



Training on
“Health as a Bridge for Peace”
Chateau de Penthes
24-28 June 2002

REPORT

Department of Emergency and Humanitarian Action

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ANNEXES

1. BACKGROUND

Health as a Bridge for Peace (HBP) is the integration of peace-building concerns, concepts, principles, strategies and practices into health actions for prevention, response, rehabilitation and development. In 1999, the Active Learning Package (ALP) has been designed and identified as a key element of the HBP Programme, being both an important activity and one of the main advocacy tools for HBP. It gives people, and in particular health workers, the tools and the skills needed to implement health programmes in the HBP framework.

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The present training session was organised by the Department of Emergency and Humanitarian Action (EHA). It targeted specifically WHO Headquarters staff, in order to present to them the HBP Programme and its ALP, as well as to raise the awareness on HBP within the Organization.

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2. OBJECTIVES OF THE WORKSHOP

The general objectives were to advocate HBP concept within WHO, to increase the understanding of WHO staff regarding HBP and to stimulate the development of initiatives using an HBP approach.

The training objective of the workshop was to improve knowledge, attitude and practice on Human Rights, International Humanitarian Law, Medical Ethics, Conflict Analysis and Conflict Resolution of the Headquarters staff (see specific learning objectives in Annexe I (a)).

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3. PREPARATORY ACTIVITIES

EHA contracted three facilitators to manage the training. An expert from the International Training Programme for Conflict Management of the Scuola Superiore Sant' Anna of Pisa (Italy) was responsible for the overall facilitation in order to guaranty maximum coherence, and two consultants from New Zealand were responsible for the management of the Conflict Resolution session (Annexe I (c)).

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3.1. Meetings

A preparatory meeting was held in Geneva on the 10th of May, 2002, between EHA's focal point for the HBP Programme, EHA's training officer, and the facilitator responsible for the overall coordination. The allocation of responsibilities was defined and the agenda finalised (Annexe I (d)).

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3.2. Background material

Two packages of background material were prepared for the participants. The first one, which contained basic documents on HBP and on the organisation of the meeting, was sent to the participants three weeks in advance (Annexe I (e)). The second was delivered on the first day of the training, with more detailed material related to the main topics to

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Almost daily contacts via e-mail, fax, telephone took place between the Scuola Superiore and WHO/EHA.¶

be treated during the course (Annexe I (f)). It was both aimed at providing participants with a basic bibliography on HBP and at supporting the training activities. Finally, lecturers and facilitators distributed handouts for their sessions (Annexes III to IX).

4. LOGISTICS AND SECRETARIAT SERVICES

The training course took place within the facilities of the Chateau de Penthes, in Geneva. Secretariat services were organised by WHO/EHA.

5. AGENDA OF THE WORKSHOP

The training was organised over five days. The first morning was dedicated to the official opening of the training: the Director a.i. of EHA Department made the inaugural address and the facilitator responsible for the overall coordination exposed the rationale and the objectives of the training.

The following sessions were either formal lectures followed by discussions and exercises, or working groups work on case studies or simulations.

The morning of the last day was dedicated to a Joint Exercise Session further described below. The afternoon was used for the evaluation of the training course, with oral and written evaluation by the participants, and for the closing ceremony (Annexe I (d)).

6. PARTICIPANTS

There were 22 participants, coming from eight different departments of the Organization, around 60% of them being EHA staff (Annexe (b)).

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7. LECTURERS, FACILITATORS AND RESOURCE PERSONS

Lecturers from different departments of WHO as well as external lecturers came to the training and were in charge of specific training sessions. Resource persons (mostly EHA staff members) were invited to participate so that they could share their experience and knowledge of the HBP Programme with participants. The three facilitators supported the whole training, especially during the active methodologies (Annexe I (c)).

