I. Title: PEACEBUILDING THROUGH COOPERATION IN HEALTHCARE AND PUBLIC HEALTH BETWEEN ISRAEL AND PALESTINE

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VI. Summary

Public health is a concern for all in a conflict region because populations are healthier during times of peace. Moving from structural inequalities, political violence and war to positive peace is hard and requires recognizing the common humanity of those in conflict.

Positive peace, achieved through peacebuilding, depends upon the actions of individuals and organizations, especially when political authorities eschew cooperation. Improving the health of populations in recurring conflict requires exceptional cooperation. Public health professionals have an ethical imperative to create environments that provide needed healthcare services, thus potentially transforming a conflict.

This policy supports peacebuilding using cooperation in health and public health between Palestinians and Israelis, building on the World Health Organization's "Health as a Bridge to Peace" program. Historically, levels of official cooperation between the Israelis and Palestinians have varied dramatically, depending on the political situation. Yet, evidence shows that health status improved during previous periods of cooperation.

All civil societies contain varied opinions and positions. Some sectors of the Israeli and Palestinian communities may reject the "Health as a Bridge to Peace" model while others support its use, as *The*

Lancet reports. This policy supports those who would move forward using the model. Creating a permission structure for cooperation, Israelis and Palestinians will improve daily lives by facilitating the strengthening of their current health care system, and emerge from Israeli and Palestinian civil societies as a form of unofficial diplomacy for constructive conflict transformation.

Relationship to Existing APHA Policy Statements

APHA Policy Statement: 201910 A Call to End Violent Attacks on Health Workers and Health Facilities in War and Armed Conflict Settings

APHA Policy Statement: 20095 The Role of Public Health Practitioners, Academics, and Advocates in Relation to Armed Conflict and War

APHA Policy Statement 20094: Ensuring the Achievement of the Millennium Development Goals: Strengthening US Efforts to Reduce Global Poverty and Promote Public Health

APHA Policy Statement 20089: Strengthening Health Systems in Developing Countries

VII. Rationale for Consideration

APHA has policy statements which address issues of health and public health during war and conflict, but none which are focused on the role public health may play in creating circumstances for promoting peacebuilding by supporting public health and health care cooperation. This policy statement addresses a public health issue not identified by the Joint Policy Committee and American Public Health Association (APHA) staff as a current priority gap in the policy statements database. However, the 2022 renewed global focus by the World Health Organization (WHO), on the role that health initiatives can play in working towards positive peace, allows the APHA to take a leadership position promoting actions that can make a lasting difference in the lives and health of all who live in the region. Further, efforts by multilateral development organizations highlight the broad support that cooperation in health care and public health has in the international community[1].

The achievement of positive peace, "which relates to the attitudes, institutions and structures that create and sustain peaceful societies (rather than simply the absence of conflict or violence)[2]" is a long-term process that starts with building trust in order to repair relationships and encouraging people to talk[3] "through grassroots engagement as much as top level talks"[4]. WHO states "Building more resilient health systems supporting a community or society to become more resilient could play a key role in preventing conflict or conflict repetition, by mitigating the impact of negative events, reducing grievances, and strengthening the ability of communities to work together to recover from a negative event. As such, building resilience to the impact of armed conflict and violence is a key outcome of Health for Peace programming[2].

This policy has two goals: (1) providing the auspices for health and public health cooperation to improve health for all; and (2) encouraging public health and heath care cooperation as a way of creating

a permission structure to improve relationships that can contribute to developing positive peace. This model could be adapted by workers in other disciplines whose actions would also contribute to peacebuilding.

Peacebuilding Works

The achievement of positive peace is advanced by peacebuilding. Peacebuilding denotes "specific processes that lead to the reduction of conflict, violence, and disagreement and advance the development of peace, trust, confidence, and mutual accord between both individuals and social groups"[5]. Long-term research has shown that most of those who participate in peacebuilding activities better understand each other, are more hopeful about peace and more willing "to act for change"[4]. Health is just one of many areas where peacebuilding can occur. The concept of cooperation in healthcare as peacebuilding can be traced to the 1990's[6].

Foundational to the process of peacebuilding is the creation and support of a permission structure, which "helps someone move to a new point of view in a way that feels rational, justified, and consistent with their existing core values"[7]. The international community created a permission structure in Northern Ireland through peacebuilding which successfully ended a three-decade conflict between religious groups that seemed as equally intractable as the Palestine/Israel conflict. As is the conflict between Israel and Palestine, the Northern Ireland conflict was in part about sovereignty, the use of the military, and social justice[8]. Importantly, unlike the closely negotiated attempt of the Oslo Accords to end the conflict between Israel and Palestine, there was a major international peacebuilding investment of goodwill, creating the possibility of people willing to cooperate, 12 years before the Good Friday Agreement. In Northern Ireland, this investment of goodwill was associated with an investment of political will which led to an investment of more than 6,000 projects. Communities in conflict openly built mutual understanding and the foundation for accepting peace in Northern Ireland[9]. In contrast, the Oslo Accords, which still guide many governmental actions today, were negotiated in secret and "the agreement appeared out of nowhere"[9]. Further, only 164 peacebuilding initiatives have occurred between Israel and Palestine since 1963, with just 47 (28.7%) between 2010-2016. Of the strategies being used in 2015, only 3.66% were in health/medicine[4]. What is missing is a similar broad support of multiple projects that may build mutual understanding among enough Israelis and Palestinians to make a difference in the conflict[9].

Alignment With World Health Organization Efforts

This policy aligns the APHA with international efforts to use health as a bridge to positive peace and peacebuilding. This approach encourages using health as part of the process of peacebuilding. Building on their longstanding program – "Health as a Bridge for Peace" – WHO's Executive Board has empowered their Global Health Peace Initiative (GHPI)[10]. WHO's 2023 *Roadmap*[2] to guide these activities states "Global Health for Peace Initiative mainly refers to, and seeks to contribute to 'positive peace'…That is

to say, the Initiative focuses on how health activities can be designed and implemented in a way that better contributes to outcomes such as increased social cohesion and trust, decreased exclusion and marginalization. The Global Health for Peace Initiative does not intend to focus on political peace processes or negotiations".

The GHPI collaborates with member states at the local, regional, and international levels to find ways to use health as a path to peace in areas affected by conflict and by doing so, strengthen the quality of health for all. WHO's global "Theory of Change" posits that "if individuals and groups enjoy equitable access to health services" with "health interventions that promote trust and dialogue[11]" leading to more universal health coverage and trust about health concerns, communities are more likely to " resist incitements to violence[11]" and contribute meaningfully to peace and reconciliation.

The WHO White Paper[12] states that by facilitating dialogue "between state authorities, local medical practitioners and communities in conflict zones," and by "facilitating cross-line cooperation in health governance… that allows them to work together to address mutual health concerns amid ongoing conflict," then "health coverage is more universal, grievances can be heard and addressed to generate trust regarding emergency health concerns, [and] affected communities are more likely to make meaningful contributions to peace and reconciliation, and resist incitements to violence." WHO further observes, "health is viewed as a superordinate goal for all sides of a conflict. This in practice allows health initiatives to serve as a neutral starting point for bringing together rival parties as they work towards mutually beneficial objectives." WHO further recognizes that "when health emergencies occur in fragile and conflict settings, interventions that prevent health systems collapse and rebuild them have a knock-on [indirect or cumulative] effect of preventing the lack of access to health from becoming a driver of grievances and further unrest." Further "healthier populations can participate more actively in their community and society and be more constructively involved in post-conflict reconciliation processes."

