE), in order to sustain the program and carry out projects for other population groups and on other health topics.
- ◆ To promote cooperation through humanitarian activity in the health field.

Project Partners

Israeli - JDC; Ministry of Health

Palestinian - Ministry of Health; Ministry of Education; Gaza Health Services Research Center

International Affiliation

The program was funded largely through the World Bank.

How the Project Was Born

The idea for the project was born in 1994 at an international symposium on health education, held near Jerusalem and sponsored by the Israel Ministry of Health, to which Palestinian health officials who worked with the Israel Civil Administration were invited. The future project partners sat over lunch and discussed the idea. One of the Palestinian partners said that his dream was to develop this program. One of the Israelis responded, "let's turn the dream into a reality", and this is how it started. The Palestinian partners had prior relations with Israelis under the Civil Administration; however, the establishment of the PA in Gaza and Jericho (at that time) changed the ground rules and new working relations were to be established.

Project Components

- ◆ Development of a curriculum for training teachers and nurses as health educators.
- ◆ Training teachers to function as lead health educators in their schools.
- ◆ Preparing educational materials for use by teachers and students in the schools.
- ◆ Organizing the provision of school-based activities.
- ◆ Conducting formal process and outcome evaluations.

Number of Participants

Three Israelis worked continuously on the project. Six Palestinians worked continuously on the project, three of whom were in contact with the Israeli staff.

Funding

The budget for the four years of implementation was \$650,000. Of this, \$500,000 was a World Bank grant through ODA; the rest was raised through private foundations.

Achievements

- ◆ Established and implemented a health education curriculum and strategy.
- ◆ Trained 380 teachers in 233 schools in Gaza and the West Bank.
- ◆ Reached 80,000 children, including 6,000 who have active leadership roles on School Health Committees.
- ◆ Prepared and distributed more than 200,000 copies of twelve types of educational materials.
- ◆ Strengthened the capacity of the Directorate of Health Promotion and Education within the PMOH.
- ◆ Carried out field evaluation at the end of the four-year project.

Unique Aspects

PA - NGO - World Bank partnership as early as 1994 (before the establishment of the special NGO Trust Fund by the World Bank).

Lessons From Participants and Personal Reflections

“Political leaders are essential for cooperation to take place, since they have the power to influence the conditions that can push cooperation forward or backward.”

“If people are satisfied that they benefit from cooperation, they will continue.”

“It is indeed possible to establish open professional relations, based on mutual trust and the recognition of the relative strengths each partner brings to the table.”



7. Project Name: Homeopathic Treatment of Children

Project Type: Service provision and training

Project Years: 1997-1998

Goals

- ◆ To acquaint Palestinian society with homeopathic treatment, particularly for symptoms arising from the conflict.
- ◆ To promote dialogue through joint activities of mutual interest.

Project Partners

Israeli - Touch in Peace

Palestinian - Council for Peace and Dialogue; Palestinian Federation for Women in Nablus

International Affiliation

Homeopathes sans Frontieres

How the Project Was Born

The project was initiated by an Israeli pharmacist after completing studies in homeopathic medicine. She met with Palestinian physicians in the area, who were not interested in the idea. In September 1997, she contacted the Touch in Peace organization who put her in touch with a Palestinian partner. They met for a year until the official beginning of the project in January 1999. During this year they developed a personal, and later a professional, relationship.

Project Components

- ◆ Homeopathic clinic once every two weeks, staffed mainly by Israeli volunteers.
- ◆ A training course for Palestinians.

Number of Participants

Ten Israelis (three volunteers come to the clinic each time) and four Palestinians work directly on the project. Thirty Israelis are indirectly involved in the project through Touch in Peace. In addition, 50 Palestinians have come to clinics for treatment.

Funding

The volunteer clinics were run with minimal funding (under \$10,000) raised from private sources. The project is currently fundraising (\$50,000) to expand activities and develop training.

Achievements

- ◆ Held homeopathic clinics every two weeks in Nablus, seeing ten patients each time.
- ◆ Patients responded positively. Often a family returned to a clinic following an earlier visit by a family member.

Unique Aspects

Small-scale activity and natural medicine.

Lessons from Participants and Personal Reflections

"I learned from homeopathy that first you have to heal yourself before making peace with others."

"A person's body is the closest thing to them; when you help a person fix his body, it brings him closer to you. When I help them, I help myself. Homeopathy, by working on the psyche, can reduce stress and hatred."

"I was motivated to do the project because I spent eight years in an Israeli prison, which helped me understand the Israeli mentality."

"Even though we knew the Israelis were more advanced in these areas, before the peace agreement we refused to cooperate with them. But after the peace agreement, we should learn from their expertise, so that we can make peace between nations. Working together will reduce our fear and suspicion of each other. If you give the Palestinians the same opportunities that were given to the Israelis, they will be better."



8. Project Name: Physician Days for Palestinians

Project Type: Service Provision

Project Years: 1988 - present

Goals

- ◆ To provide medical care to the Palestinian population in underserved areas.
- ◆ To separate health from politics and to create, through health, an example of a different type of interaction between Palestinians and Israelis -- a bridge for peace.

Project Partners

Israeli - Physicians for Human Rights (PHR)

Palestinian - Ministry of Health; Union of Palestinian Medical Relief Committees; Patient's Friend Society

International Affiliation

The project is funded by international donors.

How the Project Was Born

At the start of 1988, a group of Israeli physicians visited the Gaza Strip to learn first hand about the effect of the *intifada* on the population; they returned from the visit dismayed by what they had seen. Led by Dr. Ruchama Marton, they decided to work together with a group of Palestinian physicians in the health field: "We started by providing health services to Palestinians who were ill, and then by preparing reports on the neglect of Palestinian health by the Israeli authorities. Gradually, the human rights aspect of the work increased." In 1994, the newly-formed Palestinian National Authority decreased the level of cooperation with the Physicians for Human Rights as part of their overall approach to Israel. This attitude changed in 1998.

Project Components

- ◆ Senior Israeli physicians provide diagnosis, treatment and follow-up to Palestinian patients in special clinics set up on the weekends in rural areas of the West Bank and Gaza Strip.

Number of Participants

Eighty-five Israeli physicians are involved in this activity.

Funding

The budget of Physicians for Human Rights is over \$500,000/year, and is raised from private foundations and foreign governments.

Achievements

- ◆ Twenty thousand Palestinians have received medical care since the inception of the program in 1988, with an average of 2,000 patients per year. About 200,000 Palestinian members of the families of the patients were exposed to this activity.
- ◆ Palestinian and Israeli medical staff worked together continuously.

Unique Aspects

Leading a human rights struggle around medical issues -- until 1994, targeted at the Israel Civil Administration, and since 1994 at the Israeli government and the Palestinian National Authority.

Lessons from Participants and Personal Reflections

“Health and politics are intertwined.”

“In 1994, we tried to explain to our Palestinian colleagues that the separation of the Palestinian health system would harm Palestinian children who needed open heart surgery. Their response was that ‘health is independence. When the British left the Israelis in 1948 there was also a decline in health outcomes’.”

“In 1998, perhaps once the Palestinians realized that statehood was near or because of the increase in infant mortality, they understood that we are connected one to another and it is worthwhile to cooperate.”

“The Israelis want to work practically and quickly, and don’t understand that the Palestinian insistence on the ceremonial aspects is part of the process and contributes to moving things along.”

“The Palestinian health professional is a ‘prince’ - educated, has a relatively high income, high status, his word is accepted in the community, he/she is used to formal relations. The Israeli health professional is a ‘kibbutznik’ in style - straightforward, immediate, not interested in ceremony, used to informal relations. The meeting of the two teaches mutual tolerance.”



9. Project Name: International Geriatrics Conference on Aging in the Mediterranean and the Middle East

Project Type: Conference

Project Years: 1996, 1998

Goals

- ♦ To generate a fruitful discussion and exchange of ideas among professionals as a step toward providing a multidisciplinary response to one of the great challenges of the 21st century: the enormous increase in the older population in the world, in general, and in the Mediterranean region, in particular.

Project Partners

Israeli - Hadassah Medical Organization; JDC-Brookdale Institute; Ministry of Health; Ministry of Labour and Social Affairs; Israeli Society for Geriatric Medicine; Israel Gerontological Society; Eshel - The Association for the Planning and Development of Services for the Aged in Israel; Israel Medical Association

Palestinian - Aid to the Aged; Bethlehem Arab Society for Rehabilitation

International Affiliation

Funded by Bessie and Louis Stein Family, Miami, Florida.

Professionals from Greece and Malta.

How the Project Was Born

The Hadassah Women's Association and Prof. Gideon Friedman, M.D., of the Hadassah Medical Organization initiated the idea and raised the funds for it. They contacted the JDC-Brookdale Institute and JDC-ESHEL. JDC-Special Programs in the Middle East facilitated the inclusion of the Middle East partners and participants. Key professionals from Greece and Malta were very influential in putting the program together.

Project Components

- ♦ Conducting two international conferences in Tel Aviv.
- ♦ Preparing a monograph of papers from the first conference.

Number of Participants

At least 150 participants from the region took part in each conference.

Funding

Funds for the project (under \$100,000) were raised from private funders and participants' fees.

Achievements

- ♦ Published a monograph of selected papers from the 1st Conference.
- ♦ Organized third conference to be held in 2000.
- ♦ Established a Middle East Gerontological and Geriatric Association (MEGEGA).

Unique Aspects

Pioneering effort for international cooperation and meaningful scientific exchange on aging in the Mediterranean and Middle East.

Lessons from Participants and Personal Reflections

“This type of cooperation is very difficult. There is always the fear that at the last minute people will not come (due to political considerations).”

“Aging is a good arena for cooperation because it is a problem that speaks to everyone -- it happens to us all.”