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Due to overlapping activities and other commitments, participants had to be flexible about their attendance to the training. Their presence was very often requested at their desk, but they always tried to be back for the important sessions.¶

8. TRAINING SESSIONS

8.1. General comments

Training sessions started in the morning at 9:30 and lasted until 16:30 in the afternoon. This scheduled had been arranged in order to leave participants some free time at their desks, to deal with their everyday tasks. The day ended with a de-briefing session for the lecturers, facilitators, resource persons and organisers of the training to asses the work of the day and plan the following day's activities.

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This team, composed of very different people, managed to provide participants with a good quality curriculum, personal experience of HBP, institutional memory related to this programme. The coordination among all of them was good.¶

The team of facilitators, resource persons and lecturers, composed of very different people, managed to provide participants with a good quality curriculum, personal

experience of HBP, institutional memory related to this programme. The coordination among all of them was good.

8.2. Comments on the different training sessions

8.2.1. Health as a Bridge for Peace

The Health as a Bridge for Peace session started by a presentation, that was followed by questions and answers. Participants' feedback was that more emphasis should be put on case studies, so that they can understand better how HBP is implemented in the field (Annexe III).

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8.2.2. A Common Language

The need to "speak the same language" had been identified during previous training (cf. Sri Lanka) so that a session was dedicated to it. Participants were divided into working groups and asked to reflect on definitions. The outputs were then discussed in plenary. This session generated interest and an active participation from everybody (Annexe IV).

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8.2.3. Introduction to Conflict Analysis

This session was run principally by the facilitator from the Scuola Superiore. Participants' feedback was that there was not enough time allocated to it but they were very interested by it.

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8.2.4. Public Health and Human Rights

Considering feedback from previous training (cf. Sri Lanka, Indonesia), the session of Human Rights was adapted to be more focused on Public Health and Human Rights. This session started with a presentation. Participants were then divided into working groups to work on case studies. Many participants felt that these issues were far away from the reality of the work in the field but recognised that it was useful to know about those international instruments when talking to other partners. A suggestion would be to highlight the practical implications of Human Rights in complex emergency settings (Annexe V).

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8.2.5. Medical Ethics

The medical ethics session was run by the facilitators and resource persons who gave the opportunity to the participants to present real dilemmas they faced in their daily work. It was followed by a reflection by participants, working in groups on case studies (Annexe VI).

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8.2.6. International Humanitarian Law

IHL was presented by a lecturer from ICRC. Participants felt the session was very important but regretted an active methodology was not being used. They advised that more time be dedicated to it, in order in particular to have time to explain the practical use of IHL in the field (Annexe VII).

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8.2.7. Conflict Resolution

This session was run by the facilitators. A day and a half was dedicated to it. Participants enjoyed to active methodology used. The session addressed both core conflict resolution tools and basic skills necessary to build the minimum degree of cooperation needed to achieve health goal in complex emergency situations (Annexe VIII).

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8.2.8. Joint Exercise Session

The Joint Exercise Session was a role-playing done with all the participants in order to give them the opportunity to review and use all the tools and skills that had been given to them during the week. The participants were actively involved. Some tools were not used by them from the start (cf. Human Rights and IHL): additional guidance and adjustment had to be made during the exercise (Annexe IX).

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9. METHODOLOGY

Efforts have been made to include all kind of different methodologies during the training: lecturers, working groups, case studies, role-playing and simulations, discussions, etc. It enable participants to both learn and practice all the tools given to them in the different sessions.

Participants responded very well to the active methodology. Formal lecturers and interactive exercise were generally well connected to one another, excepted for the Joint Exercise's role-playing that would have necessitated a rapid review of the skills learned so far.

10. EVALUATION

10.1. Evaluation procedures

A multi-level evaluation applied:

- Participants were asked to fill cards, with their expectations, on the morning of the first day.
- Participants had the opportunity to fill up card with their comments and suggestions at any time during the training. The cards were reviewed every day during the debriefing sessions in order to improve things for the next day.
- The final evaluation was both oral and written: the last day was concluded by questions to participants about the training, mainly in regard to their initial expectations, and they were asked to fill a written evaluation form (Annexe I (h)).

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10.2. Feedback from participants

10.2.1. Expectations

Six major questions came out of this exercise:

- ◆ What are/should be HBP objectives?
- ◆ How can it help situation at country level?