This policy builds on the momentum of the WHO "Health as a Bridge to Peace" ("HBP") efforts in other countries; it is timely for APHA to join this effort. While governments and policies may change, organizations and people continue and often endure. Those who want to cooperate on matters of health and public health need the legitimacy of their cooperation recognized by external parties such as the WHO and APHA. This WHO model has been useful in a number of conflicts, including Somalia and Sri Lanka. Other examples cited by WHO include Ukraine, Sudan, and Tunisia[11]. Notably, the WHO Eastern Mediterranean Regional Office (EMRO) reaffirmed in 2021 its support for the WHO "HBP" model[13].

Why Cooperation

Unofficial diplomacy and the building of relationships, both supported by this policy, are especially important during periods where official relations are difficult or absent. With shared borders, Israel and Palestine are interdependent and share epidemiological risk regarding environmental health, climate

change and during outbreaks of infectious disease. This was amplified during the response to COVID-19. Dahdal and co-authors, including Palestinian scholar Mohammed Shaheen from Ramallah, characterize the response to the COVID-19 pandemic as a "wake-up call" because limits on formal cooperation between Palestinians and Israelis due to political interference severely affected coordination. As Dahdal and colleagues[14] observe, countries, even wealthy ones, cannot protect the health of their populations "without effective and equitable cross-border cooperation." They further argue that the experience with COVID-19 demonstrated the "importance of civil society and international organizations in forging collaboration in advance of governmental engagement."

If historical achievements when cooperation was supported are an indication, Palestinians and Israelis can create measurable improvements to health status by strengthening future public health cooperation. This level of cooperation has been called for by Palestinians. For example, in their work to improve maternal and child health in Palestine, Palestinian scholars Rahim and colleagues make recommendations in which better outcomes can be achieved through cooperation with others[15]. Their recommendations include "strengthen community resources for health, such as training health workers," "implement a human-resource plan that addresses the long-term development of local capacity," and "expand the midwifery cadre and strengthen their preservice and in-service training."

VIII. Problem Statement

Wars and armed conflicts are a growing global public health problem[16]. They are a major cause of mortality, morbidity and disability; they create the contexts for violations of human rights; and are a significant contributor to disease burden, especially in low- and middle-income countries[17], including in Palestine[18] and Israel. Aside from deaths and injuries, war negatively affects the physical and emotional health of both civilians and combatants on all sides of a conflict[11], such as between Palestine and Israel. As APHA Policy 20095 identifies, war and conflict also have significant effects on healthcare systems and the delivery of care. Infrastructure, including healthcare facilities, is interrupted or destroyed. In addition, the delivery of healthcare can be interrupted when healthcare workers are directly affected or there are shortages of drug and/or medical supplies. Women and children are disproportionately affected by war and conflict. Importantly, even after conflicts end, governments allocate less money for healthcare, and it is difficult for health professionals to receive training because the "training system [is] weakened or stopped."[19]

As conflicts have become more complex, protracted and "resistant to political resolution"[11], other strategies have been called for[11]. The conflict between Israel and Palestine is one where a focus on building the steps toward positive peace, such as cooperation in health care and public health to build relationships, could be beneficial. There has been continuing conflict between Israelis and Palestinians since even before 1948 when Israel was founded. Like other conflicts[11], social injustices and inequities in

basic services, such as health, have fueled the Israel and Palestinian struggles. This conflict is particularly difficult to resolve because both peoples have historical connections to the same land. Both sides have engaged in human rights abuses that should be condemned and all responsible parties should end and eschew such abuses.

It is clear that both sides have much to offer in many areas of public health and working together they can accomplish a great deal. Because no solution to the conflict appears imminent, it is critical to improve the daily lives of Palestinians and Israelis. This policy advocates for cooperation between Palestinians and Israelis because until the conflict ends, cooperation is needed to strengthen the healthcare system to reduce health disparities and improve the daily lives of Palestinians and Israelis and in doing so they engage in peacebuilding, thereby encouraging the foundation for positive peace.

All conflicts are asymmetrical, often with one side being more powerful than the other. In addition, conflicts often have differential effects on the populations involved with some communities suffering more than others, exacerbating underlying disparities in health. WHO defines how differing levels of power influences peacebuilding outcomes between the state and its citizens, between the armed parties or mid-level authorities, and between individuals and their communities[11]. Efforts by health and public health professionals engaging at any of the 3 power levels have different potential contributions to peacebuilding. Health initiatives between both state authorities and health professionals and between armed parties have not been successful in efforts to build peace[20]. Community-based health initiatives are considered more likely to improve health outcomes[21] and contribute to peace-building outcomes[20,21], such as ending the occupation of the West Bank. Bottom-up, community-based cooperation is core to this policy.

In the Palestinian and Israeli conflict, Israel has greater power and resilience due to its superior technology, healthcare infrastructure, education and resources. Wanting to leverage these Israeli resources for their own people, Arab countries including Bahrain, the United Arab Emirates, Sudan, and Morrocco have signed cooperative agreements with Israel including programs in healthcare and healthcare technology, medical research and training[22,23]. Waiting for the conflict between Israel and Palestine to be resolved keeps Palestinians from benefitting from similar cooperation.

Missing is an adequate number of projects of sufficient duration to reach enough Israelis and Palestinians to potentially make a difference in the conflict[9]. Whereas, more than 6,000 projects were provided to create a permission structure and change the mutual understanding of those involved in the conflict in Northern Ireland, only 164 peacebuilding initiatives have occurred between Israel and Palestine since 1963 and only 3.66% were in health/medicine[4].

Disparities in Health Status and HealthCare Systems

There is a broad range of disparities between those living in Israel and those living in Palestine[18,24], that would complicate any process of achieving positive peace. Key to understanding how cooperation in health care and public health could contribute to the process of achieving positive peace are the stark disparities in health and the health care systems.

Those living in Palestine have poorer health outcomes than those living in Israel[18] and there are also significant disparities in the healthcare systems. Life expectancy in Palestine is 71 for males and 76 for females and in Israel is 81 for males and 85 for females[24]. When comparing some maternal and child health statistics, at 17.9 per 1000 the infant mortality rate was about six times higher in Palestine compared to Israel at 2.9 per 1,000[18] in 2017. Rosenthal reports that the 2013 maternal mortality rate in Israel was 2 per 100,000, compared to 47 per 100,000 in Palestine[18]. By 2016, maternal mortality in Palestine had improved, falling to 13.8 per 100,000[25].

Palestinian HealthCare System

Since the Palestinian healthcare system was established in 1994, there have been "considerable improvements in health in the West Bank and Gaza"[26]. However, while the Palestinian Ministry of Health (MoH) has primary responsibility for the healthcare systems in Gaza, the West Bank and East Jerusalem, the system is fragmented. Healthcare for each area is organized differently, dependent on the entity which is administratively responsible. In Gaza, Hamas controls public resources. The Palestinian Authority administers healthcare in the West Bank and in East Jerusalem. The East Jerusalem Hospital Network, a group of 6 hospitals, works with Israeli Health Maintenance Organizations and by treating Palestinians from the West Bank and Gaza, is key to the Palestinian system[27]. In addition, the United Nations Relief Works Agency (UNRWA) and many Non-Governmental Organizations (NGOs) provide services with a growing private healthcare sector[28].

Despite extensive investment in building healthcare infrastructure in Palestine, the ability of the system to provide services is compromised by its fragmentation and reliance on external donors[29]; the lack of both comprehensive health information systems and routine financial data[28]; a need for upgraded emergency departments and trained health workers in emergency and trauma-related care[30]; severe skill shortages[31]; and problems with staff retention[31]. To address staff retention, the Palestine Economic Policy Research Institute encouraged the MoH to create incentives for the health care workforce and to work with non-governmental organizations to develop a long-term strategy for retaining skilled health care professionals. This is especially critical for physicians wanting specialty and advanced training who have to go outside of Palestine and may not return to practice[31]. Further, Palestine spends substantially less per capita on healthcare, workforce, and hospitals compared to Israel[18].