Appendix III: Accords and Agreements between Israel, the PLO, and the Palestinian Authority, and Their Implications for Cooperation in the Health Field

Israeli-Palestinian cooperative activities in the civilian field have benefited and will continue to benefit from official support when they are perceived to be in the national interest. Following are the milestones in the formalization process of Israeli-Palestinian relations:

- ♦ The formal agreements signed at the **Madrid Peace Conference in November, 1991** first addressed cooperation between Israel and its Arab neighbors, including the Palestinians in civilian fields. Multilateral working groups were established in the following fields: economic development; environment; water; refugees; arms control and regional security. Health issues were discussed in the context of the Refugee Working Group.
- ♦ **The September 1993 Israel-Palestinian Declaration of Principles (DOP)** signed by Israel and the PLO emphasized joint cooperative projects in the economic realm. Annex III of the DOP mentions cooperation concerning water, trade, finance, energy and the pharmaceutical industry:
“Cooperation in the field of industry, including Industrial Development Programs, which will provide for the establishment of joint Israeli-Palestinian Industrial Research and Development Centers, will promote Palestinian-Israeli joint ventures, and provide guidelines for cooperation in the textile, food, pharmaceutical, electronics, diamonds, computer, and science-based industries.” (DOP, 1993, Annex III, 7)
- ♦ Responsibility for health was transferred from the Israel Civil Administration to Palestinian authorities in Gaza and Jericho following the **May 1994 Agreement on the Gaza Strip and Jericho** and then in the entire West Bank following the **August 1994 Agreement on the Preparatory Transfer of Powers and Responsibilities**. Israeli and Palestinian health officials created five joint committees on pharmaceuticals, epidemiology, food control, training of health professionals, and ambulatory care.
- ♦ The **Interim Agreement between Israel and the Palestinians, September 1995** between Israel and the Palestinian Authority superseded the Gaza-Jericho Agreement, Annex III, Appendix I, Article 17, and addresses health insurance, standards of vaccination, hospitalization, facilitation of passage of ambulances, exchange of information on epidemics, and pharmaceuticals. Item 7 relates indirectly to cooperation in the health field:
“The health systems of the Israeli and Palestinian sides will maintain good working relations in all matters, including mutual assistance in providing first aid in cases of emergency, medical instruction, professional training and exchange of information.”

Other sections of the Agreement relate to cooperative programs, without specifically mentioning the health arena:

Chapter One, Article IX legitimizes the entry of international organizations into agreements of cooperation with the Palestinian Authority.

"The PLO may conduct negotiations and sign agreements with states or international organizations for the benefit of the Council in the following cases only: 1) economic agreements as specifically provided in Annex V of this agreement; 2) agreements with donor countries for the purpose of implementing arrangements for the provision of assistance to the Council; 3) agreements for the purpose of implementing the regional development plans detailed in Annex IV of the DOP or in agreements entered into in the framework of the multilateral negotiations; and 4) cultural, scientific, and educational agreements." (Interim Agreement on the West Bank and Gaza, 1995, Article IX, 5b,c)

Annex VI talks about cooperation in economic, scientific, social and cultural areas, without mentioning health care specifically. It refers to the need for scientific and technological cooperation, the establishment of research and scientific institutions, and the need for training activities for researchers, scientists, and specialists. All the agreements thus far have stressed the importance of joint activities in the economic realm. This agreement also mentions the People-to-People program initiated by the late Norwegian Foreign Minister Holst, who argued that security constraints cannot be the sole basis for peace.

Chapter 4, Article XXV deals with cooperative programs that are laid out in Annex VI.

"The two sides agree to establish and maintain between them an extensive program of cooperation in fields of human activity including economic, scientific, social and cultural fields, involving officials, institutions, and the private sector..... The two sides are committed to strengthening regional cooperation which takes into account the interest of each side, in particular within the framework of the multilateral Middle East peace talks. The scope of cooperation between the two sides in this Annex, will include, inter alia, the following main aspects: a) cooperation with regard to environmental protection; b) economic cooperation; scientific and technological cooperation; c) cultural and educational cooperation; and d) cooperation in enhancing the dialogue and relations between the two peoples through a people to people program." (Interim Agreement on the West Bank and Gaza, 1995, Annex VI, Article I & II)

- ♦ **The Wye River Memorandum signed in October 1998** addresses almost exclusively redeployment, security issues and economic development in Gaza and the West Bank. It also mentions that all bilateral work will continue. The implementation of the agreement was postponed and reaffirmed by the **Sharm el-Sheikh Memorandum of September 1999**.

While the Israeli-Palestinian accords to date refer to cooperation in many areas, specific frameworks for developing cooperative projects in the health field are minimal. An Israeli legal advisor¹¹, familiar with the issues, noted that the role of formal agreements is to remove politics from the situation and allow international organizations to formalize working relationships with both the Israelis and Palestinians. He also noted that the existence of continuous cooperative health projects with NGOs, in spite of their not being mentioned in the agreements, testifies to the widespread "legitimacy" of cooperation in social sectors. This indicates that when there is a "will" to conduct cooperative activities, the lack of specific written agreements need not be an obstacle.

¹¹ Interview with Daniel Taub, legal advisor, Israel Ministry of Foreign Affairs, 19 July 1998.

1. Preparation of Research Tools

A separate questionnaire was prepared for each target group. Each questionnaire has a core of similar questions, and specific questions for the target group. The questionnaires,¹² which include both open and closed questions, were first prepared in English -- the common language of the research team -- and then translated into Hebrew and Arabic by members of the research team. An expert in English, Hebrew and Arabic outside the research team, reviewed the translations for validity. The interviews were conducted in the language most comfortable for the respondent. The final result was nine questionnaires, one for each professional level, in each of the three languages.

The following are the main topics covered by the questionnaire:

- ◆ project description
- ◆ motivation
- ◆ working in partnership/developing relations
- ◆ assisting and hindering factors
- ◆ symmetry
- ◆ publicity
- ◆ funding
- ◆ impact on changing attitudes
- ◆ satisfaction with the project
- ◆ lessons
- ◆ potential for future cooperation

The inclusion of open questions strengthened the overall research design, as the information obtained from these questions enabled validation and/or a deeper understanding of trends or issues that arose from the closed questions (see Appendix Table 1).

Appendix Table 1: Number of Open and Closed Questions, by Type of Questionnaire

| Questionnaire type | # of open questions (interview) | # of closed questions (self-administered) | |
|---------------------|------------------------------------|---|----------------------------------|
| Key entrepreneur | 47 | 9 | (3 questions had 16 sub-items) |
| Project director | 71 | 10 | (3 questions had 16 sub-items) + |
| | | 20 | items for project information |
| Project team member | 42 | 9 | (3 questions had 16 sub-items) |

¹² Available upon request from project partners.

2. Pilot

The questionnaire and guidelines for interviews were tested in a pilot of 12 interviews. Through the pilot the research team evaluated:

- ◆ the response to the interview process
 - ◆ the research tools
 - ◆ the potential for analyzing the qualitative data
- a) *Response to the interview process* - In general, the response to the request for an interview was positive, first in the pilot and later in the full study. The respondents cooperated with the interview process, in spite of its relative length (average time for interview and self-administered questionnaire - 115 minutes). Most of the respondents felt that an interview was preferable to a questionnaire, due to their heavy schedule and the depth and richness of the information emerging from an interview. They also expressed a preference that the interviewer be a person familiar with the topics covered in the interview. The interviews were conducted in the language with which the respondent felt most comfortable (Arabic, Hebrew or English).
- b) *Research tools* - The questions were reviewed for face validity, clarity and cultural relevance. Based on the pilot, the questionnaires were revised. Questions that were not understood in either Hebrew or Arabic were reworded. Questions that proved redundant or superfluous were deleted. In spite of these steps, there were two closed questions in the final questionnaire that were problematic with regard to translation: The Arabic word used for *credit* was mixed up with that for *credibility*, and the Arabic word used for *tolerance* had two meanings -- *tolerance* and *forgiveness*. In the first case, the item was deleted from the analysis; in the second it was used to point out the potential for misunderstanding based on language usage and cultural norms.
- c) *Potential for analyzing qualitative data* - The responses in Arabic and Hebrew were translated into English. Responses of the open-ended questions were reviewed and classified by an Israeli and Palestinian member of the research team, first separately and then jointly. The categories developed for the open-ended questions correlated with the closed questions in the self-administered part of the questionnaire. The results of the classification indicated that the methodology was culturally sensitive, because while not identical, the coding was very similar.

3. Sample

A two-strata sampling strategy was chosen for the target population.

- a) *Key entrepreneurs* - All key entrepreneurs were identified and included in the interview survey population.

Criteria for identifying the key entrepreneur included at least one of the following:

- ◆ person with mandate to decide on cooperative activities.
- ◆ head of an organization or highest local representative of an international organization.
- ◆ person identified nationally with cooperative activities in the health field, but not necessarily through his/her organization.

- ♦ person with experience/background as an activist in the area of cooperative activities in the health field.

b) *Project directors and project team members* - were interviewed from 31 projects sampled randomly from the list compiled. To ensure representation of different types of project, the projects were first sorted by primary type of activity¹³ (training, research, service development, service provision and seminars) and then sampled. This strategy was adopted to give adequate representation to each type of activity and to facilitate learning about the relative benefits of each type of project. For each project, Palestinian and Israeli project directors were identified and interviewed. At the end of the interview, project directors were asked to provide a list of team members who worked on the project. A team member from each project was randomly sampled and interviewed. Palestinian project directors and project team members often worked on more than one project and this limited the number of people available for interviewing.

A total of 112 professionals, 42 Palestinian and 70 Israeli were interviewed: 33 key entrepreneurs (seven Palestinian and 24 Israeli), 46 project directors (18 Palestinian and 28 Israeli) and 36 project team members (17 Palestinian and 18 Israeli). Five people refused to be interviewed and three were out of the country during the period the interviews were conducted. Reasons for refusals include unwillingness to be interviewed and busy schedules.