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- ◆ What are the constraints we have to face when working in crisis/unstable conditions?
- ◆ How does HBP relate to other WHO initiatives?
- ◆ How does HBP relate to other organizations?
- ◆ Should we change the name?

10.2.2. Written evaluation

The table below shows the results of the written evaluation:

	excellent/ fully	good/ mostly	moderate/ partly	bad/ not at all
the overall impression of the training was:	20%	80%	0%	0%
the balance between classes was:	10%	85%	5%	0%
The choice of lecturers/trainers was:	40%	60%	0%	0%
the seminar met your expectations:	10%	50%	40%	0%
The workshop methodology was:	25%	75%	0%	0%
the workshop facilitation was:	35%	65%	0%	0%
the reference material was:	20%	60%	20%	0%

The session on Conflict Resolution was by far the most appreciated: it was considered by the majority of participants enjoyable, useful and applicable in their work. Sessions on Health and Human Rights and IHL were as well very much appreciated.

10.2.3. Oral evaluation

During the oral evaluation, a number of sideways issues were raised.

- Participants highlighted the fact that concerning HBP, things are already happening in the field: health providers are implementing programmes in countries in crisis, peace is bringing people to the negotiation table, etc.
- WHO institutional rigidity was mentioned as an important constraint when staff want to implement such programmes.
- Participants also felt like there was a lack of corporate strategy on this issue of peace-building within WHO.
- They felt a strong need for identifying other participants involved in countries in crisis that would benefit from this training – other departments in WHO, EHA focal points, WRs, senior management, health care providers, etc.
- They saw HBP as an umbrella under which all kind of different projects from different department of the Organization that are linking health and peace can be assembled.

11. PROBLEMS ENCOUNTERED

Due to overlapping activities and other commitments, participants had a fragmented attendance to the training.

The tight timetable devoted to preparatory activities rendered more difficult the overall organisational and scientific coordination of the training.

Some participants did not always understand what were the objectives of the training or the link between some sessions and the general objectives.

12. GENERAL COMMENTS

The workshop was overall a success, participants being very positive about its outcomes. They all showed a very upbeat attitude and a high level of commitment to the training.

Organisers, lecturers, resource persons and facilitators were equally satisfied by it. They all had to demonstrate large flexibility skills in order to cope with the fluctuating attendance of participants and to adapt their intervention in accordance.

There was a general concern before the beginning of the training concerning the possible reluctance of some senior personalities toward the very active and participate methodology. But it was proven wrong and no problem were detected on the issue.

13. RECOMMENDATIONS

• Three months minimum are necessary for the preparation of the training.

• Objectives must be presented clearly to the participants at the beginning of the training and before each session an introduction by the facilitator should highlight the link between the topic and the general objective of the training.

• The organisation and the schedule of the training should be re-thought in order to avoid people commuting between the place of the workshop and their desk. It should be held outside of Geneva, in a setting that enable participants to stay over night in order to allow them to discuss what they have learned during the day. The curriculum could be then more concentrated, so that they do not have to leave their desk for five full working days.

• The training should be more connected to the field work.

• A general presentation of the different actors in the field of humanitarian action, including the role of international organizations, their mandates, their policies, etc should be included in the curriculum.

• Human Rights and IHL should be presented with the use of case studies, better linking theory and practice. The Conflict Resolution session should make more

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precise reference to the practical work of the health workers, focusing on conflicts in the health context.

- WHO commitment in Health as a Bridge for Peace should be strengthen through a better collaboration between different Departments, more specifically by:
 - making an inventory of all the HBP initiatives within WHO
 - creating a board of Departments' representatives for HBP advocacy and implementation
 - undertaking joint activities among Departments such as HBP training related ones.