While Palestine has 4 medical schools, there is an insufficient number of tertiary care centers[32] to serve the population. Without sufficient access to the highest level of care, Palestinians with the most

complicated health problems face longer waits and may not receive appropriate care. Palestine also has a National Institute of Public Health (NIPH)[18]. However, there is little coordination between the MoH and NIPH. Further, there is an insufficient number of skilled medical staff with expertise in oncology[26]. More than 2000 Palestinians need treatment each year for cancer, the second leading cause of death at 12.4% annually. Palestinian patients may not receive the most advanced lifesaving treatments as a system to conduct health research, critical to state-of-the-art cancer care, is not supported[18].

Israeli Healthcare System

Israel has an advanced healthcare and public health (health) system built upon what was originally developed during the British Mandate for Palestine from 1922–48[33]. For all residents, the Israeli system provides universal coverage, including hospitalization, drugs, surgery, outpatient therapy, and mental health services[34]. Further, there is a robust system for health services research[18].

There are also differences in healthcare infrastructure and professional personnel. At 3.2 physicians per 1000 residents in 2019, Israel had more than twice as many physicians as the West Bank, with 1.3 per 1000 residents and more than Gaza at 2.2 per 1000 residents. That same year, Israel, with 6.1 per 1000 inhabitants, had more than twice as many nurses and midwives than Palestine[18]. Finally, with 3.1 per 1000 residents, Israel had more than twice as many hospital beds as both the West Bank and Gaza with 1.3 per 1000 residents[14]. With Arab-Israelis comprising 17% of the doctors, 25% of the nurses, and 50% of the pharmacists in Israel[14], they have a key role in current and future cooperation, as they did with COVID[14].

Palestinian Strategic Plan for Health

In 2016, Dr. Ola Aker from the Palestinian MoH drafted a National Health Strategy for 2017 through 2022[35]. This national policy agenda includes "comprehensive, quality, and affordable healthcare for all" with a vision to ensure the sustainability of the Palestinian health system with localization of health services in Palestine and to rationalize the purchase of services from outside Palestine. The intent is to strengthen partnerships and coordination within the health sector and with other sectors, including civil society institutions, to achieve an independent healthcare system. The goals of minimizing the treatment of patients outside their healthcare system and ensuring an adequate number of qualified healthcare providers requires developing provider capacity and updating skills. Training available with neighboring Israeli providers helps the Palestinian healthcare system retain healthcare professionals who wouldn't have to travel abroad to acquire needed skills necessary to meet these targets. This policy supports training facilitated by both the NGOs who are already engaging in informal cooperation and by new partners who may come forward once cooperation is again encouraged.

Why Cooperation Matters

During peacebuilding, the effects of conflict on health may be reduced through cooperation in the delivery of healthcare services and the training of health professionals. Achieving the universal health that is the goal of WHO's Global Health Peace Initiative (GHPI) could occur more efficiently and quickly if Israel and Palestine work cooperatively to build and strengthen health systems because they can share resources, knowledge, and skills, and create constructive relationships. Yet the governments are not currently cooperating. Importantly, unofficial, informal diplomacy and the building of relationships, both supported by this policy, are critical during periods where official relations are difficult or absent. Building relationships was critical in peacebuilding and achieving positive peace in Northern Ireland [4,9] and that experience provides a model for Israel and Palestine.

For Israel and Palestine, cooperative efforts can help achieve better health outcomes to overcome differences in health status and healthcare systems and provide venues for unofficial diplomacy and relationship building which can play important roles in conflict transformation. This policy supports and encourages renewed and enhanced cooperation enabling Palestinian healthcare professionals and others to directly deliver more healthcare services and remedy the unmet need for advanced healthcare for serious medical conditions, such as cancer. Further, cooperation could increase the resiliency and capability of health information systems in Palestine through teamwork with Israeli colleagues and the sharing of clinical and epidemiological data, as was attempted with COVID[14].

Programs to improve public health often require cooperation between institutions, community-based programs, and individuals. The cooperation needed to promote health is always challenging, even more so in areas that experience ongoing violent conflict. Still, it is just this public health cooperation that is critical to protect the health of all who live in a conflict region[14]. Cooperation to promote public health, part of peacebuilding, is a crucial bridge for long-term tranquility that encourages understanding and consideration of others[36].

Cooperation is even more essential because during times of conflict, governments, like Palestine and Israel, expend resources on materiel of war, limiting their ability to spend on basic societal needs including health. Rosenthal described the difference that allocation of governmental resources made in the public health infrastructure of Palestine and Israel[18]. The programs in Palestine lack allocated resources and institutionalization to ensure adequate maternal and child nutrition. In Israel, resources are spent on materiel of war. Allocating and spending resources to improve health can make a significant difference in the daily lives of both peoples.

History of Cooperation

The circumstances between the Israelis and Palestinians are unique in that, despite intermittent conflict, there have been sustained periods where both formal [37,38,39] and informal[40] cooperation occurred

regarding health [37,38,39]. Historically, when such cooperation was permitted, the combined expertise of Palestinian and Israeli healthcare professionals made a measurable difference resulting in mutually beneficial health efforts. For decades, health practitioners in Israel helped Palestinian healthcare providers acquire needed public health and medical skills so they could care for patients independently. Between 1967 and the Oslo Accords in 1995, health services in the West Bank and Gaza were the responsibility of Israel. The region was treated as a "single epidemiological unit"[14]. Israelis and Palestinians routinely cooperated to vaccinate Palestinians[14], with particular emphasis on maternal and child health. In the 1970s, vaccinations helped control poliomyelitis in Israel and Palestine which was mutually beneficial, while tuberculosis, polio, cholera, and measles re-emerged in Syria and neighboring countries during a time of political unrest[14].

Additional historical evidence can be seen from 1994 to 1998. Cary Nelson writes that "the Oslo Accords and the transfer of responsibility for healthcare to Palestinians in 1994 made a dramatic increase in collaborative programs possible"[41]. Following the Oslo Accords I (1993) and II (1995), the Palestinian government participated in 148 cooperative Palestinian-Israeli programs to improve the availability and quality of healthcare for Palestinians[41].

Cooperation on healthcare between Palestinians and Israelis has been made more difficult by the politics of governing authorities. The Palestinian Authority, Hamas, and Israeli governments have at times each discouraged or formally forbidden cooperation. While formal cooperative healthcare training and capacity building occurred from the late 1960s to late 1990s, official cooperation has stopped[42]. Despite this obstacle, groups of individuals have cooperated informally and they believe that further cooperation would benefit their communities[43]. In addition to building relationships, this unofficial cooperation had important effects on education, training and research for Palestinians and Isrealis[43]. This collaborative support for the "HBP" approach, which encourages bottom-up, non-governmental cooperation, even in the absence of official backing, is important.

IX. Evidence-based Strategies to Address the Problem

While promoting improved health and preventing future harms, cooperation in health may help create a permission structure[7] to generate the conditions for positive peace between Israel and Palestine. The peacebuilding investment which created a permission structure in Northern Ireland and which led to broad public support for the Good Friday Agreement, was possible because of the International Fund for Ireland[9]. The Nita M. Lowey Middle East Partnership for Peace Act (MEPPA)[44] was passed by Congress to build a similar level of public support as a way to advance peace between Israel and Palestine[9]. Pursuant to MEPPA, the United States Agency for International Development (USAID) granted $50 million in funding for 2022[45] and proposals for 2023 are being considered. Demonstrating the federally perceived need for the cooperation this policy calls for, a third of the 9 projects funded in 2022 were for

cooperation in healthcare - training in Advanced Trauma Life Support (ATLS), shared learning for nurses, and cross-border cooperation among medical professionals. These bottom-up projects were designed with community-based cooperating groups as a way to advance positive peace by improving health equity and the sustainability of both healthcare systems. In addition, a fourth project was funded to build cross-border cooperation on climate and water security, a key public health concern[46].