Appendix Table 2: Comparative Distribution of Organizations Identified in the Mapping, and Interviewed, by Type of Organization (1994-1998)

| Type of Organization | Organizations Mapped (n=67) | | | | | Organizations Interviewed (n=45) | | | | |
|---|--------------------------------|-------------|-----------|-------------|------------------|-------------------------------------|-------------|-----------|-------------|------------------|
| | Pal | | Isr | | Total | Pal | | Isr | | Total |
| | # | % | # | % | # | # | % | # | % | # |
| Total | 29 | 100% | 38 | 100% | (100%) 67 | 19 | 100% | 26 | 100% | (100%) 45 |
| Government | 4 | 13.8 | 8 | 21.0 | 12 | 4 | 21.0 | 5 | 19.2 | 9 |
| - policy making | 2 | | 1 | | 3 | 2 | | 1 | | 3 |
| - service provider | 2 | | 7 | | 9 | 2 | | 4 | | 6 |
| NGO sector | 16 | 55.2 | 24 | 63.2 | 40 | 9 | 47.4 | 17 | 65.5 | 25 |
| - service oriented (development and provision) | 15 | | 19 | | 34 | 8 | | 14 | | 21 |
| - promoting cooperation, human rights, other | 1 | | 5 | | 6 | 1 | | 3 | | 4 |
| University/ research institute | 7 | 24.1 | 5* | 13.2 | 12 | 6 | 31.6 | 3* | 11.5 | 9 |
| Private | 2 | 6.9 | 1 | 2.6 | 3 | 0 | | 1 | 3.8 | 1 |

*At one university, five colleges are involved in cooperative projects

¹³ For sampling purposes, the four smaller types were merged.

The interview sample accurately reflected the distribution of organizations and all sectors were represented (see Appendix Table 2 above).

4. Conducting the Interviews

a) *Time frame*

Most of the interviews were conducted between February and April 1999. While there was a slowdown in the political peace process during this period, there were no major outbreaks of violence, or major moves by either side. This allowed the interviews to be conducted in an environment without too many outside influences.¹⁴ A major effort was made to complete the interview process before the Israeli national elections, which were called for 17 May 1999, as it was felt that the results of these elections could influence the public mood one way or another.

b) *Interview Process*

The interview team consisted of three Israeli team members and three Palestinian team members.

On average, the duration of the interviews was as follows: key entrepreneurs - 90-120 minutes; project directors - 90 - 120 minutes; project team members - 60 - 90 minutes. In most cases, the respondent was willing to continue to the end. In two instances, the closed questions were not completed due to time limits.

5. Data Entry and Analysis

Categorization of the Open-Ended Questions

The research team followed the same procedure tested in the pilot. The data were coded into detailed categories in order to (1) minimize as far as possible errors involved in translating the responses; and (2) enrich the understanding of the findings during the analysis phase. Those responses relating to similar topics were combined in the analysis.

Data Entry

The data were entered separately by the Israeli and Palestinian researchers, and then merged into a single data base which is held by both partners (Al Quds University and JDC).

¹⁴ The main finding of the February 1999 Israel-Palestinian People-to-People Peace Index published by The Tami Steinmetz Center of Tel Aviv showed that a majority of both the Israeli (68.2%) and the Palestinian (60.2%) public remained optimistic or very optimistic about the future of the peace process in general (Jerusalem Media and Communication Center, 1999). Separate studies (Yaar and Hermann, 1999; Center for Palestine Research and Studies, 1999) conducted among Israelis and Palestinians in the following months showed a continuation of this trend.

Appendix V: List of Projects, by Primary Type of Activity¹⁵

Training

1. Allergy, Pulmonology and Immunology Cooperation
2. Birthing Together
3. Cardiac Life Support Group
4. Center for Traumatic Stress Studies
5. Continuing Education in Dentistry - Six Week Course
6. Cooperation Between "Magen-David-Adom" , the Israeli MOH and the Palestinian Red Crescent Society
7. Course for Anesthesiologists from Gaza and Khan Younis
8. Course in Infectious Diseases, Epidemiology and Health Economics
9. Development of Post-Graduate Courses in Anesthesiology
10. Epidemiology Advanced Training Course
11. Family Physicians Tutorship Project
12. Franco-Arab-Israeli Pediatrics Congress - Nazareth
13. Gastroenterology Update for Primary Healthcare Physicians
14. Health Administration Training Program (two-year course)
15. Health Systems Management Training Program (29 courses)
16. Humanitarian Joint Israeli/Palestinian Work in Jerusalem: A Special Course for Arab and Jewish Ambulance Drivers
17. International Donations of Pharmaceuticals
18. Israeli-Palestinian Homeopathic Project – Training Course
19. Management of Medical Equipment Training Program (two courses)
20. Med-Campus - Middle East Regional Management Training Program
21. Middle East Regional Project for HIV/Aids Education - 1st Regional Workshop
22. Middle East Regional Project for HIV/Aids Education - 2nd Regional Workshop
23. Middle East Regional Project for HIV/Aids Education - 3rd Regional Workshop
24. Middle East Regional Project for HIV/Aids Education - 4th Regional Workshop
25. Middle East Regional Project for HIV/Aids Education - 5th Regional Workshop
26. School of the Heart
27. Occupational Health and Safety Course
28. Orthopedic Rehabilitation Training Program for Doctors and Technicians
29. Physician Mentoring
30. Physician Mentoring of Graduates of Anesthesiology Courses
31. Physician Specialization Training (two-year program)
32. Physician Training
33. Physician Training Course
34. Physician Training: Mother and Child Health Care
35. Planning of Cooperation in Ophthalmology and Orthopedics
36. Primary Health Care (North to North Axis Cooperation)
37. Promotion of Participation of Palestinian Physicians in Seminars in Israel
38. Quality Management for Health Care Organizations in the Middle East and Africa
39. Regional Coordination Center for Medical Training
40. Regional Ophthalmology Network

¹⁵ In actuality, most of the projects have more than one component, i.e. a service development project may include research and training components, and a training project may include elements of dialogue.

41. Rehabilitation Cooperation - Fellowship and Training for Physicians and Para-medical Staff Including Three-month Residency and 18 One-day Seminars
42. Residency Program for Palestinian Physicians
43. Save a Child
44. Seminar on Community-based Rehabilitation - Accessibility
45. Seminar on Contemporary Dental Medicine
46. Seminar I - Functions of Professional Departments of a Ministry of Health
47. Seminar II - Functions of Professional Departments of a Ministry of Health
48. Seminars- (with MASHAV)
49. Specialty Training (Cardiology, Pediatrics, Nephrology, Urology) for Senior Physicians
50. Study Day Series on Health and Clinical Topics- Clinical Immunology, Immunodeficiency Diseases and Allergies
51. Study Day Series on Health and Clinical Topics- Diabetes Update
52. Study Day Series on Health and Clinical Topics- Medical Licensure and Specialty Requirements
53. Study Day Series on Health and Clinical Topics- Preparing for National Health Insurance
54. Study Day Series on Health and Clinical Topics- Update on Eye Disease
55. Study Day Series on Health and Clinical Topics- Update on Obstetrics
56. Study Day Series on Health and Clinical Topics - Emerging Infectious Diseases
57. Study Day Series on Health and Clinical Topics - Health Economics
58. Study Day Series on Health and Clinical Topics - Zoonotic Diseases
59. Study Day Series on Health and Clinical Topics Management of Acute Myocardial Infarction
60. Training and Clinical Experience for Physicians Prior to Licensure (Emergency Medicine, Gynecology, Internal medicine, Maternity, Pediatrics)
61. Training of Palestinian Dentists in Oral Surgery and Children's Dentistry
62. Trauma Cooperation (Training Course)
63. Workshop - Adolescent Health
64. Workshop - COPC
65. Workshop I (1995) - Policy Instruments in Health Systems
66. Workshop II (1996) - Policy Instruments in Health Systems
67. Workshop III (1998) - Policy Instruments in Health Systems
68. Workshop - Using a CD Program 'CDCynergy' to Develop Health Communication Campaigns and Messages.

Research

69. Assessment and Control of the Environmental and Health Impact of Waste Water Recycling in the Transboundary Mountain
70. Beta-thalassimia - Human Molecular and Medical Genetics
71. Cancer Pattern among Palestinian Patients Diagnosed and Treated between 1978 and 1995 at the West Bank Cancer Unit
72. Cooperate and Separate, Separate and Cooperate: The Disengagement of the Palestinian Health Care System from Israel and its Emergence as an Independent System
73. Cystics Echinococcosis in the Eastern Mediterranean and the Middle East
74. Diagnosis of Herpes Infection and Development of a DNA Vaccine
75. Enchinococcus Greanulosus: Prevalence and Quantitative Determination of Humoral and Cellular Immune Responses
76. Environment and Public Health Program
77. Environmental Solutions to Problems Caused by Arthropods
78. Epidemiology and Control of Vector-Borne Diseases

79. Evaluation and Improvement of Maternal and Child Preventive Resources and Service of the Palestinians in the Gaza Strip, and the Bedouin Arabs in the Negev
80. Genetic Study in Schizophrenia in an Ethnically Homogeneous Population
81. Genetic Study of Bipolar Disorder
82. GIS and Rabies - UNESCO
83. Health Behavior in School-Aged Children Survey
84. Infectious Disease Research
85. Jordanian, Palestinian and Israeli Efforts at Drug-abuse Prevention
86. Leishmaniasis in Israel and the West Bank: Immunology and Epidemiology, Diagnosis and Novel Approaches to Control
87. Microbacteria and Tuberculosis
88. Middle East Cancer Consortium
89. Middle East Genetic Research Project
90. Molecular Basis of Hereditary Deafness
91. Nutritional Disease in Palestinian and Israeli Populations
92. Oncology Research
93. Palestinian-Israel Mental Health Program
94. Protection against Glutamate Mediated Neuronal Degeneration
95. Relevant Parasitic Agents in the Middle East Area: Molecular Epidemiology, Causative Agents, Hosts and Vectors in Parasitic Diseases
96. Study of Israeli-Palestinian Cooperation in the Health Field
97. The Elimination of Lead Poisoning in the Middle East
98. The Epidemiology of Functional Gastrointestinal Tract Disorders: A Comparative Study of Urban and Rural Israeli Bedouin Arabs, Palestinian Arabs, Israeli Non-Bedouin Arabs and Israeli Jewish Adults
99. Understanding the Socio-cultural Context of Ambiguous Genitalia in a Moslem Palestinian Environment
100. UNESCO - Hebrew University International School for Molecular Biology and Microbiology
101. Urogenital Cancer Diagnosis and Therapy
102. USAID Middle East Regional Cooperation (MERC) Project - "Appropriate Technology for Wastewater Treatment and Reuse in Rural Middle East Areas"