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ANNEXES

- I. List of Acronyms
- II. Background
 - (a) Learning Objectives
 - (b) List of Participants
 - (c) List of Resource Persons
 - (d) Agenda of the Workshop
 - (e) List of Background Material Sent Beforehand
 - (f) List of Background Material distributed on the first day
 - (g) Links and Resources
 - (h) Evaluation Form
- III. [Session on Health as a Bridge for Peace: presentation](#)
- IV. Session on a Common language: “Words are Important”
- V. Session on Public Health and Human Rights: presentation, “25 Questions and Answers” and case studies
- VI. Session on Medical Ethics: case studies
- VII. Session on International Humanitarian law: selected slides from the presentation
- VIII. Session on Conflict Resolution: working material
- IX. Joint Exercise Session: scenario

ANNEXE I: LIST OF ACRONYMS

ALP.....	Active Learning Package
EHA.....	Emergency and Humanitarian Action
HBP.....	Health as a Bridge for Peace
IHL.....	International Humanitarian law
WHO.....	World Health Organization
WR.....	WHO Representative

ANNEXE II

BACKGROUND



WHO/EHA

Seminar on Health as a Bridge for Peace

Geneva, 24-28 June 2002

LEARNING OBJECTIVES

APPROX. DURATION	SESSION	NOTES/METHODOLOGIES	LEARNING OBJECTIVES
2.30 hrs	Health as a Bridge for Peace	Presentation of the experience developed on HBP in the past years through practical examples (country cases)	<ul style="list-style-type: none"> ➤ Identify and describe the basic concepts related to HBP ➤ List and describe the different HBP strategies implemented in different setting
2.00 hrs	A common language	<p>HBP is a multidimensional concept, and even if health remains its priority it uses concepts and language not specific to the health sector. A preliminary work on key terminology will facilitate the exchange of information among the participants</p> <p>Participants divided in working groups with specific instructions. WGs outcomes to be presented in Plenary</p>	<ul style="list-style-type: none"> ➤ To create a common understanding among the audience of key concepts and words related to HBP
1.00 hrs	Introduction to conflict analysis	Lecture/discussion	<ul style="list-style-type: none"> ➤ List and describe the cycle and phases of conflict ➤ Understand the timeframe of conflict management
3.00 hrs	Public health & human rights	Lecture and case studies	<ul style="list-style-type: none"> ➤ Understand the link between HRs and WHO role in public health ➤ Understand the international standards set by HRs law ➤ Understand the relationship between HRs, peace and security
1.30 hrs	Medical ethics	Discussion	<ul style="list-style-type: none"> ➤ Be aware of the dilemmas that health professional might face in conflict situation
3.30 hrs	International Humanitarian Law	Lecture and discussion	<ul style="list-style-type: none"> ➤ Understand the general framework of IHL in international and internal conflict ➤ List and discuss norms concerning medical and humanitarian services ➤ Describe the relation between HRs and IHL
8.00 hrs	Conflict resolution	<p>Participants will be exposed to the various phases and to the dynamics (p. es. actors' perception, attitudes and behaviours) that need to be considered when approaching a conflict situation</p> <p>Through interactive methodologies participants will experiment different conflict resolution techniques.</p> <p>Role play and simulations</p>	<ul style="list-style-type: none"> ➤ Recognise the actors' perception of the conflict ➤ Understand the actors' behaviour in the conflict ➤ Use facilitating, mediating and negotiating skills ➤ Understand core dynamics of conflict ➤ Recognise conflict escalating an de-escalating behaviours
3.30 hrs	Joint exercise session	A structured simulation were participants will be presented a post conflict scenario and given specific roles to carry out a successful negotiation.	<ul style="list-style-type: none"> ➤ To apply in a simulation the knowledge ad skills acquired during the week

Health as a Bridge for Peace
List of Participants
(24th to 28th of June, 2002)

➤ EHA:

- Dr. Rayana Bu-Hakah
- Dr. Luzitu Simao
- Ms. Christine Chomilier
- Mr. Christophe Guitton
- Dr. Edouard Kossenko
- Dr. Isis Pluut
- Ms. Ellen Moe
- Ms. Tanja Sleuwenhoek
- Dr. Lianne Kuppens
- Dr. Khalid Shibib
- Ms. Doreen Brown
- Ms. Caroline Sharon
- Ms. Hannan Twal