While we hope for formal cooperation among governments, this policy promotes both the creation of conditions for finding common ground and the recognition and support of informal cooperation and training by nongovernmental parties on matters of health. A model of using nongovernmental parties in building and fortifying independent healthcare systems has been successful in other low-income countries, such as Rwanda. Even in the absence of interstate cooperation, Rwanda leveraged collaboration with NGOs, among others, to strengthen their clinical capacity, provide professional development and build a research program[47] all critical to the Palestinians meeting their goal of an independent healthcare system.

WHO's Global Health and Peace Initiative

WHO's "HBP" program is based on the belief that "health has the potential to transcend disputes between parties" and "foster social cohesion through cooperative action.[12]" As lack of access to healthcare promotes conflicts[11], when warring parties work together on a higher-level goal to improve health, they have a starting point for achieving something that is mutually beneficial[11]. In *From Horror to Hope*, Barry Levy reiterates the important role that health interventions, and WHO's GHPI can have in improving the possibility of and actually build peace. They can do so by being conflict sensitive, improving trust and communication, building cooperation on a common topic between different sides in a conflict, and improving social cohesion through initiatives that promote health[48]. The cooperation supported by this policy can achieve all of these objectives.

Some might be skeptical about the exact contribution that health cooperation has on peacebuilding and on developing conditions that lead to positive peace in conflict areas and look for experimental, or quasi-experimental studies. Levy advocates for the importance of epidemiological studies but advances that such studies are difficult to conduct and have limitations during war[48]. Given the difficulty of collecting data, four qualitative studies suggest the utility of cooperation in health as a component in building the foundations necessary for positive peace. The first "HBP" program was initiated in Latin America and the subsequent cooperation "helped to raise the level of trust among people"[49] and was seen as an important path to a permanent ceasefire in El Salvador[50]. Second, the evaluation of cross-border cooperative work done between Arabs and Israelis on early detection of hearing loss [51,52] found that "Bringing people together from a conflicted region to work on a common initiative can have a transformative effect" and supports a model that knowledge and cooperation are social capital for

peacebuilding. In a third case, Boznia and Herzegovina (B-H) provides additional examples of health care cooperation solidifying understanding and foundations for building peace[53]. B-H, like Israel and Palestine, is a country with a rich ancient history, multiple invasions and residents from different ethnic groups who were fighting each other, including minorities. This study affirms that health initiatives as a step towards peace are "as much about the processes as the outcomes" and that "in the sphere of public health, Ministries of Health cannot perform their duties without collaboration"[53]. Finally, using the GHPI model in Syria, community-based health initiatives similar to the community-level interventions used in Bosnia and Herzegovina, were more likely than those initiated from the national government to contribute to peace-building outcomes. Further studies to assess the effectiveness of such initiatives were called for[20].

Global Health Peace Initiative and This Strategy

WHO's GHPI stresses that actions be both "context-specific" and "conflict-sensitive." This policy supports actions that are both context specific and context sensitive. While recognizing that a peaceful resolution to the Israeli-Palestinian conflict is not imminent, it proposes a path forward that will improve the daily lives of people in this region. In doing so, this model builds on what is already happening informally - bolstering its chance for making a difference. This strategy is sensitive to both the context and conflict by building on and strengthening existing relationships and developing new affiliations - a key tenet for GHPI. Importantly, the strategy is sensitive to the dynamics of the conflict and will "do no harm" because it will hopefully enhance what is already happening informally by supporting and encouraging more of it; supports a way forward without requiring government actions; and is independent of the dynamics of the conflict all while increasing "equitable access to health services"[10].

How Would Cooperation Occur

In the fourth draft of WHO's roadmap for implementing its GHPI[2], WHO highlighted principles for action. Some key values are that programming, to be context specific, will be adapted to each conflict; include community participation; be "locally owned"; support the work of healthcare workers and staff; be based on collaboration and coordination; and include monitoring and evaluation[2]. Our strategy includes all of these values. The merit of an investment in bottom-up peacebuilding between Israelis and Palestinians has been demonstrated by the existing small projects that improve everyday life while creating cooperation, partnerships, and especially trust. One example is *Road to Recovery* where annually, around 2,700 Palestinian patients are driven from Gaza and the West Bank to Israeli hospitals by Israelis who want to do something to bring "an hour of peace"[54].

Project Rozana and the Canada International Scientific Exchange Program (CISEPO) provide examples of how cooperation is operationalized. Building on relationships that both exist and develop organically, Project Rozana engages and empowers the community in an inclusive way by not limiting

who can participate. Their staff meets with a Palestinian medical institution to understand their needs, finds a partner on the Israeli side, then works jointly with both teams to develop a model that addresses the need. Building on the experiences of each community, they jointly develop a plan that includes a monitoring and evaluation framework and a detailed blueprint for implementation. Once the plan is fully developed, they implement, thus improving access to community-based services[55]. Like the work of Project Rozana, the CISEPO model supports the application of the WHO's GHPI by demonstrating how health cooperation at the community level can occur and "create the social infrastructure for peacebuilding"[56]. Through joint efforts and cooperative training, their model expands professional opportunities by building and maintaining personal relationships through telephone calls, internet connection and face-to-face meetings, and helping colleagues advance careers through joint academic endeavors, including research[56]. In doing so, healthcare professionals act jointly on a superordinate goal with tangible public health outcomes[56].

In addition to building Israeli-Palestinian relationships and stronger mutual understanding, the quality, technological capacity, and ability of the Palestinian healthcare system to function independently would improve through cooperative training and exchanges of many kinds, as evidenced by numerous historical and current examples described below.

Training of HealthCare Providers

From 1985-87, Palestinian doctors and nurses and other health professionals received extensive professional training in Israeli teaching facilities, which helped support the ability of Palestinians to deliver healthcare independently. Palestinian anesthesiologists trained side-by-side with Israeli staff for 2 ½ years in 10 Israeli hospitals[57]. A program for Palestinian surgeons included skill-building, such as working with modern anesthesia, renovating operating rooms, and ensuring sterility of tools and the environment[58]. In addition, many training courses were provided for internal medicine, medical specialists, sanitarians, nurses as midwives and administrators, and others[57]. Further, through cooperative training with Israeli physicians, Palestinian providers were able to locally treat children who suffer from congenital blood disorders[41].

In 1975, the Hadassah Medical Organization and Hebrew University in Jerusalem initiated an international master's program in public health attended by the breadth of Palestinian providers[41]. In 1986, Israeli authorities and Palestinian NGOs jointly developed training programs for administrative professionals, such as senior hospital administrators and heads of departments, units and laboratories[58].

Cooperative Programs

Through official Palestinian cooperation, the Israel MoH worked with public health providers and agencies in the Palestinian territories and achieved important improvements in infectious disease, infant and child mortality, and access to care. Between 1987 and 1991, deaths from vaccine-preventable measles

and rubella[37] dropped from 75 cases to 12 in the West Bank; and in that same period the incidence rate of measles in Gaza was similar to the rates in Israel and the West Bank[37]. By 1986 there were only 2 per 100,000 case of paralytic polio (down from 14.3 per 100,000 in 1968) after a modified immunization program was implemented jointly by the Israeli MoH and the UNRWA[57]. Cooperation enabled the implementation of an oral rehydration program and other preventive efforts to track and advance healthy growth and feeding patterns of children aged 3-15 months[57]. By 1990, these programs led to a significant reduction in Gaza of both the infant mortality rate (from 76 to less than 40 per 1,000) and the mortality rate in children under 5 (reduced almost 50%, from 105 to 52 per 1000)[39,57]. Both rates for 1991 were below those in neighboring Egypt (62/1000 and 85/1000, respectively)[57]. Cooperative efforts to improve access to care began earlier and enabled important improvements in maternal child health in the West Bank between 1968 and 1996[59], with a fivefold increase in community clinics in smaller remote villages[59] and important achievements in tetanus and diarrheal diseases[58].