Service Development

103. Allergy, Pulmonology and Immunology Cooperation
104. Blood Bank
105. Child Development Program - Hebron Region
106. Child Development Project - Al Bireh
107. Collaboration in Care and Treatment of West Bank Kidney Transplant Recipients
108. Development of Institutional Libraries for Anesthesiology Departments in Gaza, Nablus and Ramallah
109. Development, Implementation and Evaluation of Interventions to Reduce the Risk of HIV Transmission for Low-budget Countries
110. Drug Prevention and Treatment Human Resources Development
111. Emotional First Aid
112. Establishment of Palestinian Model Center for Loaning Assistive Devices
113. Hed-Pal-Adol - Health Education for Palestinian Adolescents
114. Hed-Pal - Health Education for Palestinian School Children in Gaza and the West Bank
115. Israeli Medical Specialists Working in Cooperation with Palestinian Physicians
116. Joint Specialty Clinic at Erez

117. Joint Strategic Design and Training for the Emergency Medical Services of the Palestinian Red Crescent Society
118. Mobile Eye Clinic - Negev Project Vision
119. Oncology Center - Augusta Victoria
120. Telecardiology: Supporting the Decision Making Process in Primary Health Care
121. Teleophthalmology: Screening of Diabetic Patients
122. Upgrading Public Health and Primary Care Services (Joint Israeli-US-Palestinian Initiative)

Service Provision

123. Cardiac Surgery for Palestinian Children
124. Children's Hearing Problems (Canadian-Jordanian- Israeli- Palestinian Partnership)
125. Israeli-Palestinian Homeopathic Project - Children with Disabilities
126. Mobile Clinic
127. Oral Surgery Project
128. Outpatient Clinic (to be located at border)
129. Pediatric Center - Efrat - Wadi-Nis
130. The Palestinian Medical Access Partnership

Conferences, Seminars, Dialogue and Youth Activities

131. First Convention Promoting Regional Cooperation in Medicine and Health - Cairo
132. Conference on Medical Waste Management
133. First International Conference on Aging in the Mediterranean and the Middle East
134. First Palestinian/Israeli Workshop on Allergy, Asthma and Clinical Immunology
135. Second Convention Promoting Regional Cooperation in Medicine and Health - Jerusalem
136. Second International Conference on Aging in the Mediterranean and the Middle East
137. Seminar on Health Care Reform
138. Seminar on Total Quality Management
139. "International Days" Events
140. Environmental Summer Camp
141. Outreach to Russian Immigrant Physicians

Policy Planning

142. Middle East Center for Dental Education
143. Joint Committee on Drugs and Pharmaceuticals
144. Joint Committee on Public Health Including Preventive Medicine and Epidemiology
145. Joint Committee on Food Control
146. Joint Committee on Training Programmes for Health and Medical Personnel
147. Occupational Health and Safety - Development of Guidelines
148. Referral of Palestinian Patients to Israeli Hospitals for Hospitalization and Ambulatory Care

Appendix VI: Organizations Involved in Cooperation

Israeli

1. Asaf Harofe Medical Center
2. Bar Ilan University
3. Barzilai Medical Center
4. Ben Gurion University
5. Birthing Together
6. Economic Cooperation Foundation
7. Eran – Israeli Association for Emotional First Aid by Phone
8. Galilee College
9. Hadassah Medical Organization
10. Hebrew University
 - a. Hebrew University – Hadassah School of Dental Medicine
 - b. Hebrew University – Hadassah School of Medicine
 - c. Hebrew University Kuvim Center
 - d. Hebrew University School of Public Health
 - e. Hebrew University – Truman Institute for the Advancement of Peace
11. Ichilov Hospital – The Sourasky Medical Center
12. International Center for Peace in the Middle East
13. Israel Association of Family Physician's
14. Israel/Palestine Center for Research and Information (IPCRI)*
15. Israel Ministry of Health
16. Israeli Anti-Drug Authority
17. JDC-Israel, JDC-Brookdale Institute (JDC)
18. Jerusalem Aids Project
19. Clalit Health Services (Kupat Holim)
20. Laniado Medical Center
21. Magen David Adom
22. Mashav - Center for International Cooperation, Israel Ministry of Foreign Affairs
23. Meir Hospital
24. Peres Center for Peace
25. Pharma Donna
26. Physician for Human Rights (PHR)
27. Palestine-Israel Health Care Group
28. Poriyah Hospital
29. Private Company
30. Schneider's Children's Hospital
31. Shaare Tzedek Medical Center
32. Sheba Medical Center
33. Soroka University Medical Center
34. Tel Aviv University
35. The E. Wolfson Medical Center
36. Touch in Peace
37. Weizman Institute
38. Yad Sarah

*IPCRI is a joint Israeli-Palestinian NGO. It is included in the list of Israeli organizations on a random basis.

Palestinian

1. Aid to the Aged (ATTA)
2. Al-Quds University
3. Al-Amal Hospital
4. Al-Mokassed Hospital
5. Applied Research Institute
6. Augusta Victoria Hospital
7. Beir Zeit University
8. Beit Jalla Rehabilitation Hospital
9. Bethlehem Hospital for Mental Health
10. Bethlehem University
11. Center for Development in Primary Health Care
12. Child and Family Consultation Center
13. Council for Peace and Dialogue
14. Environmental Protection & Research Institute (EPRI)
15. Gaza Community Mental Health Program
16. Gaza Health Services Research Center
17. Palestine Academy for Science and Technology
18. Palestine Anti-Drug Council
19. Palestine Center for Regional Studies
20. Palestinian Ministry of the Environment
21. Palestinian Ministry of Health
22. Palestine Consulting Group (PCG)
23. Palestine Council of Health (PCH)
24. Palestine Red Crescent Society (PRCS)
25. Private clinics
26. Rimal Clinic
27. Shifa Hospital
28. St. John's Ophthalmic Hospital
29. Union of Palestinian Medical Relief Committees (UPMRC)

Executive Summary: Hebrew

Executive Summary: Arabic

United States Institute of Peace (USIP)

Washington, D.C. (USA)

Association for Conflict Resolution (ACR)

1111 17th Street, NW

Washington, DC 20036

Phone: 202-462-4000

www.usip.org

תקציר ממצאי מחקר
שיתוף פעולה ישראלי-פלשתינאי
בתחום הבריאות בשנים 1994-1998

תמרה ברנע*, זיאד עבדין*, רנדי גרבר*, פיקרי ברגוטי*, מונירה קלייבו*,
ג'ק חביב*, סהר דקידק*, דן יובל*, מאירה אבולעפיה*

פרויקט זה התבצע בתמיכה של:

The United States Institute of Peace (USIP)
The Rich Foundation (Switzerland)
The Andrea and Charles Bronfman Philanthropies (ACBP)

הדעות, הממצאים והמסקנות המדווחים כאן הם של המחברים בלבד,
ואינם בהכרח משקפים את השקפותיהם של הארגונים.

מאי 2000

אוניברסיטת אל-קודס
ת.ד. 51000 ירושלים
טל. 02-6274979 פקס: 02-6277166
דואר אלקטרוני: zabdeen@planet.edu

ג'וינט-מכון ברוקדייל, ג'וינט-ישראל
ת.ד. 3489 ירושלים
טל. 02-6557292 פקס 02-5661244
דואר אלקטרוני: barnea@jdc.org.il

- ◆ מהן הסיבות לשיתוף הפעולה המתמשך בתחום הבריאות בין אנשי מקצוע ישראלים ופלשתינאים לאחר ששתי המערכות הופרדו באופן רשמי בשנת 1994?
- ◆ מדוע התקיים שיתוף פעולה בהיקף כה נרחב – 148 פרויקטים בין השנים 1994-1998?
- ◆ מדוע שיחקו הארגונים הלא-ממשלתיים תפקיד כה דומיננטי במשך התקופה הנחקרת?
- ◆ האם ההשתתפות בפעילויות משותפות חיזקה את הרצון להמשיך שיתוף פעולה?
- ◆ מה ניתן ללמוד מן המצב הישראלי-פלשתינאי שיסייע למקומות אחרים בעולם?

תשובות לשאלות אלו ואחרות הנוגעות לשיתוף הפעולה הישראלי-פלשתינאי בתחום הבריאות ניתן למצוא במחקר שנערך במשותף על ידי הגוינט (גוינט-מכון ברוקדייל וגוינט-ישראל) ואוניברסיטת אל-קודס בשנים 1994-1998. צוות המחקר, שמנה תשעה חוקרים פלשתינאים וישראלים, מיפה 148 פרויקטים משותפים, ראיין 112 אנשי מקצוע פלשתינאים וישראלים, החל בקובעי מדיניות דרך מנהלי פרויקטים וכלה באנשי הצוות בפרויקטים, ולמד על היקף שיתוף הפעולה, מאפייניו, המניעים לשיתוף פעולה, הגורמים המשפיעים עליו, תוצאותיו, והפוטנציאל להמשיך שיתוף פעולה בעתיד. המחקר מביא את קולם של אנשי מקצועות הבריאות המעורבים בשיתוף פעולה זה, ומצביע על כך שלגבי רוב המשתתפים, החוויה הייתה חיובית, ושיש עניין רב בהמשך העבודה המשותפת ובהרחבתה.

המחקר זכה לתמיכתם של מספר ארגונים: The United States Institute of Peace (USIP), The Andrea and Charles Bronfman Philanthropies (ACBP) The Rich Foundation (Switzerland), ממצאים ראשוניים הוצגו בסמינר שנערך באוקטובר 1999, מטעם אוניברסיטת אל-קודס והגוינט, ובשיתוף תכנית "עם לעם" שבחסות ממשלת נורבגיה.

