Building Trust through Joint Healthcare

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Acknowledgments

Exploring peacebuilding amidst the war proved to be a challenging journey. This study became a beacon of hope on very dark days. Engaging in conversations with caregivers, doctors, and leaders on the ground has been profoundly inspiring. I firmly believe in the promise this study offers and remain optimistic for a just and peaceful future for all.

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Finally, I extend my heartfelt gratitude to the resilient and courageous doctors, physicians, caregivers, nurses, and community workers who, amidst unimaginable conditions, work tirelessly day and night to save lives and shape our future together.

Figure 2: Doctors in a joint healthcare program
Source: Rozana Project
Executive Summary

Few Israelis and Palestinians believe it is possible to cooperate with each other. Yet, even during the horrific days of the Israel-Hamas War, Palestinians and Jewish Israelis work bravely shoulder to shoulder in delivering healthcare. Fighting diseases and promoting better health creates a unique opportunity for groups in conflict to engage in meaningful positive interactions with fewer barriers and less fear. These interactions enable caregivers and patients to drive collaboration, build trust, and support peacebuilding. Some healthcare collaborations are more effective in building trust than others. This study analyzes joint Palestinian and Jewish-Israeli healthcare programs to address the question of whether they can be leveraged to build trust between groups in conflict and, if so, how.

This study analyzes several joint healthcare programs based on dozens of semi-structured interviews, questionnaires of participants, quantitative and qualitative analysis of results shared by programs' leaders, and a literature review. The study develops and applies a systematic approach to building trust through healthcare. This approach identifies and examines the characteristics of joint health programs and suggests ways to optimize their role in building trust through scaling and synergies. The study creates and tests a novel qualitative and quantitative methodology based on three key factors, which serve as the metrics characterizing an effective program:

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

The results confirm the hypothesis that joint health programs with shared authority and equal involvement, intense interactions, and intentional effort to develop understanding play a crucial role in building trust between groups in conflict. Certain phrases, distilled from the literature on trust, were chosen as indicators that express the building of trust:

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

2 The proposed evaluation criteria are focused on building trust. Other considerations, such as the programs' clinical outcomes, outreach, or costs, should be evaluated separately to support decisions.

3 The trust building indicators include empathy, reducing negative emotions (anxiety/threat), willingness to learn about the out-group, changing behavior to open oneself to potential positive contact experiences, embracing more inclusive forms of self-identification, generating affective ties, and more.
It is hypothesized that the connection between the three factors that characterize the programs, and the trust indicators would help identify joint health programs that have had greater success in building trust. For example, *Physicians for Human Rights* operates a Mobile Clinic, which was associated with most of the trust indicators. The equality factor driven by the program's shared leadership was higher than that of other programs. Trust indicators related to enduring relations were not mentioned in the participants' interviews, which likely reflects the low intensity of their interaction (lower intensity factor).

Applying this methodology more broadly across 16 programs suggests the evaluation method, though preliminary, holds promise and should be further developed. While the results are reported as correlations, well-established theory and sentiments in interviews suggest that causal relationships underlying these correlations. Furthermore, this methodology can be extended to other policy realms (such as rescue services, high-tech, and sports), and in other conflicts that are asymmetric, protracted, and ethnonational.

This study proposes policy recommendations to *The Charles and Lynn Schusterman Family Philanthropies*, a foundation seeking to foster trust between Palestinians and Israelis. The recommendations are relevant for foundations, governments, NGOs, and international organizations interested in building peace between groups in conflict:

1) **Increase investments in effective healthcare programs** - Systematically evaluate programs using this proposed evaluation method. Encourage and increase investment in programs that score highly across the equality, intensity, and intentionality metrics to scale and accelerate trust building.

2) **Build and pilot new programs in strategic locations or as hybrid-telehealth programs** - Design and test new models of joint healthcare programs with high scores in equality, intensity, and intentionality. Programs should be situated where groups in conflict seek clinical services and can interact with each other. Telehealth and hybrid programs should be developed to overcome physical barriers where in-person interaction is challenging. Such programs should be deployed as pilots and evaluated to determine their effectiveness, and how they can be scaled most effectively.

3) **Establish a regional multi-sided entity focused on building trust through health** - Engage professionals from different communities to promote supporting policies, centralize overlapping work of experts and programs, and create and share knowledge in this field. The entity will develop evaluation methodologies, validate them, and systematically measure joint healthcare programs to maximize their impact. The makeup and affiliations of this agency must be considered carefully to create synergies in the joint healthcare ecosystem.
Introduction
The Israeli-Palestinian conflict has been a protracted and violent dispute over multiple issues. This asymmetric ethnonational conflict has deteriorated the relationship between Palestinians and Israelis to a point at which most people in the region don’t believe cooperation is possible and have difficulty even imagining peace. The October 7th attack and the ongoing Israel-Hamas War have set the region decades back in terms of levels of animosity, suspicion, and mistrust. Multiple surveys show that younger generations on both sides believe less and less in the chances of ever finding a viable political solution with about 30% of Palestinians in the West Bank' and less than 34% of Jewish-Israelis (pre-war) support the idea of a two-state solution. Even when political solutions are negotiated, deep distrust and fear on both sides lead to their rejection.

Hostility and enmity thrive on ignorance of the other side. Jewish Israelis and Palestinians, especially Palestinians who are not Israeli citizens, don’t have many opportunities to engage in meaningful and positive ways. Even in environments where there is more interaction, such as in some universities, positive interaction is very limited and highly affected by frequent fighting and divisive political events. Most of the Palestinians and Jewish Israelis see each other only in violent circumstances (such as interactions with the military), or through the media, and the rise of the digital era promotes closed echo chambers that enable the propagation of hatred and intolerance. Such depictions of "the other" usually perpetuate generalizations and despair. They reinforce the negative attitudes, fear, and polarization between the communities, which in turn decreases the chances that citizens on all sides will trust each other enough to achieve a durable peace, regardless of any signed agreement. Even after Israelis and Palestinians sign an agreement, the imperative to utilize every possible civil sector as a platform for fostering trust between Jewish Israelis and Palestinians will remain significant for generations to come.

Why Trust?
The theory of change at the premise of in this research is that, if working together across communities yields positive development outcomes, and if joint healthcare programs promote mutual respect and understanding between Jewish Israelis and Palestinians, then the trust they develop for each other in these programs will empower them to change attitudes towards a political solution. This support of programs' participants will extend more

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4 Such as those driven by the UN Sustainable Development Goals: quality education (SDG 4), gender equality (SDG 5), decent work and economic growth (SDG 6), and good health and well-being (SDG 3).
broadly in the societies so that more people will support a peaceful political resolution to the Palestinian-Israeli conflict. Similar theories of change like ‘health through peace’ have been developed and tested, for example by the World Health Organization, but they were largely focused on building trust in institutions and did not study ways to purposefully adjust healthcare programs to contribute to interpersonal trust-building.

Knowing that it might take many years before a sustainable political solution is successfully implemented in the Middle East, in the near term it is imperative to focus on promoting opportunities for cooperation that can contribute to trust building. While related concepts such as understanding, recognition, and building bridges, are important and play a role in the dynamics between Jewish Israelis and Palestinians, the process of building trust and the presence of trust is at the basis of the theory of change used in this research. Similar studies can be carried out on other concepts. However, in this study, trust is used as the exemplary concept for developing the programs’ evaluation method. Related concepts serve in this study as supporting conditions for trust building and as indicators of trust.

**Why Healthcare?**

Israel and Palestine are interdependent, with the health of one population directly affecting the health of the other. Shared borders and common epidemiological risks during outbreaks of infectious disease underscore the need to work collaboratively to improve the health of both peoples. Compared to other fields that yield positive development outcomes, most of the healthcare sectors are relatively flexible in terms of policies, procedures, and structures. Many health institutions are already serving large communities of both Palestinians and Jewish Israelis and could readily be designed to allow both communities to engage in meaningful positive interactions. These interactions could happen in multiple locations, across sectors, with fewer barriers and less fear of intimidation. As the Breaking the Impasse Health Group wrote in April 2022, “Health as a bridge for peace can transcend political, economic, social, and ethnic divisions, to promote dialogue, foster solidarity, and contribute to peace among people.” Moreover, Palestinians and Israelis are relatively receptive to working with each other in health-related programs.

Previous research suggested several reasons for the successful collaboration and co-existence between Palestinians and Jewish-Israelis in the health system, including it being an equal and shared system that allows to get to know each other without divisions, the extended hours and rigorous work throughout the academic studies and the shifts in hospitals that creates strong personal connections, the focus on joint work to save lives (rather than political issues), and sharing a noble common goal, values, and medical ethics.
Furthermore, normalization (Tatbi’a in Arabic) is defined in the Palestinian context as "the process of building open and reciprocal relations with Israel in all fields, including the political economic, social, cultural, educational, legal, and security fields."x While the criticism of normalization has been a barrier to most types of cooperations between Palestinians and Jewish Israelis for decades, it is less dominant in the context of healthcare. In some communities, norms prohibit people from sharing their positive impressions of "the other side"x. Nevertheless, in the context of health collaboration, there is more openness to learn about positive interactions.

Many people see healthcare as a basic right. The undeniable humanitarian focus signals any interaction in healthcare programs as an attempt to help and improve quality of life in the most fundamental way. In the eyes of the doctor, the nature of the work and its noble purpose - to save lives - overshadows the cultural and political differences and creates a sense of partnership between Israeli Jews and Palestinians. Political tensions perceived as irrelevant and externalxi. Dr. Masad Barhoum, the General Director of the Galilee Medical Center in Naharia, eloquently expressed this profound sentiment:

"The first conversation on the job is 'a person to a person is a person'"—a poignant counterpoint to the reality portrayed by the phrase "dog-eat-dog." This philosophy is not just spoken; it is written on every door within the hospital. Once you come in the gate of the hospital, you stop being a Jew or an Arab, you become either a patient or a physician."xii Thus, the healthcare sector can be a significant bridge since it is relatively shielded from normalization criticism.

The healthcare system tends to be a meritocratic system where quality of education and service is highly valued above other considerations. Also in the eyes of a patient, a doctor’s or caregiver’s professional identity appears to trump any other of their identities - be it nationality, ethnicity, or religion.

Moreover, the healthcare sector is also relatively less affected by security unrest. Even during active violent events, including the current war, collaboration in this sector continues. Since October, the only sector in which Palestinians still receive permit to enter Israel from the West Bank is healthcarexiv.

A crucial factor that makes healthcare fertile soil for building trust is the unique power dynamic in this sector. Even with the continuous progress of the healthcare system in Palestine, huge disparities between Israeli and Palestinian health systems still exist. The Palestinian system lacks many urgent, lifesaving specialties, while Israel has one of the most technologically advanced healthcare systems in the worldxv. Under conditions of structural inequalities achieving peace is harder and requires actions that help the parties recognize
each other’s common humanity”. Despite this asymmetric background, the widespread participation of Palestinians citizens of Israel in the health system, and particularly in senior and key positions, is larger than in any other sector in Israel. The Arabs citizens of Israel are 21.1% of the entire population. 11% of the doctors in Israel are Palestinian, 14% of nurses, 38% of pharmacists, and 12.4% of the entire health system workforce (compared to 3% in high tech, 3.5% in finance, 3.3% in media, and 6.8% in government offices). A comprehensive report from 2017 concluded that, unlike other fields of employment in Israel, the health system allows Arab citizens to fully integrate and advance to senior positions. Nonetheless, while 44% of all health workers today are Palestinian citizens of Israel, they consist of only 2.2% of the leadership. The report also shows that in the health institutions there is mutual respect, good working relationships and friendships resulting from personal acquaintance and the many hours of shared work. This fact creates an unusual dynamic that contributes to balancing the inherent asymmetry of the political context in which the healthcare system operates.

Palestinian and Jewish Israeli doctors contribute significantly to the healthcare system at all levels. Working in this sector involves long hours in which individuals share everyday experiences. In hospitals and clinics, all people are used to working together and learning from each other collaboratively. This more-balanced power dynamic opens up opportunities for interactions in a less unequal context that enables meaningful relationships.

These opportunities for creating meaningful positive relations are reinforced by strong historical precedents. The proximity to the Palestinian territories and the role played by the Israeli healthcare system in providing healthcare to Palestinians before the Oslo Accords, contributed to building the strong historical connection between the Israeli and the Palestinian health systems. The current well-established Israeli training programs further strengthen the connections between Palestinian and Jewish Israeli doctors and medical staff. These historical bonds make Israeli hospitals, clinics, and training centers promising places for future collaborations. The healthcare sector in Israel is already known as an “island” of collaboration across communities, where strong links have already been established and can help facilitate new links.

In terms of available resources, Israel’s investment in healthcare is relatively high (~10-12% of the budget and 7.4% of GDP). Funds are allocated to supporting the particular needs of different Arab minorities within Israel. Substantial investment in the Palestinian Authority and the Palestinians in Gaza from various international players is expected in the coming years. A prominent example for this kind of endeavor can be found in Northern Ireland, where people-to-people and cross-community programs have been developed by
NGOs, with considerable financial support from the British government and was able to contribute to conflict transformation and peace building\textsuperscript{\textasteriskcentered}. It is assumed that a large portion of this post-war investment will be allocated to re-building and improving the Palestinian health systems. Thus, \textit{this timing holds an opportunity to orient these funds towards health programs that will contribute to a peaceful future.} 

This research aims to demonstrate that existing joint programs can enhance their impact on trust building by incorporating relatively simple elements, especially by reinforcing the characteristics related to the intentionality factors, with minimal additional resources. By doing so, these programs have the potential to significantly increase their contribution to trust-building efforts. Moreover, some of the joint programs can be based on innovative technology, such as telehealth, and could yield the desired results with less resources (compared to an average health program costs). Based on precedent from the high-tech sector, these tech-driven programs could attract private funding beyond the public and international investment. Since health-related programs are expected to draw significant resources, this sector is expected to have a significant impact on the region. Over time, consistent investment in this field will facilitate the expansion of joint programs, resulting in a reduction of the resources required to contribute to trust building on a per-dollar basis. As these programs scale up, they will maximize the impact of resources allocated toward trust-building efforts.

