**The Epidemiology of the Peace and Normalization Processes in the Middle East:**

**The Role of Public Health Considerations in Diplomatic Peace Negotiations**

**Summary**

Amidst the COVID-19 global outbreak and growing internal and international unrest in 2020, the Middle East region nonetheless attained an extraordinary achievement: the Abraham Accords. Among the many opportunties these normalization and peace agreements, signed by the State of Israel, the United Arab Emirates, Bahrain, Sudan and Morocco offer is that of studying the significant role public health considerations could and perhaps should play in diplomatic peace negotiations. Using the Abraham Accords as one of several case studies, this research will explore normative and constructive attributes of the role of public health issues in multilateral peace processes, and examine how countries and international organizations formally and informally use public health arguments when promoting peace initiatives. The research’s analysis should provide unique insights into the impact of public health rationales in peace negotiations. To identify which factors contribute to or impede the effectiveness of health-based arguments, the research will apply both theoretical and practical perspectives to examine the dispute framing and strategies employed by diverse players in the international arena. In this way, the project will be better equipped to achieve its two purposes. First, this study aims to fill the current gaps in the nascent literature on the nexus of public policy, international relations, and public health using a data-based, in-depth multidisciplinary approach. Second, this research seeks to provide practitioners and policymakers with concrete tools and mechanisms that can be applied to fostering regional stability and peace.

**Introduction**

*“Our world faces a common enemy: COVID-19. The virus does not care about nationality or ethnicity, faction or faith. It attacks all, relentlessly. Meanwhile, armed conflict rages on around the world...*

*The fury of the virus illustrates the folly of war. That is why today, I am calling for an immediate global ceasefire in all corners of the world. It is time to put armed conflict on lockdown and focus together on the true fight of our lives.*

*... This is crucial — to help create corridors for life-saving aid. To open precious windows for diplomacy. To bring hope to places among the most vulnerable to COVID-19.*

*Let us take inspiration from coalitions and dialogue slowly taking shape among rival parties to enable joint approaches to COVID-19. But we need much more.”[[1]](#footnote-1)*

The global spread of COVID-19 has evoked growing concern in the international arena that parties to armed conflicts could exploit the virus or its effects to gain strategic, political, military, and/or economic advantages. Scholars have already reported several recent cases in which conflict-ridden states not only tended to be more vulnerable to the health risks of the pandemic but also to the risk of violent escalations and ‘Coronavirus Coups.’[[2]](#footnote-2)

In contrast to these bleak scenarios, the State of Israel has succeeded in signing a series of normalization and peace agreements with the United Arab Emirates, Bahrain and Sudan, as well as resume diplomatic relations with Morocco, notwithstanding rising public dissatisfaction and internal political instability engendered by the government’s management of the ongoing pandemic.[[3]](#footnote-3) These agreements have already led to substantive diplomatic and economic advances in the region, and are also intended to encourage additional normalization dialogues between Israel and other Arab countries, which could ultimately lead to a regional multilateral alliance.[[4]](#footnote-4)

The media ascribes the timing and content of the Abraham Accords to defense interests, their proximity to the U.S. elections, and the political-personal motives of the leaders involved.[[5]](#footnote-5) However, a more comprehensive analysis, beginning with a textual examination of the agreements, is required to gain meaningful insights into the substance and significance of these near-tectonic diplomatic developments. Beyond their clear mutual interests in fostering economic, trade and investment cooperation in the future,[[6]](#footnote-6) the signatories of the accords shared another notable field of collaboration, as emphasized in the language of the Accords by its context and the use of past tense:

The Parties welcome progress made in cooperation between them regarding the treatment of, and the development of vaccine for, the Covid-19 virus, as a sign of the tremendous potential for cooperation between them in the healthcare sphere.[[7]](#footnote-7)

Indeed, this is not the first time when health officials in the Middle East, faced with a public health threat, overcame ideological differences and collaborated in detecting, diagnosing, treating, and monitoring infectious diseases.[[8]](#footnote-8) Furthermore, health-related cooperation has occurred in other ‘conflict-prone or resource-poor regions’, such as the Mekong River Basin, East and South Africa, and the Balkans.[[9]](#footnote-9)

However, whereas the cooperation in the above-mentioned cases was limited in scope and duration, and meant solely to address a specific public health challenge, the Abraham Accords reveal a broader, more long-term cooperation in the healthcare arena which also extends into other related areas. Inevitably, this health-associated collaboration will have profound regional implications on matters of security, stability and development.