להלן ממצאי המחקר העיקריים:

היקף הפעילות

מספר הפרויקטים וסוגיהם

למרות התהפוכות הפוליטיות בשנים 1994-1998, פלשתינאים וישראלים במקצועות הבריאות עבדו בצוותא, ופיתחו 148 פרויקטים משותפים שבהם היו מעורבים 67 ארגונים וכ-4,000 איש. הפרויקטים התבצעו במגוון תחומים, שהעיקריים ביניהם היו הכשרה (46% מן הפרויקטים) מחקר (23%), פיתוח שירותים והספקתם (19%), תכנון מדיניות (5%) וכן כנסים, ימי עיון, דיאלוגים ופעילויות נוער (7%).

מספר הארגונים וסוגיהם

ממצא עיקרי נוגע לתפקיד המרכזי שמילאו הארגונים הציבוריים (79% מן הארגונים) לעומת הארגונים הממשלתיים (17%), והתפקיד שמילאו הארגונים המספקים שירותים (כגון בתל חולים), הן במגזר הממשלתי והן במגזר הציבורי (65%). בנוסף לארגונים המספקים שירותים, כללו הארגונים הציבוריים אוניברסיטאות, מכוני מחקר, וארגונים העוסקים בשיתוף פעולה ובזכויות האדם. למרות שחלקם של הפרויקטים הממשלתיים היה קטן (17%), הרי ההיקף הכללי של הפעילויות, כולל במגזר הציבורי, משקף את "האור הירוק" שנתנו ממשלת ישראל והרשות הפלשתינאית לשיתופי פעולה מסוג "עם לעם".

בסך הכל, 38 ארגונים ישראליים ו-29 ארגונים פלשתינאים היו מעורבים בפרויקטים משותפים. יש לציין ששבעה מן הארגונים הישראליים וארבעה מן הארגונים הפלשתינאים משתפים פעולה בעשרה פרויקטים או יותר.

הכוחות המניעים לשיתוף פעולה

מוטיבציה

למשתתפים בפרויקטים משתי הקהילות יש מוטיבציה גבוהה לשותף פעולה בתחום המקצועי. המניע העיקרי של 52% מן המרואיינים הפלשתינאים היה לשפר את כישוריהם המקצועיים ולפתח את התשתית. אחוז ניכר מן הישראלים (53%) ומן הפלשתינאים (41%) ציינו כי המניע לשיתוף הפעולה היה הרצון לתרום לפתרון הסכסוך הישראלי-פלשתינאי. דפוס דומה לזה התגלה במניעים שהמרואיינים ייחסו לארגונים שאליהם השתייכו.

דמויות מניעות ומחויבות

אחד הגורמים העיקריים העומדים מאחורי שיתוף פעולה הוא דמויות מניעות – על פי רוב ראשי ארגונים או מנהלי פרויקטים, הדוחפים ומקדמים את התהליך בתוך הארגון שלהם. האנשים והארגונים שהיו מעורבים בשיתוף הפעולה בתחום הבריאות אופיינו ברמה גבוהה של מחויבות והמשיכו לעבוד ביחד גם בתקופות המתוחות ביותר מבחינה פוליטית, כשהם מצליחים להתגבר על העיכובים שנוצרו עקב המצב הפוליטי.

גורמים המשפיעים על שיתוף הפעולה ומנגנוני שיתוף פעולה

גורמים מקשים

הן הישראלים והן הפלשתינאים ציינו כגורמים המקשים ביותר על שיתוף הפעולה את הקשיים הלוגיסטיים (רשיונות, מעבר בין הגדה המערבית לרצועת עזה), אילוצים פוליטיים (מתוחות ברמה הפוליטית, התנגדות ממשלתית לפרויקטים משותפים) ואילוצים כספיים.

גורמים מסייעים

המרואיינים הישראלים והפלשתינאים כאחד מצאו שהגורמים שסייעו ביותר לשיתוף הפעולה היו העניין המקצועי של המשתתפים ואמונתם בחשיבות של דו-קיום. גורמים אלה משקפים את המניעים העיקריים לשיתוף פעולה שהוזכרו לעיל.

חלוקת עבודה שווה בין השותפים (סימטרייה)

הן הישראלים והן הפלשתינאים ייחסו חשיבות רבה לסימטרייה (לדוגמה, בחלוקת עבודה, כספים ואחריות), אך החשיבות הודגשה במיוחד על ידי המרואיינים הפלשתינאים. גם חלוקת עבודה שווה בעת ביצוע פרויקטים משותפים דורגה על ידי הפלשתינאים בין ארבעת הגורמים המסייעים העיקריים.

מימון הפרויקטים

מקור המימון העיקרי לפרויקטים היה בינלאומי (ממשלות, ארגונים ציבוריים, קרנות ומכונים), וכן מספר מקורות מימון קטנים מקומיים. חלק גדול מן המימון הופנה לפעילויות בתחום הציבורי. עלות הפרויקטים נעה בין פרויקטים שעלותם פחות מ-\$25,000 עבור פרויקטים להכשרה קצרת-מועד, לבין פרויקטים שעלותם

למעלה מ-\$1,000,000 עבור מחקר תלת-שנתי. ב-60% מן הפרויקטים המשותפים דיווחו השותפים הפלשתינאים כי קיבלו יותר מ-50% מן המימון.

פרסום והפצה

פרסום הפרויקטים המשותפים התבצע בצורה סלקטיבית. קהל היעד העיקרי היה אנשי מקצוע. 80% מכל המרואיינים דיווחו כי דבר הפרויקטים שלהם הופץ בתוך הארגון שבו הם עובדים. 72% מן הפלשתינאים ו-53% מן הישראלים דיווחו שהפרויקטים שלהם זכו להפצה חיצונית באמצעות כנסים או ביטאונים מקצועיים. כמעט כל המרואיינים ציינו כי הפרויקטים שלהם הופצו לקהל הרחב. יחד עם זאת, היו מרואיינים שצינו כי פעמים רבות כלי התקשורת אינם מעוניינים לפרסם סיפורים על שיתוף פעולה מוצלח משום שאלה אינם סנסציוניים דיים.

הימנעות

נראה כי המשתתפים מוכנים לקחת חלק בשיתוף פעולה למרות שיש להם קווים אדומים שעליהם אין הם מוותרים. מרואיינים פלשתינאים ציינו כי הם נמנעו מביצוע פרויקטים שלא ראו בהם קדימות בעבור האוכלוסייה הפלשתינאית, ואילו המרואיינים הישראלים נמנעו מדיונים פוליטיים ומסוגיות בעלות מטען רגשי.

תוצאות שיתוף הפעולה בתחום הבריאות

שיתוף פעולה בתחום הבריאות יכול לתרום לפיתוח מקצועי של יחידים ושל ארגונים, לקדם את שירותי הבריאות וכן לקדם ולשפר שיתופי פעולה נוספים.

לדוגמה:

קידום שיתוף פעולה

שינוי עמדות: שני שלישים מן המרואיינים הפלשתינאים ושליש מן הישראלים דיווחו כי העבודה המשותפת השפיעה על עמדותיהם בנוגע לדו-קיום. למרות שלא כל המרואיינים היו מוכנים לפרט בעניין זה, למעלה מ-70% ממי שדיווחו על שינוי בעמדות הוסיפו כי ההשפעה הייתה חיובית, וגרמה להם להכיר בכך ששיתוף פעולה הוא אפשרי, ואף ריככה את עמדותיהם בנוגע לסכסוך הפלשתינאי-ישראלי. מבין אלה שדיווחו שעמדתם לא השתנתה, 40% מן הישראלים ו-20% מן הפלשתינאים דיווחו שעמדתם הייתה חיובית מלכתחילה.

ללמוד על הצד השני: המרואיינים דיווחו שהפרויקט העניק להם הזדמנות ללמוד זה על זה, ואפשר להם להחליף סטריאוטיפים ומיתוסים בהתרשמות ראשונית ומציאותית. המרואיינים הישראלים הדגישו את החשיבות שבלימוד על העם הפלשתינאי, צרכיו ותרבותו. המרואיינים הפלשתינאים דיווחו שלמדו על המקצועיות של הישראלים, ובעיקר הדגישו את המערכת היעילה והטכנולוגיה המתקדמת שלהם. בנוסף, הן הישראלים והן הפלשתינאים דיווחו שהופתעו מאיכות העבודה והידע של שותפיהם, הרצון הטוב וההתלהבות של הצד השני ומהקלות שבה התפתחו יחסים אישיים ודו-שיח מקצועי.

פיתוח מקצועי של יחידים ושל ארגונים

התועלת המקצועית העיקרית ליחידים ולארגונים הייתה הקניית ידע וכישורים טכניים ומקצועיים וידע בין-תרבותי. שמונים ושלושה אחוזים מן המרואיינים הפלשתינאים דיווחו כי הפרויקטים תרמו להם ידע ומיומנות.

שיפור שירותי בריאות

למעלה מ-75% ממנהלי הפרויקטים דיווחו כי השיגו את היעדים שהציבו לעצמם בתחום הבריאות. אלה כללו הכשרת רופאים בהתמחויות רפואיות, הפקת נתונים לתכנון מדיניות, פיתוח דגמי שירות ושירותים, והספקה ישירה של שירותים שלא למטרת רווח לעשרות אלפי פלשתינאים.

מבט לעתיד

שביעות רצון

97% מן הישראלים ו-82% מן הפלשתינאים היו מרוצים או מרוצים מאוד מן הפרויקטים המשותפים. למעלה מ-90% דיווחו כי חברי מועצות המנהלים בארגוניהם מרוצים או מרוצים מאוד מן הפרויקטים המשותפים.

עניין בהמשך שיתוף פעולה

99% מן המרואיינים הישראלים ו-88% מן המרואיינים הפלשתינאים הביעו עניין בהמשך העבודה על פרויקטים משותפים. בנוסף, 70% מן הישראלים ו-87% מן הפלשתינאים דיווחו שהם מכירים אחרים שיהיו מעוניינים להשתתף בפרויקטים מעין אלו.

