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PEACEBRIEF₇

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January 28, 2010

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Peacebuilding through Health Among Israelis and Palestinians

Summary

- The concept of “peace through health” or “health as a bridge for peace” has been in existence for decades, but remains ambiguous. The idea is best understood as cross-border or cross-group initiatives toward increasing understanding, cooperation, and trust, addressing health concerns of populations and mobilizing health professionals as advocates for peace. Such initiatives can potentially contribute to building a foundation for state-building and economic development. But few rigorous evaluations of peace through health initiatives have been conducted, and the limitations of the idea must be recognized. Peacemaking is an inherently political process, and health-related initiatives are unlikely to contribute directly to peace settlements.
- Palestinian and Israeli health professionals have a long history of cross-border cooperation in health, including collaboration in disease surveillance, training and advocacy for health.
- Cooperation is increasingly difficult because of ongoing travel restrictions on Palestinians in the West Bank, because the initiatives are increasingly seen by Palestinians as political in nature—even as a tacit endorsement of the Israeli occupation—and because many Palestinian health professionals prefer to invest their energy in building an effective health system in the West Bank independent of Israel.
- Efforts to foster cooperation through health initiatives—especially in situations where differentials are so great as in the Israeli-Palestinian conflict—must be directed toward meeting real health needs of the population, be founded on mutuality, and focus on building effective systems.

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Initiatives to seek to build peace through health extend over decades, and have found an institutional home with the World Health Organization’s program called Health as a Bridge to Peace. They are premised on the idea that cooperation among health professionals and health interventions in conflict zones can contribute not only to improved outcomes for populations who suffer from the impact of war, but also to building a lasting peace. Proponents urge that these programs can promote understanding, collaboration, and trust based on a common interest of health across geographic, political and psychological boundaries. On December 11, 2009, USIP’s Health and Peacebuilding Working Group met to explore the idea of peace through health in a context where such efforts have been underway for many years, the Israel-Palestine conflict. Speakers included Rear Adm. Susan Blumenthal, M.D., of the Center for the Study of the Presidency and Congress, Norbert Goldfield, M.D., of the nongovernmental organization, Healing Across the Divides, and C.

Ross Anthony, Ph.D., director of Global Health of the Rand Corporation. Leonard Rubenstein, J.D., coordinator of the USIP working group, moderated the discussion.

What Do We Mean by Peacebuilding through Health?

Although the terms are often used interchangeably, there are key differences between the meaning and implications of the phrases “peace through health” and “peacebuilding through health.” The phrase “peace through health” can imply that health interventions can significantly contribute to a peace settlement. But making peace is inherently a political process, and there exists no example where health interventions alone played a demonstrable role in advancing the peace process. On the other hand, the activities of health professionals can improve health and also create an environment that increases people’s investment in peace and can reduce, if not relieve, tensions that contribute to conflict.

Health is potentially a common currency across the boundaries of conflict. The nature of the work of health professionals may allow them to access patients across boundaries, collaborate in research, share information, and address cross-border health issues like disease surveillance. They can also pursue goals beyond health such as extending solidarity, broadening the concept of altruism, humanizing the enemy, fostering dissent against unjust policies, and encouraging or supporting diplomatic efforts toward resolution. Because a healthy population is essential for economic growth and a functional health system is an element of a legitimate state, peacebuilding through health can also contribute to the foundations for future stability.

Health programs that aim to build peace require certain key elements. Health professionals and programs should focus on strengthening the health sector on both sides in combination with a process that increases communication between the two groups. They should be grounded in community-based priorities and respect mutual concerns, especially where power is disproportionately held by one side. Resources—including knowledge, trained health professionals and access to finances—should be shared to avoid having one side be dominant or seen as the ‘expert.’ If the relationship is one-sided, it can perpetuate alienation that the subjugated party frequently feels.

Although this approach has potential promise, peacebuilding through health initiatives have rarely been evaluated to determine whether they have achieved their goals.

Peace through Health Initiatives in Israel and the West Bank

Israelis and Palestinians have a long history of efforts at cooperation in health initiatives, and USAID recently supported an inventory of ongoing programs. These projects involved nongovernmental organizations, academic institutions, hospitals, associations of professionals dedicated to peace and human rights, international agencies, and others. They have included sharing information on infectious and chronic diseases, epidemic surveillance such as for avian flu, treatment of Palestinian patients by Israeli doctors both within Israel and in the West Bank, as well as training programs for Palestinian health professionals, and mobilization of Israeli and Palestinian health professionals for peace.

