



Središnja medicinska knjižnica

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Peace through medical education in Bosnia and Herzegovina

12 after the Dayton Peace Agreement ended the 1992-1995 war in Bosnia and Herzegovina (BH), the country is still burdened with two major problems: ethnic and political division, and economic transition. Medical teachers found a way to tackle both at the same time.

A SWOT (strengths, opportunities, weaknesses, threats) analysis¹ showed that, despite their political, ethnic, and religious differences, all five schools of medicine in Bosnia and Herzegovina (Sarajevo, Banja Luka, Tuzla, East Sarajevo, Mostar) had much in common: they were all under pressure to reorganize and improve the quality of their teaching, but with meagre resources at their disposal.

Financial support for curriculum reform across the board came through the Trans-European Programme for Co-operation in Higher Education in Central and Eastern Europe (Tempus), and, since 1997, the five schools of medicine in Bosnia and Herzegovina partnered with academic institutions from nine EU countries in four granted Tempus projects. The results were tangible: a network of medical libraries was established;² medical schools were assessed internally and externally;³ a number of important documents were drafted and agreed on; a core group of faculty from Bosnia and Herzegovina was trained in new teaching methods; and research was done and published.

There were also some less tangible, but perhaps even more important fruits of this cooperation. A sense of trust was established, which is essential for any future collaborative action. Representatives from all sides, previously divided by the war, had a

chance to communicate with each other, dispelling some prejudices and regaining belief that it is possible to work together. Serbs, Muslims and Croats regularly gathered at informal meetings or dinners, eating and drinking at the same tables, laughing and joking, even singing traditional songs – often to the amusement of their colleagues from the western Europe. Yet, when it came to business, everyone got very serious: the project participants had to share the work, and push hard to meet the deadlines.

The example of the schools of medicine of Bosnia and Herzegovina shows that higher education can be a favourable arena for peace promotion. Financial incentive can serve as a catalyst in the process and the presence of impartial partners (in our case, schools of medicine from EU) proved beneficial for establishing and maintaining trust and good will.⁴ The conclusion is that peace can be promoted indirectly, through formal education and professional engagement, not necessarily by pressing the “opposing” sides to talk about reconciliation and sign peace declarations.

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