תפקידים הייחודי של אנשי המקצוע בתחום הבריאות

רבים מבין המרואיינים סברו שלאנשי מקצוע בתחום הבריאות יש תפקיד חשוב בקידום דו-קיום. הם הצליחו לעבוד ביחד על בסיס המקצועיות שלהם והערכים ההומניטריים, להתגבר על המחיצות הפוליטיות, ולהשיג שני יעדים:

- א) התייחסות לצורכי האוכלוסייה הפלשתינאית לשירותים, לתכניות, ולסיוע טכני;
- ב) התייחסות לצורך של הפלשתינאים והישראלים לפתח דפוסי עבודה בצוותא בין ארגונים ובין אנשי מקצוע.

באופן זה אנשי המקצוע בתחום הבריאות – הזוכים להערכה רבה בחברה – מוכיחים שאפשר וכדאי לשתף פעולה, וכך סוללים את הדרך בפני אחרים.

לקחים ומסקנות

הפוטנציאל הטמון במסלול איש-מקצוע-לאיש-מקצוע

מחקר זה מצביע על כך שמסלול איש-מקצוע-לאיש-מקצוע מסייע לבניית מערכות יחסים המבוססות על אמון הדדי וכבוד, סביב נושאים מקצועיים. מסלול זה תופס את מקומה של החשדנות שאפיינה את תקופת הסכסוך.

כוחו של מסלול זה נובע גם מהיותו בסיס לבניית שיתוף פעולה רב-תחומי ברמה המקצועית, הארגונית והאישית. המחקר מצביע על כך שהקשר הראשוני יכול להיות מבוסס על עניין מקצועי משותף, על החלטה ברמת מדיניות של הארגונים לעבוד עם "הצד השני", או על היכרות אישית בין שני אנשי מקצוע. כדי שקשר כזה יבשיל לכדי פרויקט מוצלח, יש לפתח שיתוף פעולה בכל הרמות. הפרויקט המשותף יוצר למשתתפים בו זהות חדשה, והם הופכים מצדדים לשותפים.

למה בריאות?

המחקר הביא לפיתוח מודל המסביר את ההצלחה של שיתוף פעולה בתחום הבריאות בין ישראלים לפלשתינאים בתקופה שלאחר הסכסוך. המודל מורכב מן התנאים האוניברסליים, הבינלאומיים והמקומיים המפורטים להלן.

מניעים אוניברסליים - הקשורים באופן מהותי לתחום הבריאות ולמקצוע הרפואה, כגון: הקלת ייסורים וכאב, הצלת חיים; הצורך בשירותי רפואה והזהות הייחודית של הרפואה כמקצוע, המחייבת את הרופא לטפל בכל אדם הזקוק לכך, אפילו באויב.

אלה הם גורמים בעלי עוצמה רבה, והם מסבירים את נכונותם של אנשי מקצוע בתחום הבריאות לעבוד בצוותא אפילו בתקופת הסכסוך, בשנים 1967-1994.

תנאים בינלאומיים - התומכים בשיתוף פעולה, כגון אידיאולוגיה ואינטרס גלובלי לקידום שיתוף פעולה ושלוש; מנגנונים התומכים בשיתוף פעולה כגון מימון לפרויקטים משותפים ומרכזים היוצרים הזדמנויות לשיתוף פעולה ומקדמים אותו. תנאים בינלאומיים אלה קיימים מאז 1994 בהקשר הישראלי-פלשתינאי ומילאו תפקיד מרכזי בהשגת רמה זו של שיתוף פעולה.

תנאים מקומיים - הקשורים למציאות הישראלית-פלשתינאית כגון הקירבה הגיאוגרפית וסביבה אקולוגית משותפת, שהביאו לתלות הדדית בענייני בריאות; הסכמים פורמליים שנחתמו בין ממשלת ישראל והרשות הפלשתינאית הכוללים סעיפים התומכים בשיתוף פעולה בנושאים אזרחיים; והיסטוריה של עבודה משותפת בין אנשי מקצוע ישראלים ופלשתינאים במשך 27 שנים בתקופת הסכסוך. המחקר גילה כי ל-83% מאנשי המפתח הפלשתינאים (מנהלי ארגונים, קובעי מדיניות) ול-78% מאנשי המפתח הישראלים היה מגע עם איש מקצוע מן הצד השני לפני 1994. ממצא זה מביא למסקנה שהזרעים לשיתוף הפעולה בתקופה שאחרי הסכסוך¹ (post-conflict) נזרעו במשך 27 השנים של הסכסוך (conflict).

¹ הספרות הבינלאומית מתקשה להגדיר את המעבר ממלחמה לשלום בסכסוכים של תקופתנו (Large, J. 1999. **Considering Conflict**. Concept Paper for First Health as a Bridge for Peace Working Group Meeting. URL <http://www.who.int/eha/trares/hbp/conflict.htm>). ההגדרה הנפוצה ביותר מבדילה בין שלושה שלבים: מלחמה/סכסוך; התקופה שאחרי הסכסוך; ושלוש. המצב של מלחמה או סכסוך מאופיין בעימותים מתמשכים; התקופה שאחרי הסכסוך מאופיינת בהפסקה פורמלית של פעולות איבה, אשר עלולה להיות מופרעת על ידי התפרצויות של אלימות; ותקופת השלום באה אחרי הסכם שלום פורמלי בין הצדדים היריבים והפסקת כל פעולות האיבה. המעבר מסכסוך לשלום הוא הדרגתי, ויש בו נסיגות והתקדמות (Lederach, J.P. 1997. **Building Peace**). **Sustainable Reconciliation in Divided Societies**. United States Institute of Peace. Washington, D.C.; the (.World Bank, 1998. Post-Conflict Reconstruction. World Bank. Washington, D.C

הסכסוך, התקופה שאחרי הסכסוך, ושיתוף פעולה

בהנחה שאת הזרעים לשיתוף פעולה ולדו-קיום בתקופה שאחרי הסכסוך ניתן לזרוע עוד בתקופת הסכסוך, מנהיגים המעוניינים בקידום שלום ודו-קיום אחרי הסכסוך צריכים – בתקופת הסכסוך – לזהות את הלבנים שבעזרתן ניתן לבנות את הגשר החדש, ולחזקם.

אמנת ג'נבה (מאז 1864),² פעילות הצלב האדום הבינלאומי, ויוזמת "בריאות כגשר לשלום" של ארגון הבריאות העולמי³ משקפים את הגישה שאפילו בעת סכסוך, יש לשמור על סטנדרטים הומניטריים מסוימים, בעיקר בכל הנוגע לאוכלוסייה האזרחית ולטיפול בחולים. ייתכן שמאפייניהם של הסכסוכים הלאומיים, האתניים והאזוריים בעידן שאחרי המלחמה הקרה דורשים אמנה חדשה, הנותנת לגיטימיות לפעולות הומניטריות של צוותים שבהם שותפים נציגים של הצדדים הנצים (בדומה לפעילות של "עם לעם"), מבלי שתידבק בהם הסטיגמה של "משתפי פעולה", לא בעת הסכסוך ולא לאחריו. שיתוף פעולה מעין זה יכול להניח את התשתית לדו קיום בעתיד.

האנשים והארגונים שסיפורם מסופר בדוח זה הוכיחו כי שיתוף פעולה הוא אפשרי ומעשי. בנוסף, נראה כי המעורבות בשיתוף פעולה כמוה ככדור שלג, האוסף בתאוצתו מספרים גדלים והולכים של אנשים ושל פרויקטים. התוצאות של שיתוף פעולה בתחום הבריאות הן אוכלוסיות בריאות ושיתוף פעולה בריא. השלום איננו רק העדר מלחמה, אלא הזדמנות לתרום לבריאות ולרווחה של כל העמים באזור.

² Geneva Convention - International Agreement regulating the treatment of those wounded in war, and later extended to cover types of weapons allowed, the treatment of prisoners and the sick, and the protection of civilians in wartime. The rules were revised at conventions held in 1906, 1929, and 1949, and by the 1977 (The Hutchinson Encyclopedia 1999. URL [Http://www.helicon.co.uk](http://www.helicon.co.uk))"Additional Protocols

³ World Health Organization (WHO). 1999. **Report on the First World Health Organization Consultative Meeting on Health as a Bridge for Peace**. In: Research and Development - Health as a Bridge for Peace. WHO. URL [Http://www.who.int/eha/](http://www.who.int/eha/).

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الملخص التنفيذي دراسة عن التعاون الاسرائيلي-الفلسطيني في مجال الصحة 1994-1998

تمارا بارنع*، زياد عابدين#، راندي غربر*، فكري برغوثي#، منيرة قليبو#، جاك حبيب*،
سحر ادكيدك#، دان يوفان*، منيرة ابو لافيه*

انجز المشروع بدعم من
معهد السلام في الولايات المتحدة
مؤسسة ريتش (سويسرا)
جمعيات خيرية اندريا ونشارلس برونفمان (A.C.B.P)

الاراء والابحاث والنتائج المعبر عنها في هذا التقرير تخص مؤلفيها ولا تعكس بالضرورة اراء هذه المنظمات

أذار 2000

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تلفون: 972-2-6274979 فاكس: 972-2-6277166
E-mail: zabdeen@planet.edu

*ج.د.س. معهد بروكديل - ج.د.س. اسرائيل
ص.ب. 3489 القدس
تلفون: 972-2-6557292 فاكس: 972-2-5661244
e-mail: barnea@jdc.org.il

الملخص التنفيذي

ما هي اسباب استمرار التعاون بين مهنيي الصحة الاسرائيليين والفلسطينيين بعد الانفصال الرسمي للناظرين في العام 1994؟
لماذا كان مجال التعاون في الصحة بهذا الاتساع - 148 مشروعاً خلال الاعوام 1994-1998؟
لماذا كان دور المنظمات غير الحكومية طاعياً خلال الفترة قيد الدراسة؟
هل يوجد لدى مهنيي الصحة دور فريد في تحسين التعاون والتعايش في احقاب ما بعد النزاع؟
هل توجد قوى الاشراف في نشاطات التعاون الرغبة في التعاون المستمر؟
ما هي الدروس المستفادة من الوضع الفلسطيني الاسرائيلي التي يمكن ان تكون ذات فائدة لمناطق اخرى في العالم؟

الاجابة على هذه الاسئلة وغيرها فيما يتعلق بالتعاون الاسرائيلي الفلسطيني في مجال الصحة توفرها دراسة اجريت من قبل ج.د.س. (ج.د.س معهد بروكديل - ج.د.س اسرائيل) وجامعة القدس عبر السنتين الماضيتين. قام فريق فلسطيني اسرائيلي مكون من 9 اشخاص بتسجيل 148 مشروعاً تعاونياً وقابلوا 112 من مهنيي الصحة الفلسطينيين والاسرائيليين ابتداء من رسمي السياسة الى اعضاء فرق، وتعلموا عن مدى التعاون وصفاته والقوى وراء التعاون والعناصر التي تؤثر على التعاون ونتائج التعاون واحتمال التعاون المستقبلي. وتعتبر الدراسة عن صوت المشتركين في التعاون وتظهر ان التجربة كانت ايجابية لمعظم المشتركين وتشير الى ان هناك اهتمام قوي في استمرار وتوسيع التعاون.
مول البحث معهد السلام التابع للولايات المتحدة ومؤسسة رينتش (سويسرا) والجمعية الخيرية اندريه وتشارلس برونفمان (A.C.B.P). قدمت النتائج الاولية في ندوة عقدت في تشرين اول 1999 بمشاركة جامعة القدس و ج.د.س. وبالتعاون مع برنامج "الناس للناس" باشراف حكومة النرويج.