Some peacebuilding through health initiatives in the region have great significance for both health and future cooperation, such as mutually beneficial cross-border collaboration on disease surveillance. At the same time, the concept of peacebuilding through health has become controversial because of the unequal roles of Palestinians and Israelis. Palestinians have been receivers of information, skills and technology as a result of the greater wealth and number of trained health

professionals in Israel. As a result, these interactions may have sometimes inadvertently resulted in resentment, as they mimic the dependence of Palestinians on Israelis for many health needs. Some Palestinian health professionals believe the relationship is, as a result, both one-sided and not mutually respectful.

Additionally, peacebuilding initiatives are affected by the political situation on the ground. The most obvious example is the absence of such programs in Gaza. Even in the West Bank, severe travel restrictions for Palestinians as a result of checkpoints, closures and the separation wall in the West Bank severely compromise the possibilities for cooperation, and create resentment. Moreover, while Israelis perceive their work as humanitarian and apolitical, many Palestinians see cooperation in health as an unacceptable political act. In this Palestinian view, Israelis who wish to cooperate on health care issues nevertheless don't question the occupation, which the Palestinians see as a major source of their health care challenges. Tensions also arise because peacebuilding through health initiatives are not always in harmony with the goal of creating a freestanding and effective health system in the West Bank. Without investment in building an independent Palestinian health system, many Palestinian health professionals see themselves as continuing to be dependent on Israelis for their health service, training and research needs.

These political factors do not make cooperation in health impossible, but do suggest that some key conditions are needed. At a minimum, all interventions must be based on mutual respect and equality. Interventions should also focus on needs articulated by communities that can contribute to system-building and reinforce positive political changes.

The Role of Donors and Diplomats

Donors have encouraged peacebuilding through health initiatives, but their performance has been mixed. At times they have shown a lack of donor transparency regarding financing and the programmatic decision-making processes. Donors need to recognize, too, that their investments convey a political stance, even within the Palestinian community, where health programs are often associated, whether formally or loosely, with a particular political group. Moreover, the preference of donors for visible short-term results without long-term planning often leads to programs that are not sustainable from either a health or peacebuilding vantage point and can actually detract from the peace process. Donors thus need to work with ministries and, in appropriate cases, with nongovernmental organizations, to build effective and accountable systems and local ownership of programs that are consistent with the long run development plans of the country and not just supportive of narrow causes.

The very volatility of the political situation, and the consequent politicization of peacebuilding through health initiatives, suggests that donors should support and strengthen local institutions, help them absorb increased financial resources and provide quality services. This requires an analysis of lessons learned from previous programs, strategies specific to local capabilities and needs and clarity about the purpose of these programs. Donors and diplomats should recognize, of course, that investments in health, without a political settlement, will not lead to peace. At the same time, they can view such investments as part of a multisectoral strategy towards development, facilitating dialogue between populations and improving quality of life.

Conclusions and Recommendations

Policymakers, peacemakers and donors should recognize that health programs cannot bring about peace but can contribute as an element of a multifaceted peacebuilding strategy. Health programs

ABOUT THIS BRIEF

For many years, Palestinian and Israeli health professionals have engaged in efforts to advance peace through collaboration and cooperation on health. This Peace Brief explores the potential and limitations of these efforts in advancing peace in the region.

and the activities of health professionals can be a tool to increase population investment in peace and a component of a stable and successful society. Peacebuilding through health initiatives also have potential to advance the health of war-affected populations, contribute to economic development, and advance dialogue and understanding in the long term. To succeed, these initiatives must be based on equality and mutual respect. Beyond their role in cooperative programs, health professionals can contribute to peace by using their voices to promote policies that advance peace, human rights and justice. In the Israeli-Palestinian context, these initiatives, and donor support for them, needs to take into account desires of Palestinian health professionals to avoid dependence on Israelis and to support development of an effective health system for Palestinians.

Endnote

1. Neil Ayra and Joanna Santa Barbara. "Peace Through Health: How Health Professionals Can Work For a Less Violent World." Kumarian Press, 2008.
2. World Health Organization's Health as a Bridge to Peace program.
<http://www.who.int/hac/techguidance/hbp/en/index.html>.
3. Susan Blumenthal and Stephanie Safdi. "Peace Through Health: A Mapping of Cooperative Programs in Palestine and Israel, A Report of the Palestinian/Israeli Health Initiative." Center for the Study of the Presidency, 2008.
4. Alex Leventhal, Assad Ramlawi, Adel Balbeisi and Ran D. Balicer. "Regional Collaboration in the Middle East to Deal with H5N1 Avian Flu." British Medical Journal, 2006 October 21; 333: 856–858.



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