Collaborative interventions to reduce lead exposure through the Middle East Regional Cooperation Project in 1996-2000[60] further demonstrate the benefits of regional cooperation in planning and carrying out jointly designed projects and is an important example of what can be achieved in the absence of political interference or when efforts are made to overcome political pressure.

Building Capacity Through Cooperation in Cancer Care

Since 2012, Palestinians and Israelis worked collaboratively through a partnership of the Augusta Victoria Hospital in East Jerusalem and Rambam Healthcare and Comprehensive Head and Neck Center in Haifa. They trained Palestinian residents and fellows, formed joint medical teams, and Palestinian physicians practiced independently and built local capacity for the care of cancer patients[26,61]. This joint program is "proof that common goals can serve as a way to build cooperation and trust between Palestinians and Israelis….set(ting) an example to guide the potential of peace through medicine in the region"[26].

Support for the Role of Non-Governmental Organizations

Local and international NGOs have a significant role in facilitating cooperation[51] by bringing together parties who may have difficulties collaborating with each other without a convener. While improving health outcomes for Palestinians and marginalized Israelis, NGOs working with community-based organizations can promote peacebuilding[21]. Historically, several NGOs helped increase cooperation between Israeli and Palestinian health professionals[40] even during periods when there was no official backing. These efforts improved the capabilities of the Palestinian healthcare system and serve as a model for future cooperation[62]. Such efforts continue today.

Some examples include relationships built through:

Save A Child's Heart (SACH) network. The healthcare system in Palestine is better equipped to provide high-quality, advanced pediatric cardiac care because of cooperative training. SACH trains Palestinian

medical and surgical personnel at Israel's Wolfson Medical Center so that they can establish local centers to provide the same level of care. Following training through the SACH program, Palestinian healthcare professionals developed an independent pediatric center in Ramallah and a surgeon in Gaza is trained to treat children who need cardiac surgery which they could not do before[63]. Building on earlier work, SACH's "Heart of the Matter" project is a partnership with the Palestine Medical Complex in Ramallah to develop on-site cardiac surgery. This project is funded in part by the Palestinian MoH and the Israeli Ministry of Regional Cooperation - a model of care based on regional cooperation that occurs despite the conflict.

Project Rozana. Among their numerous programs, Wolfson Medical Center in Israel conducts joint training programs in ATLS for Israeli and Palestinian providers. With no ATLS training programs available in Palestine, this program facilitates critical skill development and capacity building through a "train-the-trainer" model[64]. Project Rozana also develops local mental health capacity for Palestine to treat post-traumatic stress disorder. Further, through its Women's Health Initiative, maternal mortality is reduced and health outcomes for pregnant Palestinian women improved[65] through monitoring of vulnerable pregnant women and their fetuses in remote West Bank villages while receiving telemedicine supervision from Sheba Medical Center.

Peres Center for Peace and Innovation. The Peres Center conducts comprehensive training programs for Palestinian healthcare professionals to enable them to implement needed healthcare initiatives in their communities, including the 2022 funding to support collaboration and professional exchanges between the Palestinian and Israeli health sectors through MEPPA[46]. To date, 250 Palestinian doctors and medical personnel have been trained in various fields in hospitals throughout Israel[66].

X. Opposing Arguments

Opposing argument 1. The policy adopts the "HBP" model that has been largely discarded in the region.

Response 1. In October 2021 the WHO EMRO, of which Palestine is a member[67], reaffirmed that the model has not been discarded in the region[13]. The EMRO Regional Director noted "in our effort to make our vision of health for all by all a reality on the ground, we should also remember that health can act as a bridge for peace. In previous years, we have successfully advocated for "HBP" and negotiated ceasefires for vaccination campaigns and other life-saving activities"[13]. A "HBP" approach sees health "as a superordinate goal for all sides of a conflict"[11].

Commonly, all civil societies have within them varied opinions and positions about what constitutes the proper course of action. While not all sectors of the Israeli and Palestinian communities accept the "HBP" model, those who do may use it to support a way forward, as reported in *The Lancet*[42].

Opposing argument 2. There should be no cooperation on health until the asymmetrical effects of the conflict, which lead to violations of both human rights and international law, are remedied.

Response 2. In the case of Palestine and Israel, policy which calls for non-cooperation between Palestinians and Israelis violates the *APHA Public Health Code of* Ethics (PHCOE2019)[68] policy analysis considerations of "Permissibility" as the policy has morally unacceptable extrinsic consequences, and "Responsible Use of Scarce Resources"[68]. Those who support noncooperation in the provision of needed services are advocating for both the delay in alleviating suffering and in suboptimal health and the waste of scarce regional resources. Further, maintaining the status quo infringes on civil liberties because, at a minimum, the current position of "no cooperation" discourages those who try to cooperate and keeps them from fulfilling a desire to improve health for underserved populations.

The cooperation advocated by this policy supports a set of public health activities that may help diffuse the conflict, as has happened elsewhere[6,50,53].

Opposing argument 3. The policy is "top down" and not responsive to local needs.

Response 3. The policy is aligned with the WHO strategy on health and peace, which is explicitly multisectoral, calling for collaborating with communities and community members; influential interested parties; and local NGOs[11]. This policy proposes a framework within which cooperation for public health can take place. The specific action plan will originate with local community members, community-based organizations, NGOs, and others, all of whom are sensitive to the conflict and local needs. Seeking "ways that peace is advanced through work from the health sector," and recognizing "the responsibility of all sectors of society to work toward peace" are essential elements of the "HBP" approach[69]. This practice allows health initiatives to serve as a neutral starting point for bringing together rival parties as they work towards mutually beneficial objectives[11]." In addition, the 2017-2022 strategic plan for the Palestinian MoH[35] is a key foundation of the proposed strategy for improving the health status of Palestinians by building a robust healthcare system possible through cooperation.

Opposing argument 4. The policy does not address the long history of the conflict or the politics of the current situation resulting from the conflict.

Response 4. This policy supports the approach of Search for Common Ground (SCG), the world's largest peacebuilding organization. SCG "helps supposed enemies learn to trust each other, create avenues for collaboration, and generate breakthroughs for peace"[70]. When people "deal with conflict adversarially, it generates polarization and violence. When we collaborate, conflict catalyzes positive change"[70].

This policy seeks to avoid polarization by focusing on the ways in which the parties can work together and change the status quo. Rather than adjudicating the many contested narratives of the conflict, this policy promotes the established step in peacebuilding of constructive engagement, thereby facilitating productive ways to change the dynamics of a conflict. The focus is to 1) enhance cooperation in health through the application of an internationally recognized and applied model; and 2) create a permission structure for changing conditions on the ground in order to build the steps towards positive

peace. By encouraging cooperation, use of scarce area health resources may be optimized, and working relationships can be developed among people who have different views of the conflict. With success, cooperation may create the conditions for Palestinians and Israelis to move beyond health cooperation.