فيما يلي اهم نتائج الدراسة:

التعاون الفعلي

عدد وانواع المشاريع

بالرغم من التموجات السياسية في الاعوام 1994-1998 عمل مهنيو الصحة الفلسطينيون والاسرائيليون معا حيث طوروا 148 مشروعاً تعاونياً جمعت 67 منظمة وبما يقرب من 4000 شخص. شملت المشاريع مجالا واسعا من الميادين والمواضيع. وكانت انواع النشاطات الابتدائية المتخذة للتدريب (46% من المشاريع) والبحث (23%) وتطوير الخدمات وتقديمها (19%) وتخطيط السياسة (5%) ومؤتمرات وندوات وحوارات ونشاطات شبابية (7%).

عدد وانواع المنظمات

النتيجتان الرئيسيتان هما الدور المركزي الذي لعبته المنظمات غير الحكومية (NGO) (79% من المنظمات) ومنظمات بتوجه خدماتي معين (مثال: المستشفيات) في القطاعين الحكومي والمنظمات غير الحكومية (65%). فيما عدا المنظمات بتوجه خدماتي معين، فقد شملت المنظمات غير الحكومية: الجامعات ومعاهد الابحاث والمنظمات ذات توجه في التعاون وحقوق الانسان. بالرغم من المشاريع الحكومية القليلة (17%) فقد عكس المجال العام للنشاطات - بما في ذلك قطاع المنظمات غير الحكومية - "الضوء الاخضر" المعطى من جانب حكومة اسرائيل والسلطة الفلسطينية لتعاون "الناس للناس".

بالاجمال: اشتركت 38 منظمة اسرائيلية و29 منظمة فلسطينية في مشاريع التعاون. من الملاحظ ان سبع منظمات اسرائيلية واربع منظمات فلسطينية اشتركت في عشرة مشاريع او اكثر.

القوى وراء التعاون

الحافز للتعاون

كانت لدى المشتركين في المشاريع من المجتمعين بواعث عالية للتعاون. القوة الدافعة الرئيسية عند 52 % من الفلسطينيين المستجيبين كانت تحسين مهاراتهم المهنية وتطوير بنيتهم التحتية. هناك نسبة هامة من الاسرائيليين (53 %) والفلسطينيين (41 %) كان باعثهم هو الرغبة بالاسهام في حل النزاع الاسرائيلي الفلسطيني. وقد تكرر هذا النمط في بواعث المنظمات التي اشتركت في التعاون.

"الشخصيات الرئيسية" والالتزامات

احدى القوى الدافعة خلف التعاون كانت "الشخصيات الرئيسية" الذين هم عادة رؤساء المنظمات او مدراء المشاريع الذين كانوا يحثون الموكب ضمن منظماتهم. كانت لدى الافراد والمنظمات درجة عالية من الالتزام واستمروا في العمل معا حتى خلال الفترات السياسية الساخنة وتخطوا التأخيرات في المشاريع بسبب الوضع السياسي.

العناصر المؤثرة على التعاون ووسائل التعاون

عناصر معرقة

العناصر الرئيسية التي عرّفتها المستجيبون الفلسطينيون والاسرائيليون بأنها عرقلت التعاون كانت مصاعب نقلية (تصاريح، السفر بين الضفة الغربية وغزة)، مآزق سياسية (توتر على المستوى السياسي، معارضة حكومية لمشاريع التعاون) وتقييدات مالية.

عناصر مساعدة

العناصر الرئيسية التي عرفها المستجيبون الفلسطينيون والاسرائيليون بأنها ساعدت على التعاون كان معظمها الاهتمام المهني للمشاركين واعتقادهم باهمية وتشجيع التعايش. هذه العناصر تعكس العناصر الدافعة الرئيسية.

الاقسام المتساوي بين المشتركين (التمائل)

بينما وضع المستجيبون الفلسطينيون والاسرائيليون اهمية كبرى على التماثل، فقد شدد على اهميتها بشكل خاص الفلسطينيون خلال تنفيذ المشاريع التعاونية (هذا يشمل التقاسم في العمل والمصاريف والمسؤولية). كان الاقسام المتساوي في العمل يعد احد العناصر المساعدة الرئيسية من قبل المستجيبين الفلسطينيين.

تمويل المشاريع

كان المصدر الرئيسي للتمويل دوليا (حكومي، وكالات عامة، مؤسسات) بتكملة من مصادر تمويل محلية صغيرة. وكان معظم التمويل موجه لنشاطات المنظمات غير الحكومية. تراوحت تكاليف المشاريع من اقل من 25,000 دولار للمشاريع التدريبية قصيرة الاجل الى اكثر من 1,000,000 دولار لمشاريع البحث خلال ثلاث سنوات. أفاد الشركاء الفلسطينيون في 60 % من المشاريع المتعاونة انهم تلقوا اكثر من 50 % من التمويل.

الإعلام

تم الإعلام عن مشاريع متعاونة مختارة. وكان جمهور الهدف الرئيسي مهنياً. وقرر 80 % من المستجيبين انه تم الإعلام عن مشاريعهم ضمن منظماتهم. قرر 72 % من المستجيبين الفلسطينيين و 53% من الاسرائيليين انه تم الإعلام عن مشاريعهم خارجياً عبر مؤتمرات مهنية ومنشورات. وأشار نحو نصف المستجيبين انه تم الإعلام عن مشاريعهم للجمهور عامة. مع ذلك لاحظ عدد من المستجيبين ان وسائل الإعلام كثيراً ما تكون غير مهتمة في نشر قصص عن التعاون الناجح لانها غير "مثيرة" بالدرجة الكافية.

الامتاع عن العمل

يبدو ان الافراد مستعدون للاشتراك في التعاون بالرغم من وجود "خطوط حمراء". لاحظ المستجيبون الفلسطينيون انهم امتنعوا عن القيام بمشاريع ليست اولوية بالنسبة للسكان الفلسطينيين، بينما امتنع المستجيبون الاسرائيليون عن مناقشة قضايا سياسية او عاطفية.

نتائج التعاون في ميدان الصحة

يمكن ان يسهم التعاون في ميدان الصحة في التطوير المهني للافراد والمنظمات ويحسن الخدمات الصحية ويسهل التعاون.

أمثلة:

تعزيز التعاون

تغيير المواقف: قرر ثلثا المستجيبين الفلسطينيين وثلث المستجيبين الاسرائيليين ان العمل في مشروع متعاون أثر في مواقفهم تجاه التعايش. بينما لم يرغب جميع المستجيبين الاستطرد بهذا الجواب، اضاف اكثر من 70 % من الذين افادوا بتغيير المواقف ان التأثير كان ايجابياً. فقد جعلهم يدركون ان التعاون ممكن وعزز رغبتهم في التعايش ولطف آراءهم حول النزاع الفلسطيني-الاسرائيلي. من الذين افادوا بعدم التغيير في الموقف قرر 40 % من الاسرائيليين و 20% من الفلسطينيين انه كان لديهم موقف ايجابي في البدء.

التعلم من الطرف الاخر: افاد المستجيبون ان المشاريع منحتهم الفرصة للتعلم عن بعضهم وجعلتهم يستبدلون الانماط المتداولة والخرافات بانطباعات اولية وحقائق. شدد المستجيبون الاسرائيليون على اهمية التعلم عن الشعب الفلسطيني وثقافتهم واحتياجاتهم. افاد المستجيبون الفلسطينيون بتعلمهم عن المهنة الاسرائيلية وشددوا بشكل خاص على نظامهم الكفو والتكنولوجيا المتقدمة. بالاضافة الى ذلك افاد المستجيبون الفلسطينيون والاسرائيليون انهم دهشوا من نوعية العمل ومعارف شركائهم وحسن النوايا والحماس للجانب الاخر وسهولة تطوير علاقات شخصية وحوار مهني.

تطوير الافراد والمنظمات المهني

كانت الفائدة المهنية الرئيسية للافراد والمنظمات هي الاستحواذ على مهارات ومعرفة مهنية وفنية اضافة الى معرفة ثقافية متبادلة. افاد 83% من المستجيبين الفلسطينيين ان المشاريع اضافت لهم معرفة وخبرة.

تحسين الخدمات الصحية

قرر اكثر من 75 % من مدراء المشاريع ان اهدافهم المتعلقة بالصحة قد حققت. شملت هذه على تدريب الاطباء في التخصصات، تفعيل المعلومات من اجل تخطيط السياسة، تطوير خدمات ونماذج للخدمات المحتاج اليها، وتوفير خدمات غير ربحية مباشرة الى اكثر من عشرات الالاف من الفلسطينيين.