Considering this large - existing and expected - investment, and based on historical trends, the healthcare sector also holds the potential to contribute significantly to human capital development. Professional training and capacity building in both communities would improve the lives of many in the region. Today, \textasciitilde{}60\% of Palestinians citizens of Israel work in the healthcare system and in related professions\textsuperscript{\textasteriskcentered}\textsuperscript{\textasteriskcentered}. The importance of human capital building should be understood also within the political context of the Israeli-Palestinian conflict, especially the interplay between security and economic development. While examining the factors that motivate individuals to participate in crime and terrorism, there is a clear connection between a person’s economic situation (as expressed through professional opportunities, unemployment, poverty, etc.) and acts of violence\textsuperscript{\textasteriskcentered}. Training doctors will also increase the availability of better health care for Palestinians, enhance cooperation between Jewish Israelis and Palestinian professionals, and open a window for continuous connection which will benefit the patients and increase the chances for dialogue and peace.

The positive impact of human capital development through scaling joint healthcare programs will play a pivotal role in fostering favorable attitudes towards collaboration and co-existence within broader social networks.
Healthcare encompasses a vast array of treatment areas and "health fields" can include everything from psychotherapy to the research and development of medical devices. Notably, there are distinct differences between emergency care amid war and the ongoing support provided in chronic care, which often entails longer-term relationships. Further research into various healthcare programs is imperative to identify the treatment areas that are most conducive to fostering trust, as per the theory of change. Initial observations suggest a predominant focus on women’s health, covering aspects such as pregnancy, prenatal care, childbirth, and postpartum care, as well as childcare and child health within existing joint programs. These sectors exhibit considerable potential for nurturing collaborative efforts and building trust within healthcare systems.

Other fields, not explicitly explored in this research, may be presumed to be less conducive to collaboration. Examples include cosmetic surgeries, end-of-life care, and elective procedures, which may lack the inherent nobility and shared purpose found in more essential treatments. Additionally, while lifesaving, emergency care and treatment "under fire" are also perceived as less conducive to trust-building, as they often involve brief, urgent interventions that do not allow for prolonged interaction to establish connections.

**Research Roadmap**

This research addresses two questions: What characteristics can make certain health programs more effective than others in building trust? And what efforts are needed to scale joint health programs so they will contribute to the conditions for peace?

The theoretical background section is based on literature review, offering an overview of various models pertaining to 'peace through health' and trust building. These frameworks were instrumental in refining the selected characteristics for the indices used to evaluate joint programs, as well as identifying the key concepts and terminologies used as indicators of trust. Through this review, the study aims to establish a solid theoretical foundation for analyzing trust-building through joint healthcare programs.
The empirical background section draws upon data collected from the joint health programs specifically for this research. This section, through meticulous examination of data from programs operating in the region, aims to shed light on the landscape of ongoing initiatives, providing valuable insights into their scope, objectives, and impact.

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

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

Finally, the discussion section synthesizes the research findings and highlights the challenges and concerns they uncover. In addition to outlining these challenges, the paper will examine gaps in existing theories of ‘peace through health’ and identify what questions should be asked to bridge them. Through this examination, the study explores strategies for maximizing the potential role of health-related programs in fostering trust between groups in conflict. This exploration considers the constraints placed on such programs, their reliance on delicate relationships, and the asymmetrical reality of the environment in which they operate.

In addition to mapping the programs using the proposed methodology, this study also delineates the components of the ecosystem within which such programs should operate. Importantly, the discussion section offers policy recommendations for scaling trust-building outcomes to have a more significant impact on the Palestinian-Israeli conflict. Furthermore, it suggests how these learnings can be extrapolated to other global conflicts, thereby expanding the potential reach of the insights.
Theoretical Background - Literature Review

Several articles have been published about trust building between hostile communities and peacebuilding through health, including detailed cases from Libya, Myanmar, Central America, Burkina Faso, Cameroon and Somalia, Ukraine, and Syria. These articles cover mainly the following aspects:

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

The 1st International Conference on Health Promotion in 1986 stated in the Ottawa Charter that health can be a goal to help competing groups to unite for peace. Building on the work of the Pan American Health Organization (PAHO), The World Health Organization (WHO) formally launched its Health as a Bridge for Peace framework in 1997. The Eastern Mediterranean Region (WHO-EMR) has been struggling with the challenges borne of conflict for decades. Currently, nine out of the 22 countries in this region are in the World Bank’s List of Fragile and Conflict Affected States.

In 2019, The EMR, together with the Governments of Oman and Switzerland, launched a Health for Peace (HoPE) initiative. The initiative is aligned with the UN’s ‘sustaining peace’ 2016 resolution, which called on all UN agencies to consider their contributions to peace building and with WHO’s 13th General Program of Work which aims to center its contributions to “sustaining peace in fragile-, conflict- and violence affected settings”. One example of HoPE work is the trust building in vulnerable communities in Tunisia project. Moreover, since the launch of this program health workers are trained with peace building skills.

In 2019 The Lancet Commission on Peaceful Societies through Health Equity and Gender Equality was established as an independent and interdisciplinary initiative of 20 Commissioners. The commission sought to explore the untapped intersections between Sustainable Development Goal (SDG) 3 for health and well-being, SDG 5 on gender equality, and SDG 16 for peace, justice, and strong institutions. In 2020 the WHO has released a white paper outlining WHO’s contribution to the ‘sustaining peace’ agenda. The regional HoPE initiative has evolved into the Global Health for Peace Initiative (GHPI) in 2021. The GHPI emphasizes the importance of promoting peace across multiple levels: Track 1 - diplomacy, Track 2 - civil society organizations, and Track 3 - community health with community-based efforts that build trust and promote intercommunity dialogue. In 2022, the theme of the 75th World Health Assembly was ‘Health for Peace, Peace for Health’ which
indicates growing advocacy. The notion of health serving as a bridge for peace, particularly in settings where conflict significantly impacts people's lives\textsuperscript{xli}, is firmly established.

While significant attention has been devoted to examining the concept of peacebuilding through health in recent decades, there are notable gaps in research concerning trust-building among participants of healthcare programs and the role of such programs within populations experiencing ongoing conflict not during active wartime periods. Nevertheless, the following publications have proven instrumental in informing the design of the evaluation methodology for this research.

**Peace and Health**

Landesman, Rubinstein, and Englander\textsuperscript{xl}, developed a detailed policy proposal for using bottom-up, community-based, public health initiatives as a mechanism for peacebuilding between Israel and Palestine. Their proposal calls for applying the World Health Organization's Global Health Peace Initiative model in the region. In their article they claim that both sides had much to offer for improving public health and that they can accomplish significant progress if they work collaboratively. The proposed policy advocates for reducing health disparities and improving the daily lives of Palestinians and Israelis through cooperation to strengthen the health care system. They emphasize that such collaboration could build and strengthen relations through peacebuilding because they would work together on shared goals. Their complementary work is pivotal for promoting and realizing the recommendations of this research.

Abuelaish, Goodstadt, and Mouhaffel highlight that health promotion and peace promotion share the goal of creating social harmony and cooperation, leading to just societies and communities. Their main argument is that health and peace are interdependent in a fundamental causal fashion. They demonstrate that health is always positively or negatively affected by conflict, and that peace can be directly or indirectly fostered through public health programs and policy initiatives\textsuperscript{xlix}. These findings, that require that health and peace be addressed in an integrated, interdependent, fashion, serve as the basis of this research.

Hyder, Ambrosio, García-Ponce, et al. assert that "the relationship between peace and health (remains) complex, multifactorial and fraught with challenges of definitions, measurements and outcomes." In their study of the relation between peace and health in the Americas\textsuperscript{xl}, the authors emphasize the need for further strengthening the scholarship and empirical work on this issue.
As Al Mandhari, Ghaffar, and Etienne stress\textsuperscript{xlvi}, many public health professionals, policymakers and researchers still do not fully appreciate the connections between health and peace. Evidence to design, implement and evaluate health through peace programs remains limited and requires much greater political attention and commitment. These studies have influenced the motivation behind the current research.

Khan, Abimbola, Ghaffar, El-Adawy, and Marten\textsuperscript{xlvii} maintained that health is both a contributor to and beneficiary of peace and assert that in contexts where conflict shapes daily life, health professionals must engage for peace. They identify three avenues of interventions which health-as-a-bridge-for-peace programs should adopt: 1) fostering trust; 2) facilitating health cooperation; and 3) enhancing social cohesion. While the authors stress that "compelling evidence directly linking health to peace remains elusive" they emphasize that the absence of evidence is not a justification for inaction. Their call for policymakers to do more to operationalize health as bridge to peace through a combination of conflict analysis, advocacy, capacity building of health workforce, and deploying context sensitive tools, contributed to the motivation of this study. This research has contributed to the development of the current study by underlining the premise that trust-building serves as a pivotal intervention for peacebuilding and merits systematic evaluation.

**Contact Theory and Related Research**

Allport proposed in his Intergroup Contact Theory\textsuperscript{xlviii} that contact between members of different groups (under certain conditions) can work to reduce prejudice, promote a more tolerant and integrated society, and reduce intergroup conflict. This theory has been informing policy-driven moves for greater contact and improved social relations all over the world and have played an important role in improving social relations between races in the U.S.A, fostering relationships between Protestants and Catholics in Northern Ireland, and encouraging a more inclusive society in post-Apartheid South Africa.\textsuperscript{xlix} Allport emphasized that positive effects of intergroup contact occur in situations characterized by four key conditions: equal status, intergroup cooperation, common goals, and support by social and institutional authorities. Different mechanisms have been proposed to explain how contact reduces prejudice.

Pettigrew examined the conditions that Allport proposed in his research about cross-group friendships and demonstrated their importance for reducing prejudice through four processes of change: learning about the out-group, changing behavior, generating affective ties, and in-group reappraisal.\textsuperscript{l} In a later work, Pettigrew and Tropp add two additional mediators through which contact reduces prejudice: reducing anxiety about intergroup
contact and increasing empathy and perspective taking. Allport’s emphasize along with Pettigrew’s processes informed the development of the program evaluation criteria.

**Tausch and Hewstone** claim that interaction between different groups works to reduce prejudice by diminishing negative affect of anxiety and threat, contributing to comfortable feeling, and inducing positive affect such as empathy

**Kappmeier, Guenoun, and Fahey** propose an Intergroup Trust Model (IGT-Model). It highlights trust as essential to initiating, engaging, and maintaining reconciliation processes. They assert that trust is the key factor that differentiates between intergroup conflict and intergroup peace. Their model establishes a conceptual understanding of intergroup trust based on five dimensions: competence, integrity, compassion, compatibility, and security. This analysis uses the dimensions of compassion and security to investigate the contribution of joint healthcare programs to trust building.

**Yogeeswaran, Verkuyten, and Ealam** claim that interculturalism is a promising strategy for improving intergroup relations. Interculturalism supports cross-cultural dialogue and interaction between cultures to challenge self-segregation tendencies. They examined the causal impact of promoting interculturalism in three experiments in two ethnically diverse nations. Their research revealed that interculturalism reduces outgroup prejudice, increases willingness to engage in intergroup contact, and increases behavioral trust relative to controls. These findings contributed to including in the hypothesis the key factor of intentionality, to consider the effort to cross-community dialogue and interaction as part of the program.

### Individual Level - Doctors-Patients Interactions

**Martiniuk and Wires** share their reflections on peace-through-health, analyzing specifically a joint Canadian, Israeli and Palestinian maternal and child health program for medical students. They found that health professionals play a role in both treating the effects of conflict and the prevention of conflict. This research offered initial indications for the current paper that joint health programs could serve as a bridge for peace, perhaps particularly those programs related to maternal and child health.

**Santa Barbara** defines medicine as a bridge to peace. In her pivotal article she highlights the role that physicians and health workers play in the promoting peace. This was fundamental evidence of the success of the concept of peace through health in the past.

**Percival** suggests in her article a framework for health engagement during conflict. Her conclusions inspired this research to give more emphasis to power dynamic between majority and minority communities in developing the joint program’s evaluation criteria.
Décobert adds to Santa Barbara’s work. In his research about Myanmar’s Kayin State he examines how community health workers promote an alternative approach to peacebuilding. In later research in Myanmar’s border areas, Décobert, Trail, Thura, et al., argue that health can provide a bridge towards peace formation, if relationships are developed in a politically sensitive way during strategic opportunities. To build trust, a Swiss-funded effort provided equal funds to both ‘sides’ in a decades-long conflict. These studies strengthen my hypothesis that community health programs can help societies build trust and imagine more collaborative reality.

From Individuals to the Society
Weiss reports two findings from his research about the impact of diversity in public health institutions on majority citizens’ prejudice toward minorities, that served as a basis for this study and were reflected in its findings. The first was that diversity in public institutions can facilitate positive intergroup contact, reduce prejudice, and foster more inclusive attitudes. The second was that the demographic makeup of public institutions can reduce mass prejudice, among the society at large, even in a context of intractable conflicts. These findings strengthen the hypothesis of this research, suggesting that the interaction dynamics observed among individuals in joint healthcare programs can serve as a model for fostering collaboration and coexistence within broader society. The study’s focus on the Israeli-Palestinian context further enhances its relevance to the current investigation.

Pettigrew also proposes a model that could provide a mechanism for generalizing the positive effects of intergroup interaction in joint healthcare programs. This model includes a stage of decategorization, in which program participants’ individual identities are emphasized to reduce anxiety and promote interpersonal connection, followed by a stage in which the individuals’ categories are salient to achieve generalization, and then, there is the recategorization stage, where participants’ group identities are replaced with less threatening group. This stage helps participants change group identities from ‘Us vs. Them’ to a more inclusive ‘We’ notion.

Putnam emphasize the role of trust in these theories by stressing that just societies and communities are characterized by high levels of social capital, which consist of social networks and the norms of reciprocity and trust.

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

Collectively, these articles serve to inform and shape the hypothesis at the core of this research and define the components of the proposed evaluation method. However, the research extends beyond this by conducting an in-depth examination of 16 joint healthcare programs within a specific conflict region. This analysis aims to test the proposed evaluation method and elucidate the shared characteristics of programs that effectively foster trust-building initiatives.