➤ WHO Headquarters:

- Dr. Claudio Beltramello (CDS/CPE)
- Ms. Jeanette A.S. de Putter (CCO/UNI)
- Ms. Manuela Colombini (RHR/GRR)
- Mr. Marcus M. Stahlhofer (FCH/CAH)
- Dr. Lulu Muhe (FCH/CAH)
- Ms. Meena Cabral de Mello (MSD/MER)
- Mr. Jose A. Hueb (PHE)
- Ms. Cynthia Veliko (HTP/VAB)
- Dr. Renee Van de Weerd (HTP/VAB)

Health as a Bridge for Peace
List of Resource Persons
(24th to 28th of June, 2002)

- Dr. Johanna LARUSDOTTIR
Director a.i.
Department of Emergency and Humanitarian Action
- Dr. Alessandro LORETTI
Coordinator Emergency Health Intelligence and Capacity Building Unit, WHO EHA
- Dr. Ambrogio MANENTI
Medical Officer, focal point for Health as a Bridge for Peace, WHO EHA
- Ms. Gabriella ARCADU
International Training Programme for Conflict Management, Scuola Superiore
Sant'Anna, Pisa
- Ms. Helena NYGREN-KRUG
Health and Human Rights focal point, STU/DGO - Strategy Unit/Director General's
Office
- Dr. Pierre PERRIN
International Committee of the Red Cross
- Prof. Ian MACDUFF
NZ Centre for Conflict Resolution, Faculty of Law, Victoria University of Wellington
- Ms. Suzanne INNES-KENT
Management Consultant
- Dr. Gaya GAMHEWAGE
Technical Officer Training, WHO EHA
- Ms. Candie CASSABALIAN
Assistant WHO EHA

Agenda

Monday, 24 June

HRS		
9.15		Registration of participants
9.30	Dr. Johanna LARUSDOTTIR Director a.i. Department of Emergency and Humanitarian Action	Opening remarks
10.00		<i>Coffee Break</i>
10.15	Gabriella ARCADU International Training Programme for Conflict Management, Scuola Superiore Sant'Anna, Pisa	Rationale of the training
10.30		Presentation of participants
11.15	EHA staff	HBP presentation
13.00		<i>Lunch Break</i>
14.00		Q&A on HBP
14.30	Working groups	A common language
15.15		<i>Coffee Break</i>
15.30		Presentation of working group outcomes
16.30		End of session

Tuesday, 25 June

HRS		
9.30	Gabriella ARCADU - ITPCM	Introduction to conflict analysis
10.30		<i>Coffee break</i>
11.00	Helena NYGREN-KRUG Health and Human Rights focal point, STU/DGO - Strategy Unit/Director General's Office	Public health & human rights
13.00		<i>Lunch break</i>
14.00	Helena NYGREN-KRUG	Public health & human rights
15.00		<i>Coffee Break</i>
15.10	EHA staff	Medical ethics
16.30		End of session

Wednesday, 26 June

HRS		
9.30	Pierre PERRIN International Committee of the Red Cross	International Humanitarian Law
10.30		<i>Coffee break</i>
10.45	Pierre PERRIN - ICRC	International Humanitarian Law
13.00		<i>Lunch break</i>
14.00	Suzanne INNES-KENT Ian MACDUFF NZ Centre for Conflict Resolution, Faculty of Law, Victoria University of Wellington	Conflict resolution
15.15		<i>Coffee break</i>
15.30	Suzanne INNES-KENT Ian MACDUFF	Conflict resolution
16.30		<i>End of session</i>

Thursday, 27 June

HRS		
9.30	Suzanne INNES-KENT Ian MACDUFF	Conflict resolution
10.30		<i>Coffee break</i>
10.45	Suzanne INNES-KENT Ian MACDUFF	Conflict resolution
13.00		<i>Lunch break</i>
14.00	Suzanne INNES-KENT Ian MACDUFF	Conflict resolution
15.15		<i>Coffee break</i>
15.30	Suzanne INNES-KENT Ian MACDUFF	Conflict resolution
16.30		<i>End of session</i>