Further, in the conflict between Israel and Palestine, the focus of each party on their positions in the conflict as unreconcilable has made matters worse[71]. By reframing a longstanding conflict and focusing on the needs of a community, parties can find a superordinate, or higher-level interest. This reframing is the essence of the SCG approach, the value of which is documented in the organization's annual "Impact Reports"[72] with work in Sri Lanka Kenya, Sierra, Leone Lebanon, Yemen, and Tunisia.

Opposing argument 5. There is insufficient evidence that the **"**HBP" model works.

Response 5. Reports previously cited herein, suggest that, although the number of reported programs to date is statistically small, reported locally initiated programs trend toward effectiveness. Policy action steps (see XII below) include "Encourages the WHO to conduct studies and standardize measures to assesses the direct and indirect contributions of health care and public health cooperation in building the foundations for peace."

XI. Alternative Strategies: N/A

XII. Action Steps

APHA recognizes that by encouraging cooperation to improve health and public health and by building trust through mutual respect, fostered in part by working together to improve health, the opportunity for peacebuilding is supported. Building upon the gains from previous and current cooperation, APHA:

1. Encourages the United States government to support local and international initiatives of Non-Governmental Organizations in the region to further integrate and advance cross-border and inter-community cooperation between Palestinian and Israeli clinicians, public health professionals, and public health institutions.
2. Urges the United States Congress to continue to fund and the United States Agency for International Development to fully implement programs which build cooperation to improve health and public health in Palestine and Israel and to evaluate how the funding meets its goals.
3. Supports like-minded Palestinian and Israeli public health and health professionals to work cooperatively in the identification, prevention and intervention of issues of health and public health, and urges the WHO and other international organizations to support such efforts.
4. Encourages cooperation between Israeli and Palestinian health and public health professionals to build upon the cooperative relationships that are in place and to leverage them to develop new relationships with the goal of contributing to health and peace in the region, thereby improving the lives and health of residents in the face of health inequalities.

5. Encourage those who are cooperating to keep track of, to evaluate actions and make public their successes and challenges.
6. Encourages the WHO to conduct studies and standardize measures to assess the direct and indirect contributions of health care and public health cooperation in building the foundations for positive peace.

XIII. References

1. The World Bank. World Bank Report Calls For Coordination To Fight The Spread Of COVID-19 In The Palestinian Territories. February 22, 2021. Available at: https://www.worldbank.org/en/news/press-release/2021/02/22/world-bank-report-calls-for-coordination-to-fight-the-spread-of-covid-19-in-the-palestinian-territories. Accessed October 21, 2023.

2. World Health Organization. Global Health for Peace Initiative (GHPI) Fourth Draft of the Roadmap. May 2023. Available at: https://cdn.who.int/media/docs/default-source/campaigns-and-initiatives/health-and-peace/ghpi-roadmap-v4_cleared_3may2023.pdf?sfvrsn=5adbc073_11&download=true. Accessed August 21, 2023.

3. Nolte-Laird, R. 2022. *Peacebuilding Online: Dialog and Enabling Positive Peace*. Singapore: Palgrave Macmillan. London, UK: SAGE Publications.

4. Lazarus N. *A future for Israeli-Palestinian peacebuilding*. Britain Israel Communications and Research Centre. July 2017. Available at: https://www.bicom.org.uk/wp-content/uploads/2017/07/A-future-for-Israeli-Palestinian-peacebuilding-FINAL.pdf. Accessed August 21, 2023.

5. Daffern, TC. Peacemaking and peacebuilding. In: Kurtz L, ed. *Encyclopedia of Violence, Peace, and Conflict, 3rd edition, Volume 4*. New York, NY: Elsevier, Academic Pres. 2002:348-368.

6. Gutlove P. Health Bridges for Peace: the Medical Network for Social Reconstruction in the Former Yugoslavia. In: Zelizer C, Rubinstein RA. eds. *Building Peace: Practical Reflections from the Field*, Sterling, VA: Kumarian Press. 2009:179-202.

7. Model thinkers. Available at: https://modelthinkers.com/mental-model/permission-structure. Accessed August 21, 2023.

8. The Agreement. April 10, 1998. Available at: https://www.dfa.ie/media/dfa/alldfawebsitemedia/ourrolesandpolicies/northernireland/good-friday-agreement.pdf. Accessed August 21, 2023.

9. Meyerstein A. MEPPA's Progress and Promise, One Year In. Israeli Institute for Regional Foreign Policies. The Israeli Institute for Regional Foreign Policies. August 2022. Available at: https://mitvim.org.il/wp-content/uploads/2022/08/MEPPAs-Progress-and-Promise-One-Year-In-English.pdf. Accessed August 21, 2023.

10. World Health Organization, Global Health for Peace Initiative. 2022. Available at:

https://www.who.int/initiatives/who-health-and-peace-initiative. Accessed August 21, 2023.

11. World Health Organization. *WHO Thematic Paper on Health and Peace*. 2020. Geneva, CH:, Available at: https://www.un.org/peacebuilding/sites/www.un.org.peacebuilding/files/un_pb_review_who_health_peace_thematic_paper_final_0.pdf. Accessed August 21, 2023.

12. World Health Organization, Health and Peace Initiative. January 2020. Available at: https://www.who.int/publications/i/item/9789240005792. Accessed August 21, 2023.

13. World Health Organization. EMRO *Sixty-eight session of the WHO Regional Committee for the Eastern Mediterranean: Cairo, Egypt,11-14 October 2021*. Nd. Available at: http://www.emro.who.int/media/news/rc68-curtain-raiser.html. Accessed August 21, 2023.

14. Dahdal Y. Davidovitch N. Gilmont M. Lezaun J. Negev M. Sandler D. and Shaheen M. Lessons of the Israeli-Palestinian Conflict for Public Health: The case of the COVID-19 Vaccination Gap. *Int'l J of Environ Res Public Health*; 2021;18:11292. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8583470/ . Accessed August 21, 2023.

15. Rahim A. Hanan F. Wick L. Halileh S. Hassan-Bitar S. Chekir H. Watt G. and Khawaja M. 2009 Maternal and child health in the occupied Palestinian territory, *The Lancet*. 2009 Mar 14;373(9667):967-77. Available at: https://pubmed.ncbi.nlm.nih.gov/19268353/. Accessed August 21, 2023.

16. Levy BS, Sidel VW. eds. *War and Public Health, 2nd edition*. Oxford, UK: Oxford University Press: 2008.

17. Murray CJ. King G. Lopez AD. Tomijima N. Krug EG. Armed conflict as a public health problem. *BMJ*. 2002:324(7333):346-9. Available at:https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1122272. Accessed August 21, 2023.

18. Rosenthal FS. A comparison of health indicators and social determinants of health between Israel and the Occupied Palestinian Territories. *Global Public Health*. 2020:16:3,431-447. Available at: https://www.tandfonline.com/doi/full/10.1080/17441692.2020.1808037. Accessed August 21, 2023.

19. APHA Policy Statement: 20095 The Role of Public Health Practitioners, Academics, and Advocates in Relation to Armed Conflict and War.

20. AlGhatrif M, Darwish M, Alzoubi Z, *et al.* Power dynamics and health initiative design as determinants of peacebuilding: a case study of the Syrian conflict. *BMJ Global Health* 2022;7:e007745. Available at: https://gh.bmj.com/content/7/Suppl_8/e007745. Accessed August 21, 2023.

21. Goldfield N. 2023.Community-Based Health Interventions are Critical for Peace building in the Worsening Israeli-Palestinian Conflict. *J Ambulatory Care Manage*. Vol 46(2):167-177. Available at: https://pubmed.ncbi.nlm.nih.gov/36745161/. Accessed August 21, 20323.

22. Ferziger JH. June 18, 2023. UAE's PureHealth, Israel's Sheba Hospital sign cooperation pact.

The Circuit. Available at: https://circuit.news/2023/06/18/uaes-purehealth-israels-sheba-hospital-sign-cooperation-agreement/. Accessed August 21, 2023.