“It is time to move from the rhetoric of health is fundamental to peace to health can bring peace. It can save lives, serve the vulnerable, and make the world a better, healthier, and safer place.”

lxvii
Empirical Background

Programs Description

A few dozen active joint health programs exist that bring together Palestinians and Jewish Israelis through various mediums and structures. These programs are typically small in scale, with limited outreach, averaging between 10 to 100 participants each. Conducting a detailed review to encompass all existing programs in Israel and the Palestinian Authority is beyond the scope of this work. Instead, this research focuses on the leading health programs that involve cooperation between Jewish Israelis and Palestinians. The programs examined operate in a wide range of health-related contexts, including physicians’ training, patient chronic care, and wellness initiatives. The selected programs for review can be categorized as either:

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

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

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

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

1. **Project Rozana: Women4Women** - physical and psychological treatments for Palestinian women and children in marginalized communities using telehealth.
3. **Project Rozana: Nurses Training** - clinical training and a hub for Palestinian nurses in Israeli hospitals.
5. **Medical Wadi: Mother Tongue** - joint support group for mothers and babies.
6. **Rodina: Educational Program** - educational sessions on genetic diseases in Arab communities.
7. **Sheba Medical Center: Clinical Complementary Course** - training for Palestinians citizens of Israel who studies abroad to be certified as doctors in Israel.
8. **Shaare Zedek Medical Center: Fellowship** - medical fellowship in an Israeli hospital.
9. **Shaare Zedek Medical Center: TeleDoc** - teleconference medical consultations platform for Palestinian physicians from Gaza.


11. **Peres Center for Peace and Innovation: DevelopMed** - medical tours and workshops, joint medical tours and workshops.

12. **Peres Center for Peace and Innovation: DevelopMed Case Management Nextwork** - joint case management.

13. **Peres Center for Peace and Innovation: DevelopMed Fellowships and Residency** - medical fellowships and residencies.

14. **The Road to Recovery: Driving services** - Israeli volunteers drive Palestinians from checkpoints in the West Bank and Gaza for treatments in Israeli hospitals.

15. **Kfar Qasem Health Innovation Center: Accelerator** - development of innovation in medicine.


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**Select Case Studies**

**Case Study I Zoom in: Project Rozana Women4Women**

The organization

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

1) To foster trust and strengthen relations between Israelis and Palestinians through cross-border collaboration.

2) To enhance the capacity of Palestinian healthcare and improve the health and wellbeing of Palestinians through joint projects with Israeli health providers.

The organization operates on three interconnected levels: institutional, professional, and grassroots. Project Rozana is an international organization headquartered in Switzerland. It has a network of affiliates in Australia, Canada, Germany, Israel, Palestine (in process), the UK, and the USA. Its regional operations team is based in Jerusalem. Grounded in health diplomacy, the organization believes that health is a fundamental human right, cooperative health measures can establish new communication channels, and a robust health system is paramount for lasting peace and prosperity.
By developing and implementing joint healthcare programs, Project Rozana fosters communication and trust among healthcare institutions, professionals, patients, and communities. The organization aims to achieve broader cross-border cooperation and specific health-related outcomes. In Israel and the Palestinian Authority, they currently offer six health programs, several related fellowships, and public campaigns. The core programs include joint Advanced Trauma Life Support course, specialist nursing training, Women4Women, Wheels of Hope transportation to hospitals, a rehabilitation center, and a Binational School of Psychotherapy. All programs are designed to address healthcare gaps and build relationships between healthcare actors. Through its work since 2013, the organization has established bi-national professional networks that continue to address regional health issues.

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

**The Program**

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

*Figure 4: Women healthcare program.*

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

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

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

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

Wadi Ara (the Ara Valley) is located northwest of the West Bank in the Haifa District. The area is primarily rural with agriculture as the main occupation. One highway runs through the wadi and connects the three main Arab villages (Ara-Ar’ara, Kafar-Qara and Umm-el-Fahm) and Jewish villages (Mei Ami, Katzir, and Harish). The residents of Wadi Ara are mostly Palestinian citizens of Israel. The Palestinians in the area belong to one of about 14 hamulas, or tribal groups. Until recently there has been reportedly minimal immigration or emigration from the community. This geographic isolation, along with the origins of the tribal leaders, has led to unique health characteristics of the local societies. The older Palestinian population has low rates of education and high rates of meat consumption and smoking. Alcohol consumption and use of medication are low due to religious beliefs.

The center provides healthcare services in the fields of Preventive Medicine, Child Development, Women’s Health, Prenatal Care and more. The center also promotes innovation in health through R&D and entrepreneurship programs.

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

Beyond the clinical benefits, the cooperation in cross-ethnic health care serves as a bridge towards greater understanding. Challenges include availability of resources and funding, attendance, recruitment, and the need for local multicultural facilitators who speak both languages. Considering these challenges and a complicated geopolitical reality, not all Medical Wadi’s programs operate consistently. Nevertheless, they are determined to demonstrate resilience, and prove that leveraging healthcare for trust-building can be a powerful tool for transformation in societal and political systems.
“At a time when people in our country are losing hope, getting their foreign passports, Mother Tongue is an anchor of togetherness, bridging beyond conflicts, planting the seeds for a brighter future for generations to come.”
(Naama Goldman-Shwartz, Jewish, Administrative Coordinator)

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

The program consists of 25 regular weekly meetings, each of four hours. The groups are co-facilitated by an Arab and Jewish professionals who are focused on building a safe space for sharing and learning. The goals are to help new moms navigate the physical and emotional challenges of pregnancy and childbirth, enhance women’s self-efficacy regarding pregnancy giving them a voice in perinatal health decisions and increasing their utilization of health services, improve pregnancy outcomes, and successfully transition back to intimacy and into parenthood.

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

Figure 9: The subjects covered in the sessions of the Mother Tongue program, featuring headings written in Arabic and Hebrew. Source: Medical Wadi website.
### Mother Tongue - Post Program Survey Results

<table>
<thead>
<tr>
<th>Statement</th>
<th>All</th>
<th>Jewish-Israelis</th>
<th>Palestinians</th>
</tr>
</thead>
<tbody>
<tr>
<td>I believe that you will keep in touch with the participants of the program</td>
<td>3.78</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel closer to women from the other company</td>
<td>4.17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>As a result of participating in the program, I got to know the other society better</td>
<td>4.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The joint guidance by an Arab and Jewish mentor was significant for the success of the program</td>
<td>3.94</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Wadi’s activities are essential to Israeli society</td>
<td>4.39</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I felt comfortable expressing myself freely in the group</td>
<td>4.83</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dialogue was made possible</td>
<td>4.72</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The modeling for the relationship between a Jewish and an Arab mentor is an inspiration for me</td>
<td>4.78</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Figure 7:** Result of a post-program survey administered by the program. Participants were requested to rate their level of agreement, on a scale of 1 to 5, with each of the provided statements. Source: Medical Wadi post-program survey, May 2023.

### Mother Tongue - How much has the program contributed to your relationships with people from the other society in the future?

<table>
<thead>
<tr>
<th>Level</th>
<th>All</th>
<th>Jewish-Israelis</th>
<th>Palestinians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>28%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medium</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>39%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very High</td>
<td>33%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Figure 8:** Result of post-program survey administered by the program. **72% of all participants said that the program contributed to their relationships with people from the other society in the future to a high or very high extent.** Source: Medical Wadi post-program survey, May 2023.
Research Scope and Methodology

Scope & Data
The research employs on the following steps:

1) **Theoretical background** - review of the literature in the fields of trust building between hostile communities and peacebuilding through health.

2) **Empirical background** - initial field mapping and review of health collaborations in medical programs involving Palestinians and Israeli-Jews.

3) **Hypothesis development** - develop theories of how health collaborations can promote trust, particularly in the Israeli-Palestinian context.

4) **Data collection** - publications of programs, quantitative and qualitative survey data, and semi-structured interviews with stakeholders.

5) **Evaluation methodology development** - iterative formation of indices and a consistent evaluative method to address the validity of the hypothesis.

6) **Application & Analysis** - systematic analysis applying the evaluation tool. Additional data collection where the analysis requires it.

7) **Evaluation tool review** by experts - review by experts in the field to test the evaluation method.

8) **Empirical conclusions** - distill conclusions from the evaluation tools and data analysis.

9) **Develop Recommendations** - examine policy recommendations driven by the study conclusions.

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

- Documentations of different health programs, showing their outcomes. Most of these materials are public (e.g., on programs’ websites). However, some are internal, and some are reports meant for donors and supporters.

- Semi-structured interviews with 20 practitioners from the field - supervising, administrating, and participating in the joint programs examined.

- Surveys of programs’ participants that collected quantitative data and written testimonies. In some cases, program administrators shared survey results. In others, the survey was designed and administered specifically for this study.\(^\text{5}\)

- Background materials about past and current attempts to leverage healthcare to promote peace between Israelis and Palestinians.\(^\text{6}\)

The data collected was reviewed in the context of the existing literature on trust building and peacebuilding through healthcare. The research focuses on those joint programs that are

\(^5\) See appendix C - Translation of Participants Survey for the program of Sheba Education Authority: Clinical Complementary Course for doctors in training.

\(^6\) For instance, the working materials of the Health Group that operated in 2012-2014 as part of Breaking the Impasse (BTI), an advocacy group of Jewish-Israeli and Palestinian business leaders who worked to urge the Israeli government and Palestinian Authority leadership to reach a peace agreement based on the two-state solution.
well-known within the healthcare community. No emergency treatment or urgent care interactions were included because they do not fit the framework of this study, which emphasizes longer-term relations, community-based treatments, and professionals training. It is not intended to present a comprehensive index of every such program, but rather to use the selected programs as a basis for developing the taxonomy structure, classify, and study the relationships between program’s characteristics and their outcomes based on their contribution to trust building.

**Hypothesis and Variables**

Drawing on the literature and the empirical background, the hypothesis of the research was designed to test the factors that would build trust. Since the connection between health initiatives and trust building have not been explored as part of the scholarly discourse on peace through health, the null hypothesis is that there is no discernible association between the characteristics of the examined programs and the facilitation of trust building.

Building upon the background of peace through health and trust-building, as well as the taxonomy framework outlined in this study, an alternative hypothesis is proposed: the affective responses of participants in joint healthcare programs characterized by high levels of equality, intensity, and intentionality are correlated with trust-building between hostile communities. To test this alternative hypothesis, the research variables were defined:

- The dependent variable under scrutiny is trust-building, manifested through participants’ verbal expressions and behavioral responses subsequent to engaging in a joint healthcare program.
- The independent variables, utilized to evaluate the program, encompass structural and programmatic characteristics that were clustered to create indices of three key factors: equality, intensity, and intentionality.

According to the alternative hypothesis, we anticipate discovering a positive correlation between the variables, driven by psychological-emotional mechanisms fostering trust (that will not be explained as part of this study). Specifically, we expect to observe that as a program scores higher in these factors, a greater number of trust indicators will be found.

The core hypothesis of this research posits that joint health programs characterized by equality, intensive interaction, and intentional design play a crucial role in fostering trust between populations in conflict. Furthermore, several sub-hypotheses were tested:

1) There exists a correlation between the equality factor and trust building.
2) There exists a correlation between the intensity factor and trust building.
3) There exists a correlation between the intentionality factor and trust building.
4) There exists a correlation between the combined impact of the three aforementioned factors and trust building (e.g., $y_{\text{trustscore}} = x_{\text{factor}}$).
Three assumptions underlie the testing of the hypothesis. First, it is assumed that the healthcare sector is adept at producing positive developmental outcomes, even in areas of active conflict, and thus serves as an effective facilitator of collaboration. Second, it is assumed that the programs are predominantly implemented in accordance with their design and planned structure (the research did not evaluate the execution performance when assessing the factors). Third, it is assumed that initial insights about the trust-building effects of the program can be extracted from a small sample of programs while acknowledging that a more extensive study will be necessary in the future.

Building upon the findings of this research and validating the alternative hypothesis will enable the development of a more robust theory. By applying the conclusions of this study to other contexts, it will be possible to assert that the equality, intensity, and intentionality characteristics of programs should be considered as potential explanatory factors when assessing the trust-building effects of joint healthcare initiatives.

**Evaluation Method Design**

At the core of the research, a method was developed to systematically evaluate the extent to which a joint health program can be associated with trust building. The method was developed to address gaps in existing tools used to evaluate these kinds of programs. A related study done by UNESCO's Civil Societies in Dialogue Program studied meta-analysis of evaluations to determine the conditions for effective dialogue between Palestinian and Israeli civil societies. They focused on specific joint programs parameters: context, input, process, and product\textsuperscript{xvi}. Their analysis emphasized central themes including asymmetry, the importance of dealing with asymmetry, intra-communal dialogue, and questions of social legitimacy for cooperation.\textsuperscript{xvii} This current study adds value by analyzing selected program characteristics to create indices and focusing on interpersonal trust.

The current research does not attempt to evaluate the programs’ clinical results, which are their main focus. The research also does not consider the outreach, or potential outreach, of the programs and how many beneficiaries they serve. It is assumed that all the health-related programs assessed produce positive development outcomes\textsuperscript{xvii}, considering the health output for the dollars invested. Instead, this study seeks to contribute an additional layer of considerations: the extent to which a program that already provides good clinical value is associated with trust building (e.g., how many additional "trust units" per participant). The evaluation is focused on the experiences associated with trust building for an individual

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\textsuperscript{7} Such as those driven by the UN Sustainable Development Goals.
participant. The methodology does not consider who the individuals participating in the program are (or, for instance, if an individual is a leader with influence on a member of the community). To realize the full potential of a certain program, the results of this evaluation should be contemplated alongside other considerations, such as the expected outreach and the potential accumulated impact of the participants.

Importantly, this evaluation method does not measure a program’s performance. It evaluates the program’s structure and plan. It can be used to evaluate a proposed program to support investment and other strategic decisions. A more developed version of the methodology could include a tool to measure actual performance, based on the execution of the planned program, using the same three factors.