Friday, 28 June

HRS		
9.30	Facilitating team	Joint exercise session
10.30		<i>Coffee break</i>
10.45	Facilitating Team	Joint exercise session
13.00		<i>Lunch break</i>
14.00		Evaluation of the workshop
15.00		<i>Closing ceremony</i>

List of Background Material Sent Beforehand

- ***Conflict and Health***, Working paper as presented at the international seminar Preventing Violent Conflict - The Search for Political Will, Strategies and Effective Tools
Krusenberg, 19-20 June 2000
- ***“Professional-to-Professional”***, a Methodology for Health professionals working together in Conflict Areas, December 18, 2001 - Health Policy Conference, Jerusalem, Special session "Health Without Borders" - Presenter: Ms Randi Garber, Senior Program Manager, JDC-Middle East Program
- ***Myths to be dispelled*** - <http://www.who.int/disasters/hbp/myths.htm>
- ***Health as a Bridge for Peace Application in Sri Lanka***, EHA/MSD Joint Mission to Sri Lanka, 23rd-31st March 2002 - Mission Report (written by Dr. Gaya Gamhewage)
- ***Decision Making in Emergencies***, a Multi Users Public Health Model
- ***Health as a potential contribution to Peace***, Realities from the field: what has WHO learned in the 1990's - <http://www.who.int/disasters/bridge.cfm>
- ***Considering Conflict***, Concept Paper for First Health as a Bridge for Peace Consultative Meeting, Les Pensières, Annecy, 30-31 October 1997 – by Judith Large

List of Background Material distributed on the first day

Health as a Bridge for Peace

- Rodriguez-Garcia, Schlessler, Bernstein, "*How can health serve as a bridge for peace? Policy brief*", George Washington Centre for International Health, May 2001.
- G. Hess, M. Pfeiffer, "*Comparative analysis of WHO Health as a Bridge for Peace case studies*", Prepared for: Department for Emergency and Humanitarian Action World Health Organization, Geneva, Switzerland, August 2000.
- J. Large, L. Subilia, A. Zwi, "*Evaluation Study Post-War Health Sector Transition in Eastern Slovenia (1995 - 1998)*", An independent evaluation report commissioned by the World Health Organisation and supported by the U.K. Department of International Development. London and Geneva, November 1998.
- F. Tardif, "*Building a bridge for peace or servicing complex political emergencies?*", a study of the case of the health humanitarian programs in Haiti, (1991-1994), Montreal/Port-au-Prince, 1998.

Conflicts

- D. Smith, "*Trends and causes of armed conflicts*", from Berghof Centre Handbook for Conflict Transformation, April 2001.

International Humanitarian Law

- ICRC, "*Basic rules of the Geneva Conventions and their Additional Protocols*", Geneva 1983,
<http://www.icrc.org/Web/eng/siteeng0.nsf/iwpList104/B14FDBD9E3BCB51FC1256B66005950E2>

Medical ethics

- World Medical Association, "*International Code of Medical Ethics*", 1949, 1968, 1983, http://www.wma.net/e/policy/17-a_e.html
- World Medical Association, "*Regulation in Time of Armed Conflict*", 1956, 1957, 1983 http://www.wma.net/e/policy/17-50_e.html

Links and Resources

The World Health Organization is not responsible for the contents of the web sites proposed.