23. Kan-Tor and Acco, UAE and Israel Sign New Healthcare Collaboration Agreement- The Abraham Accords Are Working. April 22, 2021. *Lexology*. Available at: https://www.lexology.com/library/detail.aspx?g=fe239ade-24a8-461d-ba6f-bc34162a7af2. Accessed October 21, 2023.

24. WorldData.info. Available at: https://www.worlddata.info/country-comparison.php?country1=ISR&country2=PSE. Accessed August 21, 2023.

25. State of Palestine. Ministry of Health. Palestine Health Information Center. Health Status Annual Report. Palestine. 2016. July 2017.

26. Atrash F. Gil Z. Nammour W. Billan S. Building independence in health care and a partnership between nations. *Lancet Oncol*. 2018 Jul;19(7):869-870. https://cdn.doctorsonly.co.il/2018/07/Building-independence-in-health-care-and-a-partnership-between-nations.pdf. 1. Epub 2018 Jun 29. PMID: 30084370. Accessed August 21, 2023.

27. Sharon J. and Magid. J. At East Jerusalem hospital, Biden pledges $100 million for Palestinian health care. Times of Israel. July 14, 2022. Available at: https://www.timesofisrael.com/at-east-jerusalemhospital-biden-pledges-100-million-for-palestinian-healthcare/ . Accessed August 21, 2023.

28. Phillimore P. Zaman S. Ahmad B. Shoaibi A. Khatib R. Khatib R. Husseini A. Fouad F. Elias M. Maziak W. Tlili F. Tinsa F. Romdhane HB. Kılıç B. Kalaça S. Ünal B. & Critchley J. Health system challenges of cardiovascular disease and diabetes in four eastern mediterranean countries. *Global Public Health*. 2013; *8*(8), 875 889. Epub 2013 Sep 5. Available at: https://doi.org/10.1080/17441692.2013.830756. Accessed August 21, 2023.

29. Health Cluster in the Occupied Palestinian Territory. Gaza Strip Joint Health Sector Assessment Report. 2014. Available at: www.emro.who.int/images/stories/palestine/documents/Joint_Health_Sector_Assessment_Report_Gaza_Sept_2014-final.pdf. Accessed August 21, 2023.

30. World Health Organization. 2022. Occupied Palestinian territory. Geneva. Switzerland. World Health Organization. Available at: https://cdn.who.int/media/docs/default-source/emergency-preparedness/jmo_who_ghea-2022_occupied-palestinian-territory.pdf?sfvrsn=f360af33_3&download=true. Accessed August 21, 2023.

31. Abdullah S. 2018. Skills Shortages and Gaps in the Health Sector in the occupied Palestinian territory (Summary). Available at: https://mas.ps/en/publications/2812.html. Accessed August 21, 2023.

32. Mataria A. Khatib R. Donaldson C. Bossert T. Hunter DJ. Alsayed F. et al. The health-care system: an assessment and reform agenda. *Lancet Elsevier*. 2009;373(9670):1207–17. Available at: doi: 10.1016/S0140-6736(09)60111-2.Epub 2009 Mar 4. Accessed August 21, 2023.

33. Clarfield AM. Manor O. Nun GB. Shvarts S. Azzam ZS. Afek A. Basis F. & Israeli A. Health and health care in Israel: An introduction. *Lancet*. 2017;389;2503–2513. Available at: https://doi.org/10.1016/S0140-6736(17)30636-0 . Accessed August 21, 2023.

34. State of Israel Ministry of Health. The Medical Services Basket. 2019. Available at: https://www.health.gov.il/English/Topics/RightsInsured/RightsUnderLaw/Pages/SalServices.aspx. Accessed August 21, 2023.

35. Aker O. State of Palestine. Ministry of Health. National Health Strategy (DRAFT English Summary) 2017-2022, October 2016. Available at: https://site.moh.ps/Content/Books/OhV2yDbK3NBuMaBgzXrM13Tgf5Ek46VMsINeNQ9CvdRJ68xSIueheN_CUmin4TqPtVNgd7v3aBpOzbD57AZwl5OPlGu6RsGzmnu3mNE745Rr5.pdf. Accessed August 21, 2023.

36. Wiist, William, Kathy Barker, Neil Arya, John Rohde, Martin Donohoe, Shelley White, Pauline Lubens, Geraldine Gorman, and Amy Hagopian 2014 The role of public health in the prevention of war: rationale and competencies. *American Journal of Public Health*. 2014;104(6): e34-47. Available at: https://pubmed.ncbi.nlm.nih.gov/24825229/. Accessed August 21, 2023.

37. Tulchinsky TH. Ginsberg GM. Abed Y. Angeles MT. Akukwe C. and Bonn J. Measles control in developing and developed countries: the case for a two-dose policy. *Bulletin of the World Health Organization*. 1993;71(1):93-103. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2393424/. Accessed August 21, 2023.

38. Tulchinsky TH. Abed Y. Shaheen S. Toubassi N. Sever Y. Schoenbaum M. et al. A ten-year experience in the control of poliomyelitis through a combination of live and killed vaccines in two developing areas. *Am J Public Health*. 1989;79:1648-52. Available at: https://ajph.aphapublications.org/doi/10.2105/AJPH.79.12.1648. Accessed August 21, 2023.

39. Tulchinsky TH. el Ebweini S. Ginsberg GM. et al. Growth and nutrition patterns of infants associated with a nutrition education and supplementation programme in Gaza, 1987-92. *Bull World Health Organ*. 1994;72(6):869-875. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2486719/. Accessed August 21, 2023.

40. Blumenthal SJ, and Safdi S. Peace Through Health. A Mapping of Cooperative Health Programs in Palestine and Israel. (2008) A Center for the Study of the Presidency. Available at: https://susan-

729 blumenthal.org/wp-content/uploads/2015/07/Peace-Health-Book_pp1_9.9.08.pdf. Accessed August 21,
730 2023.
731 41. Nelson C. Jasbir Puar: Obsessive Demonology as a Research Agenda. In: Nelson C. *Israel Denial.*
732 *Anti-Zionism, Anti-Semitism, & The Faculty Campaign Against the Jewish State*. The Academic
733 Engagement Network & Indiana University Press. 2019:202-257.
734 42. Manor O. Skorecki K. and Clarfield AM. Palestinian and Israeli health professionals, let us work
735 together! *Lancet*. 2020;8;9:E1129-E1130. Available at:
736 https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30324-7/fulltext, Accessed August
737 21, 2023.
738 43. Khoury J. and Hauser Tov M. In Rare Meeting, Israeli and Palestinian Ministers Agree on Medical
739 Service Cooperation. *Haaretz.* July 28, 2021. Available at:
740 https://www.haaretz.com/israelnews/.premium-in-first-in-several-years-israeli-cabinet-ministers-meet-
741 palestinian-counterparts-1.10048673?lts=1628607591335. Accessed August 21, 2023.
742 44. Public Law 116–260—Dec. 27, 2020 134 Stat. 1815. Title VIII, Nita M. Lowey Middle East
743 Partnership For Peace Act Of 2020. Available at: https://www.usaid.gov/west-bank-and-
744 gaza/documents/nita-m-lowey-middle-east-partnership-peace-act. Accessed August 21, 2023.
745 45. The Nita M. Lowey Partnership for Peace Act Fiscal Year 2021 Report to Congress. Available at:
746 https://www.dfc.gov/sites/default/files/media/documents/MEPPA%20Congressional%20Report%202022.
747 pdf. Accessed August 21, 2023.
748 46. United Stated Agency for International Development. Active Programs. People-to-People Partnership
749 for Peace Fund Grants Activity. Available at: https://www.usaid.gov/west-bank-and-gaza/meppa/active-
750 programs. Accessed August 21, 2023.
751 47. Cancedda C, Riviello R, Wilson K, Scott KW, Tuteja M, Barrow JR, Hedt-Gauthier B, Bukhman G,
752 Scott J, Milner D, Raviola G, Weissman B, Smith S, Nuthulaganti T, McClain CD, Bierer BE, Farmer
753 PE, Becker AE, Binagwaho A, Rhatigan J, Golan DE. Building Workforce Capacity Abroad While
754 Strengthening Global Health Programs at Home: Participation of Seven Harvard-Affiliated Institutions in
755 a Health Professional Training Initiative in Rwanda. *Acad Med*. 2017 May;92(5):649-658. Available at:
756 https://pubmed.ncbi.nlm.nih.gov/28328735/. Accessed August 21, 2023.
757 48. Levy B. 2022. *From Horror to Hope. Recognizing and Preventing the Health Impacts of War*. Oxford
758 University Press. New York, New York.
759 49. de Quadros CA, Epstein D. Health as a bridge for peace: PAHO's experience. Pan American Health
760 Organization. Lancet. 2002 Dec;360 Suppl:s25-6. Available at:
761 https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(02)11808-3/fulltext. Accessed August
762 21, 2023.