The proposed evaluation methodology was applied and tested on 16 joint health care programs in Israel and the Palestinian Authority. Following the initial use of the proposed evaluation method, several experts in the field reviewed independently the evaluation method (the characteristics, factors, and trust indicators). Their feedback served as a "sanity check" to further calibrate the versions of the method. This method should be further developed so it can be used systematically and effectively to evaluate various programs in different conflict settings around the world.

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

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

The evaluation factors defined for assessing the trust building properties of health programs, can be further used for evaluating programs that contributes to trust building in other fields, such as rescue services, sports, or academic research, where the key activity is not focused on building trust, but trust building can be a critically valuable indirect outcome.

**Evaluation Key Factors**

To define the characteristics examined in the evaluation method various academic sources were examined, with particular interest not only in trust building but, in the specific context of intergroup hostilities between communities in asymmetric, protracted, and ethnonational conflicts. The data analyzed for designing this evaluation method is based on various cases and known models in literature sources.
Five or six measurable characteristics that were thought of as relevant were clustered each into an index, creating three key factors: equity, intensity, and intentionality. For instance, the length of the program, the frequency of its sessions, and ranking of how powerful the experience is in the life of a participants were clustered under the intensity factor. The indices were created to measure the factors variables of interest. The principles for selecting the characteristics for each index were that the select characteristics will have face validity and that they will be unidimensional.

The first two selected factors - equality and intensity - were driven directly by acceptable models in literature in two adjacent fields: Contact Theory and intergroup trust building between hostile communities. The third factor of intentionality presented itself in different forms in the empirical data collected for this research. It was further supported by theories connecting interculturalism with an increase in behavioral trust. There were clear differences in the data between programs for which there was an explicit intentional goal of building trust, and programs for which there wasn’t. Thus, the intentionality factor was added to the evaluation method as an additional key factor to complement the characteristics described in the literature.

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

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

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

Each program was assigned an equality score comparing the relative strengths of the selected characteristics to the other programs (see Appendix D for more information).
In order to analyze the programs' interaction intensity factor, the research examined characteristics to determine how strong and collaborative the interaction between Jewish-Israelis and Palestinian in each program is. The characteristics considered are:

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

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

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

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

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

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

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

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

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

Beyond the trust indicators above, the evaluation method considered empirical evidence of trust in the form of relationships between members of different communities that extended beyond the program, driven by participants’ initiative, unrelated to a specific activity as part of the program. Since such interactions are strong indications of trust, the evaluation tool assigned a higher weight to this indicator when weighted with the testimonial

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8 Trust indicators sources:

9 Based on the trust indicator definition in Merriam-Webster dictionary.
indicators. The average of the descriptive eight trust indicators consists of 60% of the trust score, and the relation extended beyond the program consists of 40% of the trust score.

Further research is needed to test the sensitivity of each of the trust indicators, expand them, validate them, determine their relative weight, and develop a measure to account for them in different variations as evidence for trust-building.

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

**Analysis Methodology**

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

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

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

Concentrating on the trust indicators, the method is based on detailed sentiment analysis in relation to the selected academic models and applied to the specific context of this region. Beyond the mere text, the indications in the interviews were considered also for their "messaging" beyond the words' selection, including voice intonations, facial expressions, and body language (to illustrate, when the interviewee moved uncomfortably while discussing a certain topic, or if they raised their voices while saying a particular phrase, that fact was documented as part of the interviews notes and was considered during the
analysis in relation to the theoretical frameworks.) This method was selected based on the understanding that there are multiple indicators of the extent of trust one holds. Beyond visible evidence, certain phrases serve as proxies for trust building. The use of this multi-signal approach is based on the assumption that people recognize these sentiments trends in themselves and express them in their descriptions of their experiences.

To pilot the use of the proposed evaluation method, 16 programs were examined. For some programs data proved abundant and access was easy to rich datasets and key personnel across various organizational levels. For other programs, there were more constraints with limited information available from interviews and datasets. For them, the research necessitated making assumptions and logical inferences to produce the figures below. (For more information regarding the data sources used for each program see Appendix A – Programs Description). Given the limited information on some programs, this study should be seen as a demonstration of valuable capability. Its judgments of the programs that provided little information should be viewed as indicative rather than definitive. Despite this reservation, the analysis was successful in developing and testing an evaluation methodology. This methodology, firmly grounded in theoretical literature, pioneers a systematic approach to the topic. Notably, its capability to yield clear quantitative insights from programs with ample data provides strong reassurance about this approach.

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

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

Big Picture Findings
Several joint healthcare programs in the region bring together Palestinians and Jewish Israelis through different medium and structures. The programs are generally small with limited outreach (30-100 participants). The programs focus on clinical outcomes and do not aim for or measure "trust building results". Nevertheless, all interviewees and surveys examined in this research reported a positive change in attitude and a certain degree of increased trust among participants. The analysis of the interviews and testimonies' transcripts enabled the study to identify several common themes that emerged from participants across programs. Some of the key themes are 1) the primacy of this kind of exposure to "the other"; 2) evident human communalities that emphasized the shared traits of humans from different groups (such as motherhood); 3) surprises and undermining prejudices through exposure; 4) formation of human connection through communalities; 5) fostering real friendships (in higher intensity programs); 6) hope, and more.

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

- **Funding** - limited and often not available for such community-based programs or trust building efforts
- **Access** - physical access and permits are limited and unpredictable
- **Mistrust** - years of heightened conflict have led to fear among both Palestinians and Israelis for their safety. Such fears discourage cooperation
- **Tech** - Advanced sensors and equipment are often needed, which require high technology proficiency
- **Knowledge** - Access and time by unique experts are often in short supply or unavailable
- **Language** - lack of familiarity with Arabic/Hebrew, lack of knowledge in English, and dependency on translation are often barriers
- **Despair** - widespread lack of hope among Palestinians about their future feeds a powerful anti-normalization claims to stop any and all cooperation with Israel

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

The research was designed to test the hypotheses concerning the relations between the three factors and trust building. The research evaluates the 16 selected programs by mapping them along three axes: equality of Jewish-Israelis and Palestinians' participation and contribution, the intensity of their interaction, and the programs intentionality towards trust-building. The data secured informed us on the relationship between each factor and trust building, as well as different combinations of these factors and trust building. Utilizing this data, we then conducted empirical tests. Those tests follow the presentation of the data below. (For more information on how the analysis were computed - see Appendix D).

The research results support the research hypothesis: affective responses of participants in joint healthcare programs characterized by high levels of equality, intensity, and intentionality are correlated with trust-building between hostile communities. Several sub-hypotheses were tested:

1) There is a correlation between the equality factor and trust building - no support
2) There is a correlation between the intensity factor and trust building - moderate support
3) There is a correlation between the intentionality factor and trust building - moderate support
4) There is a correlation between the combination of the three factors above and trust building - strong support

The first sub-hypothesis suggests a low positive correlation between equality and trust-building ($R^2 = 0.15$, Coefficient = 0.043), but it lacks statistical significance. The second sub-hypothesis yielded moderate support for a correlation between intensity and trust-building ($R^2 = 0.11$, Coefficient = 0.051) that is statistically significant at the 95% confidence level (p-value = 0.011), which demonstrates that an increase in intensity is associated with an increase in trust building. The third sub-hypothesis exhibited a stronger correlation between intentionality and trust-building ($R^2 = 0.24$, Coefficient = 0.109) that is statistically significant at ~92.1% confidence level (p-value = 0.079). This suggests that variations in intentionality-related characteristics (such as explicit program goals, time dedicated to dialog, and efforts to sustain post-program relationships), explain more of the variation in trust compared to the other two factors.

The fourth sub-hypothesis, pivotal in shaping the evaluation methodology, was tested using a multi-variables' regression and demonstrated the strongest correlation ($R^2 = 0.57$), supporting the link between the combined influence of the three factors and trust-building. Moreover, the coefficient of the average score of the three factors is 0.178 and is statistically significant at the 95% confidence level (p-value = 0.0016).
Undoubtedly, numerous variables lie beyond the scope of this study that could significantly influence trust-building. Furthermore, several analyses, such as the examination of rank-order correlation coefficients or variance inflation factors to assess collinearity, were not conducted on the dataset. The data itself is constrained by limitations in both volume and content, lacking data from randomized controlled trials. Nevertheless, despite these limitations, the findings highlight that a considerable portion of the variance in trust-building is associated with the key factors under examination. Moreover, these factors exhibit potential as predictors of a program’s capacity to build trust.

<table>
<thead>
<tr>
<th>Y</th>
<th>X</th>
<th>R_Squared</th>
<th>Coefficient</th>
<th>Standard Error</th>
<th>P-value</th>
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<td>0.0461</td>
<td>0.3687</td>
</tr>
<tr>
<td></td>
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<td>0.0517**</td>
<td>0.0173</td>
<td>0.0113</td>
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<tr>
<td></td>
<td>intentionality</td>
<td></td>
<td>0.1098*</td>
<td>0.0573</td>
<td>0.0797</td>
</tr>
</tbody>
</table>

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

The research also addressed the assumptions utilized for testing the hypothesis as follows:

1) The healthcare sector is used to producing positive developmental outcomes, even in areas of active conflict, and therefore it is a good facilitator of collaboration – this assumption was challenged was only partially upheld. Throughout the study, numerous instances were discussed where the healthcare sector, its facilities, and stakeholders were utilized to produce negative outcomes, particularly evident during the Israel-Hamas War. This finding adds complexity to the research hypothesis.

2) The programs are largely implemented according to their planned structure - there was insufficient data available to definitively confirm or refute this assumption.

3) It would be possible to generate initial insights about the program trust building effect based on a small number of samples - the analysis results supported this assumption. Further research is needed to validate the evaluation methodology and strengthen the conclusions.

“The program was very meaningful for me, I looked forward to the meetings because I felt that they filled me with good and positive energy and gave me hope.”
(Lana Mansour, Palestinian, Pelvic Floor Physical Therapist).
<table>
<thead>
<tr>
<th>Program Name</th>
<th>Characteristics</th>
<th>Women</th>
<th>Women Trauma training</th>
<th>Nursing Hub</th>
<th>Women Walk</th>
<th>Mother Tongue</th>
<th>Rodaina Education</th>
</tr>
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<td>FS</td>
<td>FS</td>
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<td>FS</td>
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<td>50%</td>
<td>50%</td>
<td>50%</td>
<td>100%</td>
</tr>
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<td>15%</td>
<td>15%</td>
<td>50%</td>
<td>50%</td>
</tr>
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<td>3.5</td>
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<td>4</td>
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<td>2.5</td>
<td>4.0</td>
<td>4.1</td>
<td>2.1</td>
</tr>
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</table>

Figure 11: The main evaluation tool used for the analysis. FS = Factor Score (part 1/3).
<table>
<thead>
<tr>
<th>Factor</th>
<th>Program Name</th>
<th>Clinical Complementary</th>
<th>Fellowship</th>
<th>Tele Doc</th>
<th>Labor &amp; Delivery</th>
<th>Tours &amp; WS</th>
<th>Case Network</th>
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<td>FS</td>
<td>FS</td>
<td>FS</td>
<td>FS</td>
<td>FS</td>
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<td>% Pal</td>
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<td>10%</td>
<td>1.3%</td>
<td>50%</td>
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<td>10%</td>
<td>50%</td>
<td>100%</td>
<td>40%</td>
<td>40%</td>
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<td>% Pal</td>
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<td>2%</td>
<td>100%</td>
<td>100%</td>
<td>30%</td>
<td>30%</td>
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<td>3.5</td>
<td>2</td>
<td>3.5</td>
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<td></td>
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<td>4</td>
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<td>1</td>
</tr>
<tr>
<td>Duration of each interaction</td>
<td>Hours</td>
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<td>10</td>
<td>1</td>
<td>60</td>
<td>24</td>
<td>3</td>
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<td>How powerful this experience in life</td>
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<td>2</td>
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<td>5</td>
<td>2</td>
<td>1</td>
</tr>
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<td></td>
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<td>8%</td>
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<td>3</td>
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Figure 11: The main evaluation tool used for the analysis. FS = Factor Score (part 2/3).
<table>
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<th>Factor</th>
<th>Program Name</th>
<th>Support Residencies</th>
<th>Road to Recovery</th>
<th>Accelerator</th>
<th>Physicians for Human Rights Mobile Clinic</th>
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<tr>
<td></td>
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<td>FS</td>
<td>FS</td>
<td>FS</td>
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<tr>
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<td>Participants’ national/ethnic identities</td>
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<td>100%</td>
</tr>
<tr>
<td></td>
<td>Staff and operators’ national identities</td>
<td>% Pal</td>
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<td>0%</td>
<td>50%</td>
</tr>
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<td>Leadership national identities</td>
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<td>30%</td>
<td>10%</td>
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<tr>
<td></td>
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<td>1</td>
<td>5</td>
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<tr>
<td></td>
<td>Equal nature estimation</td>
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<td>1</td>
<td>1.5</td>
<td>4</td>
</tr>
<tr>
<td>Intensity</td>
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<td>1</td>
</tr>
<tr>
<td></td>
<td>Number of interactions</td>
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<td>1000</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td>Frequency of interactions</td>
<td>Weeks</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Duration of each interaction</td>
<td>Hours</td>
<td>10</td>
<td>6</td>
<td>4</td>
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<tr>
<td></td>
<td>How powerful this experience in life</td>
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</tbody>
</table>

*Figure 11: The main evaluation tool used for the analysis. FS = Factor Score (part 3/3).*
Figure 13: Programs mapping chart, as driven by the Factors Score summary table above. Order of programs based on the average of the three factors scores.
Figure 14: Factors Score and Trust Score summary table.