- WHO/EHA, "*Compilation of articles of international instruments relevant to the health as a bridge to peace project*", <http://www.who.int/disasters/hbp/compilation.html>

Health and Human Rights

- Health and Human Rights links: <http://www1.umn.edu/humanrts/links/health.html>
- Peace through Health, <http://www.humanities.mcmaster.ca/peace-health/>
- Human Rights Internet, <http://www.hri.ca/>
- International Health and Human Rights, <http://www.hri.ca/partners/xfbcenter/>
- Physician for Human Rights, <http://www.phrusa.org/>
- Human Right Watch, <http://www.hrw.org/>
- François-Xavier Bagnoud Foundation, <http://www.xbfoundation.org/>

Bibliographies

- A select bibliography (partially annotated) on health aspects of human rights <http://zobell.biol.tsukuba.ac.jp/~macer/HRBiblio.html>
- Consortium for Health and Human Rights – resources <http://www.healthandhumanrights.org/rebib.htm>
- Publications on health and human rights. Themes; 1982 - 1997 <http://www.amnesty.org/ailib/aipub/1997/ACT/A7500397.htm>
- Human Rights Center, UC Berkeley [http://globetrotter.berkeley.edu/humanrights/bibliographies/healthbib.eneral.html](http://globetrotter.berkeley.edu/humanrights/bibliographies/healthbib.general.html)
- Global Lawyers and Physician: working together for Human Rights - Health and Human Rights Database, <http://www.glphr.org/inetdb.htm>

Networks

- The Humanitarian Practice Network, <http://www.oneworld.org/odi/rnn>
- Third World Network, <http://www.twinside.org.sg>
- Interaction, <http://www.interaction.org/>
- Media Action International, <http://www.mediaaction.org>

- Voluntary Organisations in Cooperation in Emergencies - VOICE
http://www.oneworld.org/voice/str_gb.htm
- Health Net, <http://www.healthnet.org/>
- Alert Net, <http://www.alertnet.org/>

War, Conflict and Humanitarian Assistance

- Brown University, Thomas J. Watson Jr. Institute, Humanitarianism and War Project <http://www.stg.brown.edu/projects/hw/about.html>
- War-torn society project, <http://www.unrisd.org/wsp>
- The Journal of Humanitarian Assistance, <http://www.jha.ac/>
- Understanding conflict and war,
<http://www.mega.nu:8080/ampp/rummel/note12.htm>
- Reliefweb, <http://www.reliefweb.int/>
- Do No Harm: Supporting Local Capacities for Peace through Aid,
<http://www.cdainc.com/lcpp-description.htm>
- Conflict Prevention Initiative, <http://www.preventconflict.org/>
- Berghof Centre Handbook for Conflict Transformation,
<http://www.berghof-center.org/handbook/cf.htm>

INTERNATIONAL HUMANITARIAN LAW

- International Committee of the Red Cross, <http://www.icrc.org/eng/ihl>

EVALUATION REPORT

This evaluation report is anonymous and not compulsory.

1. The overall impression of the Seminar is:

Excellent good moderate
bad

2. The balance between the classes was:

Excellent good moderate
bad

3. The choice of the lecturers/trainers was:

Excellent good moderate
bad

4. The seminar has met your expectations:

fully mostly partly
not at all

5. The workshop methodology was:

Excellent good moderate
bad

6. The workshop facilitation was:

Excellent good moderate
bad

7. The reference material was:

Excellent good moderate
bad

Which session/s did you enjoy the most?

1. _____
2. _____
3. _____

Which session/s were the most useful to you?

1. _____
2. _____
3. _____

Are there any parts of the workshop that you can apply in your work?

1. _____
2. _____
3. _____

Your suggestions for improving this workshop?

General comments:

ANNEXE III

***SESSION ON HEALTH AS A BRIDGE FOR PEACE:
PRESENTATION***

ANNEXE IV

***SESSION ON A COMMON LANGUAGE: “WORDS ARE
IMPORTANT”***

ANNEXE V

***SESSION ON PUBLIC HEALTH AND HUMAN RIGHTS:
PRESENTATION, “25 QUESTIONS AND ANSWERS” AND CASE
STUDIES***

ANNEXE VI

SESSION ON MEDICAL ETHICS

ANNEXE VII

***SESSION ON INTERNATIONAL HUMANITARIAN LAW: SELECTED
SLIDES FROM THE PRESENTATION***

ANNEXE VIII

SESSION ON CONFLICT RESOLUTION: WORKING MATERIAL

ANNEXE IX

JOINT EXERCISE SESSION: SCENARIO