50. Walker J. Orphans of the storm: Peacebuilding for children of war. Toronto: Between the Lines. 1993:42.

51. Skinner HA. Sriharan A. Building cooperation through health initiatives; an Arab and Israeli case study. *Confl Health*. 2007; Jul;1:8. Available at: https://conflictandhealth.biomedcentral.com/articles/10.1186/1752-1505-1-8. Accessed August 21, 2023.

52. Martiniuk LC. and Wires SM. (2011) Reflections on peace-through-health: the first Canadian, Israeli and Palestinian maternal and child health programme for medical students, Medicine, Conflict and Survival, 27:4, 197-204. Available at: https://www.tandfonline.com/doi/full/10.1080/13623699.2011.645146?scroll=top&needAccess=true&role=tab&aria-labelledby=full-article. Accessed August 21, 2023.

53. Hess, G., Europe, W. & Assistance, P., WHO/DFID peace through health programme : a case study. Switzerland. 1999. Available at: https://apps.who.int/iris/bitstream/handle/10665/108229/E67081.pdf. Accessed on August 21, 2023.

54. Times of Israel. "A small peace for an hour": Israelis help Palestinian patients travel to hospitals. June 29, 2023. Available at: https://www.timesofisrael.com/a-small-peace-for-an-hour-israelis-help-palestinian-patients-travel-to-hospitals/. Accessed August 21, 2023.

55. Zimmer, R. Chief Executive Officer, Project Rozana Israel. personal communication, June 15, 2023.

56. Skinner H. Abdeen Z. Abdeen H. Aber P. Al-Masri M. Attias J. Avraham KB. Carmi R. Chalin C. El Nasser Z. Hijazi M. Jebara RO. Kanaan M. Pratt H. Raad F. Roth Y. Williams AP. Noyek A. Promoting Arab and Israeli cooperation: peacebuilding through health initiatives. *Lancet*. 2005;365(9466):1274-7. Available at: https://cris.tau.ac.il/en/publications/promoting-arab-and-israeli-cooperation-peacebuildingthrough-heal. Accessed August 21, 2023.

57. World Health Organization. Fortieth World Health Assembly. Provisional agenda item 29. "Health Conditions of the Arab Population in the occupied Arab Territories, Including Palestine. May 8, 1987. Available at: https://apps.who.int/iris/bitstream/handle/10665/156739/WHA35_16_eng.pdf?sequence=1&isAllowed=y. Accessed August 21, 2023.

58. Tulchinsky T. former Israeli Ministry of Health Coordinator for Health in the West Bank and Gaza, personal communication August 4, 2021.

59. Tulchinsky T, al Zeer AM, Abu Mounshar J, Subeih T, Schoenbaum M, Roth M, Gamulka B, Abenueze M, Acker C. A successful, preventive-oriented village health worker program in Hebron, the West Bank, 1985-1996. J Public Health Manag Pract. 1997 Jul;3(4):57-67. doi: 10.1097/00124784-199707000-00011. PMID: 10183156. Accessed August 21, 2023.

60. Safi J. Fischbein A. Haj SE. Sansour R. Jaghabir M. Hashish MA. ... & Richter ED. Childhood lead exposure in the Palestinian Authority, Israel, and Jordan: results from the Middle Eastern regional cooperation project, 1996–2000. *Environmental Health Perspectives*. 2006;*114*(6):917-922. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1480480/. Accessed August 21, 2023.

61. Gil Z. Atrash. F. Za'aroura S. Billan S. Nammour W. Developing an independent Palestinian cancer care capacity. *Lancet Oncol*. 2019 Nov;20;11:1485-1486. Available at: doi: 10.1016/S1470-2045(19)30651-5. Accessed August 21, 2023.

62. Kertcher C. Grassroots Medical Peace Bridge: Training Palestinian Physicians in Israel, *Medicine, Conflict and Survival*. 2014;30:3, 190-212. Available at: https://www.tandfonline.com/doi/abs/10.1080/13623699.2014.926444. Accessed August 21, 2023.

63. Sasson L. Tamir A. Houri S. Betawe A. Darwazah A. Kapusta L. Pivnick L. Goldman B. Mending Hearts and Building Bridges: The Save a Child's Heart Foundation. *Journal of Public Health Management Practice.* 2016;22(T), 89-98. Available at: https://pubmed.ncbi.nlm.nih.gov/26594938/. Accessed August 21, 2023.

64. Adam Goldstein, personal communication, Head of Trauma Surgery, Wolfson Hospital, Project Rozana Course Initiator and Convener, Regional ATLS Course, June 4, 2022.

65. Times of Israel. Israeli hospital trains Palestinian health workers in remote care for pregnant women. Times of Israel. July 12, 2022. Available at: https://www.timesofisrael.com/israeli-hospital-trains-palestinian-health-workers-in-remote-care-for-pregnant-women/. Accessed August 21, 2023.

66. Peres Center for Peace & Innovation. Training Doctors and Medical Professionals (peres-center.org). Available at: : https://peres-center.org/en/the-organization/projects/medicine/doctors/. Accessed October 21, 2023.

67. World Health Organization. Regional Office for the Eastern Mediterranean. Available at: http://www.emro.who.int/countries.html. Accessed August 21, 2023.

68. American Public Health Association. 2019. *APHA Issue Brief: Public Health Code of Ethics*. Washington, DC: APHA, Nd; 14. Available at: https://www.apha.org/-/media/files/pdf/membergroups/ethics/code_of_ethics.ashx. Accessed August 21, 2023.

69. Santa Barbara J, Arya N. Introduction. In *Peace Through Health: How Health Professionals Can Work for a Less Violent World*, Neil Arya and Joanna Santa Barbara, Eds., Bloomfield, CT: Kumarian Press; 2008:3, 11.

70. Search for Common Ground. Available at: https://www.sfcg.org. Accessed August 21, 2023.

71. Kershner I. Israel Launches Major Air Attack in the West Bank. New York Times July 4, 2023. Available at: https://www.nytimes.com/2023/07/02/world/middleeast/israel-west-bank-jenin.html?searchResultPosition=1. Accessed August 21, 2023.

72. Search for Common Ground 2019. *Power to the Peacebuilders: Search for Common Ground 2018 Impact Report*. Washington, DC: Search for Common Ground. Available at: https://www.sfcg.org/impact-report/. Accessed August 21, 2023.