<table>
<thead>
<tr>
<th>Org.</th>
<th>Project Rozana</th>
<th>Project Rozana</th>
<th>Project Rozana</th>
<th>Medical Wadi</th>
<th>Medical Wadi</th>
<th>Rodina</th>
<th>Sheba</th>
<th>Shaare Zedek</th>
<th>Shaare Zedek</th>
<th>St. Joseph</th>
<th>Peres Center</th>
<th>Peres Center</th>
<th>Peres Center</th>
<th>Road to Recover</th>
<th>Road to Recover</th>
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<td>5.00</td>
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Figure 15: Regression results Equality Factor Score and Trust Score

Figure 16: Regression results Intentionality Factor Score and Trust Score
Figure 17: Regression results Intensity Factor Score and Trust Score

Figure 18: Regression results the average of the three Factors Scores and Trust Score
One Independent Variable Regressions

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Three Independent Variables Regressions

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

The results show that healthcare programs that offer cross border or cross community treatments overcome informal segregation, establish connections, and are associated with trust building. Moreover, one of the prominent themes that came up in the interviews and surveys is that Palestinians and Israelis are receptive to working with each other in programs related to health, even during a war. Since the healthcare sector is relatively “immune” to normalization criticism and security unrest, it appears to already be a substantial bridge and one that can be expanded.

Furthermore, the results show that out of the three factors examined intentionality is the most predictive of trust building. Research shows that most people who participate in activities intentional about peacebuilding are more hopeful about peace and more willing to work for changing the reality\textsuperscript{lxxiv}. The correlation between intentionality and trust building can be explained intuitively, since expressing the intention to build trust (by explicitly raising awareness and dedicating resources to this effort) naturally contributes directly to trust building outcomes. Nevertheless, these results add value to decisionmakers by enabling them to measure the affiliation of this factor and use it as a predictor to support operational decisions.

Combining the three factors increases the explanatory power of the evaluation method. Beyond the heuristic value of the findings, the results show that the hypothesis of the research is supported by the findings. Thus, the preliminary version of the methodology is promising and should be further developed. Additional characteristics related to cultural exchange (through language, meals, or music) were discussed as relevant and should be examined. Variables related to the personalities and capabilities of the participants, as well as their initial levels of openness and trust, should also be considered. While this analysis focused mainly on single factor regression, future studies should enhance the multi-variable regression to control for more factors and increase the methodology’s explanatory power. The study did not exhibit statistical significance for all the variables in the multi-variable regression model. This can be related to the small sample size. Nonetheless, some observed trends suggest potential heuristic value and call for further investigation in this specific question.

The triangulation of academic models, quantitative survey data analysis, and the qualitative data drawn from the interviews, served to strengthen the research results. However, the data used was limited to 16 programs with various amounts of data available for each, and some conflicting findings from disparate data sources should be further
examined to refine the research conclusions. The dataset used to develop this methodology should be expanded to include more programs and evidence in order to further refine the model. Since the available data used wasn’t homogeneous, the analysis of some programs is more comprehensive than that of others. The findings about specific programs can be considered preliminary.

**Should Healthcare be Used to Build Trust?**

One of the assumptions used in this study was refuted by the findings: It was assumed that the healthcare sector produces only positive developmental outcomes, and therefore is a good facilitator of collaboration. While acknowledging that healthcare can also be weaponized, and medical treatment can be used as a form of coercive power, this research finds that there is substantial potential for leveraging healthcare to promote collaborations. Institutions and governments have the means to decide who will live and who will die and have the responsibility to use this power well. Unfortunately, during the Israel-Hamas War, an increasing number of healthcare activities and medical facilities have been used in a violent manner. Most prominent recent examples include Hamas’ use of Al-Shifa hospital in Gaza to hide weapons, Israel’s attack killing Palestinian paramedics, and Israel’s prevention of medical aid to Gazans during and before the war. Such instances destroy trust between Israelis and Palestinians, and trust in the healthcare system as a whole. This reality makes the focus of this research all the more important. The post-war years will be an opportunity to restore some of the trust that has been lost. Expanding and scaling joint healthcare programs to promote co-existence and trust will not only be an effective way to counter the negative instances of healthcare being weaponized but also a source of hope. It will preserve the field of healthcare as a constructive and healing space.

Additional reasons why healthcare would be a less effective field to foster collaborations than originally assumed include the demanding professional life of physicians, who are generally less available to develop personal bonds, and the avoidance of political discussions inside the hospitals. In the interviews, many physicians referred to the risks involved in “letting politics inside the hospital.” They were concerned that such

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10. The weaponization of health activities and healthcare facilities has devastating implications in many conflicts globally. For instance, 75% of health facilities in Tigray region in Ethiopia have been damaged (The Lancet, 2022), there have been more than 200 attacks on hospitals, ambulances and health worker in Ukraine since February 2022 (Mahase, 2022), more than 70 health facilities in Northwest Syria have ceased functioning since 2019 (UN Security Council, 2020), and the public health system in Myanmar has nearly collapsed since the coup in February 2021 (Safeguarding Health in Conflict Coalition report, 2021). Safeguarding Health in Conflict Coalition report found that in 2021 1335 incidents affecting healthcare facilities reported across 49 countries.
interventions would harm the strong professional relationships achieved. Some of the interviewees said that one of the factors that enables the current productive joint work in this "island of co-existence" is the avoidance of conversations about political and controversial issues, even though these issues are at the forefront of public discourse. Many defined these topics as taboo. As one senior doctor shared about his colleague: "I think I know what his political opinions are, I don’t need him to say them. If I heard him say them it would be much harder for me to work with him as friends like we do today." This perception challenges the hypothesis of this research regarding the factor of intentionality. It raises a need for a more nuanced examination of how to integrate characteristics of intentionality into joint healthcare programs effectively.

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

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

The main premise is that this model can be a seed that will grow to build and strengthen the conditions for peace in the region. Some leaders in the health system talk about it explicitly. This is also the message that the head nurse at Hadassah Ein Kerem Hospital, Amalia Schneider, sent to the nursing stuff:

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

To enable scaling of this sector’s positive outcomes, solutions should be approached at three complementary levels: Individual Level, Program Level, and System Level. The application of this principle based on individual contact, program structure, and system synergies is detailed in the recommendations below.

The results of this research reinforce the understanding that policies alone are insufficient to foster genuine and profound change. They must be complemented by adaptive initiatives and actions within the public-social sphere aimed at reshaping consciousness, altering entrenched thought patterns, and reducing profound trauma. Ultimately, there is no substitute for personal interactions, which dismantle barriers and prejudices. As long as the social, economic, and cultural divides persist, suggestions for improvement will yield limited results. What is imperative are thoughtful educational and social transformations, embraced by both the Jewish and Palestinian communities, paving the way for authentic coexistence. Just as the WHO Constitution states that ‘health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’, peace is not just the absence of violence.

Broader Applications

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

Figure 19: A map of major active violent conflicts in the world. Source: Safeguarding Health in Conflict Coalition, 2021 Report.
1) To other fields - sectors in which the core activity addresses issues of common interest and creates positive joint development outcomes, such as in high-tech, sports, education, environment, and academic research. Special attention should be given to the sector of emergency responders and rescue services, which has similar traits to the healthcare sector, namely the significance of a shared noble goal.

2) In other locations - conflicts in various areas in the world that are defined by three conditions: They are 1) asymmetric with power imbalances between multiple groups, 2) protracted for at least a generation, and 3) ethnonational, meaning identity-based.

Policy Recommendations:
In times of crisis, a natural human reaction is to withdraw from constructive efforts and rely on punitive actions\textsuperscript{xxxv}. This is another reason why offering wholehearted endorsement to those who strive to take constructive actions is of paramount importance at this time. International organizations and foundations should promote trust-building efforts that can increase popular support for negotiations between Israel and the Palestinians. Based on the connections the research draws between the selected programs’ characteristics and trust building, these organizations should adopt the following policy recommendations:

1) Increase investments in effective healthcare programs - Systematically evaluate programs using this proposed evaluation method and increase investment in programs that score highly across the equality, intensity, and intentionality metrics. Prioritize programs that address formal and informal cooperation at both the person-to-person and institutional level.

2) Innovate and pilot new programs in strategic locations and based on hybrid-telehealth interaction - Design and test new models of joint healthcare programs with high equality, intensity, and intentionality. Programs should be situated where hostile populations seek clinical services and can interact with each other in person. Such programs could be deployed as pilots to determine which can be scaled most effectively and how. In some locations, some supporting measures should be considered to improve the access to health centers, especially of Palestinians, including specialized training, language courses, upgraded public transportation, childcare solutions, diversity incentives to employers, and anti-discrimination education programs. The new programs should hire local professionals, further train them, maximize their specialty skills, and benefit from their knowledge of specific communities.
Hybrid and telehealth programs should be developed in locations where in-person interaction is more challenging, to overcome physical barriers for cooperation. Recent scholarly work has found that intergroup contact need not necessarily involve face-to-face contact and remote interaction is also beneficial. Telehealth and health innovation are also correlated with economic growth and can strengthen peace infrastructure through economic development. Despite limitations related to knowledge and low “tech-savviness”, telehealth technologies should be used in conflict areas. Organizations in such areas should prepare for this global trend by building infrastructure and training staff.

3) **Establish a multi-sided entity focused on building bridges through health** - Engage representatives from the different communities in the region to centralize the overlapping work of joint programs and stakeholders, develop evaluation methodologies, and systematically measure joint healthcare programs and publish reports to maximize their impact. The entity will promote supporting policies by regional and international agencies (e.g., the Israeli government, the Palestinian Authority, and the WHO). As evidence from this study indicates, intentionally focusing on trust-building at the program level correlates with successful trust-building outcomes. This finding implies that a similar correlation is likely to be achieved at the system level with the intentional work of this entity.

The entity can use the evaluation methodology proposed as a preliminary tool to measure existing and new programs and make recommendations on how to improve and allocate funds. The entity could lead and monitor the pilots of new joint healthcare programs mentioned above to determine which to expand and how. Based on the data it will collect, this entity could lobby for a participatory peacebuilding approach, collaborative needs assessments, and data-driven decision-making. It can, for instance, negotiate how to involve additional actors and how to assure secure access to communities in hard-to-reach areas.

This entity will also orchestrate the work of relevant stakeholders, including healthcare providers, patients, universities, financiers, The Palestinian Authority, Ministries

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11 In a study about South Africa’s successful transformation, scholar Rupert Taylor concludes that it is useful to view the peace and conflict resolution organizations as an ecosystem in which organisms have different activities that complement each other and together contribute to conflict resolution.
of health, Ministries of Economy, COGAT\textsuperscript{12}, relevant global agencies, and other bodies to create efficiencies and synergies in the joint healthcare ecosystem. This much needed coordination would likely reduce friction and barriers and contribute to improved delivery of quality health services. At the same time, this coordination will improve trust between high-level Israeli and Palestinian stakeholders.

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

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

Specifically, in the coming years, this coordinating entity should focus on the following priorities: incorporation of dialogue work into existing joint healthcare programs (for applying the intentionality factor), additional support for programs dealing with post trauma and psychological care, local and perhaps international government advocacy, and the creation of institutional linkages in the medical field. At a later stage, this entity can engage in public campaigning to leverage the success in the healthcare sector and help duplicate this model to other areas of civil life, starting with the rescue services and firefighters.

\textsuperscript{12} COGAT is the Israeli agency responsible for the Coordination of Government Activities in the Territories. It implements the government’s civilian policy in West Bank and the Gaza Strip in coordination and cooperation with officials from defense and government offices in various fields.
Future Research

Activities in joint healthcare programs are complex interventions encompassing many simultaneous effects and mechanisms. Evaluating them is not—and should not be—straightforward. For multiple reasons, conducting comprehensive research with a proper control group will usually be impossible\textsuperscript{xxxvii}. Similarly, the common biomedical science approach, which typically applied to more limited interventions, will likely not be suitable for evaluating interventions for trust-building through health. To make progress in this field of study there is a need to find the balance between rigorous and systematic approaches and more flexible and context sensitive approaches. Some researchers suggest adopting a behavioral approach for understanding the diverse mechanisms that link health to peace and vice versa\textsuperscript{xxxviii}. It is recommended to adopt practice-based research methodologies to directly test practical solutions\textsuperscript{xxxix}.

To enhance the proposed methodology, a comprehensive analysis should be undertaken, utilizing both existing and additional data. This entails, for example:

- Test additional variables that could serve as predictive variables for trust-building.
- Validate the index of each factor by conducting item analysis and making sure it measures what it is intended to measure.
- Improve the multi variable regression’s explanatory power by adding more control variables, such as the available data (number of interviews).
- Examine rank-order correlation coefficients.
- Assess variance inflation factors to identify and measure collinearity.
- Reduce dimensionality through Principal Component Analysis.
- Introduce dummy variables (for example by dividing the programs to short, medium, and long duration).

To further examine the correlations found as indicative of causal relationships, future research should prioritize those opportunities when randomized controlled trials are possible. For instance, a specific program could be carried out in two versions. These versions would be identical, with the exception that version A explicitly emphasizes intentionality, while intentionality serves as an incidental component in version B.

Moreover, not all health interventions can equally be correlated with trust building outcomes. Future research should test different areas of treatment and different models to understand why certain areas of treatment and certain structures of programs are more related to trust building. The next step to building on this study and further developing the evaluation methodology is to conduct a more robust analysis based on the data gathered...
for this study as detailed above. Moreover, some specific research directions were identified and recommended for future research:

- Longer term impact of joint healthcare programs by collecting data on participants after 1-5 years following program completion.
- Joint healthcare programs in other geographies where the conflict is asymmetric, protracted, and ethnonational.
- The response of the health system in Israel following the October 7th attack.
- The potential of incorporating Telehealth and other remote technologies to facilitate joint healthcare programs.
- The specific characteristics of health-related programs focused on women. Meagher et al. find that having diverse gender leadership in health systems during conflicts offers greater prospects for sustainable peace and more equitable social economic recovery in the post-conflict period. They argue that focusing on gender diversity of leadership in health systems offers an improved way to link peace and health, particularly in active conflicts. This area should be further explored.
- Approaches to de-risk trust building activities and mitigate fragility risks
- The unique characteristics of joint health-related programs in shared society and cross-border population.
- The unique characteristics of joint health-related programs that are grassroots (bottom-up) versus elite-driven (top-down) initiatives.
- Joint programs in other sectors that can contribute to trust building: e.g., rescue service, sports, and education.