The comprehensiveness and unique format of the Accords, together with the extraordinary timing of the signing, at the peak of the vaccine race and amid continuing international uncertainty regarding the appropriate response to the virus, give rise to the question of what was the role, if any, of public health determinants in shaping and arriving at the Abraham Accords.

**Research Questions**

This research focuses on the role public health considerations play in multilateral diplomatic negotiations in the course of peace and normalization processes. Can engaging in direct or indirect public health debates during such negotiations create, accelerate or perhaps impede these processes? Alternatively, are public health issues simply irrelevant in the context of peace processes?

In addressing these questions, this research will explore how countries, through their diplomatic representatives, and international players, such as the World Health Organization and UN agencies, use public health arguments (formally and informally) to promote peace initiatives and secure regional stability.

The research will also examine the strategies and dispute-framings chosen by diplomats, international organizations and policy makers during the negotiations from both theoretical and practical perspectives in order to identify which factors contribute to or undermine the effectiveness of raising public health concerns in peace negotiations.

**Literature Gap**

Recent transformations in diplomats’ traditional functions have contributed to a growing acknowledgement of the need for a more evolved analysis of diplomatic practice as a distinct policy sphere, and recognition of its unique applied tools, defined terminology, general context and intersecting policy fields. In this context, the connection between public health and peace has been studied and analyzed through the lenses of the conceptual theories of Medical Diplomacy,[[10]](#footnote-10) Global Health Diplomacy,[[11]](#footnote-11) and, recently, Disaster Diplomacy[[12]](#footnote-12) and Vaccine Diplomacy.[[13]](#footnote-13)

However, the discussion has remained mostly at the theoretical level, and scholars concede the current limitations of their research, which has not yet applied any empirical tools or engaged in long-term, in-depth analysis.[[14]](#footnote-14) As a consequence, there are not yet any data-based findings as to whether or not there is any causal link between raising public health matters and advances in peace negotiations.

Moreover, although numerous scholars in a variety of fields have begun focusing on the effectiveness of peace negotiations and agreements,[[15]](#footnote-15) there remains a conspicuous gap in research regarding the efficacy of raising matters unrelated to security or economic arrangements during the diplomatic process. Specifically, while the potential importance of public health as one of the bases for normalization is indeed consequential for states, diplomats, and international organizations pursuing peace negotiations, no multi-disciplinary research has yet to be conducted on this question.

**Research Purpose and its Significance**

The purpose of the research is twofold:

*First*, to develop a multi-disciplinary, data-based understanding of the nuanced interrelationships between peace and public health in the post-COVID-19 world. Today’s academic literature lacks an in-depth, long-term analysis of the question of whether or not there are causal links between global health objectives and the initiation or advancement of long-lasting, more comprehensive peace efforts. This research aims at supplementing these gaps in the theoretical and empirical research on the nexus of conflict resolution, foreign and public policy, peace and security, and public health.

*Second*, to provide national and international players in these fields with practical, research-based tools by identifying and determining the effectiveness of different methods and strategies for promoting global health and peace. I anticipate that upon conclusion, this research will serve as a source of effectual policy tools and mechanisms for practitioners and policymakers engaged in the spheres of peace and public health.

Even before the global outbreak of COVID-19, the need to bolster the still developing theoretical and practical approaches in the literature on the correlation between public health and peace was critically apparent. Now, the pandemic’s current and future ramifications, coupled with growing unrest worldwide, makes this proposed project even more urgent and imperative, especially for governments and other interested parties in the Middle East seeking to maintain and even expand their normalization and peace efforts.