النظر الى المستقبل

الرضى

رضى 97 % من المستجيبين الاسرائيليين و 82% من المستجيبين الفلسطينيين او رضوا بشكل فائق بمشاريعهم التعاونية 0 وهناك نسبة اعلى من الرضى بين مجالس الادارة.

الاهتمام في التعاون المستمر

أعرب 99 % من المستجيبين الاسرائيليين و 88% من المستجيبين الفلسطينيين عن اهتمامهم في الاستمرار في العمل في مشاريع متعاونة. بالإضافة افاد 70 % من الاسرائيليين و 87% من الفلسطينيين انهم يعرفون آخرين مهتمون بالاشتراك بمشاريع تعاونية.

الدور الفريد لمهنيي الصحة

ينظر كثير من المستجيبين الى مهنيي الصحة بان لديهم دورا هاما في تشجيع التعاون. استطاعوا العمل معا على اساس قيمهم المهنية والانسانية التي تتفوق على الحواجز السياسية ولتحقيق هدفين:
أ- مواجهة احتياجات السكان الفلسطينيين من اجل الخدمات والبرامج والمساعدة الفنية.
ب- مخاطبة الاهتمامات الفلسطينية والاسرائيلية في تطوير انماط من "العمل معا" بين المنظمات والمهنيين.
بهذه الطريقة يبرهن مهنيو الصحة -الذين يقدرون عاليا في مجتمعاتهم- على امكانية ورغبة التعاون وبهذا لتمهيد الطريق للآخرين.

الدروس والنتائج

"المهني الى المهني"

تبين الدراسة ان المسار "المهني الى المهني" يرافق بناء علاقات تعتمد على الثقة المتبادلة والاحترام حول برنامج مهني مشترك وبذلك يستبدل ثقافة الشك التي تميز حقبة النزاع.

قوة المسار "المهني الى المهني" ينبعث ايضا من اساس بناء تعاون متعدد الاتساعات على المستوى المهني والمستوى التنظيمي والمستوى الشخصي. كما تظهر الدراسة ان العلاقة قد تعتمد على الاهتمام المهني المشترك وقرار سياسة المنظمات للعمل مع الجانب الاخر، او معرفة شخصية بين المهنيين. من اجل ثمار هذه العلاقة الى مشروع ناجح يجب تطوير التعاون على جميع الاصعدة. يخلق المشروع التعاوني هوية جديدة لجميع المشتركين عندما يتجهون من كونهم اطراف الى كونهم شركاء.

لماذا الصحة؟

أدت الدراسة الى تطوير نموذج يفسر نجاح التعاون في الصحة بين الاسرائيليين والفلسطينيين في حقبة ما بعد النزاع. يتألف النموذج من الظروف العالمية والدولية والمحلية كما سيأتي:

أهداف عالمية - تتعلق بجوهر ميدان الصحة والمهن الصحية مثل: تخفيف المعاناة والألم، انقاذ الحياة، الحاجة الى خدمات صحية، والهوية الفريدة للطب كمهنة، التي توصي الاطباء بمعالجة اي شخص في حاجة حتى العدو. هذه العوامل قوية جدا وتفسر عزم مهنيي الصحة للعمل معا حتى خلال سنوات النزاع 1967-1994.

ظروف دولية - تدعم التعاون مثل المثاليات العالمية، والمصالح التي تشجع التعاون والسلام، والاجهزة التي تعزز التعاون مثل تمويل المشاريع المتعاونة والهيكل التي تخلق الفرص من اجل ادارة التعاون ومساعدتها.

الظروف الدولية المدعمة هذه قائمة منذ 1994 في المحتوى الاسرائيلي الفلسطيني ولعبت دورا محوريا في تحقيق هذا المستوى من التعاون.

ظروف محلية - تتعلق بالحقائق الاسرائيلية الفلسطينية مثل القرب الجغرافي والجو البيئي المشترك التي ادت الى اعتماد متبادل في مسائل تتعلق بالصحة وتأريخ من العمل الصحي المهني الفلسطيني الاسرائيلي المشترك خلال 27 سنة من النزاع. أظهرت الدراسة ان 83 % من رؤساء الاعمال الفلسطينيين (رؤساء منظمات، واتفاقيات رسمية بين السلطة الفلسطينية والحكومة الاسرائيلية تدعو الى التعاون في المجالات المدنية، صانعو سياسة) و78- من رؤساء الاعمال الاسرائيليين لديهم اتصال مع مهنيين من الجانب الاخر قبل 1994. هذه الظاهرة تؤدي الى نتيجة ان بذور التعاون في حقبة ما بعد الحرب زرعت خلال 27 سنة من النزاع.

النزاع، ما بعد النزاع والتعاون

□ بافتراض ان بذور التعاون التعايش في حقبة ما بعد النزاع¹ يمكن ان تزرع خلال حقبة النزاع، يجب على الزعماء المهتمين في تشجيع السلام والتعايش بعد الازمة-خلال الازمة تحديد اللبنة والكحل- التي قد تبني جسرا- وتدعمها.

□ مؤتمرات جنيف (منذ 1864)²، اعمال الصليب الاحمر الدولي، منظمة الصحة العالمية ومبادرة "الصحة كجسر من اجل السلام"³ - كلها تعبيرات عن الفلسفة انه حتى خلال النزاع هناك مستويات انسانية بحاجة الى الحفاظ عليها خاصة فيما يتعلق بالسكان المدنيين ومعالجة المرضى. قد تتطلب مميزات النزاعات الوطنية والعرقية والاقليمية بعد الحرب الباردة مؤتمرا جديدا يشرع النشاطات الانسانية من قبل فرق مشتركة من الجوانب المتصارعة (مثل نشاطات الناس للناس) دون دمغة العمالة سواء كان ذلك خلال النزاع او بعده. مثل هذا التعاون يمهّد الطريق للتعايش المستقبلي.

الافراد والمنظمات الذين تسرد اقصيصهم في هذا التقرير برهنوا ان التعاون ممكن ومحتمل. بالاضافة الى ذلك يبدو ان الانغماس في التعاون هو ككرة تلجّ تجمع اعدادا متزايدة من الناس والمشاريع كلما تزيد سرعتها. نتائج التعاون في ميدان الصحة هي سكان اصحاء وتعاون صحي. السلام هو ليس فقط غياب الحرب ولكن الفرصة للاسهام في صحة ورفاه جميع الناس في المنطقة.

¹ تصارع الاديبيات الدولية في تعريف المرحلة الانتقالية من الحرب الى السلام في النزاعات المعاصرة (لارج ج. 1999 دراسة النزاع. مفهوم الورقة للصحة الاولى كجسر لاجتماع مجموعة العمل من اجل السلام.

(URL <http://www.who.int/eha/trares/hbp/conflict/htm>).

كثير التعريفات شيوعا تفرق بين هذه العبارات: الحرب/النزاع، ما بعد النزاع، والسلام. ظرف الحرب/ النزاع يتميز بمواجهة مستمر. وضع ما بعد النزاع يتميز بتوقف رسمي للعداوات الذي يمكن ان يقاطع بانفجارات من العنف. ومرحلة السلام تتلو اتفاقية سلام رسمية بين الجانبين الممتازين وتوقف جميع العداوات. الانتقال من النزاع الى السلام تدريجي بتراجع وتقدم. (لدراخ ج. ب. 1997 - بناء السلام، التسوية المستقرة في مجتمعات منقسمة- معهد السلام في الولايات المتحدة-. واشنطن. د.س. البنك الدولي 1998 - اعادة بناء ما بعد النزاع- البنك الدولي. واشنطن. د.س.).

² مؤتمر جنيف - الاتفاقية الدولية 1864 التي تنظم معالجة الجرحى في الحرب وامتدت فيما بعد لتشمل انواع الاسلحة المسموح بها ومعالجة السجناء والمرضى وحماية المدنيين اثناء الحرب. اعيدت مراجعة البنود في مؤتمرات عقدت في 1906 و1929 و1949- والبروتوكولات الاضافية في 1977 (موسوعة هتشنسون 1999).

³ منظمة الصحة العالمية (WHO) 1999 تقرير عن الاجتماع الاول للاستشارة لمنظمة الصحة العالمية حول الصحة كجسر من اجل السلام. في "البحث والتطور": الصحة كجسر من اجل السلام. منظمة الصحة العالمية.

Al-Quds University

Founded in 1979, Al-Quds University is a major Palestinian university with over 4,000 graduate and undergraduate students and more than 650 professional staff. In the past two decades, the university has grown significantly to include nine faculties and 12 institutes and centers. The nine faculties include: Faculty of Art; Faculty of Da'wa and Principles of Religion; Faculty of Health Professions; Faculty of Law; Faculty of Medicine; Faculty of Public Health; Faculty of Qur'an and Islamic Studies; Faculty of Science and Technology; and the Faculty of Engineering. The Medical and Health Research Center offers training and technical assistance to health professionals and policy makers. Its areas of expertise include health planning, operational research, and program and policy evaluation.

Al-Quds University has developed a distinctive culture shaped by the desire to continually build on its strengths and bring together the talents in each department of the university. Al-Quds University builds a bridge to the Arab community in Palestine and throughout the world and its International Cooperative Programs connect it with universities worldwide.

JDC-Brookdale Institute, JDC-Israel American Jewish Joint Distribution Committee

JDC-Brookdale Institute, a leading national center for applied research on aging, health policy, and social welfare in Israel, and JDC-Israel, which develops model education and service programs for special needs populations, are Israel-based branches of the American Jewish Joint Distribution Committee (AJJDC). Non-partisan and apolitical, JDC has been sponsoring rescue, relief, and reconstruction programs for Jews throughout the world for 85 years. Since 1986, JDC has also worked in development and relief projects in 40 countries harmed by war, natural disaster, poverty or political instability for the benefit of non-Jewish populations.

In 1993, JDC launched a Middle East Program aimed at promoting regional professional cooperation in the fields of health and rehabilitation. Cooperative activities include the development of service delivery models, training seminars and information dissemination, research and evaluation. All projects emphasize institutional development and local capacity-building, and are conducted in a spirit of cooperation.