Special attention should be given to expanding the model of joint healthcare programs to the sector of emergency responders and rescue services, which share some similar traits to the healthcare sector. Given that the significance of the goal is an explaining factor for the successful integration of Jewish Israelis and Palestinians in the healthcare system, it’s reasonable to anticipate a similar atmosphere in occupations of parallel nature, such as rescue and firefighting. These professions, akin to healthcare, offer fertile ground for cultivating a professional ethos rooted in noble values. It is thus suggested that efforts be directed towards integrating Arab workers into these fields, emphasizing the existing professional ethos while actively engaging with young members of Arab society to encourage their participation in these sectors. Such successful integration into life-saving professions could signify a significant breakthrough in the Israeli labor market's inclusion of Arab workers.
Conclusions
The Israeli-Palestinian conflict has been a protracted, intractable, and often violent impasse over multiple issues. The last six months have witnessed the most devastating period of this violence in decades. This document is predominantly geared toward less destructive times. However, implementing the recommendations described is particularly vital following the October 7th attack and the Israel-Hamas War. Fear and distrust have escalated sharply in both communities; paths for cooperation and healing are more important than ever.

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

Healthcare can be seen as a first bridge. The entrance gates to hospitals in Israel are also the gates to what could have been here – to what must be here: Palestinians and Jewish Israelis living, working, and engaging together. Joint health programs appear to help overcome distrust and prejudicial beliefs and foster positive relationships between hostile populations. These programs often enable patients and caregivers to sustain ongoing (if sometimes remote) relationships with people of the neighboring community through structured, pre-planned healthcare sessions.

In some cases, the personal connections these programs establish extend beyond the program. They can extend beyond the original participants, expanding the circles of collaborations and friendships. Thus, it is essential to scale joint healthcare programs to expand their positive effect of trust-building and increase popular support for peace negotiations.\textsuperscript{xcvii}

The primary value of this study is in pioneering a systematic approach to building trust through health. The evaluation methodology developed and tested as part of this research could be applied to support decisions regarding joint healthcare programs in Israel and the Palestinian Authority as well as in any asymmetric, protracted, and ethnonational conflict around the globe. Moreover, the methodology developed can be used to design similar methodologies to evaluate the contribution of programs in other sectors.
Three key factors are identified as critical to the trust building impact of health programs: equality, intensity and intentionality. In this context, perhaps the most important contribution to existing work is in the focus on the Intentionality Factor. This factor measures the extent to which a program is purposeful in building trust between the neighboring sides. Applying this factor requires dedicating time to addressing hard issues and developing mutual understanding and empathy, beyond the minimum communication needed to achieve the clinical outcome of the program. Both communities have critical basic needs for security, identity, and freedom that must be met. Neither side should feel pressured into capitulation or normalization. Without intentionally addressing the underlying historical issues of fear, grievance, and trauma, attempts at cooperation risk being undermined by these very factors. This risk is even higher during periods of heightened violence and political polarization.

Investment in research to better understand how health can be used to build trust and promote peace is more imperative than ever. Beyond building bridges between populations in conflict, such visionary joint healthcare programs pioneer an array of crucial efforts. They deliver healthcare to disadvantaged communities, build human capital among minorities, drive economic growth, and incorporate cutting-edge healthcare technologies (such as telehealth and AI) into accessible care.

Joint programs in conflict settings can serve as unofficial diplomatic efforts for peacebuilding and are especially important to maintain connections during periods where official relations are difficult or absent. Harnessing the health system to build trust will not only contribute to peacebuilding but can also contribute to improving health. Peace has been identified as a major determinant of health in the Health for Peace (HoPE) initiative, linking UN SDG 16 (peace, justice, and strong institutions) and SDG 3 (good health and wellbeing). Violence, political tensions, and security instability adversely affect the physical and mental health of people and health workers. popuations are healthier during times of peace; peace is central to achieving the well-being and ambitions of development and humanitarian community. The health sector is uniquely positioned as a major stakeholder in building trust and promoting lasting peace through conflict-sensitive programming.
Appendix A - Programs Description

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

The programs examined as part of this research are:

1. **Project Rozana: Women4Women** - physical and psychological treatments for Palestinian women and children in marginalized communities using telehealth.
3. **Project Rozana: Nurses Training** - clinical training and hub for Palestinian nurses in Israeli hospitals.
5. **Medical Wadi: Mother Tongue** - joint support group for mothers and babies.
6. **Rodina: Educational Program** - educational sessions on genetic diseases in Arab communities.
7. **Sheba Medical Center: Clinical Complementary Course** - training for Palestinians to be certified.
8. **Shaare Zedek Medical Center: Fellowship** - medical fellowship.
9. **Shaare Zedek Medical Center: TeleDoc** - teleconference medical consultations platform for Palestinian physicians from Gaza.
11. **Peres Center for Peace and Innovation: DevelopMed medical tours and workshops** - joint medical tours and workshops.
12. **Peres Center for Peace and Innovation: DevelopMed Case Management Nextwork** - joint case management.
13. **Peres Center for Peace and Innovation: DevelopMed Fellowships and Residency** - medical fellowships and residencies.
14. **The Road to Recovery: Driving services** - Israeli volunteers drive Palestinians from checkpoints in the West Bank and Gaza for treatments in Israeli hospitals.
15. **Kfar Qasem Health Innovation Center: Accelerator** - development of innovation in medicine.
Project Rozana: Women4Women

1. **Organization**: Project Rozana, in collaboration with Green Land Society for Health Development (GLSHD), a Palestinian NGO based in Hebron/Al-Khalil, and Sheba Beyond, a Virtual Healthcare ventured based in Ramat Gan.

2. **Organization's Mission**: to promote cooperation between Palestinians and Israelis in the field of healthcare - address barriers to healthcare through joint Israeli-Palestinian initiatives.

3. **Program's Mission**: Improved physical and psychological health of women and children in marginalized communities. Strengthened local women healthcare professionals delivering culturally-sensitive healthcare services, empowering their patients to make informed decisions about their health and the health of their children.

4. **Clinical Focus**: primary, reproductive, and women’s healthcare services, including pregnancy monitoring.

5. **Program Description**: Women4Women provides access to healthcare and preventive medicine education, for women and children in six isolated communities in the Hebron region of Area C. It employs a multidisciplinary team of women healthcare professionals (including gynecologists, GP, nurses, midwives, psychologists, physiotherapists, and nutritionists). who provide consistent and accurate diagnosis and timely care through the use of remote care devices. They collect data, share it through tele-health technology, and receive real time consultation from medical teams in Israel. They offer services such as ultrasound, fetal heart rate monitoring, blood pressure monitoring, and glucose checks, which enables access to diagnostic imaging, and early detection and treatment of various conditions, specifically related to pregnancy and women’s health.

6. **Type**: Cross Boarder

7. **Years Operated**: (-)

8. **Estimated Outreach per Year**: thousands of residents in six communities.

9. **Donors type**: Foundations, non-profit associations, and public hospitals in Israel


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

    (Dr. Hadeel Watad, Obstetrician and gynecologist, Sheba Medical Center).
12. **Additional Information:**
   - Women and children in rural communities in Area C of the West Bank have limited access to healthcare services due to military checkpoints, financial and transportation challenges, and cultural restrictions.
   - The program collects rich cross-sectional data to refine the project and ensure it is meeting the needs of the communities. It shares the data with regional health stakeholders to promote collaboration.
   - See [video about the program](#), an [article about the program](#) in Israeli media, more information in [Rozana's website](#), and the organization's [2022-2027 Strategic Plan](#).

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**Project Rozana: Physicians' Training**

1. **Organization:** Project Rozana, in collaboration with [Wolfson Medical Center](#) (Israeli public hospital).
2. **Organization's Mission:** To promote cooperation between Palestinians and Israelis in the field of healthcare - address barriers to healthcare through joint Israeli-Palestinian initiatives.
3. **Program's Goal:** To provide joint training in ATLS for Palestinian and Israeli physicians, improve trauma capacity in the region, while cultivating empathy between participants.
4. **Program Description:** Joint physicians two-day training in Advanced Trauma Life Support (ATLS). Fully funded, certified course. Palestinian and Israeli physicians are required to demonstrate high levels of professional cooperation and coordination during a modeled emergency.
5. **Clinical Focus:** ATLS is a mandatory qualification in over 80 countries, including Israel. This specialized training was previously unavailable to Palestinian doctors.
6. **Type:** Cross Borderer
7. **Years Operated:**
8. **Estimated Outreach per Year:** 120 Palestinians (two-day training every two months for 10 Palestinian and 10 Israeli physicians)
9. **Status:** /Post October 7th
10. **Donors type:** Foundations and public hospitals in Israel
11. **Available data:** Interviews with Ronit Zimmer, Rozana Project CEO, and several participating medical professionals, annual reports, programs evaluation reports, Inception Report from May 2023.
12. **Selected quote:** "It’s my first time working with Palestinian doctors, and I feel very comfortable talking to them in the future." (an Israeli Physician)
13. **Additional Information:**
   - **Goal #3/3:** "Increase cooperation between Israeli and Palestinian health professionals, creating a sustainable professional network."
   - **Key opportunity from the program summary report:** "Appealing to health issues enabled contact between and engagement with the participating groups and was key in encouraging personal involvement of the participants"
- **Impact:** "Cross-border network of 400 Palestinian and Israeli trauma physicians consulting in real time, based on professional, personal, and collective relationships."

- **Next:** The program leadership are considering adding at least another day to enhance personal networks, and to create an Alumni Program for participants with a potential online platform as a professional and personal means of communication and consultation (currently there is an annual conference for graduates and leaders in the trauma field).

- **Participating Israeli hospitals:** Hadassah – Jerusalem, Meir - Kfar Saba, Rabin - Petah Tikva, Rambam - Haifa, Shamir - Beer Yaacov, Sheba - Ramat Gan, Soroka - Beer Sheba, Ichilov - Tel Aviv, Wolfson - Holon

- **Participating Palestinian hospitals + # of participants in Q4 2022:** Al Ahli - Hebron (9), Al, Mezan Hebron (2), Al-Yamamah Hospital - Bethlehem (6), Arab Hospital, Group - Ramallah/Jenin/Nablus (6), Augusta Victoria Hospital - Jerusalem (1), Bethlehem Arab Society for Rehabilitation (6), H Clinic - Ramallah (9), Palestinian Medical Complex - Ramallah (6), Saint Joseph - Jerusalem (5)

- See [video about the program](#), the full [February 2023 evaluation report](#), and the organization’s [2022-2027 Strategic Plan](#).

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

**Figure 22:** Project Rozana: Physicians’ Training
**Figure 23:** Project Rozana: Physicians' Training: selected key insights from their internal evaluation report. Results from the program period October 1, 2022-January 31, 2023.

**SUSTAINABILITY**

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

- That they would keep in touch with physicians from the other side
- That they intended to continue working with physicians from the other side
- That the cooperation between the Ministries of Health (Israel, Palestine) is important

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**Key Challenges**

- The widespread lack of hope among Palestinians about their future is feeding a powerful anti-normalization call to stop all cooperation with Israel.
- Years of heightened conflict have seen a sharp spike in fear among both Palestinians and Israelis for their safety. This strongly discouraged cooperation.
- There were difficulties in obtaining Israeli permits for all the Palestinian participants.

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

1. **Organization:** Project Rozana, in collaboration with Nurses in the Middle East (a joint NGO).

2. **Organization's Mission:** to promote cooperation between Palestinians and Israelis in the field of healthcare - address barriers to healthcare through joint Israeli-Palestinian initiatives.

3. **Program’s Goal:** to address nursing gaps in specialist fields for 500 Palestinian and Israeli nurses from prominent healthcare institutions that serve highly populated urban centers.

4. **Program Description:** Clinical training for Palestinian nurses in Israeli hospitals and a Nursing Hub that facilitates online theoretical learning, language and peacebuilding training, joint research, and ‘training of trainers’ to ensure sustainability. The hub also facilitates ongoing case-sharing and real time consultations between the nurses to create a network of individuals skilled in health diplomacy.

5. **Clinical Focus:** ensure that Palestinians have access to high-quality diagnostic, clinical, and community health services, in specializations in fields such as ICU, nephrology, and oncology.

6. **Type:** Cross Boarder

7. **Years Operated:** 2022

8. **Estimated Outreach per Year:** 500 nurses from four Israeli and four Palestinian hospitals.

9. **Donors type:** USAID

10. **Available data:** Interviews with Ronit Zimmer, Rozana Project CEO, Inception Report from May 2023, and the agreement between Rozana and USAID for this project.

11. **Selected quote:** "My friend newly I find him, Yaric. Before I was looking to that person. I don’t know who, what he is thinking about. But after chatting, we going to each knowing each other. And this trust increased between each other, me and my colleague. On the other hand the fear barrier is gone. I hope this relationship continues in the future between us." (Yousseff, Augusta Victoria Hospital, East Jerusalem). "Yousseff was sitting next to me… Everybody needs the physical contact that we did here. Not just something from TV or posters or some media. The physical interaction gives you the real feeling about the other person." (Yaric, Assuta Ashdod Hospital).

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

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

Medical Wadi: Mother Tongue

1. **Organization Name:** Medical Wadi
2. **Organization's Mission:** Establishment and operation of a joint Jewish and Arab center to promote public health in the Wadi Aara area.
3. **Program's Mission:** integrate multi-cultural social support as a means for bridging emotional and practical deficiencies and build meaningful connections between Arab and Jewish women through the common thread of pregnancy and motherhood.
4. **Clinical Focus:** guidance and group support throughout pregnancy, delivery, and the immediate postpartum period
5. **Program Description:** 22-25 regular weekly meetings, each of a few hours. The groups are co-facilitated by an Arab and Jewish team of professionals who are focused on building a safe space for sharing and learning.
6. **Type:** Shared Society
7. **Years Operated:** 2019 - present
8. **Estimated Outreach per Year:** ~40-60
9. **Donors type:** foundations and municipalities
10. **Available data:** several interviews with Medical Wadi management and program's coordinator, pre and post survey from ~40 participants of two different groups, written testimonies, impact reports, and other internal written materials.
11. **Selected quote:** "if it wasn’t not for the program, it would have been more difficult for me to get out of depression. This feeling that I’m not alone, the support, the advice, the honest and deep conversations about everything! The possibility to understand that it is okay to also be a little sad and cowardly and stressed and afraid… - I had air to breathe." (a Jewish woman from Ra'anana, expecting her 1st child).
"The program was very meaningful for me, I looked forward to the meetings because I felt that they filled me with good and positive energy and gave me hope.” (Lana Mansour, Palestinian from Tira, Pelvic Floor Physical Therapist with specialties in Hypnobirthing).