**Methodology**

The research methodology relies primarily on qualitative analysis and systematic comparisons of carefully selected case studies, including the recent Abraham Accords.

The relevant data will be gathered using a number of research instruments: in-depth questionnaires and interviews with policymakers, diplomats, and officials who actively participated in peace and health-related discussions and/or their preparations; extensive archival research of protocols, public summaries of meetings, legally binding agreements, press releases, and other formal documents; academic and professional commentaries on the selected case studies and their theoretical analysis; and a thorough analysis of media coverage of the case studies.

 The research will also include observational and empirical elements to ensure that it can produce practical, applicable results that have beeen tested at the international level, where the research seeks to effect a change. To this end, I plan to design and conduct a policy experiment at a suitable international organization, or within the Israeli Foreign Service.

My language skills and close familiarity with the field and its key players will enable me to better identify the relevant interviewees and research subjects, as well as gain direct access to them. Given the nature of the case studies, my unique insights into and access to close-knit and usually insular, inpenetrable professional networks could prove invaluable to the research, appreciably increasing its likelihood of success in the field and its ability to make any necessary modifications and adjustments to the resulting policy implications.

During my studies for a Master in Public Policy and my work in the Israeli government, I conducted a number of research projects using the above research methods. Nonetheless, prior to the DPhil program, I intend to enhance my proficiency in research methods by attending online academic classes. These skills will be further honed during the first two years of the DPhil programme.

**Time Table (Tentative)**

**First Year**

* Acquiring advanced research methods techniques by participating in selected courses suggested by the academic supervisor and DPhil Research Development Seminar series.
* Sharpening the research policy questions based on extensive reading and interviews with academics and professionals from several disciplines, including public policy, international law, international relations, and public health, as well as officials from international organizations.
* Developing and structuring the research methodology, including finalizing the core case studies selection.
* Refining the research proposal and submitting it for the Transfer Status Milestone.

**Second Year**

* Further refining and augmenting my research skills through the incomparable academic curriculum of the Blavatnik School and the greater community of Oxford University.
* Conducting extensive research and analysis of the selected case studies.
* Becoming involved at the Oxford Institute for Ethics, Law and Armed Conflict, and actively participating at the Oxford Programme on International Peace and Security.
* Performing a policy experiment at a relevant, prominent international organization, such as the Health as a Bridge for Peace project at the World Health Organization, or a governmental entity, such as the Israeli Diplomatic Service. This endeavour should enable me to gain a more practical perspective and make the required adjustments to the research, thereby increasing the compliance of its subjects.

**Third Year**

* Finalizing and reviewing the dissertation.
* Seeking feedback from scholars and the study’s subjects: policy makers, international organizations officials and the diplomatic community
* Submitting the project for the Confirmation of Status milestone.

**Bibliography**

1. <https://www.un.org/press/en/2020/sgsm20018.doc.htm> [↑](#footnote-ref-1)
2. Harvard, 228-230 [↑](#footnote-ref-2)
3. [↑](#footnote-ref-3)
4. <https://www.inss.org.il/he/publication/abraham-accord-behind-the-scenes/> [↑](#footnote-ref-4)
5. [↑](#footnote-ref-5)
6. [↑](#footnote-ref-6)
7. [↑](#footnote-ref-7)
8. [↑](#footnote-ref-8)
9. [↑](#footnote-ref-9)
10. [↑](#footnote-ref-10)
11. [↑](#footnote-ref-11)
12. [↑](#footnote-ref-12)
13. [↑](#footnote-ref-13)
14. ‘The literature is certainly missing long-term, in-depth analysis of the influences, or lack thereof, of specific disease eradication programs on specific conflicts’; ‘Tracking these forms of subtle, long-term results remains a major gap in disease diplomacy research’. [↑](#footnote-ref-14)
15. [↑](#footnote-ref-15)