"At a time when people in our country are losing hope, getting their foreign passports, planning an alternative; In a country where its citizens are passionate and attached to their homeland; Mother Tongue is an anchor of togetherness, bridging beyond conflicts, planting the seeds for a brighter future for generations to come." (Naama Goldman-Shwartz, Jewish from Pardes Hanna, Administrative Coordinator)

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

Rodaina: Rodaina Educational Program

1. Organization Name: Rodaina
2. Organization's Mission: to decrease the prevalence of genetic diseases in the Bedouin community in Israel through genetic testing and genetic literacy education.
3. Program's Mission: use health as a bridge to prosperity by making preventative treatment the best and easiest choice of action, while maintaining the values of health equality, respect for culture and accessible healthcare.
4. Clinical Focus: genetic diseases in the Bedouin community
5. Program Description: to raise awareness through a community-based approach, Arab doctors lead educational sessions about topics related to genetic diseases and provide related educational programming in Arab communities. The program activities are done in conjunction with existing community frameworks and is developing a system that includes genetic screening tailor-made for the Bedouin community. Rodaina's unique model is geared toward the testing of all Bedouin young adults before marriage, or at least before the first pregnancy, and the establishment of a Bedouin genetic database that identifies intended couples at risk so that they can make informed decisions about marriage and childbearing.
6. Type: Shared Society
7. Years Operated: 2016-present
8. Estimated Outreach per Year: hundreds of Bedouins in Israel
9. Donors type: foundations and private donors
10. Available data: interview with Dr. Yasmeen Abu Freiha and summary report from June 2023 with data collected by the program.
11. Selected quote: "The program is aimed at building trust in the health system. It's not about the individual level but rather it aims to build trust at the community level, through doctors and leaders who come from the community." Dr. Yasmeen Abu Freiha.
12. Additional Information:
• Approximately 1 in 10 Bedouins in Israel suffer from at least one severe genetic disease.
• With the majority of the organization’s staff and volunteers themselves Bedouins who have grown up in the communities which they now serve, Rodaina is respected by the community and its leadership, and offers a trusted and empowering alternative to failed institutionally initiated genetic screening projects.

Impact: Willingness to undergo IVF

Survey participants expressed a high degree of willingness to go through In Vitro Fertilization when the risk of genetic disease is elevated. 34% of all those surveyed stated that they would fully consent to IFV; among the Bedouin population that figure was 47-54%.

Figure 25: An example of the results from the Rodaina’s report, June 2023
Sheba Medical Center: Education Authority Clinical Complementary Course

1. Organization Name: The Education Authority of Sheba
3. Clinical Focus: 1) Deliver comprehensive theoretical and practical expertise across key core disciplines in medical education: internal medicine, surgery, pediatrics, obstetrics and gynecology, and psychiatry; 2) Acquiring a nuanced understanding of the Israeli healthcare system.
4. Program Description: This intensive one-year training program is designed to assist Palestinian citizens of Israel who have obtained their medical degrees abroad in completing the necessary training for certification to practice medicine within Israel. The program encompasses rigorous theoretical and practical training, aiming to significantly augment the number of certified Arab doctors able to serve their communities and integrate into the Israeli healthcare system.
5. Type: Shared Society
6. Years Operated: 2020-present (continues during the war after a short break)
7. Estimated Outreach per Year: 40 Palestinian-Israeli doctors (17 pass the bar in the first year of the program)
8. Donors type: Foundations
9. Available data: Interview with Prof. Gadi Segal, Head of the Sheba Education Authority, interview with Vered Robinzon, Deputy Director General of the Sheba Education Authority, result of a survey designed for this research (only 11 responses out of 80).
10. Selected quote: "Since I started the course, I'm spending most of my time at Shiba. What you talk about in the Teaching Authority regarding coexistence, I also experienced at the hospital. Thanks to you and thanks to investment and perseverance on my part, I will be a better doctor." (survey responder)
   "The course was intended for pure studies. It would have been possible to add planned meetings and regular meetings so that both parties could participate and express themselves or what they had experienced in the last period and discuss it with an open mind. Perhaps it would have given more space to include each other and understand each other, because the potential is there, just need someone to guide it correctly." (survey responder)
11. Additional Information:
Clinical Complementary Training - Post Program Survey Results

- Made me feel that Israeli Jews better understand me and my point of view
- Made me understand/reinforced my understanding that a certain topic can be seen from several different angles
- Increased my willingness to listen to the feelings and attitudes of Israeli Jews
- Increased my willingness to share my feelings and attitudes with Israeli Jews
- Made me more optimistic about the prospect of a positive shared future for Arabs and Jews in Israel
- Increased the importance of investing in enabling co-existence for Arabs and Jews in Israel

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

Figure 27: joint physicians training.
Figures 28 and 29: results of a post-program survey administered by the author.
Shaare Zedek Medical Center: Fellowships

1. **Organization Name:** Shaare Zedek Medical Center
2. **Organization's Mission:** to serve as a comprehensive multi-disciplinary medical center, offering advanced services in numerous specialties.
3. **Program's Goal:** Provide Palestinian doctors with specialized professional training to deepen their expertise in a subspecialty, enabling them to become experts in a specific area of medicine that is currently lacking in the West Bank.
4. **Clinical Focus:** training for medical school graduates after completing their residency to become a specialist in their chosen field of medicine.
5. **Program Description:** during the 3-year medical fellowship, the Palestinian physician works daily with a specialist, usually in close teams of 2 fellows with a senior doctor in the same department, to deepen their experience and knowledge of their subspecialty. The idea is that these Palestinian doctors will return to the West Bank (hopefully to the public hospitals and not to the private clinics) with needed expertise to improve the Palestinian health system and performance.
6. **Type:** Cross Boarder
7. **Years Operated:** -present (in March, the first program since the war started, 60 doctors applied for a fellowship, compared to 140 who applied last year).
8. **Estimated Outreach per Year:** 10-12
9. **Donors type:** private donors to the hospital, Shaare Zedek Medical Center, and foundations
10. **Available data:** interviews with Prof. Dan Turner, Vice President of Research and Development and Innovation | Director of the Juliet Kiden Institute for Gastroenterology, Liver and Pediatric Nutrition | Director of the Anne and Joe Turner Children’s Crohn’s and Colitis Center, Shaare Zedek Medical Center
11. **Selected quote:** "One of my former interns has risen to become a senior doctor. Despite his new role, he remains part of my department on a part-time basis, seeking continued support from the hospital. He once shared with me, "Dan, you show more care for the Palestinians than any Palestinian leader." This connection is genuine. What truly opened my heart were the field clinics in the West Bank. I’ve taken this experience into the hospital. Healthcare serves as a beautiful platform to facilitate direct encounters that make such connections possible." (Prof. Dan Turner)
12. **Additional Information:** (-)

![Figure 30: physicians training](image-url)
Shaare Zedek Medical Center: TeleDoc

1. Organization Name: Shaare Zedek Medical Center
2. Organization's Mission: to serve as a comprehensive multi-disciplinary medical center, offering advanced services in numerous specialties.
3. Program's Goal: to allow intuitive and readily accessible peer to peer consultations on challenging cases in order to:
   1) Allow medical consultations to those who cannot exit Gaza for face-to-face medical consultations.
   2) Facilitate capacity building and knowledge translation of medical expertise within Gaza through specific cases.
   3) To decrease the need for expensive and cumbersome transfer of patients between jurisdictions.
4. Clinical Focus: various medical expertise according to changing needs. Medical disciplines of the consultation include various areas of orthopedics, neurology, oncology, neurosurgery, gastroenterology, spine, genetics, medical nutrition, metabolic diseases, and endocrinology.
5. Program Description: TELEDOC is a teleconference medical consultations service for Gaza physicians. It is based on requests made by clinicians from Gaza regarding specific cases. A full-time coordinator in Israel/west bank and a part-time coordinator in Gaza ensure rapid and complete response to requests. The consultation is made only with top experts from Palestine, Israel and globally. Relevant documents and images are provided ahead of the consultation. All requests are documented on a CRM-like system and managed by the coordinators until the consultation is complete, including follow-up of the recommendations, assistance in obtaining medication or access to advanced medical services when required.
6. Type: Cross Boarder
7. Years Operated: 2019-2021 (was halted following an IDF military operation in Gaza).
8. Estimated Outreach per Year: ~30 Palestinian physicians from Gaza. During the first 6 months, 63 Jewish-Israeli physicians, 31 physicians from Gaza (from five hospitals and one medical Gaza NGO) and 32 physicians from West Bank of multiple subspecialties volunteered. 61 medical consultations were conducted within the system.
9. Donors type: private donors to the hospital, Shaare Zedek Medical Center, and foundations
11. Selected quote: (-)
12. Additional Information:
   - Twenty (32%) of the cases were for children, infants and newborns, and 64% were for females.
   - In the project's initial stages, attempts were made to operate on a software platform. They devised specialized software intended to facilitate communication between doctors in Gaza and those in Israel and the West Bank. However, this
endeavor proved immensely challenging. The unreliable electricity supply and intermittent internet connectivity rendered the approach unfeasible.

- As part of the program, a doctor sought advice from a colleague, and upon the coordinator’s connection, they established direct communication. This initial interaction evolved into enduring professional relationships that extended beyond the project’s scope. Many of the collaborations between the specific physicians successfully continued regarding new cases outside TELEDOC once the contact has been made by our coordinators (stats on these contacts are thus unavailable). Clinical follow-ups proceeded, with ongoing consultations becoming routine in some cases.

- In critical cases, Gazan doctors asked to referred patients to Israeli hospitals, seeking assistance in coordinating donations, entry permits, and costly medications. Facilitating arrival of Palestinians from Gaza to treatments in Israel (including coordination with the hospital, scheduling the appointment, obtaining permit from the Israeli army, obtaining funding and collaborating with other philanthropic organizations to provide transportation from Gaza within Israel and the West Bank) also became an integral component of the project’s activities.

- Of all 61 consultations documented, 19 were eventually transferred to hospitals in Israel. Program administrators shared that there were some meaningful successes, but navigating the process of obtaining permits has been challenging and incredibly frustrating.

- Over 75% of the consultations resulted in change of medications, many of which unavailable in Gaza. Thus, in cooperation with local NGO Associations, medicines were transferred to 41 patients within Gaza.

- From the program’s report: "Beyond the assistance to dozens of specific cases who received better medical care, TELEDOC facilitates capacity building of improved medical system in the macro level by fostering peer to peer working collaboration and enhancing medical education and teaching through challenging cases."

St. Joseph Hospital: Labor & Delivery

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

1. Organization Name: Peres Center for Peace and Innovation: DevelopMed

2. Organization's Mission: to promote opportunities for practical joint action and constructive dialogue on shared challenges, with the goal of laying the foundations for peace between Israel and its neighbors across the region. The DevelopMed program will enhance the frequency and quality of Israeli-Palestinian medical cooperation by establishing new channels for sustainable person-to-person and institutional dialogue, policy assessment, capacity building, and direct patient care.
3. **Program’s Mission:** to promote greater understanding, mutual trust, and cooperation through Israeli and Palestinian partnerships that address common social development challenges by harnessing shared interest in medical issues of common concern to promote a culture of peace, build mutual trust, change mindsets, and facilitate cooperation between Israeli and Palestinian medical teams, patients, families, and other.

4. **Clinical Focus:** capacity building and practical medical cooperation in a variety of advanced medical specialties

   **Program Description:** joint activities including reciprocal medical tours and workshops and both long- and short-term training fellowships for Palestinian medical personnel in advanced medical specialties.

5. **Type:** Cross Boarder

6. **Years Operated:** 15

7. **Estimated Outreach per Year:** ~50

8. **Donors type:** USAID and foundations

9. **Available data:** interviews and some reports

10. **Selected quote:**

11. **Additional Information:**

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

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`Figure 31: information about DevelopMed program from Peres Center's impact report`
Peres Center for Peace and Innovation: DevelopMed Case Management Nextwork

1. **Organization Name:** Peres Center for Peace and Innovation DevelopMed
2. **Organization's Mission:** to promote opportunities for practical joint action and constructive dialogue on shared challenges, with the goal of laying the foundations for peace between Israel and its neighbors across the region. The DevelopMed program will enhance the frequency and quality of Israeli-Palestinian medical cooperation by establishing new channels for sustainable person-to-person and institutional dialogue, policy assessment, capacity building, and direct patient care.
3. **Program's Mission:** to promote a sustainable Israeli-Palestinian network for joint case management, and when necessary, cross-border patient care.
4. **Clinical Focus:** Cross-Border Network for Complex Case Management
   **Program Description:** the program builds Medicine in the Service of Peace “Community of Practitioners” of Israeli and Palestinian medical professionals, promoting innovation, developing human capital, and enabling cross-border networking, engagement and dialogue.
5. **Type:** Cross Boarder
6. **Years Operated:** 15
7. **Estimated Outreach per Year:**
8. **Donors type:** USAID
9. **Available data:** interviews and some reports
10. **Selected quote:** (-)
11. **Additional Information:** (-)

Peres Center for Peace and Innovation: DevelopMed Fellowships and Residency

1. **Organization Name:** Peres Center for Peace and Innovation DevelopMed
2. **Organization's Mission:** to promote opportunities for practical joint action and constructive dialogue on shared challenges, with the goal of laying the foundations for peace between Israel and its neighbors across the region.
3. **Program's Mission:** provide support for Palestinian residents and fellows
4. **Clinical Focus:** (-)
5. **Program Description:** The program allows outstanding Palestinian medical professionals to receive professional training in Israel lasting several years, with each doctor assigned a mentor - a senior Israeli doctor. The Palestinian doctors become an integral part of the staff of the Israeli hospital that hosts them. At the end of their training, the doctors return to the hospitals that referred them to the project and lead the Palestinian health system.
6. **Type:** Cross Boarder
7. **Years Operated:** 15
8. **Estimated Outreach per Year:** 10-20
9. **Donors type:** USAID
10. **Available data:** interviews and some reports
11. **Selected quote:** (-)
12. **Additional Information:** (-)
Building Cross-Border Partnerships and People-To-People Connections Through Medicine, Business, and Entrepreneurship

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

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

The Road to Recovery:

Kfar Qasem Health Innovation Center: Accelerator for HealthTech
Physicians for Human Rights: Mobile Clinic

1. Organization Name: Physicians for Human Rights Israel (PHRI)
2. Organization's Mission: reveal barriers to health posed by the occupation’s military and civilian arms, fight both specific violations and the oppressive policy itself.
4. Clinical Focus: primary healthcare
5. Program Description: the Mobile Clinic has traveled to the West Bank every Saturday (and since November following additional restrictions of the war, also every Tuesday) to provide primary healthcare to hundreds of patients. In its activity, the clinic combines medical work with the struggle against occupation and its implications on health.
6. Type: Cross Boarder
7. Years Operated: 1988-present
8. Estimated Outreach per Year: 20,000 Palestinians in the West Bank
9. Donors type: foundations and private donors
10. Available data: interview with Prof. Raphael (Raphi) Walden, president of the Physicians for Human Rights Association, interviews with several doctors who volunteer with the mobile clinic, and program website.
11. Selected quote: "Beyond the medical dimension, our efforts foster understanding, cooperation, and friendship, resonating deeply with thousands of individuals. In one day like this, we reach the hearts of thousands of Palestinians. For many of them, this is the first time that they encounter an Israeli Jew who is not a soldier, settler, or member of the Shin Bet. This interaction forms a remarkable microcosm of mutual understanding, goodwill, and positive connections. Several months ago, we were in a refugee camp in the northern part of the West Bank, that is known for its hostility. At the end of the day, the head of the refugee camp who is the local sheikh (wearing traditional attire) extended his gratitude to me, and I thanked him back. Then, unexpectedly, the sheikh approached me and hugged me. It was unbelievable that the sheikh of this camp would hug an Israeli-Jew." (Prof. Raphi Walden)
12. Additional Information:
   - The organization consists of 3000 volunteers, about half of them are medical professionals.
   - At the start of each day of the Mobile Clinic operation, the clinic staff convenes for a "background meeting" with the local leaders. The locals share their community’s daily experiences and discuss recent challenges, providing crucial insight. At the end of each such day, a joint feast takes place, with the local community hosting the doctors and clinic staff as a gesture of appreciation for their work. These are opportunities to learn about the Palestinians experiences beyond the medical treatment.
   - Following Israel’s prohibition on the entry of Palestinian workers to Israel post the attack of October 7th, around 170,000 Palestinians lost their jobs. These restrictions have exacerbated further the cycle of poverty. This downturn has direct implications for the health of West Bank Palestinians. In response to the...
escalating demand, the organization doubled the operation of the mobile clinic, now operating twice a week (on Saturdays and Tuesdays).

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

Figure 33: a picture of a field clinic truck
## Appendix B - List of Interviews

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<td>Ronit Zimmer</td>
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<td>CEO</td>
<td>7/25/2023</td>
</tr>
<tr>
<td>Shady Zaid</td>
<td>Medical Wadi</td>
<td>Executive Director</td>
<td>7/31/2023</td>
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<tr>
<td>Naama Goldman</td>
<td>Medical Wadi</td>
<td>Program Director</td>
<td>8/17/2023</td>
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<td>Yarden Leal</td>
<td>Peres Center</td>
<td>Deputy Director</td>
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<tr>
<td>Rachel Hadari</td>
<td>Peres Center</td>
<td>Program Director</td>
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</tr>
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<td>Yasmin Simhony</td>
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<td>Executive Director; Health Policy</td>
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<tr>
<td>Dr. Galia Barkai</td>
<td>Sheba</td>
<td>Director of Sheba BEYOND</td>
<td>8/22/2023</td>
</tr>
<tr>
<td>Mohamad Abo Nada</td>
<td>Kfar Kassem health innovation center</td>
<td>Executive Director</td>
<td>10/3/2023</td>
</tr>
<tr>
<td>Prof. Gadi Segal</td>
<td>Sheba</td>
<td>Head of the Sheba Education</td>
<td>11/13/2023</td>
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<tr>
<td>Vered. Robinzon</td>
<td>Sheba</td>
<td>Deputy Director at The Education Authority</td>
<td>12/24/2023</td>
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<tr>
<td>Prof. Amitai Ziv</td>
<td>Sheba</td>
<td>Deputy Director</td>
<td>11/19/2023</td>
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<tr>
<td>Dr. Maher Deeb</td>
<td>Saint Joseph Hospital</td>
<td>Medical Director</td>
<td>12/7/2023</td>
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<tr>
<td>Hezi Kalo</td>
<td>BTI</td>
<td>Health Group</td>
<td>12/13/2023</td>
</tr>
<tr>
<td>Prof. Dan Turner</td>
<td>Shaare Zedek Medical Center</td>
<td>Director of the Pediatric Gastroenterology and Nutrition</td>
<td>12/28/2023</td>
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<tr>
<td>Prof. Rafi Walden</td>
<td>Physicians for Human Rights</td>
<td>Field Clinic</td>
<td>3/27/2024</td>
</tr>
<tr>
<td>Dr. Nour Abdelhadi Shahbri,</td>
<td>Israeli Ministry of Health</td>
<td>Head of the Arab Society Health Plan Implementation</td>
<td>4/3/2024</td>
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</tbody>
</table>
Appendix C - Survey Questions

(Translated freely from Hebrew/Arabic)

1. I participated in the program during the years
   - 2021-2022
   - 2022-2023
   - 2023-2024

2. Gender
   - Woman
   - Man
   - Other: ___

3. Age
   - 20-25
   - 25-30
   - 30-35
   - 25-40
   - 40-45

4. To which extent you had connections/relations with members of the other group (Jewish Israelis/Palestinians) before participating in the program?
   - Not at all - this is my first meeting with Israeli Jews
   - To a low extent - before the program I had a limited acquaintance with a small number of Israeli Jews
   - To a certain extent - before the program I had a certain acquaintance with a few Israeli Jews with whom I met quite a few times
   - To a high extent - before the program I got to know many Israeli Jews in depth, we met on a large number of occasions and settings

5. How well did you get to know members of the other group (Jewish Israelis/Palestinians) in the program?
   - Not at all
   - To a low extent
   - To a certain extent
   - To a high extent
   - Other: ___

6. To which extent your interaction with members of the other group (Jewish Israelis/Palestinians) during the program was positive?
   - Not at all
   - To a low extent
   - To a certain extent
   - To a high extent
   - Other: ___

7. To which extent do you feel that you built strong relationships with members of the other group (Jewish Israelis/Palestinians) during the program?
   - Not at all - I don’t have any professional/social connections built during the program with Israeli Jews
To a low extent - I have a small number of connections built during the program with Israeli Jews
To a certain extent - I have several connections built during the program with Israeli Jews, with whom I may maintain professional/social contact in the future
To a high extent - I have several strong relationships built during the program with Israeli Jews, people with whom I will maintain a professional/social relationship over time
Other: ___

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

8. Made me feel that Israeli Jews better understand me and my point of view (1-5)
9. Increased my willingness to share my feelings and attitudes with Israeli Jews (1-5)
10. Increased my willingness to listen to the feelings and attitudes of Israeli Jews (1-5)
11. Made me understand/reinforced my understanding that a certain topic can be seen from several different angles (1-5)
12. Increased the importance of investing in enabling co-existence for Arabs and Jews in Israel (1-5)
13. Made me more optimistic about the prospect of a positive shared future for Arabs and Jews in Israel (1-5)

14. Would you recommend the course to your friends also as a basis for creating diverse relationships with team members at the hospital?
   ▪ Yes
   ▪ No
   ▪ Other: ___

15. If there is anything else you would like to share on the topic of research and building trust between nations, we would be happy to hear it.
Appendix D - Analysis Description

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

1) **Beneficiaries’ (participants) ethno-national identities** - the percentage of Arab participants in the program was normalized using a parabola formula in which 50% is translated to a score of 5, and 0% and 100% translated to a score of 1. This logic was applied to highlight programs of more equal nature, in which 50% of the participants are Palestinians and 50% are Jewish Israelis.

2) **Staff and operators’ ethno-national identities** - same logic was applied.

3) **Leadership ethno-national identities** - same logic was applied.

4) **A subjective assessment of the joint and equal nature of each program** - this categorial scoring was used in the analysis as is (1-5).

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

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

1) **Program total length** - the duration of the program in weeks was divided by 10 to normalize the scale to be closer to the 1-5 scale and minimize outliers.

2) **Number of interactions** - same logic was applied.

3) **Duration of each interaction** - same logic was applied.

4) **Frequency of interactions** - number of weeks with interactions per month was used in the analysis as is (1-4).

5) **A subjective estimation of how powerful/meaningful this experience is in the participants’ lives** - this categorial scoring was used in the analysis as is (1-5).

6) **A subjective estimation of the intensity of the interactions** - this categorial scoring was used in the analysis as is (1-5).

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

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

1) **Time dedicated to dialogue and learning about the other** - was measured by absolute number of hours spent and percentage of time spent out of the entirety of the program. The product of these two numbers was used as a normalization method to
minimize outliers, while increasing the score for programs which spend more hours and a bigger percentage of their time on dialogue and learning.

2) **A subjective assessment of the program’s investment in maintaining relations for the long term** - this categorical scoring was used in the analysis as is (1-5).

3) **A subjective assessment of the intentional and explicit mentions to work towards trust building** - this categorical scoring was used in the analysis as is (1-5).

4) **A subjective estimation of the extent to which there are deliberate interventions and activities aimed at building trust** - this categorical scoring was used in the analysis as is (1-5).

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

The factor scores were then validated by several experts in the field, who view them independently to compare each score relative to other programs’ score. The expert considered each score in relation to the intuitive *relative strengths* and effectiveness of the program.
Appendix E - Code Used for Analysis

```plaintext
clear all
set more off
set more, permanently
set usearchivemgmt off
set matamark index global path "C:\Users\Yourname\Documents\Research\Data"

reg trust_score equity
graph twoway (lfit trust_score equity) (scatter trust_score equity)
reg trust_score intensity
graph twoway (lfit trust_score intensity) (scatter trust_score intensity)
reg trust_score intentionality
graph twoway (lfit trust_score intentionality) (scatter trust_score intentionality)
reg trust_score average score
graph twoway (lfit trust_score average score) (scatter trust_score average score)
frame create frame1
frame frame1
set obs 250
gen Variable1= ""
gen Variable2= ""
gen Reg_equity= ""
gen StDrf_equidity= ""
gen p_value_equidity= ""
gen Reg_intensity= ""
gen StDrf_intensity= ""
gen p_value_intensity= ""
gen Reg_intentionality= ""
gen StDrf_intentionality= ""
gen p_value_intentionality= ""
gen Reg_average_score= ""
gen StDrf_average_score= ""
gen p_value_average_score= ""
local condition 1=1
forval i=1/100

capture nempty: corr trust_score equity if "condition"'

//Insufficient observations error loop
if !inlist(c(rc), 2000, 2001)
frame frame1
replace Variable1= "Insufficient Observations" in 'c'
frame frame1
replace Condition= "" in 'c'
if 1 in (rc)

regfrese trust_score equity if "condition"'
local b = cond(r(table)[4,1], 1, 0.01, "di %3.3f -=(table)[1,1]***", cond(r(table)[4,1], 1, 0.05, "di %3.3f -=(table)[1,1] **", cond(r(table)[4,1], 1, 0.1, "di %3.3f -=(table)[1,1] *", "di %3.3f =-(table)[1,1] "))
frame frame1
replace Reg_equity= "b" in 'c'
frame frame1
replace StDrf_equity= r(table)[2,1] in 'c'
frame frame1
replace p_value_equity= r(table)[4,1] in 'c'

regfrese trust_score intensity if "condition"'
local b = cond(r(table)[4,1], 1, 0.01, "di %3.3f -=(table)[1,1]***", cond(r(table)[4,1], 1, 0.05, "di %3.3f -=(table)[1,1] **", cond(r(table)[4,1], 1, 0.1, "di %3.3f -=(table)[1,1] *", "di %3.3f =-(table)[1,1] "))
frame frame1
replace Reg_intensity= "b" in 'c'
frame frame1
replace StDrf_intensity= r(table)[2,1] in 'c'
frame frame1
replace p_value_intensity= r(table)[4,1] in 'c'

regfrese trust_score intentionality if "condition"'
local b = cond(r(table)[4,1], 1, 0.01, "di %3.3f -=(table)[1,1]***", cond(r(table)[4,1], 1, 0.05, "di %3.3f -=(table)[1,1] **", cond(r(table)[4,1], 1, 0.1, "di %3.3f -=(table)[1,1] *", "di %3.3f =-(table)[1,1] "))
frame frame1
replace Reg_intentionality= "b" in 'c'
frame frame1
replace StDrf_intentionality= r(table)[2,1] in 'c'
frame frame1
replace p_value_intentionality= r(table)[4,1] in 'c'

regfrese trust_score average score if "condition"'
local b = cond(r(table)[4,1], 1, 0.01, "di %3.3f -=(table)[1,1]***", cond(r(table)[4,1], 1, 0.05, "di %3.3f -=(table)[1,1] **", cond(r(table)[4,1], 1, 0.1, "di %3.3f -=(table)[1,1] *", "di %3.3f =-(table)[1,1] "))
frame frame1
replace Reg_average_score= "b" in 'c'
frame frame1
replace StDrf_average_score= r(table)[2,1] in 'c'
frame frame1
replace p_value_average_score= r(table)[4,1] in 'c'
}
```

Building Trust Through Joint Healthcare
Appendix F - Work Cited

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